



Collected Viewpoints
on International Volunteering
in Residential Care Centres:
An overview



Hope & Homes for Children



Together, building futures.



Better Volunteering Better Care is an initiative led by Better Care Network and Save the Children UK

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This document was compiled by the Better Volunteering Better Care team: Anna McKeon, Christian Larsson, Daniela Papi, and Maryann Bylander.

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Introduction

Between March and June 2014, over 100 interviews were conducted with actors connected with the arenas of child protection and volunteer travel. This included writers and bloggers, faith organisations working with mission teams, individuals involved in employee volunteering initiatives in Corporate Social Responsibility (CSR) departments, academics, educators and trainers, and non-governmental organisations (NGO) and international non-governmental organisation (INGO) actors. These individuals (their names and organisations are listed at the end of this report) were consulted on their experiences in, and their opinions on, international volunteering in residential care centres. Some individuals requested that their contributions remain anonymous due to the sensitivity of the subject matter. For consistency, all quotations within this study have thus been presented anonymously. For readers wanting further access to the ideas expressed in this piece, please contact the authors directly for details about the sources. In addition to these interviews, this overview been informed by a literature review, internet analysis, volunteer surveys, and more in-depth country-reviews on Cambodia, Ghana, Guatemala, and Nepal.

Rationale and background to the study

In 2013 The Better Care Network and Save the Children UK began an inter-agency initiative to review and share existing knowledge on volunteerism as related to the alternative care of children in developing countries. This initiative brought together key actors from across the education, corporate, faith-based and tourism sectors to share their respective experiences and identify global communication and engagement strategies to address the issue.

The rationale for the project was identified as follows:

With growing interest in volunteer-tourism around the world, there is an increasing trend of volunteering within residential care centres such as orphanages and children's homes. In sub-Saharan Africa the increased global discourse on HIV/ AIDS-affected children can create the misleading perception that children have no family or kin to take care of them, and contributes to an increasing trend of volunteering to care for "AIDS orphans" (Richter & Norman 2010) It is estimated that more than 2 million children live in institutional care (UNICEF, 2009) and that four out of five of children in institutional care have parents (Browne, 2009). Volunteers themselves come from a broad range of backgrounds – foreign and national – and include students during their gap year, faith-based groups, and employees from corporations and governments which in some instance have specific policies for their employees to conduct volunteer work.

A growing evidence base has consistently highlighted the negative impact on children of living in residential care such as orphanages (Browne, 2009) – especially when parents or close family members are still living nearby. The increasing trend in volunteering in these facilities compounds the issue and the impact on children. Not only does it encourage the expansion of residential care centres, but it also makes children vulnerable to abuse, creates attachment problems in children who become attached to multiple short-term visitors, and perpetuates the myth that many of these children are orphans in need of adoption.

There is a critical need to raise awareness of the risks of harm involved in these volunteering practices through informing all actors involved of the negative impact on children's well-being, development, and rights. It is also critical to be able to positively and respectfully suggest ethical volunteering alternatives that are in line with the Guidelines for the Alternative Care of Children welcomed by the United Nations in 2009.

Limitations

The purpose of this study was not to conduct formal academic research on the topic of volunteering in residential care centres, but rather to provide an overview of current opinions, perspectives, literature, and initiatives in this area. While some of the ideas presented can be substantiated by formal research, there is currently limited data and academic research on this particular issue, and so much of the information is gathered from the opinions of experts and actors working in related sectors.

This project began from the premise that international volunteering in residential care centres is problematic. However, there are varying perspectives on the issue and consequently it is important to note that this study seeks specifically to examine the problems associated with international volunteering in residential care centres.

Attempts have been made to understand this issue from a global perspective. However, it is acknowledged that this study is essentially governed by an Anglophone understanding of volunteering. In addition, much of the information has been gathered from actors from Europe, North America, and Australasia. Research for this initiative indicates that the volunteering trend is, in the main, being fuelled by volunteers from the global north participating in placements in the global south. As such, this report is mainly concerned with understanding the characteristics of, and motivating factors for, this type of volunteerism, and it does not focus on in-country volunteering or on volunteering abroad within and between countries in the global north or countries in the global south. It should be noted that international volunteering between countries in the global south is a growing phenomenon that is deserving of further study, especially in relation to volunteerism within residential care centres. In addition, an obvious omission from this study is the contributions of Far East nations in the global north, such as Japan and the Republic of Korea.

Definitions

The literature and media associated with this topic frequently refers to residential care centres as “orphanages”. “Residential care centres” is the preferred terminology of child protection actors, as the term “orphanages” incorrectly implies that resident children have lost one or more parents. Research has demonstrated that, in the majority of cases, children in such institutions have one or more living parents (Williamson and Goldberg, 2010). For the purposes of this study, both terms are used interchangeably, as “orphanages” was often the term used by interview informants for ease of reference.

Understandings of volunteerism, voluntourism, and tourism can differ greatly, as can perspectives on what is meant by short- and long-term placements. For the purpose of this report we consider all “visits”, by which we mean any individual entering into a residential care centre, for any length of time, who is not considered a member of staff or a key stakeholder in that institution’s (and therefore the children’s) on-going development.

References to “faith communities” are, in general, limited to the Protestant and Catholic faiths. The authors recognise the need to also understand this issue from the perspective of other religious faiths.

Why is international volunteering in residential care centres problematic?

1. Negative impacts of volunteers

The majority of informants interviewed for this project were of the opinion that volunteering in residential care centres is problematic and should be discouraged. There is very little data or academic research available on the impact of

volunteers on children in residential care settings (McCall and Groark, 2014) and on volunteering in residential care centres in general. However, the following negative impacts were identified during the course of this study by interviews with care-leavers, NGO workers, and child protection specialists working in this area:

- **Vulnerability to abuse.** Residential care centres that accept volunteers quickly become the target for those with harmful intentions towards children. It is a commonly reported problem that organisations do not conduct adequate background checks, and allow volunteers unrestricted access to the children.
- **Normalising access of unqualified individuals to vulnerable children.** While many volunteers have good intentions, they often do not realise that they are normalising the practice of allowing access of unqualified staff to vulnerable children – something that would not be permitted in their own country. In addition, normalising such a practice can also make it easier for potential abusers to gain access.
- **Disrupted attachment.** Some residential care centres regularly accept short-term volunteers. Children form attachments very quickly which are then broken when the volunteer leaves. This is often compounded by volunteers making promises that they then do not keep (i.e. they will promise to return, to write letters, to send gifts). For children who have already experienced trauma, including family separation, this can have a particularly adverse effect on their on-going development. A 2014 article in *Christianity Today*, co-authored by a Kenyan care leaver, highlights the problem of volunteers getting “too close too fast”:

‘There were many young girls and boys at my home who would latch on quickly to a missionary who was only there for a few days—holding her hand and not letting her out of their sight for 72 hours. And then they’d be devastated when she inevitably left.’

*The Good Missionary - Samuel Ikua
Gachagua and Claire Diaz-Ortiz*

- **Imbalance of power.** The status of the foreigner, or the visitor, can be a problem in terms of power dynamics. Children rarely feel able to say if they feel uncomfortable in a particular situation, especially those instances involving guests or wealthy foreigners who have paid for an opportunity to spend time with them.
- **Inappropriate behaviour from unqualified and unscreened volunteers.** Most volunteers are not qualified to work with children and so they have little understanding of how their behaviour can impact upon the emotional and social stability of children. For example, volunteers can become attached to one or two children, creating favourites. This causes problems in regards to how children perceive their own worth (i.e. their sense of self-worth is linked to being an orphan/in an institution or they feel rejected if they are not favoured by volunteers) and also creates problems in terms of how children relate to each other. Care leavers and past volunteers have also reported incidents of volunteers bringing alcohol into institutions, volunteers getting drunk on site, and volunteers engaging in sexual behaviour with each other or with guests while on site. !
- **Cultural differences.** As institution founders and subsequent volunteers are often from different countries, children become socialised to a way of living that can be very different to their own community and heritage. This becomes problematic when children leave the institution and try to reintegrate back into society.

Gachagua and Diaz-Ortiz’s article in *Christianity Today* also highlights issues of volunteers draining funds, of repetitive and unhelpful volunteer contributions (i.e. children being taught how to brush their teeth numerous times), and of a lack of follow-up (i.e. volunteers would leave and never be heard from again).

2. Support for an inappropriate alternative care model

The issues above are related to the direct impact volunteers can have on children in large residential care centres. However, one of the biggest issues

raised by informants was that volunteers, in staffing and funding such centres, were sustaining a model of alternative care that is now globally acknowledged as being inappropriate for children, as suggested by the Guidelines for the Alternative Care of Children, welcomed by the UN:

20. Use of residential care should be limited to cases where such a setting is specifically appropriate, necessary and constructive for the individual child concerned and in his/her best interests.

21. In accordance with the predominant opinion of experts, alternative care for young children, especially those under the age of 3 years, should be provided in family-based settings. Exceptions to this principle may be warranted in order to prevent the separation of siblings and in cases where the placement is of an emergency nature or is for a predetermined and very limited duration, with planned family reintegration or other appropriate long-term care solution as its outcome.

Guidelines for the Alternative Care of Children, 24th Feb 2010, A/RES/64/142, page 5. United Nations General Assembly

While informants acknowledged that in some countries in the global south other forms of alternative care were limited, they deemed the continued support of residential care centres as diverting attention and money away from more positive care models, such as family/community strengthening, kinship care, foster care, guardianship, domestic and inter-country/international adoption.

For many informants, questions as to the positive or negative impact of volunteers within residential care settings were irrelevant. Their main concern was that volunteers do not realise that the model of care they were supporting could, in itself, be harmful to the very children they were trying to help.

Despite the global agreement that residential care should be limited, the number of residential institutions is growing in numerous countries. This was pointed out by Richter and Norman

(2010) as being the case in six countries in Africa, and has been evidenced in this study by reports from Cambodia and Nepal. The main reasons given in related literature, and by informants, for why residential care centres were continuing to be established were as follows:

1) Responding to a real, or perceived, need. i.e.:

- Government facilities created because of a perceived lack of viable alternatives (this is said to be increasingly uncommon).
- Private facilities created by well-intentioned foreigners (often passing through on holiday at first) who see institutions as a solution to child poverty and a lack of quality education.
- Private facilities created by faith organisations in response to a calling to protect orphans, with a care-centre method perceived to be the best option.

2) Responding to a self-serving opportunity, i.e.:

- Facilities created for personal financial gain (based on the model of foreigners funding and visiting residential care centres).
- Facilities created by paedophiles to facilitate access to vulnerable children for themselves and others.

Examining reason 1), informants were quick to point out that international visitors to the global south often have little experience of that country and culture, and consequently do not understand social contexts. In addition, informants commented that the majority of volunteers do not understand the risks to children involved in placing them in an institution. “Orphanages”, as a solution to child poverty and vulnerability of all kinds, are deeply ingrained in the psyche of many individuals from Europe, North America, and Australasia, regardless of the fact that residential care centres are no longer established in those countries, with most countries using foster care models and small group homes instead. Members of the Christian faith community pointed to the highly developed rhetoric of “orphan care” in the church that often supports the assumption that institutions are the best solution.

Many informants gave examples of “well-intentioned westerners”, from both religious and secular backgrounds being confronted by children in vulnerable situations during their visit to a country, feeling moved to “make a difference”, and then taking action to set up a residential care centre. Informants also pointed to the uncritical portrayal of the “western hero” in the media, which reinforces such misunderstandings. In this context, operating in countries where government capacity to regulate such activity is limited, there are few individuals or organisations discouraging prospective residential care founders or educating them on alternative activities which they could fund instead.

Often residential care centres cannot receive funds from larger institutional donors as these donors are moving away from child-care solutions that are not aligned with best practice. Consequently, working with international volunteers is a popular funding model for residential care centres. NGO actors commented that the majority of charitable donations are made due to personal connections with an organisation. The more relationships an organisation can build with individuals, the more donations they can solicit. Due to the emotional bonds often created while working with vulnerable children, the relationship between the volunteer and the institution can be very strong and enduring, and can often involve the volunteer returning home and fundraising in their home country to support the centre. Like the “western hero” founders, informants commented that volunteers in this setting face few critical questions about their choices.

As articulated by one interview informant, travelling philanthropists – whether founding a residential care centre, volunteering in one, or visiting one – are often “trying to do the right thing, the wrong way”, and, as a result, are creating and sustaining a model that governments and child protection workers are trying to move away from.

3. Supply and demand

Further to the concerns outlined above, and perhaps the primary concern of many child protection actors interviewed, is the reality that

the involvement of international volunteers in residential care settings is, in some countries, creating a demand for “orphans”, contributing to the separation of children from their families, and, in some cases, fuelling the active recruitment of children into residential care centres.

Informants expressed concern that the growth in residential care facilities in some countries is another example of children being treated as a commodity to be used for financial gains.

The concept of volunteers and tourists fuelling an “orphanage industry” was not fully appreciated by all interview informants. While most had an understanding of the problems associated with volunteering in residential care centres, not all of them had experienced, or read about, those areas in which institutionalising children has become a lucrative business. This was highlighted first by Richter and Norman’s paper on AIDS Orphan Tourism in 2010. Child protection specialists for this study mainly referred to this problem in Cambodia and Nepal, but also referenced similar phenomena in Thailand, Indonesia, Kenya, Ghana, and Guatemala. The Country Focus documents on Cambodia and Nepal, (produced as part of this report), reference findings from a range of actors, including the government of Cambodia, United Nations International Children’s Emergency Fund (UNICEF), and NGO actors working in the region. These studies demonstrate the advanced nature of this reality in these two countries in particular.

The situation in Cambodia and Nepal shows that some individuals, witnessing the creation of residential care centres by wealthy foreigners, and seeing the volume of visitors and tourists willing to donate time, money, and resources, then set up residential care centres to be run as businesses. The conclusion to the Ministry of Social Affairs, Veterans and Youth Rehabilitation’s (MoSVY) 2011 report *Attitudes Towards Residential Care in Cambodia* states,

“Foreigners play a significant role in founding and maintaining residential care centres in Cambodia. They do this, for the most part, with the best intentions and in the hope of having a new challenging experience. Since foreigners are known to give money, residential

care centres have begun to solicit more funds through 'orphanage' tourism. This puts a burden on children and at its worst exposes them to risk. In some cases residential care facilities are being used to raise money in a way that begins to resemble a business."

Institutions, set up as businesses rather than in the best interests of the children, are, unsurprisingly, the institutions where children are at most risk of harm. Informants interviewed who had first hand experience of these facilities described instances of sexual and physical abuse and of deliberate neglect and malnourishment in order to generate donations from international visitors for "poor orphans".

Specialists suggested that the most common reasons for children being placed in a residential care centre are poverty and a limited access to education in rural areas (also referenced in MoSVY, 2011). They mentioned instances of families being paid by residential care centre business owners to send their children to an centre on the promise of more food and access to education, which may or may not have been forthcoming. There are some accounts of children being recruited into, and moved between, facilities without their parent's consent. According to several informants interviewed, the orphanage business in Nepal is reportedly riddled with high levels of corruption. Experts have voiced the opinion that volunteering and donating to orphanages in Cambodia and Nepal is potentially making a direct contribution to child exploitation, trafficking, and systemic corruption.

Informants thought that there is a growing awareness among volunteers about the problems of "fake orphanages". However, they also commented that this is resulting in volunteers and volunteering sending agencies classing "fake orphanages" as "bad" and "real orphanages" as "good". Justifications such as "the one we visit isn't like that" were common from both volunteers and volunteer sending agencies. While child protection specialists agreed that the risk of harm to children can vary greatly depending on the particular organisation, they were not confident that stakeholders fully understood these risks in

order to be able to evaluate each situation. They also cited a variety of cases in which residential care centres gave the impression of being responsible and well run, but which actually were covering abuse, neglect, or indeed had removed children from families against their wishes. In such circumstances it was seen as very difficult for volunteers to understand the legitimacy of an organisation when they were invariably staying in the country for relatively short periods of time. In addition, informants suggested that volunteers and visitors are not aware of the fact that the prevalence of opportunities to volunteer in an residential care centre is often not a reflection of the needs of vulnerable children but rather of the desires of volunteers themselves for opportunities to work with children.

4. Support of questionable institutions

Informants suggested that the growing demand for volunteer travel agencies to find placements in residential centres creates a pressure for these agencies to turn to any centre willing to accept volunteers. Child protection specialists commented that the rhetoric used when marketing orphanage volunteering is also problematic. For example, volunteer travel agencies may claim that a residential childcare centre is "reputable" but in need of volunteers as there are not enough staff to care for the children. In any developed country, a childcare or education institution would be criticised, and legal measures applied, if there were not enough staff to ensure proper care and protection of children. These centres would also be shut down for accepting staff with no qualifications or background in child development or education.

Some volunteer agencies state that giving money to the institutions with which they partner increases corruption. This is articulated in an article in the leading Norwegian international development magazine *Bistandsaktuelt*. Two companies in Norway were interviewed about their volunteering trips. These companies recommended that their volunteers should not give money to the organisations with which they work because it is difficult to follow up on the money once they leave. This contradicts their claims

to only partner with reputable organisations.

Although levels of corruption are difficult to assess, it is not difficult to find accounts of corrupt residential care centres online, posted by volunteers who have felt uncomfortable about issues of child protection or been suspicious of misappropriation of funds. Two examples of people coming to terms with the issues they have faced when engaged in volunteering in residential care centres are www.orphanagesupportgroup.blog.com, which documents a volunteer's experience in Cambodia, and an open Facebook Group about a volunteer's experience in Kenya: www.facebook.com/groups/628959700527957/permalink/628960390527888/.

The latter account, combined with anecdotal stories from interview informants, give indications that volunteer safety was potentially at risk in these settings, especially when volunteers challenged what they saw as corrupt or inappropriate practices.

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Interview informants compared how reputable child protection organisations work with volunteers to how many residential care centres work with volunteers. Conscientious child protection organisations tend to work with volunteers to promote a long-term development of their staff and programs through building staff capacity. There are rarely opportunities for direct work with children. In some cases, there are exceptions; for example, foreign medical volunteers in a children's hospital performing advanced surgery techniques that cannot yet be performed by local staff. However, these are mainly limited to instances where there is a critical need for international expertise that cannot be transferred to local staff in a timely enough manner to serve the best interests of the child.

As such, it seems clear that organisations have little legitimate reason to cooperate with volunteer agencies that facilitate opportunities to

volunteer directly with children. Those agencies that ignore this volunteering principle create a situation in which they are likely to partner with residential care centres that have a poor understanding of, or lack of interest in, protecting the vulnerable children with whom they work.

Who volunteers in residential care centres?

There is no reliable data about the scale of the orphanage volunteer industry; both due to the number of unregistered organisations and the problems of mapping volunteering as a whole. However, the aggregation site Go Abroad identifies 1,180 orphanage volunteer opportunities from a range of different sending organisations in over 20 countries. It is worth noting that, as outlined in the online analysis for this study, web searches for "volunteering in orphanages" were relatively uncommon (numbered at 30 per month) whereas searches for "volunteering abroad" received over 12,000 searches per month. However, out of the top two pages of Google search results for "volunteering abroad" 20 out of 23 organisations offer orphanage placements. It is therefore possible that prospective volunteers are not searching for orphanage placements but rather for volunteering experiences in general, and only make the decision to volunteer in an orphanage when they are presented with the opportunity on the website of a service provider.

People of many different nationalities volunteer in orphanages. While it was not within the scope of this study to conduct comprehensive research on the practice of orphanage volunteering overseas from a range of countries, the authors collected anecdotal evidence and sampled perspectives towards orphanage volunteers from people from a range of nationalities. Evidence was found of orphanage placements provided by French, Spanish and German operators as well as operators from the UK, USA, Australia and New Zealand. Some of the large volunteer agencies

registered in these Anglophone countries also offer websites in a range of different languages to target markets in other countries. Interview informants also suggested that orphanage volunteering was becoming increasingly common in the Chinese and Korean tourist markets.

Informants described two main “types” of orphanage volunteers: 1) young people under 25, often travelling pre or post-university, or on service-learning trips, and 2) Christian volunteers on mission trips. However, informants also commented that it seemed to be becoming increasingly common for families to include volunteering as part of their holiday travel in the hope of enabling children to meet other children from that country and gain an understanding of different social and economic contexts. Other volunteer groups mentioned (although less frequently) were retirees and corporate volunteering groups.

Motivations for volunteering in residential care centres

When asked about the motivations of volunteers in residential care centres, the overwhelming response from all informants, regardless of their sector, mentioned an evident naivety in regards to aid work.

“Many companies... don’t understand the bigger issues at stake because no-one has explained it to them.”

“They said they would have stopped [working with orphanages] 40 years ago but no-one told them it was a problem.”

“They don’t understand the problems around institutionalisation.” “They have no knowledge of development contexts.”

“Everyone else is doing it.”

“They think they are having an impact.”

“They want to support vulnerable children.”

“They think they are doing the right thing.”

The lack of understanding about the damaging impact of institutionalising children, and the lack of appreciation of possible alternatives, means that people do not question the existence of institutions and their personal supporting of them. In addition, as many volunteers are natives of countries with robust childcare systems, they assume that the residential care centres they encounter are a needed resort, and do not understand the complexity of the issue and the industry developing around it.

Cultural context and related development issues can be complicated, and relevant information is often inaccessible for people. It is unsurprising that prospective volunteers connect with needs and opportunities that are easy for them to understand. Children seemingly in need of nourishment, education, and affection are not only an emotional pull, but also one deeply connected to maternal and paternal instincts.

Other reasons suggested by informants as to why people choose volunteering placements in residential care centres are as follows:

- **A desire to work with children.** This was described as both originating from an interest in gaining professional experience (potential teachers, social workers, etc.) as well as a general desire to interact with children. When working with children, volunteers receive affirmation and instant gratification, often through demonstration of love and affection from the children, without realising that the positive feeling they receive does not mean they are having a positive effect. More than one volunteer travel agency noted that orphanage placements often generated the most positive feedback, with volunteers commenting that they felt they had really contributed in some way and had learned a lot from the experience. In addition, some informants commented that volunteers enjoyed working with children as children are neutral, non-political or unlikely to ask difficult questions or challenge volunteer activities.
- **A tangible activity.** Volunteering in administration or operations is evidently less fulfilling for many people. The impact a volunteer can have in this context is rarely, if

ever, obviously apparent, unless that volunteer is staying for a period of over a year. Some informants from Christian organisations commented on the need for leaders to facilitate “touch and feel” experiences of service for their members, responding to desire for a deeper level of personal attachment and engagement.

- **Child sponsorship.** Child sponsorship is a very common way of funding a whole range of child-centred organisations. People who sponsor children often express a desire to visit the child and become involved in their life.
- **Inter-country adoption.** Those wishing to adopt a child will often visit a country and residential care centre in order to form relationships and to try to understand the country situation more. Agencies and governments in some cases actively encourage this kind of access, regardless of the stage in the proceedings.
- **Faith-based motivations.** In Christian scriptures, the care of orphans is referenced and often can take on a particular prominence in how community members choose to live out their faith: “Look after orphans and widows in their distress” (James 1:27).
- **They’ve seen other people do it.** As mentioned previously, informants discussed the influence of the media in promoting the idea of volunteering with children. Many respondents noted the uncritical view given in the media of “western helpers” either setting up, or volunteering in, residential care centres in the global south. This then encourages others to do the same. In addition, the role of social media in enabling volunteers to immediately share images of their volunteering experience with large networks of their peers was thought to be contributing to the growth of interest in such experiences.

Understanding the generally positive motivations of volunteers, some informants were hesitant to advocate for a total cessation of the practice of volunteering in residential care centres:

“I have a real internal conflict about the issue. I think it’s important to walk both sides.”

Child Protection specialist, USA

Informants commented that if managed responsibly, volunteers could provide positive cultural and learning interactions for children (Voekl 2012). However many mentioned that residential care centres often do not have effective policies and procedures in place to effectively manage volunteers. Some interview informants also spoke of the learning opportunities children receive from volunteers that they otherwise would not be able to access in alternative community settings. In addition, it was acknowledged that many residential care centres rely on a volunteer model for funding.

Informants expressed concerns that, if volunteering stopped, centres may collapse financially, putting children at risk and that well-managed volunteers could help support under-resourced systems. This concern was often articulated by individuals who simultaneously acknowledged that, in many countries, alternative formal care systems for vulnerable children do not yet exist. Informants from the travel industry were especially aware of this tension within volunteer placement agencies that are reluctant to withdraw orphanage placements due to concerns about the consequent negative impact on their NGO partners. However, one expert commented that concerns over outcomes were not legitimate excuses for allowing a harmful practice to continue.

Where is this issue apparent, and how does it manifest?

Informants reported seeing an increasing trend in volunteering in residential care centres in over 20 countries, including:

- Vietnam
- Cambodia
- Thailand
- Indonesia
- Nepal
- India
- Ghana
- Gambia
- Uganda
- Kenya
- Rwanda
- Ethiopia
- Tanzania
- South Africa
- Haiti
- Guatemala
- El Salvador
- Mexico
- Nicaragua
- Peru
- Chile

Informants identified the practice as previously being common in Eastern European countries, especially Romania and Russia. However, positive changes in alternative care in that region were attributed to significantly reducing the opportunities for volunteering.

It is likely that this is not a comprehensive list of the countries where international volunteering in residential care centres occurs, but these were the areas where informants had direct experience. As mentioned previously, the practice of separating children from families and actively recruiting children into residential care centres resulting in an “orphanage industry” was only mentioned within the context of Cambodia, Thailand, Indonesia, Nepal, Ghana, Kenya, and Guatemala. Again, it is possible this practice is occurring in other countries, but a full investigation of each country was beyond the scope of this study.

The practice of volunteering in residential care centres and its related issues is characterised slightly differently in each country, however, there are circumstantial commonalities that may contribute to the development of this trend. Countries where the problem exists may share all, or some, of the following qualities:

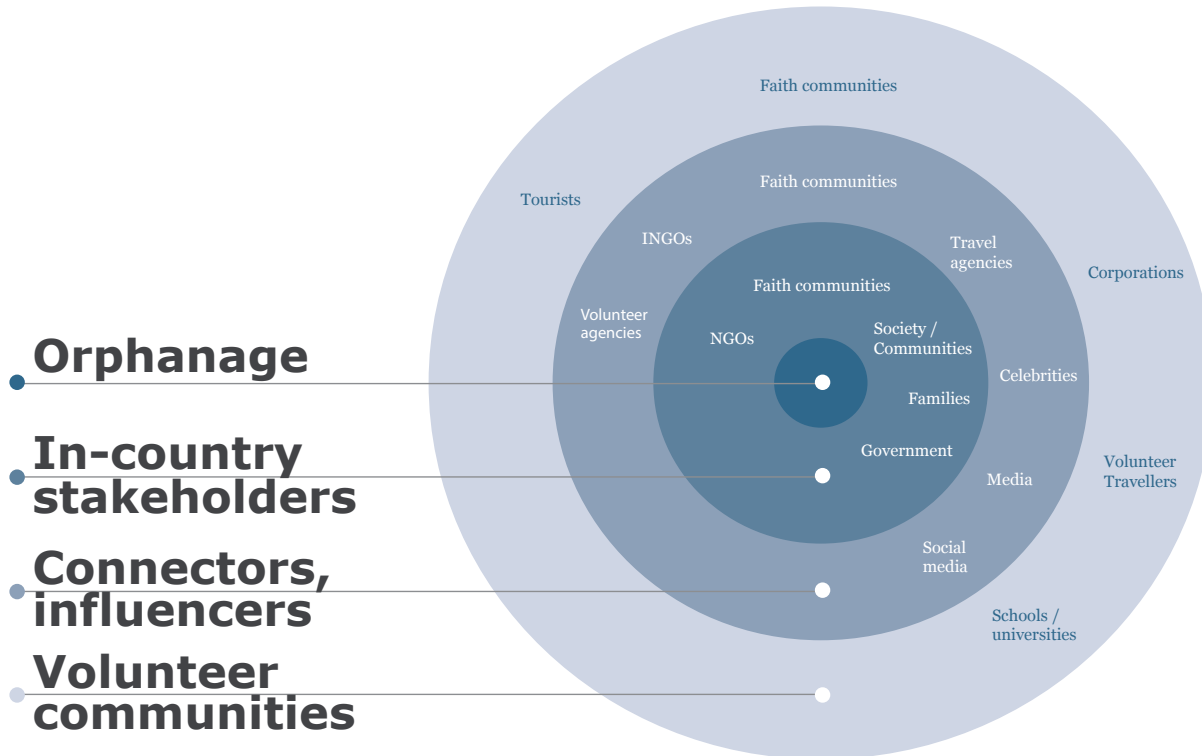
- Popular tourist destinations
- Easy access to visas and entry requirements
- Perceived safety of entering and operating in the country

- Inadequate government regulation of child-care institutions
- Inadequate government regulation of volunteers
- Developing economies, with large numbers of the population living in poverty
- HIV/AIDS epidemic creating high numbers families affected by illness
- High level (or previous high levels) of inter-country adoption
- Lack of understanding of human rights and child rights
- Low levels of literacy and general education
- Lack of investment in viable alternatives for vulnerable children
- Attention given in developed world media to development “issues” – e.g. HIV/AIDS, human trafficking, recent natural disasters

Please refer to the Country Focus documents for Cambodia, Ghana, Guatemala, and Nepal for further details of how volunteering in residential care centres manifests in these countries. These particular countries were chosen for further examination due to availability of research and expertise, as well as recommendations from a range of informants who raised concerns about practice of international volunteering in residential centres in these areas.

Who are the stakeholders and what is their involvement?

Fig.1 Stakeholders in residential care centres



There are a wide variety of stakeholders involved in this issue, as represented by fig. 1. These have been divided into volunteer communities, in-country actors, and intermediaries between the two. The balance of stakeholders varies from country-to- country. For example, in some countries faith communities play a significant role in supporting residential care, whereas in others this practice is fuelled mainly by the tourism industry. In addition, there are no fixed roles or channels for these stakeholders. Residential care centres, for example, may advertise opportunities directly to volunteer communities, or INGOs and NGOs may act as connectors and influencers.

In-country stakeholders

- **Government.** Informants reported a varying degree of involvement from the government and varying capacity for the implementation of issues regarding alternative care. Child protection specialists saw government regulation

as being key to bringing change on the issue. The example of European countries was cited, where increased regulation had considerably reduced issues relating to international volunteering in residential care centres, although it was recognised that this was more challenging in other regions where the majority of centres are privately funded. Governments in such regions, while committed to regulating their own institutions, can be more limited in their capacity to regulate or close those created by foreign organisations with their own funding streams.

- **Society/communities.** Child protection specialists commented both on issues of capacity to implement policies at a local level, as well as on low levels of understanding of child rights and human rights in general. Community members may therefore not understand the role of a residential care centre and the harm it may cause. Community leaders may see such facilities as a way for children to gain access to

more resources and some may receive money to actively recruit children into institutions. As a result, community members also may not know where to go to complain if a child is taken from them and placed in a residential care facility.

- **Families.** Families in many communities feel disempowered and often do not understand the risks involved in placing their children in residential care centres, where the perception may be that they will gain access to material goods, education, and training. There is, in general, little research on the perspectives of families and host communities on this issue. One relevant documentary, produced by Channel 4's *Unreported World*, interviewed families in Nepal who were trying to trace children who had been trafficked within residential care centres.
- **Faith communities.** In some countries, local faith communities were reported as being key actors in residential care settings. Such organisations are often working closely with communities on a range of development issues – at times including family strengthening projects. Their involvement was seen as critical to addressing related issues. Local faith communities are often connected to international faith communities and so were seen as key partners in influencing best practice across a range of arenas.
- **Non-governmental organisations (NGOs).** Residential care centres were reported to have relationships with other local NGOs in the area. Some NGOs seek to work with centres to help them implement guidelines and best practices, or develop reintegration or exit strategies. In addition, NGOs may work with centres to provide education and health services.

Connectors/influencers

- **International non-governmental organisations (INGOs).** INGOs have varying, and often complex, relationships with residential care institutions. In some areas, INGOs and bilateral and multilateral agencies are in-country stakeholders, heavily involved in developing alternative models of

care, working on policy and implementation structures, and working directly with residential centres to support the development of reintegration or exiting strategies for children. However, informants also reported numerous cases of some INGOs establishing and supporting residential care centres.

- **Faith communities.** International faith communities referenced in this study were mainly those of the Catholic and evangelical Christian churches. The Catholic Church was described as being a fragmented body, and Catholic residential care centres were very detached from any central system. However, international orphan care in evangelical Christian churches was perceived to be more organised, especially in the USA. The connection between orphan care and international adoption in evangelical Christian churches was regularly mentioned by informants.
- **Volunteer agencies.** Industry experts commented that volunteer agencies were aware of concerns around orphanage tourism and volunteering but were unlikely to change their model until directly challenged. There are examples, especially within the UK and Germany, of agencies removing orphanage placements from their range of offerings due to pressure raised by awareness campaigns. It was noted that resistance to change was due to concerns around what would happen to children if the volunteering projects in residential centres ended. (For more information on volunteer travel agencies and how they market their experiences online, please refer to the “Internet Analysis” as part of this study.)
- **Travel agencies.** Travel industry experts noted that it was becoming increasingly common for various kinds of volunteer placements to be included in adventure travel itineraries, rather than packaged as a separate experience. In this case, working with the travel industry as a whole was seen as essential in addressing issues relating to volunteering in residential care.
- **Media.** The literature review for this study gives a detailed overview of the media coverage of orphanage volunteering in the global north.

However, many informants suggested that this coverage has merely succeeded in attracting the attention of those who already had an interest or an understanding of ideas of responsible travel and volunteering. Informants noted that, while the media was quick to criticise NGOs for high overheads and lack of transparency, there was still a tendency to portray volunteering individuals as “western heroes” and that little critical comment is being delivered on the actual activities and impact of NGOs.

- **Social media.** Social media was seen as being hugely influential in promoting volunteering experiences within peer groups. The ease of sharing images from anywhere in the world (contrastingly with the 20th century travel brochure model) means that volunteers themselves are instantly able to promote their experiences to their friends. Many informants referred to “selfies with brown children” as fuelling unhelpful stereotypes of poverty and the volunteer experience.
- **Celebrities.** Informants referenced the influence of Live Aid in establishing a tone of “we have to do something, even if it doesn’t work”, and in enhancing stereotyped images of African nations. In addition, one informant suggested:

“Live AID was the first time we said “ we can have a fantastic time AND help other people” – since then it has almost become the only way to do charity. It is often part of consuming something else, or having some kind of experience.”

Celebrity involvement in the work of INGOs was also mentioned, as some informants felt they not only role modelled the problematic “western saviour” complex, but also encouraged short-term trips to “witness poverty”.

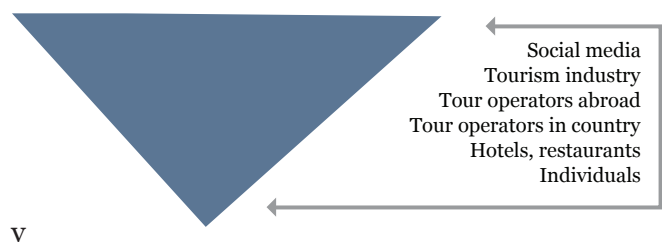
Volunteer communities

More details on volunteerism and volunteering communities is provided in the document “Trends and Insights: Volunteer Travel,” produced as part of this study. Here we seek to explore a little further how each of the above groups interacts with residential care centres. It should be noted that interactions take many shapes and forms, and have both positive and negative characteristics.

Focus on tourism

The link between volunteering in residential care centres and the tourism industry was perceived by informants as being overt and, in some countries, is now integrated into the average tourist experience. The case studies from Cambodia and Nepal, as well as anecdotal evidence from Kenya and Tanzania, demonstrate how volunteering at residential care centres is now packaged alongside visiting the attractions of that country by both local and international actors. Whether booking a package deal with a safari-and-orphanage itinerary, or responding to volunteer opportunities advertised in hotels and restaurants in-country, there are multiple ways for individuals to combine a visit to a residential centre with their broader holiday experience.

One informant described the influence of tourism in residential care centres as being an inverted triangle:



The triangle represents the level of influence that actors have in creating change. ConCert Cambodia, an organisation with a mission to “turn people’s good intentions into the best possible help” noted that their work on the ground in Cambodia could be very effective in helping individual tourists become better informed, and encouraging volunteers and holiday-makers to make responsible choices about their time and money. However, they also recognize that this targeted work with individuals in-country only had a limited reach. Campaigns such as the ChildSafe initiative from Friends International succeeds in accessing higher up the pyramid by working with hotels, restaurants and tour operators in-country, running training sessions, and also placing posters and information sheets for tourists. In addition, the website and social media campaign also contributed to raising awareness with tourists and volunteers before their arrival in the country.

Focus on schools and universities

Educationalists suggested that there are varying levels of university involvement in student volunteering, but that high schools were often active in facilitating international service-learning trips. The profile below gives details of a high school arranging an overseas trip to Tanzania for students, including some time spent in a children's home:

The school has been running international outreach trips for 10 years. For the school administration, the most important thing is building a relationship of trust with an in-country partner. In Tanzania, this partner is a children's home. The main goal at the home is to reunify the children with families or extended families. The home employs trained social workers who help find families and support reintegration. The school has a 9 year relationship with this children's home, and arrange a trip once a year. The visiting students play with the local children, and learn Swahili from them. The visiting students learn about the background of the children's home, and they go to the surrounding villages with home's social workers to understand more about the challenges facing the local society. The students spend about a week there.

The visit to the home in past years has been part of a longer trip involving a Kilimanjaro trip. However, the rising costs of arranging this trek has led the school to remove this from the itinerary, focusing only on touring the area and the visit to the children's home. The school doesn't believe in promoting "life-changing experiences" to their students through these trips, but rather see them as ways students can gain skills and insights that will help them make better choices. The idea is for it to be an education experience, not just purely travel. At this school, the trips are not really attached to academic credit, although they have experimented with tying the trips into academic work in the past. The school is hesitant to promote the idea that students "give to get" and will only involve themselves in these experiences to further their own academic achievements. However, they do see that tying trips into academic credit keeps students

focused and accountable. In the long-term, the school is interested in setting up continuing working relationships with NGO partners. For example, involving the students in building or maintaining NGO websites, or fundraising.

Focus on corporations

International volunteering within corporations can range from highly sophisticated to ad hoc. The account below gives an example of the activities of one corporation, where volunteering in residential care centres is both actively discouraged but also apparent:

The company's corporate responsibility focus is microfinance and education. They set up 3-year partnerships with NGOs that can be extended. Their criteria for working with NGOs is based on:

- How impactful the partnership might be
- What media and communications opportunities they are (i.e. events that can benefit both the company and the partner organisation),
- Likelihood of employee engagement

The company stipulates specific employee numbers that must be catered for at each placement. If the NGO partners cannot manage that, then the company is unable to partner with them. The company tends to fund smaller, grass-roots organisations, although some offices are also involved with initiatives like Teach for India. They often try to have opportunities to work with children, although they don't fund homes or residential care centres. There are cases of employees requesting team-building trips to orphanages in the region. The company's Corporate Social Responsibility department will decline these proposals, as the company does not support orphanage visits. In addition, they prefer employees to visit their NGO partners so they have a greater degree of oversight for the visit.

However, company placements with NGO partners do often involve interaction with children. For example, company employees

¹ This children's organisation was referred to by child protection specialists in the region as being responsible for institutionalising the largest amount of children of any organisation in Cambodia in recent years!

visit one particular children's organisation in Cambodia¹ and spend times in classrooms and participate in the children's day. Employee volunteers particularly enjoy taking children out for the day (always accompanied by teacher / adult). The company responds to the guidance from charities in terms of what is and isn't appropriate for working with children. They would like to move their focus towards more skills-based volunteering but note that this is not always easy to arrange. For example, at the children's organisation referred to above, company volunteers are providing on-going IT training.

The company is aware of the need for Child Protection and this is now playing a larger role in their decision-making, although it was noted that staff are not aware of any CP policies at all, and wouldn't think to ask about them. They sometimes work with Action Pour Les Enfants (also known as APLE - a non-governmental organisation dedicated to ending child sexual abuse and exploitation in Cambodia) to make sure an organisation they are considering partnering with is reputable. They ask their charity partners to provide employee volunteers with their own child protection policies and brief the volunteers before the visit. The company themselves don't have the capacity to do any do any child protection training beforehand themselves.

Focus on faith communities

The manner in which faith communities work with residential care centres varies. The example below is taken from an interview with an individual who founded and runs a residential care centre.

For the last four years the residential care centre has been rated as the number one care centre in their region by the relevant government body. The centre was founded in 2006, and is an outreach ministry by a church in the USA. It houses around 40 children, four full-time caretakers and 2 on-site directors.

The centre is supported by funds from their home church in the USA, who they also rely on for prayer support and advice. In the early

years of the organisation, they received many volunteers from their home church, but as the years passed, and most of the congregation had visited, these visits became less common. In addition, to begin with they did receive "drop ins" – people who just wanted to see what an orphanage looked like. However this was not appreciated by the directors and they now discourage drop-ins. The organisation still receives volunteers, but only usually through friends of friends, not through large agencies. They prefer to have a connection with people, and build a relationship with them for a few months before they arrive. They believe it's a normalising event to have "friends" come and visit a home, and that's how they approach the visits.

The organisation realises that they couldn't run an organisation like this in the USA, as they would have neither the right qualifications nor enough funds. The directors view the lack of regulation around residential care settings in the country in which they are based as a positive thing – it means that people are more easily able to do good work and help those in need.

Residential care centre stakeholders and child protection

Across all sectors, informants commented on the lack of understanding of child protection among many residential care centre stakeholders, as well as the lack of presence and implementation of child protection policies. The lack of child protection policies within any organisation working directly with children was considered by all child protection informants to be a major problem. This applies to both the sending and the receiving organisation.

It was noted that often the long chain of actors involved in volunteer placing means that there is a lack of transparency about policy implementation. For example, if a volunteer sending organisation has a child protection policy, but the receiving organisation does not (or vice versa), then problems can arise.

Barriers to change

Many informants offered positive perspectives on volunteering and voluntourism; especially in terms of taking care of children. The suggestion that it is “wrong” to volunteer in a residential care centre was often met with confusion, if not anger. This is not just the case in developed nations, but also was a common reaction in many of the developing nations that play host to volunteers. As such, the biggest barrier to change, suggested by this range of interviews, is that people are unaware of the negative effect of institutionalising children and believe is that volunteering in residential care centres is a good activity that should be encouraged. There is no understanding of any need for change. Other barriers articulated by interview informants include:

- **Problems of definition.** “Volunteering” is a very broad concept that is not well defined. Volunteers can be short-term, long-term, skilled and unskilled. Volunteers themselves may think that they are signing up to volunteer, when really their experience is much more of a visit than an opportunity to contribute. This means not only that the industry is very difficult to map and monitor, but also that individuals and organisations can sell their activities under whatever name they prefer, as there are no widely accepted parameters for what “responsible volunteering” means.
- **Few viable alternatives.** In many countries, care systems over-rely on residential care instead of strengthening families and supporting kinship, foster care and local adoption. As such, there are few viable alternatives for those children who are in genuine need of a home. This is problematic, not only for reintegration efforts, but also when persuading volunteers and donors to direct time and funds elsewhere. While prevention programmes looking at poverty reduction, access to education, and family strengthening are gaining momentum from institutional donors, they do not provide clear ways in which volunteers can become involved. However, unless time and funds are directed to these other initiatives, their development is likely to remain slow.
- **Lack of in-country regulation.** Many institutions are set up by private organisations and individuals and can therefore fall outside of government regulation control. Many such institutions often aren’t registered, so it can be difficult to know how many institutions there are, and how many children are in their care. In addition, in some countries there is not the legislative basis for regulation.
- **Donors and funding.** One informant mentioned examples of donors blocking local initiatives to improve child protection as board members wished to continue volunteer trips to the residential care centres. Funding models that allow people to have direct access to children (through visits, sponsorship etc.) are often the most lucrative, and often those involved have little understanding of why they can be problematic.
- **Logic and emotion / short-term and long-term.** The plight of vulnerable children can understandably arouse a very emotional response from people, and the instinct to love and to nurture can be very strong. One informant commented on how difficult it can be to suggest that this kind of direct involvement with vulnerable children can be harmful. In addition, many people struggle to see beyond the short-term effects of direct contact with vulnerable children. They are able to witness what they see as positive short-term effects (i.e. smiling children), but they rarely understand, or witness, the long-term outcomes of institutionalisation and the potential problems created by volunteers and visitors.
- **Lack of training.** Representatives in schools, universities, churches, and companies tasked with designing outreach or social responsibility strategies often have very little knowledge of development contexts and have had little training in the potential challenges of facilitating these experiences. People are often unaware of how to conduct due diligence when looking for partner organisations and have little experience in preparing and educating potential volunteers for their experience.
- **Changing minds takes time.** Organisations

working in the field of deinstitutionalisation and raising awareness of the problems associated with volunteering in residential care centres, frequently mentioned that they underestimated how long it would take for people to really understand the problem. “Orphanages” and “helping children” are seen as being so deeply ingrained as acceptable solutions and activities that encouraging people to understand viable alternatives took a great deal of time.

- **Volunteer-focus.** Much of the travel industry is focused on the experience of the volunteer, not on the effect they are having in the host communities. Dialogue on this issue primarily considers instances in which volunteers and donors are being “cheated” or “scammed” by “fake orphanages”. The conversation has little focus on the experience of the children.
- **Change happening in silos.** While range of initiatives been developed in different areas to address the problem of volunteering in residential care centres, as well as to encourage ethical volunteering, much of this activity is not well connected. Resources remain unknown and unshared, and individuals and organisations often are unaware of each other’s existence.
- **Lack of research and authoritative studies.** There is limited information on the number and quality of residential care centres in the global south. While this is gradually changing, current data is patchy, and the problem of unregistered institutions often means that it is not totally representative. In addition, there are no authoritative studies on the impact of volunteering in residential care centres.
- **Good intentions must have good impacts.** It is rare for good intentions to be challenged or questioned. Many informants commented on a pervasive assumption that all volunteering is good. As such, volunteers and volunteer organisations are rarely encouraged to approach their activities from a critical perspective.
- **We have policies, so it doesn’t apply to us.** Childcare facilities or sending organisations who have introduced child protection or visitor policies, and who feel they effectively and responsibly manage volunteers, often

do not feel that the problems surrounding volunteering in residential care centres apply to them. In addition, industry experts stressed that campaigns encouraging organisations to “sign up” to codes of conducts and guidelines need to be presented as the start of a continuing process and not a solution in and of itself. Some informants expressed concern that on signing up to such initiatives, companies felt they needed to take no further action, and did not seek to remain informed about child protection challenges relating to their activities.

Final thoughts

It is not the purpose of this study to make recommendations for change, but rather to present an overview of volunteering in residential child care facilities as informed by a range of key literature and industry experts. However, it is worth noting, that as shown in this study, concerns about volunteering in residential care centres and “orphanage tourism” have been raised for over 5 years, with little coordinated response. In addition, the majority of informants referred to a lack of understanding around child rights and child protection as being one of the key factors driving the growth of residential care and the growth of volunteering in such settings. As such, it is hoped that this project might be a step towards bridging the information gap between the actors working for change and those they are hoping to influence.

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Ami Dar

Executive Director [Idealist.org](https://www.idealists.org)

Amy Norman

Independent Researcher

Anonymous

Former Projects Abroad Employee

Ben Blevins

Executive Director
Highland Support Project, Guatemala

Bep Van Sloten

Independent Alternative Care
Consultant and Trainer

Beth Verhey

Senior Advisor Corporate Social Responsibility
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Blanca Martinez

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Founder
Women's Resource Centre, Cambodia

Brigette De Lay

Programme Officer, Policy and Partnerships,
Child Abuse Programme, Oak Foundation

Britta Holmberg

Project Director
World Childhood Foundation

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Founder / Executive Director One Child Campaign

Caroline Bishop

Senior Technical Advisor for Vulnerable Children
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Caroline Schaffer

Country Director Umbrella Foundation

Carrie Daut

Former Orphanage Volunteer

Chloé Sanguinetti

Independent Filmmaker Voyages Solidaires

Christine Fletch

Former Orphanage Volunteer

Christine North

Associate Professor of Communication
Ohio Northern University

Christoph Selig

Head of GoTeach Team, Corporate
Communications and Responsibility
Deutsche Post DHL

Danielle Waller

Director of International Youth Engagement
Restless Development

David Brown

Former Orphanage Volunteer

David Clemmons

Founder [VolunTourism.org](https://www.voluntourism.org)

David Coles

Trustee KickStart Ghana

Delia Pop

Director of Programmes Hope
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Dominic Abbott

Former Orphanage Volunteer

Dorothy Rozga

Executive Director ECPAT International

Douglas Maclagan

Co-Founder Rights4Children

Eadaoin Close

Communications Director Umbrella Foundation

Edicta Grullón

International Programme,
Special Projects Coordinator
SOS Children's Villages

Elizabeth Weibe

Vice President for Engagement
Christian Alliance for Orphans

Emma Henly

ICS Inclusion Coordination VSO ICS

Emma Sykes

Former Orphanage Volunteer

Emmanuelle Werner Gillioz

Europe Coordinator Friends International

Eric Hartman

Editor and Co-Founder Global SL

Farhana Rehman-Furs

Executive Vice President Cross Cultural Solutions

Florence Martin

Senior Policy and Knowledge Management Adviser
Better Care Network

Gemma Herd

Alternative Care Technical Advisor
Friends International

Gill Sewell

Words Centres Director
World Association of Girl Guides and Girl Scouts

Harold Goodwin

Professor of Responsible Tourism
Manchester Metropolitan University

Iain Disley

Programme Development Manager VSO ICS

Iddrish Abdallah

Child Protection Specialist UNICEF Ghana

Jack Graham

CEO
Year Here

Dr P. Jane Reas

Author of 'Boy, have we got a vacation for you':
Orphanage Tourism in Cambodia and the
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Janet Horner

Information and Support Project
Officer Comhlámh

Jedd Medefind

President
Christian Alliance for Orphans

Jennifer Barron

World Centre Manager
World Association of Girl Guides and Girl Scouts

Jennifer Sirera Salvador

Program Manager – Short Term Programs
Greenheart Travel

Jill Hamill

Communications Officer Care for Cambodia

Joel Borgström

Country Manager
World Childhood Foundation

Johanna Eriksson

Chief of Child Protection UNICEF Ghana

Jonny Hamill

World Horizons

Karen Spencer

Founder and CEO Whole Child International

Kate Otto

Founder and Director Everyday Ambassador

Kathryn Pisco

Former Orphanage Volunteer

Katie Januario

Program Specialist, Health and Social Services Unit
CRS

Kelley Bunkers

Child Protection and Welfare
Consultant / Senior Associate
Maestral

Kenn Allen

Founder and President
Civil Society Consulting Group, LLC

Kit Carson

Director
A Greater Hope Orphanage

Krissy Roe

Head of Campaigns responsibletravel.com

Kurt Thomson

Former Orphanage Volunteer

Linda Zell

Head of Corporate Responsibility Olswang LLP

Lindsay Whidden

Executive Director
Support for International Change

Liza Green

Corporate Citizenship APAC Credit Suisse

Lotte Ghielen

Coordinator
Better Care Network Netherlands

Mara Tissera

Coordinator of Global Initiatives RELAF

Mark Watson

Executive Director Tourism Concern

Mark Weber

Associate Producer Poverty Cure

Martin Punaks

Country Director
Next Generation Nepal

Megan Epler Wood

Principal
EplerWood International

Megan Jones

Child Protection Section UNICEF
– Nepal Country Office

Meghan Lopez

Regional Director – Latin American
Whole Child International

Mehernosh Pestonji

Director of Outreach
Crescent School, Toronto, Canada

Meredith Baily

Executive Director Kaeme

Michael Horton

Chairman and Founder Concert

Mitch Gordon

CEO
Go Overseas

Monica Lindvall

Senior Advisor
Save the Children Sweden

Natalia Gligor

Former Orphanage Volunteer

Natalie Jesionka

Program Chair – Human Rights Centre for the
Study of Genocide and Human Rights Rutgers

Natalie Scicluna

Former Orphanage Volunteer

Neil McGregor

Manager

Accenture Development Partnerships

Paula Bennett

(Formerly) Corporate Citizenship Citi Asia Pacific

Pauline Hyde

Head of Professional and Technical Support

Lumos

Peter Greer

President and CEO Hope International

Peter Gross

Child Protection Specialist (Alternative Care)

UNICEF

Philip Goldmann

President

Maestral International, L.L.C.

Philip Holmes

CEO

Freedom Matters

Philippa White

Founder and Managing Director

The International Exchange

Rafia Zakaria

Journalist

DAWN (Karachi, Pakistan) and

Al Jazeera America (New York, USA)

Rebecca Nhep

Field Coach

ACC International Relief

Rebekah Kofoed

International Programs Coordinator

Friends International

Richard Norris

Programme Manager BT Openreach

Richard Welford

Chairman

CSR Asia

Robert McCall

Co-Director, Office of Child Development

University of Pittsburgh

Royston Robinson

Former Orphanage Volunteer

Ruth Taylor

International Development Manager Student Hubs

Sallie Grayson

Programme Director People and Places

Sara Hall

Senior Campaigns Advisor Save the Children UK

Sarah Gesiriech

Coordinator

Faith to Action Initiative

Sarah Vandenburg

Managing Director Frayed Passport

Saul Garlick

CEO ThinkImpact

Severine Chevrel

Senior Coordinator Better Care Network

Shannette Budhai

Volunteering Quality Project Officer Comhlámh

Simon Hart

Director of Custom and Professional Programming

Where There Be Dragons

Simone Galimberti

Co-Founder ENGAGE

Sonya Fultz

Board of Directors

Berhost Partners for Development

Stephen Ucembe

Founder

Kenya Care Leaver's Association

Steve Rosenthal

Executive Director CCS

Sully de Ucles

Program Director Buckner International

Tessa Boudrie

Philanthropic Advisor and Child
Protection Specialist

Valens Nkurikiyinka

Regional Technical Knowledge Management
Specialist for Eastern and Southern Africa
Better Care Network

Vicky Gillings

Head of Communications Lumos

Willy Oppenheim

Founder and Director Omprakash

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<http://www.facebook.com/groups/628959700527957/permalink/628960390527888/>