

Official Position Statement of IAIM Australia Inc.

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#### THE SITUATION

In some countries, there are babies and young children who live away from their families in institutional care ("orphanages"). Babies and young children living in these institutions do not always receive high quality interaction during critical periods and, as a result, are at much higher risk of long-term developmental vulnerabilities<sup>1</sup>.

As a result, well-intentioned volunteers and health professionals from Australia sometimes travel to volunteer in orphanages where they directly provide activities and interaction for institutionalised children. These interactions might include providing children with massage, touch, movement, play or other sensory activities. Most volunteers engage in these activities with a genuine belief they are helping. In many cases, "not-for-profit" organisations alongside commercial travel companies actively recruit volunteers to pay money to undertake these "placements".

Globally, this sort of volunteer tourism (or "voluntourism") in orphanages is declining<sup>2</sup>. However, IAIM Australia is concerned about what appears to be an increasing number organisations targeting Australian volunteers to pay to undertake tours to orphanages where they are promised the opportunity to provide massage and other forms of daily care and activity for babies and young children these institutions. We are concerned that many volunteers may not be fully informed of the likely impact of their volunteer activities on children and families.



IAIM Australia Inc. is a not-for-profit, health promotion charity, and official member of the World Health Organisation's Maternal, Newborn and Child Health Partnership. We strive to ensure all children can enjoy the lifelong social, psychological and physical health benefits that come from having early relationships that are loving, healthy and secure.

We provide **nationally accredited training** for volunteers, health professionals and educators to deliver the evidence-informed <u>First Touch</u>

<u>Program</u><sup>TM</sup> to parents. The program supports healthy, sensitive and responsive care-giving centred on key interactions including:

- infant massage and other forms of healthy touch, as well as
- voice,
- movement,
- eye contact and
- other sensorial interaction.

The First Touch Program™ is delivered by our qualified parent educators to over 20,000 families each year. Training to deliver the First Touch Program™ is the only qualification in Australia which meets the government-accredited competency standards for *Delivering Infant Massage Education to Families*.

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#### **OUR POSITION**

Based on a review of the available evidence and consultation with our partner organisations, IAIM Australia opposes the practice of orphanage voluntourism. A recent international research program found a growing body of evidence that orphanage care typically has negative impact on child development. The study found this negative impacts of orphanage care are made worse by:

"...volunteering in these facilities... Not only does [volunteering] encourage the expansion of residential care centres, but it also makes children [more] vulnerable to abuse".

(Better Care Network, 2014, p.3)

IAIM Australia supports country agencies and non-government organisations adhering to the UN Guidelines on Children in Alternative Care<sup>3</sup>. We urge all volunteers to work with agencies and projects which observe these guidelines and who aim to strengthen and empower family and community based care, reducing the need and demand for orphanages.

#### **OUR REASONS**

IAIM Australia acknowledges most volunteers are well intentioned and believe that doing 'something' to help institutionalised children is 'better than nothing at all'. However, evidence does not support this belief, showing that irrespective of intention, orphanage volunteering is likely to exacerbate damage and trauma to babies and very young children.

• To reduce catastrophic developmental outcomes experienced by young children in institutions, the baby or young child needs to be able to develop and maintain an attachment bond with a consistent care-giver who can provide ongoing and high-quality interactions throughout childhood, and who is willing to make a long-term emotional commitment to the baby<sup>1</sup>.

...the principal driving force of child development is relationships...The quality of [these] relationships is as important for children's development as...adequate nutrition. The many factors that influence early childhood development come down to [the] simple attributes of the child's day-to-day experiences. Improving the quality of children's day-to-day experience through relationships needs to be a primary goal of all initiatives regarding of parenting, childcare, and monitoring rights in early childhood under the Convention of the Rights of the Child." (World Health Organisation, 2007, pp. 9, 20).

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- Even scheduled swapping of the best trained carers can be a risk factor for babies and toddlers. Where abused or abandoned children do form emotional attachments to the volunteers, their trauma is increased when these 'care givers' disappear back home<sup>4</sup>. This sort of regular disruption to an infant's or child's relationships results in repeated emotional loss and neurobiological trauma, exacerbating long-term disruptions to development<sup>5</sup>.
- Infant massage, touch and other sensory stimulation are key mechanisms through which baby-caregiver relationships are experienced, and through which early brain development is mediated<sup>6</sup>. However, the vast majority of orphanage volunteers engaging in infant massage or stimulation activities have not undertaken any form of accredited, competency-based training or assessment in infant/ early childhood cue-based massage education, play, or social/mental health development generally, let alone for working with traumatised groups of children.
- The delivery of infant massage programs by poorly (or un-)trained volunteers and educators, has been identified in research as having particular risks for babies and children<sup>10</sup>. For example, the neurological and mental health risks of intrusive touch for infants have been well-documented<sup>7,8,9</sup> yet most orphanage volunteers have not, for example, been properly trained to recognise signs and cues that an infant may be finding touch/ massage intrusive or unwanted. Therefore, it is clear that volunteers who have not completed proper (accredited) training in infant massage education, are likely to introduce foreseeable, additional disruptions to the child's developmental trajectory.
- For babies and young children, there is a vast difference between healthy touch, and simply 'being touched' or 'massaged' by a volunteer. Some of the most important benefits of infant/ child massage are not mechanical, but social and relational in their basis. Any volunteer's contact with a baby will necessarily be transitory (often volunteers a placed for as little as two weeks) and will take place in an environment that is unavoidably impersonal, often unpredictable and in some instances even a hostile one for babies.
- Residential institutions for babies and toddlers are largely unnecessary. The most recent reports suggest that up to eight million children are institutionalised world-wide<sup>10</sup>, but that between 80% and 90% of them are not orphans and have at least one parent living <sup>2,11</sup>. Most children are in institutions because they have disabilities or chronic illnesses, or their parents are too ill or too impoverished to care for them, or because they have been displaced by violent conflict or the persecution of ethnic minorities<sup>1,2,11</sup>. Many of these children could remain with their birth or extended families given the necessary and culturally appropriate support. Where there has been unavoidable separation from their families, the constancy of a replacement permanent caregiver within their extended family or own community becomes more, not less, important. Most reputable agencies now strive to provide this form of assistance rather than separating babies from their families.

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Not only are they largely unnecessary, but institutions are also the least desirable environment for children – even more so for babies and very young children during critical phases of development. All evidence suggests that direct-care volunteering does not reduce the risks of orphanages, but heightens them. For example, most organisations involved in arranging baby-care-expeditions do not require volunteers to undergo any sort of basic police or sex-offender checks. Some orphanages are known to tolerate or even actively engage in unethical and criminal practices. UNICEF has found that in these particular institutions child welfare is often secondary to orphanage profits, and world-wide it is estimated that less than one-third of income generated in the "orphanage industry" is used to provide care for children<sup>11</sup>. Some orphanages actively perpetuate squalid and understaffed conditions - or even underfeed children - in order to capitalise on the pity and compassion of foreigners<sup>2</sup>. Some orphanages are known to have been established purely to capitalise on the growing "industry" of voluntourism and are known to be favoured haunts and hunting grounds for sexual predators and human traffickers<sup>2,11</sup>. Some orphanages directly engage in human trafficking by purchasing children from desperately poor families with the intention of on-selling them to criminals or for adoption by visiting foreigners - even though at least one parent is still living<sup>2,12</sup>. Government regulatory requirements and monitoring resources are often inadequate to prevent these practices from occurring.

The short supply of resources in many residential institutions provides a compelling motivation for well-meaning travellers. However, contrary to the messaging given by some volunteer tourism programs<sup>12</sup>, evidence clearly shows that "doing something" is not always better than "doing nothing".

For these reasons, IAIM Australia encourages people concerned about children who are institutionalised to begin with the assumption that children in developing countries are just as deserving as Australian children of care which respects their safety, privacy, dignity and relationships with their families and communities.

In this context, there are other ethical, and more effective, alternatives to orphanage voluntourism. For those who wish to become directly involved in supporting early infant sensory development, undertaking high-quality training in infant massage education will provide evidence-supported skills to support local families, carers and organisations to safely and sustainably improve long-term outcomes for vulnerable children. A number of organisations offer this training, and volunteers should find a course that meets government standards and has a clear Code of Conduct to guide practice with vulnerable families. In addition there are many opportunities to directly and indirectly support these and a broader range of local organisations providing parental, child and community support programs aiming to reduce the institutionalisation of babies and young children.

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#### REFERENCES

#### **FURTHER INFORMATION**

IAIM Australia Inc. <u>www.iaim.org.au</u>

www.iaim.org.au/infant-massage-a-closer-look.htm

Better Volunteering Better Care Network <u>www.bettercarenetwork.org/BCN/</u>

Lumos <u>www.wearelumos.org/</u>
ChildSafe <u>www.thinkchildsafe.org/</u>







<sup>&</sup>lt;sup>1</sup> Fox, N., Almas, A., Degnan, K., Nelson, C., & Zeanah, C. (2011). The effects of severe psychosocial deprivation and foster care intervention on cognitive development at 8 years of age: findings from the Bucharest Early Intervention Project. *Journal of Child Psychology and Psychiatry*, *52*(9), 919-928.

<sup>&</sup>lt;sup>2</sup> Better Care Network. (2014). *Better volunteering, better care: Executive summary.* BCN: Amsterdam.

<sup>&</sup>lt;sup>3</sup> United Nations. (2010). *Resolution 64/142: Guidelines for the alternative care of children*. UN: New York.

<sup>&</sup>lt;sup>4</sup> Birrell, I. (2010). Before you pay to volunteer abroad, think of the harm you might do. *The Guardian*, Sunday, 14 November 2010.

<sup>&</sup>lt;sup>5</sup> Bowlby, R. (2007). Babies and toddlers in non-parental day care can avoid stress and anxiety if they develop a lasting secondary attachment bond with one carer who is consistently accessible to them. *Attachment and Human Development*, *9* (4), 307-319

<sup>&</sup>lt;sup>6</sup> Schore, A. (2000). Attachment and regulation of the right brain. *Attachment and human development, 2* (1), 23-47.

<sup>&</sup>lt;sup>7</sup> Stack, D. (2004). Touching during mother-infant interactions, in Tiffany Field (Ed.). *Touch and massage in early child development*. Johnson & Johnson Pediatric Institute: Miami, pp. 49-58.

<sup>&</sup>lt;sup>8</sup> Tronick, E. & Beeghly, M. (2011). Infants' meaning-making and the development of mental health problems. *American Journal of Psychology*, 66 (2), 107–119.

<sup>&</sup>lt;sup>9</sup> Underdown, A. & Barlow, J. (2011). Interventions to support early relationships: mechanisms identified within infant massage programs. *Community Practitioner*, *84* (4), 21-26.

<sup>&</sup>lt;sup>10</sup> Lumos Foundation, <a href="http://www.wearelumos.org/stories/8-million-children-are-institutions">http://www.wearelumos.org/stories/8-million-children-are-institutions</a>, accessed 13 March 2015.

<sup>&</sup>lt;sup>11</sup> UNICEF. (2009). UNICEF Annual Report. UNICEF: Geneva.

<sup>&</sup>lt;sup>12</sup> See, for example: http://www.projects-abroad.com.au/projects/care/, viewed 25 Jun 2015.