

Investigation of the extent of volunteer travel from the Netherlands to residential care facilities for children in low and middle-income countries: roles, responsibilities and scope for government action

Final report

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Summary of the study

Purpose of the study

This study was commissioned by the Ministry of Foreign Affairs in response to a private member's bill by MP Wybren van Haga, entitled 'Do-gooders don't necessarily do good: a proposal to combat orphanage tourism'.¹ The aim of the study was to determine the extent of orphanage tourism from the Netherlands, what actors are involved and/or responsible, and what action the government can take.

Terminology

One of the first conclusions drawn by the authors of the study was that the term 'orphanage tourism' is problematic for various reasons. In practice, many children living in 'orphanages' in lower and middle-income countries still have one or two living parents or other direct relatives, so they are not 'orphans' as defined in most Western countries: children whose parents are dead. Moreover, the term 'tourism' lumps all types of travel together. Many volunteers are actually not tourists, but have travelled abroad for work placements or project weeks (organised by schools or churches for example) or are professionals on long-term postings.² Some international volunteer travel organisations don't feel that the current debate about the negative impact of 'voluntourism' applies to them because they are pursuing a higher aim: making a meaningful contribution to local societies. The study therefore refers instead to 'volunteer travel to residential care facilities for children in low and middle-income countries'.

The debate about volunteer travel to such facilities is closely linked to the debate about the desirability of institutional care. Accordingly, proponents of deinstitutionalisation reject voluntary work in residential institutions on principle.

Root causes

In order to gain a better understanding of the findings, researchers examined the underlying causes. Residential care facilities for children in low and middle-income countries owe their establishment and continued existence to a complex interplay between the supply and demand for institutional care. Various factors – such as chronic poverty, structural disadvantage and a colonial legacy – contribute to this state of affairs, along with the fact that the existence of such facilities promotes their use.

Sometimes, residential care facilities for children are seen as a business model, a way of generating revenue from tourism and international adoption. They also sometimes receive structural financial support (mainly from the West). Part of this income is obtained legally. However, illegal activities also occur, for instance children being sold or recruited for placement in such facilities.

Volunteer travel to these facilities is part of a complex system that maintains 'orphanages' unnecessarily. It is sometimes referred to in the literature as the 'orphan industrial complex'. The income and free labour that come from volunteer travel are only one factor in this system. Structural financial support from the West (for instance in the form of equity funds, private donations and sponsorship) does much more to perpetuate such institutions.

¹ *'Een goede bedoeling is niet altijd een goed idee: een voorstel tot bestrijding van weeshuistoerisme'*, Parliamentary Papers 35 069 no. 2.

² This emerged from interviews carried out in the course of the investigation.

Effects

Though volunteer travel to residential care facilities for children in low and middle-income countries has potentially positive effects – like the assistance provided by volunteers, the purchasing power that they bring to the local economy and the experience of the volunteers themselves – a great deal is now known about their potentially harmful impact.

To start with, the fact that volunteers often stay only for a few weeks, and certainly no longer than a few months, can exacerbate the [attachment issues](#) these vulnerable children often have, potentially causing them to become overly attached to strangers. Moreover, despite all the good intentions, care is provided by largely [unqualified volunteers](#), whereas in the Netherlands, children are only entrusted to carers who have had appropriate training.

Then there is also the danger of all kinds of [abuse](#) (social, physical, psychological). The limited screening given to volunteers means that individuals with malign intent can easily get access to children by volunteering in residential care facilities for children. Cases are known of sexual abuse by volunteers and the founders of such facilities. It is beyond the scope of this investigation to establish how often this happens in practice.

Volunteer travel contributes to the [unnecessary perpetuation of residential care facilities for children](#) and can even indirectly promote the [supply of children](#), many of whom are not actually orphans, to these facilities. There is not necessarily a direct causal relationship between orphanage tourism and the number of residential care facilities for children (a question the study looked at), but it is important to recognise that international volunteer tourism is an integral part of the orphan industrial complex. Children become commodities for parties that profit from their placement in residential care facilities, or have some other interest in the continued existence of such facilities. The link should also be noted between ‘voluntourism’ and [orphanage trafficking](#), whereby children are knowingly (sometimes in exchange for payment, sometimes under false pretences) taken from their parents or other guardians and placed in residential care facilities to generate income (e.g. from tourists or volunteers).

What’s more, volunteer travel can [disrupt local labour markets](#) in receiving countries and [perpetuate neocolonial stereotypes](#) (a privileged group from the West donating time and money to vulnerable groups in low and middle-income countries).

It’s important to note that many of the arguments against volunteer travel to residential care facilities for children – for instance, unprofessional care, exacerbation of attachment issues, risk of abuse and reinforcement of neocolonialist power relations – also apply to other kinds of projects involving vulnerable children. For instance, volunteer travel with educational, sports or play-related themes, or that have to do with children in a day care setting. After all, should the issue of whether or not children spend the night at a particular facility really be the decisive factor when discussing the desirability of certain types of volunteer travel?

Types of providers and numbers involved

The study found that the provision of volunteer travel from the Netherlands to residential care facilities for children is greatly fragmented. The providers of such travel fall into four categories, namely: (1) tour operators, (2) intermediary agencies specialising in volunteer travel, (3) private initiatives and (4) specialised not-for-profit organisations. The tour operators and specialised intermediaries often offer travel to a range of projects (some specialise in a particular country or geographical region, while others operate worldwide), whereas in the case of

private initiatives based in the Netherlands, support for a single project (or a small number of projects) is more common. The vast majority of the private initiatives provide aid in the form of financial support, but in some cases volunteers are sent.

In the category of tour operators and intermediary agencies, the study identified 15 providers that specifically offer volunteer travel to residential care facilities for children in low and middle-income countries – not just individual trips for volunteers and trainees, but also group trips. A total of 39 providers offer volunteer travel to projects that involve children in general. The study revealed that some of the organisations in this category have stopped offering such travel as a result of the public debate on orphanage tourism. These include organisations affiliated with the Volunteer Correct Association (VVC). Members of this association do not send volunteers to residential care facilities for children.³

According to a calculation based on many assumptions, each year a few hundred volunteers book volunteer travel to residential care facilities for children with tour operators or specialised providers.

In the Netherlands, private initiatives are by far the biggest category of providers of volunteer travel opportunities to residential care facilities for children in low and middle-income countries. On the basis of data from the Private Development Initiatives database of Radboud University, it is estimated that between 1,430 and 1,730 organisations send volunteers on such trips. These range from individual volunteers to groups, privately sponsored by schools or churches. It is impossible to determine exactly how many volunteers are involved, partly because there is very little scrutiny of these initiatives, and the numbers of volunteers can fluctuate considerably from year to year.

Nor can a reliable estimate be made of the total number of volunteers that travel annually from the Netherlands to work in residential care facilities for children in low and middle-income countries. Inasmuch as estimates of such numbers have been made in studies of orphanage tourism in other countries, these vary considerably.

Financial flows

The amounts paid by volunteers to travel organisations and specialised providers for a stay of four weeks is around €1,000. Only a small amount (5% to 15%) of this money directly benefits projects. Sometimes, private initiatives do not charge any fees at all. In addition, volunteers or groups of volunteers sometimes make donations in cash or kind, before or after the trip (for instance through sponsorship initiatives).

In the case of private initiatives, there is often a direct financial link with the Netherlands. Sources of income can take the form of donations (from individuals, businesses/organisations, 'friends' organisations), equity funds, sponsorship initiatives, donations for specific children, interest on capital and contributions from volunteers. The latter usually accounts for only a modest share in a project's total income.

The study did not find a direct causal relationship between volunteer travel and the existence of residential care facilities for children in low and middle-income countries. Instead, it concluded that volunteer travel is just one of many different ways in which such facilities receive support from the Netherlands (and other countries).

Role of the United Nations and the European Union

³ With one exception, the study showed, but this provider is currently reconsidering whether or not to continue doing so.

At international level, both the United Nations and the European Union play a role in the context of volunteer travel to residential care facilities for children. The UN Convention on the Rights of the Child forms the legal basis for this and creates obligations for the countries that have undertaken, by ratifying the Convention, to guarantee and protect children's rights. The guidance in the non-binding UN Guidelines for the Alternative Care of Children and the UNGA Resolution on the Rights of the Child also plays an important role. The Resolution calls on countries to introduce measures to address the harm associated with volunteering programmes in orphanages, including in the context of tourism. At European level, compliance with the Convention on the Rights of the Child is enforced under the European Convention on the Exercise of Children's Rights.

Scope for action

This study explored the scope for action by the Dutch government. The options examined include a ban, regulation, self-regulation, information campaigns and political and diplomatic measures. The policy pursued by other countries, including the Australian Modern Slavery Act, was also assessed.

Although the main focus of the study was to explore ways in which the Dutch government could take action with respect to volunteer travel to residential care facilities for children, its authors wish to emphasise the importance of taking a broader look at the issue. Firstly, many of the problems associated with volunteer travel to such facilities also apply to travel to projects involving the care of children in general. So policy narrowly focusing on this particular category would not be the most effective, especially given that many volunteer travel providers have already changed their approach as a result of the public debate on this subject. The largest group of providers, private initiatives, are subject to the least scrutiny. It would therefore be most effective if policy focused on the factors that promote the establishment and continued existence of residential care facilities for children and also covered the role of private initiatives.

Nevertheless, this study presents the following options for action by the Dutch government regarding volunteer travel to residential care facilities for children:

- The government could establish a dialogue in which providers – tour operators, intermediary agencies and private initiatives – take part. This would improve communication and coordination between providers and facilitate the exchange of knowledge. Partin, the association for private initiatives, could play a role in this process.
- Knowledge exchange and the provision of information could primarily target schools, churches and religious organisations, increasing awareness of the disadvantages of residential care facilities for children in low and middle-income countries and the role of volunteers – however good their intentions are. It could also concentrate on the role of donations in maintaining such facilities. The government could play a role here by setting up or funding public information campaigns.
- The government could assign the 'orphanage tourism' portfolio to a ministry. Although it straddles the areas of work of various ministries, this issue could become the responsibility of the Ministry of Foreign Affairs.

- At international level, the Dutch government could actively promote compliance with the UN Guidelines for the Alternative Care for Children, and encourage other countries to do the same.

A number of targeted policy measures could also be considered, namely: measures relating to an organisation's charity status; attaching conditions to registration with the Chamber of Commerce; measures requiring volunteers to have a certificate of conduct; a quality mark for volunteer travel providers. These measures could also apply to volunteer travel to projects involving children in a broader sense.