



Learning Curves

A Global Review of
Education and
Institutional Care

April 2024



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Introduction

This Global Thematic Review on Education examines the under-researched relationship between education and institutional care.¹ It uses a rights-based lens rooted in the principle that all fundamental rights are universal, inalienable, interdependent and indivisible. Specifically, it is based on the premise that children's fundamental rights to both education and family life should and can coexist, but that that indivisibility is currently, at times, compromised.

Children need to grow up in safe, loving families. They need more than basic health, nutrition and hygiene to thrive: they also need individualised, personalised nurturing care² from a trusted adult – care that institutions, by their very nature, cannot provide.^{3,4,5}

A wealth of research from across the globe has demonstrated that institutionalisation harms children's wellbeing and development, especially their physical growth, cognition, and attention, and also their socio-emotional development, mental health and ability to form attachments.⁶ Young people leaving institutions often face significant challenges as they move into adulthood, as growing up in an environment with overly-structured routines and few opportunities to exercise choice is poor preparation for independent living, leaving them lacking in the social skills and networks they need to live successfully in the community.^{7,8} Despite this, it is estimated that at least 5.4 million children worldwide live in institutions⁹ which neglect their rights and cannot meet their needs.¹⁰ This includes a significant number of educational institutions, which, whilst ostensibly designed to provide education, can replicate the institutional norms and practices which evidence has proven can fundamentally harm children.

The right of all children to live with their families is enshrined in a number of treaties, including the UN Convention on the Rights of the Child (CRC),¹¹ and the UN Convention on the Rights of Persons with Disabilities (CRPD).¹² It is further defined in other key documents and guidance, including the Guidelines for the Alternative Care of Children, which calls on States to prevent children's separation from their families wherever possible,¹³ and the UN General Assembly's 2019 Resolution on the Rights of the Child, which calls on States to prevent the unnecessary separation of children from their families.¹⁴

At the same time, every child has the right to an education. Education plays a key role in children's development and, more broadly, in promoting democracy, peace, development and economic growth.¹⁵ Its importance is set out in the CRC,¹⁶ as well as the International Covenant on Economic, Social and Cultural Rights (ICESCR),¹⁷ and the Universal Declaration of Human Rights (UDHR).¹⁸ The right to education, like all children's rights, applies to all children equally and without discrimination. The CRPD specifically emphasises the right of children with disabilities to access education on an equal basis with others, and calls on education systems to "ensure inclusive and equitable quality education and promote lifelong learning opportunities for all."¹⁹

Children have the right to grow up in a family and to have a good quality education that meets their needs. But Lumos's programmatic work has highlighted that access to one of these rights can come at the expense of the other, for example when children with disabilities are separated from their families and placed in residential special schools due to a lack of inclusive community-based schools. We have also seen that innovative practical and policy-based interventions can enable all children to fully enjoy both rights.

About this report

This report outlines the findings and recommendations from Lumos’s Global Thematic Review on Education. The information contained in this report was validated via a series of targeted engagements with key stakeholders throughout 2023. This included: a global intergovernmental roundtable, bilateral engagements with actors in education and child protection sectors, a global roundtable with education-focused NGOs, and national-level events including a parliamentary launch of the research in Moldova. The learnings and insights received during these activities have informed this report.

This report is complemented by a full research pack of materials, including policy briefs, case studies and event recordings, all of which are available at <https://www.wearelumos.org/resources/learning-curves-global-thematic-review-working-paper/>.

It is hoped that this report and accompanying Research Pack will be of use to:

- Governments and policymakers, by providing evidence-based recommendations for practical and policy action.
- Service providers within the education and care sectors, by highlighting the need for greater cross-sector collaboration and joint planning within care reform processes and more generally.
- Civil society organisations and movements working on care reform, education, disability rights and other related issues, by providing evidence on which advocacy can be based.
- Stakeholders including philanthropists and donors, charities and organisations involved in orphanage tourism, who support residential education and/or institutional care services, by highlighting the harms of institutionalisation (even where it may bring educational benefits) and the importance of inclusive education and non-residential community-based solutions.



Defining the 'residential care-education system'

For the purposes of this study, we have distinguished between two types of residential service: residential care settings and residential education settings. While closely related, and often with significant overlaps, there are often differences between the two. In this report they are conceptualised as follows:

Residential care settings are usually within the social care or child protection system and are primarily for children assessed as being unable to stay with their birth families. They may provide some form of on-site education. Alternatively, resident children may attend local schools or other local education settings.

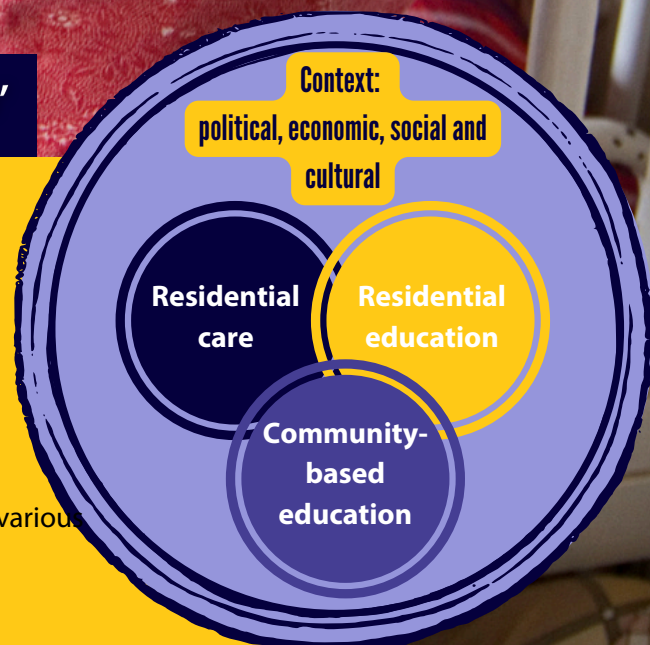
Residential education settings are set up specifically to provide education, although they may provide other services as well.



What is the 'residential care-education system'

For the purposes of this study, we have defined the residential care-education system as comprising: residential care settings, residential and non-residential community-based education settings, the connections and overlaps between these services, and the broader context in which they sit.

The broader context includes political, economic, social and cultural conditions, both historical and contemporary, which influence how and why children enter institutions. Together, the various elements, services and supports form an interconnected system spanning multiple sectors.



What are residential education settings?

Residential education settings, including boarding schools, frequently fall under the responsibility of ministries of education rather than the social care or child protection sectors, and are not always or typically perceived as institutions in the traditional sense (such as orphanages and children's homes). Residential education settings may be referred to as 'residential schools', 'boarding schools', 'school residences', 'secure schools' or by a range of other, context-specific terms. Despite this, they can share many of the same institutional characteristics as residential care settings (see 'What is an institution?' below), for example by isolating children from their families and effectively taking over their children's care.²⁰

By definition, most residential education settings provide both education and care, despite often only being regulated and licensed as one or the other.

As long as institutional characteristics are present, a residential education setting can be defined as an institution.

Context- and sector-based differences in defining what constitutes an institution mean that sometimes residential education settings are counted as institutions and sometimes not. As with other types of institution, this means it is impossible to know how many exist globally or how many children reside within them.²¹

It highlights the need for clear, shared definitions, and that processes to reform the care of children away from institutional models should use the widest possible definition of 'institution' to ensure that residential education institutions are not missed.



What is an institution?

Definitions of what constitutes an institution can vary across contexts. Lumos and many other organisations focus on whether a residential facility has an institutional culture or characteristics, rather than the type of service it provides or the sector it sits within.

These characteristics include:

- Depersonalisation (lacking personal possessions and signs and symbols of individuality and humanity)
- Rigid routines which override individual children's needs and preferences
- A lack of individualised support or prioritisation of children's individualised needs
- Children's lack of control over their lives and decisions affecting them
- The isolation of children from families and communities.²²

Lumos's position on residential education

Lumos works to ensure all children are raised in a family environment, safe from the harms caused by being in residential institutions of any type. In many cases, residential education meets the above-noted identified characteristics of an institution.

The evidence included in this Thematic Review takes a global view of residential education but does not specifically discuss the effects of elite residential education on children's wellbeing and development, for which there is a small evidence base. This is because such evidence was not included within the literature review, and the topic did not come up (at least as a key theme) during the interviews and focus group discussions, nor through Lumos's programmatic research. However, it should be noted that the term 'boarding school syndrome' has been used to describe symptoms and behaviours affecting some adults who attended boarding schools from a young age (the research focused on ex-students of elite British boarding schools).²³ These symptoms include problems with intimacy and relationships, and psychological and emotional difficulties, that follow students into adulthood.²⁴

In many instances, processes of colonisation led to this model of residential education being exported and used to educate oppressed populations, and to impose colonial values and norms. These boarding schools were integral to so-called 'civilisation' processes, which have had particularly harmful impacts upon indigenous and first-nations communities.²⁵ For example, in Latin America, indigenous children in boarding schools in Brazil, Colombia, Paraguay, Venezuela and Peru were prevented from speaking their native languages or expressing their own culture through, for example, wearing traditional dress, in an attempt to force them to assimilate with colonial norms and values.^{26,27} Canada and Australia are examples of countries in which the use of residential schools is now recognised to have constituted a form of 'cultural genocide.'^{28,29} The violent, colonial legacy of many residential education settings must be acknowledged in our understanding of these issues. Today, in some contexts, residential education settings continue to cause harm to and violate the rights of children.

This Thematic Review recognises this legacy while exploring broader issues around residential education, to bring us closer to understanding the global picture.



Key findings

Drivers of admissions to residential care and residential education settings

The literature review, Lumos's programmatic research, and the focus group discussions all found that the need for education – often in combination with social and economic drivers – drives admissions to residential services. Admissions to all types of institutions in Lumos's programmatic research, including those specifically set up to provide education, were driven by a combination of educational, social and economic factors.

1. Children are admitted to residential services to access education and opportunities that may not otherwise be available

It is perhaps unsurprising that access to education was identified as a key driver of admissions to residential education settings in both the literature review and in Lumos's programmatic research. It was also a significant driver of admissions to residential care settings.

Sometimes residential services are the only option available to families, for example in rural and remote communities where the nearest school is too far away to travel to daily (as seen in the [Colombia case study](#)). But even when non-residential options do exist, decision makers, including children's families and local authorities, may still choose to place children in residential education. This can be due to the real or perceived superior educational opportunities that residential education can offer, compared to non-residential schools. Some focus group participants underscored the prestige of residential education (often referred to as boarding schools) in some contexts such as Kenya, and the perception that it offers children better opportunities for the future.

"In the case of Kenya, you'll find people putting education first. And that's why they believe it's good to take a child to boarding school or to take a child to a children's home."

Inequalities in upper-middle and high income countries can also contribute to such perceptions, for example when residential care and residential education settings enable, or are perceived to enable, better educational opportunities and associated life chances for children from disadvantaged or marginalised communities.³⁰ Lumos's programmatic research describes how, in one residential education institution in a high-income country, almost a third of children had been sent from a nearby upper middle-income country to learn the language of the receiving country and to benefit from the real or perceived advantages of education there.

2. Non-education drivers included poverty and other socio-economic issues

Lumos's programmatic research showed that poverty and related issues, such as poor housing, can increase the likelihood of children being placed in residential care and residential education settings; in some cases, parents requested that their children be sent to residential settings because they did not have the means to look after them. Between 22% and 96% of resident children were admitted to the institutions (the percentage varied per institution) due to financial hardship or familial instability, often alongside other drivers.

Poverty was also a theme in the focus groups, which identified that the belief that education is a vehicle for upward progression and social mobility is deeply entrenched in many communities. As one focus group participant noted,

"It's a tool associated with an idea of poverty, and education being a way out of poverty."

Participants also mentioned that attending residential education can be seen as an investment that could also benefit the child's family.

"In our experience in some countries, the older children... know that [residential education] links up to their wellbeing in the future, the future of their family, the responsibility towards the family and to make a living."

During outreach and engagement on this research, some participants further contextualised this perception, with the idea that providing children from socio-economically disadvantaged populations with an education is sometimes perceived as a gift or an act of charity, rather than a right to which all children are entitled. This can make some communities more willing to accept the institutionalisation of their children in order for them to achieve that education.

The literature review highlighted a strong connection between access to education and poverty in middle or low-income countries, particularly in poorer regions. As well as offering better opportunities than children might otherwise have had, residential services can often meet some of children's basic needs, such as food, shelter, clothing, access to health services, and school books, that families could not afford. In ³²such contexts, being able to access residential education was seen as a 'a blessing,' which ³³could even generate envy within the local community because of the perceived benefits for children and their families. ³⁴

3. Residential admissions are also driven by a lack of non-residential accessible, inclusive services for children with special educational needs or disabilities

Children are at increased risk of admission to residential care and residential education services when accessible, inclusive community-based education and other services are lacking. ³⁵This is especially relevant to children with special educational needs or disabilities (SEND). In Lumos's programmatic research, a lack of inclusive community-based services was a driver in 30% to 100% of admissions to institutions within the sample – including institutions not specialised in working with children with SEND and institutions without on-site education. For many families, the choice was residential services or no education at all. Social drivers were an additional factor in many admissions, with institutions meeting a broader range of children's needs than just education and relieving families who were struggling with financial hardship or familial instability.

A focus group participant said:

"Parents decide to send a child to a residential special school because there is no quality inclusive education in their community, and this is the only opportunity they see for their child to get an education."

During outreach and engagement on this research, one government official summarised the view that many education systems take, stating:

“In our country, we used to believe that children with disabilities didn’t have the skills needed to attend mainstream schools. Now, we know that it was us who didn’t have the skills to educate them.”

Even when children with SEND can attend mainstream schools, a lack of genuine inclusive practices may prevent them from fully participating. The [Indonesia case study](#) shows how the learning and other needs of children with SEND are not always met in classrooms, meaning they do not have the same opportunities to thrive as their peers do.

4. Discriminatory treatment of marginalised or disadvantaged communities can increase children’s risk of residential admission

In some contexts, state actors allow or justify the institutionalisation of children from certain populations in a way that disproportionately affects those from marginalised or disadvantaged communities. This includes children in street situations, children from indigenous, First Nations and tribal communities, and other racial, religious, linguistic and cultural minorities. A focus group participant noted that:

“When police officers, judges and various other arms of the state come across street children, they are removed from the streets and forcibly placed into institutions, often using the right to education as a rationale for that.”

Another participant noted that in India, residential schools are legitimised as a way of educating children from tribal communities perceived as ‘hard to reach.’ Similarly, the [Colombia case study](#) highlights the overrepresentation of students from ethnic minority groups in residential education settings (known in Colombia as ‘school residences’) in the Guaviare region, particularly those from indigenous communities who are more likely to live in remote rural communities.³⁶ Indigenous students in Guaviare’s residential education settings were less likely than their non-indigenous peers to have frequent contact with their families, and more likely to be in classes intended for children younger than themselves, arguably demonstrating a breach of children’s CRC Article 2 right to non-discrimination.

Lumos’s programmatic research found that structural discrimination led to the unnecessary separation of Roma children from their families in contexts with inadequate systems of services and support.³⁷ For example, in one country, 5% of the general population were Roma but Roma children comprised between 34% and 78% of the children in the sampled institutions, with staff reporting that poverty and poor-quality housing were key reasons for admission.

5. There are a wealth of other socio-economic drivers of admission to residential care and residential education settings

Other drivers of admission included:

- **Abuse and neglect.** Lumos's programmatic research found that abuse and neglect were drivers of admissions to both types of setting, but were rarely the most prevalent drivers.
- The **loss of a caregiver** was identified by the literature review as a driver of admissions to residential care settings. It was identified as a driver of admissions to residential education settings in only one of the literature review studies.
- **Behavioural issues**, sometimes resulting in conflict with the law.³⁸
- **Crisis**³⁹ or illness⁴⁰ within the family.
- Environments with elevated levels of **violence**, and social instability linked to poverty.⁴¹
- **Previous institutionalisation** of a child's parent, which creates a 'circle of disadvantage.'⁴²
- Access to **religiously-informed education**, for example in a madrasa (during outreach and engagement on this research people expressed a desire for more information on this).⁴³



The impact of residential institutions on children's education and lives

The research showed that the impact of being in residential care or residential education on children's outcomes is complex, and that institutions can both exacerbate and mitigate the effects of a child's original circumstances.

School attendance & access to education can be enabled through the use of residential services, but this does not happen in all cases.

Both residential education and residential care services were found to enable access to education and associated learning opportunities.⁴⁴ Lumos's programmatic research found that some children attended nearby non-residential schools while living in both residential education and residential care institutions (this was more common in institutions which did not provide on-site education).

However, some children in residential services – including both those offering education on-site and those which did not – miss out on education entirely. Lumos's programmatic research found that children with disabilities or whose behaviour challenged adults were the most likely to be affected. In one institution which offered on-site education, 46% of children – all of whom had a learning disability – were not accessing education. In another which also provided on-site education – a residential school described as an 'educational institution for problematic youth' – 59% of children did not attend lessons.

There were mixed findings on academic progress and relationships at school

Previous studies have highlighted that children in formal care in high and middle income countries (where most of the research lies) may have good access to education, but often have lower than average levels of educational achievement, possibly connected to earlier life experiences including abuse and neglect, frequent changes of schools due to care placement changes, or discrimination by teachers and peers towards children in alternative care.⁴⁵

The literature review found a mix of positive and negative outcomes – sometimes existing alongside each other – on academic progress and relationships at school, for children in both residential care and residential education settings. Some studies found improved academic outcomes for certain populations, including children with behavioural challenges in high income contexts,⁴⁶ and those coming from conditions of severe poverty or from disadvantaged or marginalised populations.⁴⁷

However, this was not the case for all children or in all settings, and compromised academic performance and difficulties with adapting and belonging were found for children in both types of setting. In residential care settings, the dominance of the medical model of disability, which typically focuses on a child's impairments, was found to undermine children's learning potential.⁴⁸ Children can also find it hard to adapt to their situation,⁴⁹ and living in residential care settings comes with added risk of discrimination by teachers and other learners at school because of associated stigma.⁵⁰ Additionally, sexual abuse experienced by some children in these settings – a risk that has been recognised globally⁵¹ – can unsurprisingly undermine their educational development.⁵²

For children in residential education settings, negative outcomes included: comparatively poorer education performance and achievement than that of non-residential students,⁵³ 'academic alienation' due to learning challenges,⁵⁴ difficulties with belonging in school communities that can be very different to a child's home environment,⁵⁵ and challenges navigating the school experience.⁵⁶

Children can experience both positive and negative health and wellbeing outcomes

Studies in the literature review found both positive⁵⁷ and negative⁵⁸ physical, psychosocial, emotional and behavioural outcomes for children in residential education.

Importantly, studies highlighted that children in residential settings are often dislocated from their home communities and their family relationships are disrupted; this can adversely impact their sense of identity, emotional development and mental health.⁵⁹ These impacts will happen even in well-resourced contexts.

Children's safety can be at risk in residential education settings⁶⁰

Only three studies in the literature review examined safety-related outcomes and exposure to various forms of harm.⁶¹ All three highlighted only negative outcomes in these domains, including bullying amongst children, increased risk of child labour, physical, sexual and verbal abuse, and other forms of violence.

The Colombia case study highlights safety concerns in many of Guaviare's school residences, many of which employ insufficient numbers of staff whilst housing large numbers of children, including those of pre-school age, sometimes without gender and age segregation. A lack of safeguarding mechanisms and staff training in many of the residences creates additional risk. In Colombia, many school residences are in remote locations, far from external support services (such as medical services and psychosocial support) and protection mechanisms (including child protection services).

Risks to children in residential settings are compounded when children have limited contact with their families, as they may have fewer opportunities to report abuse to somebody they trust outside of the facility.⁶²



How policy and practice can unlock children's rights to both education and a family life

A multisectoral whole-system approach is essential

Children are driven into residential settings by a broad range of coexisting social and economic factors; addressing these drivers means that unnecessary separation of children and their families can be avoided wherever possible.⁶³ As many drivers are interlinked, a holistic multisectoral approach is needed to address them effectively. This applies at all levels, from government departments to service providers across sectors including education, health, social welfare and others. One study in the literature review pointed out:

“Ensuring that professionals and volunteers from different sectors work together, guided by shared protocols and standards regardless of the point at which the child enters the system, helps to improve decision-making and provision associated with care. This helps foster consistency, is easier to regulate, and reduces duplication and confusion. It requires designated gatekeeping mechanisms, clear tools, guidance and protocols, as well as legal mandates for any sector that regularly comes into contact with children.”⁶⁴

The [Moldova case study](#) illustrates how a systemic, multisectoral approach has been integral to Moldova's care reform process, involving the Ministry of Labour and Social Protection,⁶⁵ the Ministry of Education,⁶⁶ and public bodies from different sectors.⁶⁷ Education reforms – specifically, a deliberate move towards inclusive education – have been a key part of Moldova's care reform process, which has seen great progress over the last decade, with increasing enrolment of children with SEND in regular schools and fewer and fewer children confined to institutions.⁶⁸ NGOs and civil society organisations have also contributed, providing vital technical support and expertise, and acting as advocates and accelerators for the development of inclusive education.

Those working at the service provision level can play an important role in reforms. The Indonesia case study describes how residential care staff can, with appropriate training and capacity-building, be redeployed to become community-based educators and to provide non-residential programmes for children with moderate and profound disabilities. The redeployment of social sector staff to roles which traditionally fall under the education sector has allowed them to holistically meet the broad range of interconnected educational and social needs of children and families.

Strategic, legal and regulatory frameworks are vital to ensure all children can access non-residential education

Government-led strategies and frameworks can enable or undermine children's access to their full range of rights. The [Colombia case study](#) highlights how a well-intended government strategy, to increase access to education in remote rural communities using residential accommodation in schools, has resulted in the separation of many children from their families. This highlights very clearly how decisions to prioritise children's right to education over their right to a family life can occur at national policy level.

Conversely, the Moldova case study highlights the importance of having the necessary strategic and legal frameworks in place to ensure children can access non-residential education and other services which meet their needs.

Moldova's care reform process was government-led and guided by the National Strategy and Action Plan for the Reform of the Residential Childcare System 2007-2012,⁶⁹ and a subsequent Action Plan for 2014-2020 which built upon the first.⁷⁰

Reforms to enable the development of inclusive education services were underpinned by a legal and policy framework, and involved actors from central government, regional authorities, district authorities and local service providers.⁷¹

Regional supranational bodies can play an important role in encouraging and enabling national-level action. The EU case study highlights how EU-level initiatives, policy instruments and guidelines have promoted and enabled shifts away from a reliance on institutional services, towards community-based non-residential services, in many Member States. This includes requirements for such shifts which have been attached to funding.

Efforts to address institutional culture or improve children's outcomes do not reliably mitigate developmental harms from residential education

The literature review identified a number of studies looking at interventions designed to improve outcomes for children in residential education. A number of these studies found that many children continued to face a range of challenges, such as progressively worsening emotional and behavioural problems,⁷² or lack of improvement in academic outcomes, despite the interventions.⁷³ However, others identified interventions which produced some positive outcomes, such as better academic qualifications,⁷⁴ or better educational provision.⁷⁵

The findings show that even well-intended interventions to address institutional culture or improve outcomes cannot overcome all of the inherent problems within an institution – in particular children's dislocation from their home communities and cultures and their need for day-to-day loving care of a family.



Key conclusions and discussion

Access to education is a driver of unnecessary separation of children from their families. This finding reiterates findings from earlier studies, such as Family For Every Child's Schools that Care study, which also highlighted that the use of residential services for education can increase during emergencies.⁷⁶

- **In many parts of the world, families must choose between their child's fundamental rights: the right to access education, and the right to a family life.** All children's rights are indivisible and interlinked: the rights to education and to family life should be seen as equally important and mutually reinforcing. Residential education may offer, or be perceived to offer, better opportunities, but this inevitably comes at the cost of children's separation from their families. Governments should ensure that all families have access to a range of good quality, community-based universal and targeted services, so they can make free and informed decisions about education.
- **Access to high-quality inclusive community-based education is key to successful care reform.** The provision of inclusive education, accessible to all children in their local communities, is key to ensuring that children do not grow up in residential education services. Ideally, reforms to the education and social care sectors should be undertaken together, using a whole-system approach with joint planning and collaboration between these and other relevant sectors.
- **Socio-economic vulnerability increases the risk of unnecessary separation of children and families, and drives entry into residential education settings.** Children enter residential settings when parents lack the means or capacity to look after them. This highlights the need to address the social drivers of admissions through accessible, inclusive community-based services and supports.
- **Being in residential education can and does harm children's health, wellbeing and development, as it does being in residential care institutions.** It is also clear that certain beliefs and assumptions – for example that residential education will inherently lead to better educational outcomes for children – can be unfounded. This study demonstrates that while some positive outcomes may occur for some children, these can co-exist with, and be undermined by, a number of negative outcomes.
- **Understanding and addressing norms, attitudes and practices is a key lever for change.** In many contexts, a prevailing perception of quality or prestige associated with residential education remains and continues to drive admissions. It is vital to understand and address the factors that underpin decisions to place children in residential services, and that sometimes reflect discrimination towards marginalised groups.
- **Reform processes should involve both the social care and education sectors, with joint planning and implementation,** to allow an integrated approach to education and social care reforms. This is key to addressing the range of social and educational drivers of admissions, and to ensure that efforts within the different sectors are mutually reinforcing.

- **Multi-sector system-level interventions can enable the transfer of resources from residential to non-residential services, and between sectors.** This includes human, financial and material resources. Residential services are often more expensive per-child to run than non-residential services, so transferring existing resources means more children can be supported in community settings than they could in residential settings.⁷⁷ **This means more resources can be used to prevent unnecessary separation and institution-related harms.** Even when interventions in residential settings can make some positive impact, they require budgets and expertise that could otherwise fund community-based schools and other services which meet children’s best interests and enable them to access their rights.
- **Funders can play a key role in enabling care reform,** ensuring funds are given to programmes which enable the implementation of holistic care reform by investing in community-based non-residential services and supports for children and families. The positive impacts of investing in this way can be bolstered by acknowledging the relationship between care reform and education, and allocating funds in line with this.
- **There is currently a lack of good quality research into the relationship between education and residential care on a global scale.** The evidence-base is skewed towards the global north, so our understanding of the relationship between education and residential care is framed by terms, concepts, language and assumptions that reflect this limited scope. Residential settings are shaped and defined by the administrative and legal provisions of social welfare and education systems in different countries and by other factors that impact on how children’s basic needs are met and their rights protected. More evidence is needed from under-represented regions to fully understand the intersection of residential care and education across contexts.
- **There is also a lack of data on the comparative educational outcomes (and costs) for a child in fully inclusive, local education and a child in residential education.** Similarly, child-led research findings constitute a significant gap in the evidence which should be addressed.



Key recommendations

For national and local governments

Governments should ensure that efforts to progress both care reform and access to education are mutually reinforcing and address the drivers of unnecessary separation of children and families. While efforts should always be tailored to the country context, the following broad recommendations apply.

Strengthen education systems, including developing and strengthening inclusive education, to eradicate the need for the use of residential education services:

- Phase out the use of residential education where it meets the definition of an institution, ensuring high-quality, community-based, non-residential education and other key services are available and accessible to all children. This process should be undertaken in an ordered manner, in the shortest safe timeframe, and adequate funding and non-financial resourcing should be allocated to this process. Segregated residential special educational facilities should be prioritised for closure.
 - As long as residential education facilities remain open, governments should ensure that they are regulated as providers of both education and child care (irrespective of the school's status or nature), with both subject to the same standards and inspection protocols.
 - As long as residential care and education facilities exist, multidisciplinary gatekeeping panels are the most appropriate approach to assessing and referring children to them.
 - In circumstances where, in the immediate term, the only suitable education provision is far from a child's home, children should be housed in family-based care temporarily during term times, and every effort made to facilitate regular face-to-face contact with their families at home.
 - Staff in residential education services should be engaged as key players in the change process: staff should be retrained and redeployed wherever possible, ensuring their buy-in and the sustainability of the change.
- Prioritise the development of non-residential inclusive education services. Ensure that teachers and staff in mainstream schools receive the training and resources they need to meaningfully include children with disabilities, ensuring enough funding is allocated to this to ensure its sustainability.
- Develop policy and practice frameworks which acknowledge the links between education and institutionalisation, to underpin the development of inclusive education systems.
- Build and sustain strong working relationships between departments responsible for education and social welfare provision, including social protection.
- Engage in awareness-raising and behaviour change activities, to shift norms and perceptions regarding the use of residential education.

Implement holistic reform of child care and protection systems:

- Undertake care reform holistically, recognising that lack of access to education is a key driver of institutionalisation and ensuring that non-residential education is available to all children. Involve representatives from all relevant sectors in the planning and implementation of care reform, including national and local departments of education, social care, health, and justice; NGOs and civil society; and other relevant actors.

- Prioritise support for families, including developing strategies to address poverty.
 - o Ensure that family and community-based care is prioritised in all policies relating to the care and protection of children.
 - o Ensure that alternative family-based care is available for children who are unable to remain with their families.
 - o Ringfence and transfer resources away from institutional settings and towards community- and family-based alternatives within the care reform process.
- Involve children and young people as key stakeholders in the care reform process, including in its design, implementation, monitoring and evaluation. This means establishing meaningful and effective child-friendly processes and mechanisms to enable them to contribute. This process should be equitable, designed to combat discrimination, and include all affected populations, including children from indigenous communities, children from minority ethnic groups, children with disabilities, children in street situations, and other minority groups.
- Ensure the necessary legislation, policy and regulations are in place to enable care reform, in particular the development and strengthening of family-based care and community-based services. National standards and guidelines should be developed alongside this to support the implementation, sustainability and quality of services.
- Assess the financial, human and material resources tied up in the system of residential services. Ensure these are ringfenced and transferred towards community and family-based alternatives as part of care reform.
- Plan and implement a targeted communications strategy to address any norms, attitudes and practices amongst communities, service providers and gatekeepers, which lead to decisions to place children in residential services, and sometimes to discrimination towards marginalised groups.

For civil society

- The education and care reform sectors should collaborate to build the evidence base on the intersection of education and institutional care, to provide a more detailed picture of what is happening – what is working well and what needs to change. Academics should collaborate in this work wherever possible.
- Civil society actors in the care reform sector should:
 - o Build and maintain strong working relationships with colleagues in the education sector. Ensure that stakeholders understand the connection between care reform and access to education, and work together to improve access to community-based, non-residential education.
 - o Ensure that alternative family-based care is available for children who are unable to remain with their families.
- Civil society actors in the education sector should:
 - o Build and maintain strong working relationships with colleagues in the care reform sector. Ensure that children’s right to family life is not seen as secondary to their right to access quality, inclusive education.
 - o Ensure that the provision of high-quality and inclusive education within easy reach of a child’s family is a key priority area when engaging with governments on care reform and boosting access to education for all.

- Regional and international civil society organisations in the education and care reform sectors, along with other related sectors, should work to raise awareness of the relationship between education and institutional care among all actors. Collaboration to enable an integrated understanding of these issues should be prioritised.

For private funders and donors

- Implement policies/guidelines which oppose the institutionalisation of children and underline a commitment to care reform.
- Ensure that funds and support are given and used to achieve a long-term vision and strategy of sustainable care reform, and rights-based child protection interventions grounded in best practice.
- Ensure donations to educational projects and interventions do not contribute to the perpetuation of institutional care, that they prioritise inclusive education and facilitate better collaboration between the education and care reform sectors as part of their programming. Please refer to www.childrennotorphans.org for further information on this process.



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**Fighting for every child's right
 to a safe and loving family**

Methodology

The research took place in 2021 and 2022. It comprised:

- A literature review conducted by University College London
- A multi-language call for evidence (in English, French and Spanish)
- Focus group discussions with 27 participants from various countries who work in the fields of education and residential care
- Four case studies developed using data collected through methods including documentary analyses and key informant interviews, to bring perspectives from Colombia, Moldova, Indonesia and the EU
- A secondary analysis of historic data from Lumos programmes (referred to in this working paper as 'Lumos's programmatic research data'), covering 67 institutions across five southern, central and eastern European countries: Czech Republic, Moldova, Bulgaria, Greece and Russia. All the countries were either at the beginning or in the early stages of care reform when the original research was undertaken, which was between 2012 and 2017.

Following the launch of a Working Paper outlining the research findings in February 2023, Lumos undertook a series of advocacy engagements on this research. Insights gained during this period have been incorporated into this Research Report.

The study was affected by the following limitations:

- **Much of the research literature is published in English**, although the literature review also included some studies in French and Spanish. Most identified studies which met the literature review inclusion criteria came from regions with the highest concentrations of high-income countries. The underrepresentation of research from some regions – particularly Latin America and the Caribbean, the Middle East and North Africa (MENA), and South Asia – highlights an important gap in the research base which has implications for developing a truly global picture.
- **The terms used** across the literature to describe residential care settings and care systems in different contexts were often not well explained and were underpinned by ill-defined assumptions about the residential care systems discussed. Again, this creates challenges for developing a global picture.
- **The call for evidence** was intended to reach as extensive, diverse and representative a range of organisations and individuals from around the globe as possible. Submissions were received from stakeholders that Lumos was able to reach and who were able to respond, but many organisations inevitably did not participate.
- **Focus group discussions** were conducted with international experts in the fields of education, child protection and other children's services, based on convenience sampling. It is unlikely that they reflect the views of all international experts working in these fields.
- **The voices of children and young people are missing from this initial exploratory study.** Lumos is planning follow-on work, to explore themes identified in this study in more detail, which will have a strong child and youth participation element.

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