



**GLOBAL THEMATIC REVIEW ON THE
LINKAGES BETWEEN EDUCATION
AND INSTITUTIONALISATION**

National and Local Government Policy Brief

BACKGROUND

Children have the right to grow up in a family as well as the right to a quality education that meets their needs.¹ Decades of research have shown how important it is for children to grow up in safe, loving families rather than in institutions. For children to thrive, they need more than basic health, nutrition, and hygiene: they also need individualised nurturing care from a trusted adult – care that institutions, by their very nature, cannot provide.^{2,3,4,5}

However, Lumos’s programmatic work has highlighted that children’s rights to family life and education can sometimes be seen as contradictory or even mutually exclusive. In some contexts, families’ only option to provide their children with a quality education is a residential setting, which by definition deprives the child of their family life. We have also seen that innovative, practical and policy-based interventions can enable all children to fully enjoy both rights, which is critical for healthy development.

Responsibility for residential education settings may lie with different government departments in different countries: typically, this will be either the Ministry of Education or the Ministry of Social Care, Social Welfare, or equivalent. This Policy Brief is aimed at both kinds of department and makes specific recommendations regarding the ways that such departments should work together on this issue.

GOVERNMENT OBLIGATIONS

Governments have a duty to protect children’s right to live with their families: this right is protected in a number of international treaties including the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities.^{6,7} It has been defined further in key international documentation and guidance, including the Guidelines for the Alternative Care of Children, which calls on State parties to prevent children’s separation from their families wherever possible.⁸

Governments also have a duty to ensure a child’s right to education: the importance of this right is set out in the UN Convention on the Rights of the Child,⁹ the International Covenant on Economic, Social and Cultural Rights,¹⁰ and the Universal Declaration of Human Rights.¹¹ This applies to all children equally without discrimination, and the Convention on the Rights of Persons with Disabilities emphasises government’s responsibility to ensure the right of children with disabilities to access education on an equal basis with other children.¹²

In order to fulfil the ambitions of the Sustainable Development Goals, governments must recognise the importance of care reform to the realisation of the 2030 agenda. Lumos’s research shows that poverty is a central driver of children’s admission to residential education, challenging our attainment of SDG 1. Many residential education settings remain unsafe and unsanitary, unable to provide adequate care for the children who live there, in contradiction of the aspirations of SDG 3. Violence, abuse and exploitation remain prevalent in institutions, excluding the children who live there from the promise of SDG 16. Children in all institutions, including residential education settings, must not be left behind.

RATIONALE AND METHODOLOGY

The research took place in 2021 and 2022, and included a literature review conducted by University College London, a Global Call for Evidence, a series of Focus Group Discussions, and analysis of Lumos's programmatic data.

This Policy Brief shares key findings from this research with relevant local and national government departments and provides recommendations to enable those governments to address the issues the research raises.

Definitions of key terms, along with Lumos's stance on boarding schools, can both be found in the **Working Paper**.

KEY FINDINGS

Drivers of admissions to residential care and residential education settings.

Four major drivers of admission to residential care and residential education settings were identified:

1. A lack of non-residential options, or a desire to access opportunities that residential services can bring.
2. Poverty.
3. A lack of accessible, inclusive services for children with special educational needs or disabilities.
4. Discriminatory treatment of marginalised or disadvantaged communities.

Other drivers identified in the research included abuse, neglect, behavioural issues,¹³ and conflict with the law.¹⁴

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

The research revealed that the impact of residential care and residential education on children's outcomes was complex, and institutions can both exacerbate and mitigate the effects of the child's original circumstances.

1. School attendance and access to education

Both residential education and residential care settings were found to enable access to education and learning opportunities.¹ However, in some cases children were found to be missing out on education entirely; this was particularly the case for children with disabilities or those whose behaviour posed challenges. In one institution which offered on-site education, 46% of children were not accessing education.

2. Health and wellbeing outcomes

The research identified a mixture of positive¹⁶ and negative¹⁷ outcomes relating to physical health and mental and socio-emotional wellbeing for children in residential education. The disrupted family relationships and dislocation from home communities associated with residential education settings could have an adverse impact on children's sense of identity, emotional development and mental health.

3. Academic progress and relationships at school

The study showed a mix of positive¹⁸ and negative¹⁹ outcomes around academic progress and relationships at school, for children both in residential care and residential education settings, sometimes existing alongside each other. In both types of settings, compromised academic performance and difficulties with adapting and belonging were found for children. In residential care settings, the dominance of the medical model of disability, which typically focuses on a child's impairments and lack of ability, was found to undermine children's learning potential.²⁰

4. Safety²¹

Literature reviewed during the research highlighted only negative safety and harm-related outcomes, including bullying among children, increased rates of child labour, physical, sexual and verbal abuse, and other forms of violence.²²

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

1. A legal and regulatory framework is vital to ensure all children can access non-residential education.
2. A multisectoral "whole system" approach, delivered at all levels between government and families, can help address the broad range of social and educational drivers of residential admissions.²³
3. The developmental harm caused by residential education cannot be effectively mitigated, either by efforts to address specific aspects of institutional care, or improve children's outcomes in other ways.

KEY CONCLUSIONS

- In many parts of the world, **families are having to choose between their child's fundamental rights: the right to access education, and the right to a family life.**
- Access to **community-based, inclusive, high-quality education is key** to successful care reform.
- **Socio-economic vulnerability increases the risk** of unnecessary separation of children and families, and drives entry into residential education settings.
- Being in residential education can and does **harm children's health, wellbeing, and development**, as it does in residential care institutions.
- Understanding and addressing **norms, attitudes, and practices** is a key lever for change.
- Reform processes should involve **both the social care and education sectors**, with joint planning and collaboration.
- **Multi-sector-level interventions** are a good way of enabling effective transfer of resources from residential to non-residential services, and between sectors when needed.
- **Funders** play a key role in enabling care reform.

- There is currently a **lack of good quality research** into the relationship between education and residential care on a global scale.
- 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.

RECOMMENDATIONS

All governments should ensure that efforts to progress both care reform and access to education are mutually reinforcing. Care reform should take into account common drivers and issues whilst at the same time understanding context-specific factors. As such, all responses should be tailored to the individual country context.

Lumos has extensive experience in this domain and stands ready to support governments with this vital work or signpost to our peers: please contact your local Lumos office, where relevant, or Lumos Headquarters for technical assistance and support.

Strengthen education systems, including progressing inclusive education:

- Prioritise **developing non-residential inclusive education systems** at all levels. **Ensure high-quality, community-based, non-residential education is available and accessible to all children.**
 - Where children live in remote communities, or have profound or complex disabilities, authorities must seek flexible options.
 - Authorities should ensure that teachers and staff in mainstream non-residential schools receive the training and resources they need for children with disabilities to be meaningfully included.
 - Ensure that children with disabilities are set up to succeed and learn through the provision of high-quality Early Childhood Intervention programmes and services.
 - Recognise the importance of each child's cultural identity and heritage by enabling all children the opportunity to receive an education which meets these needs, and enacting guidelines which make clear that education should never be used as a tool of cultural assimilation.
 - Strive to ensure that government-run schools receive adequate funding and resources to deliver high-quality education, reducing the perception that the 'only good option' for a child is residential education.
- Build and sustain **strong interagency collaboration** between departments responsible for education and welfare provision, including social protection.
 - This should include staff at all levels, from ministerial down to the level of teachers and social workers. Robust coordination processes should be put in place between the services to ensure they work in a complementary way.
 - Wherever necessary, these departments should also collaborate with civil society organisations and international organisations in order to strengthen systems and ensure high-quality results.
- Develop **policy and practice frameworks** which recognise the links between education and institutionalisation within the development of inclusive education systems, including addressing the drivers of institutionalisation as barriers to inclusive education.
- Ensure that **accurate comparative data** on children in residential education settings, and children in fully inclusive, community-based education, is gathered and made publicly available.
 - The collection of such data should not be a barrier to the expedient closure of residential education settings.

All of the above actions form part of a holistic approach: if only some are focused on, sustainable change is unlikely to be achieved.

Implement care reform:

Undertake care reform holistically using a systems-wide approach. This means that the planning and implementation of care reform should involve representatives from all groups of stakeholders, including: national and local departments of education, social care, health, the judicial sector; NGOs and civil society; and other relevant actors.

Lumos has significant expertise providing technical guidance and support to governments on delivering care reform processes: please contact your local Lumos office, where relevant, or Lumos Headquarters.

Prioritise support for families, including developing appropriate strategies to directly address family poverty and families' economic wellbeing.

- Ensure that **family and community-based care** is prioritised in all policies relating to the care and protection of children.
 - This includes facilitating and supporting the safe and child-centred reintegration of children with their families, where it is safe and in the child's best interests to do so.
 - Childcare support should be a priority for authorities in this area, in order to enable parents to work and children to be cared for.
- Ensure that **alternative family and community-based care** is available for children who need it. This includes developing robust foster-care systems which are adequately funded and of the highest possible safety standard.
- **Ringfence and transfer resources** away from institutional settings and towards community and family-based alternatives within the care reform process. This should include the development and ongoing support of strong health and social care services, especially for children with disabilities and their families to receive appropriate levels of care and support.

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. Lumos's handbook, **'Putting participation at the heart of care reform: an introductory manual for practitioners'** can support practitioner-level colleagues with this work.

Ensure the **necessary legislation, policy and regulations** are in place to enable care reform, in particular the development and strengthening of family and community-based care and 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 norms, attitudes and practices** within communities, service providers and gatekeepers, which lead to decisions to place children in residential services, and sometimes discrimination towards marginalised groups.

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