



# **LEARNING CURVES: A GLOBAL THEMATIC REVIEW**

**Working Paper, February 2023**

## INTRODUCTION

**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, personalised nurturing care from a trusted adult – care that institutions, by their very nature, cannot provide.**<sup>2,3,4</sup>

Despite this, an estimated 5.4 million children worldwide live in institutions,<sup>5</sup> which cannot meet their needs and neglect their rights.<sup>6</sup> This includes a significant number of educational institutions, which, whilst ostensibly designed to provide access to 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),<sup>7</sup> and the UN Convention on the Rights of Persons with Disabilities (CRPD).<sup>8</sup> It is further defined in key documentation 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.<sup>9</sup> The Resolution on the Rights of the Child, adopted by the UN General Assembly in 2019, calls on States to take action to prevent the unnecessary separation of children from their parents.<sup>10</sup>

Every child also has the right to an education: education plays a key role in children's development and, in a wider context, in promoting democracy, peace, development and economic growth.<sup>11</sup>

Its importance is set out in the CRC,<sup>12</sup> as well as the International Covenant on Economic, Social and Cultural Rights (ICESCR)<sup>13</sup> and the Universal Declaration of Human Rights (UDHR).<sup>14</sup> 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."<sup>15</sup>

**Children have the right to grow up in a family and to have a quality education that meets their needs. 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. 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.**



## ABOUT THIS WORKING PAPER

This Working Paper is the first publication from Lumos's Global Thematic Review on Education. It outlines key findings, analysis, conclusions and recommendations emerging from the research, which will underpin further consultation with specialists in relevant fields. The information contained in this paper will be validated via a series of targeted engagements with key stakeholders, and Lumos welcomes all feedback and reflections on its content. Following this validation process, a full report will be published in mid-2023.

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## 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 (English, French and Spanish)
- focus group discussions with 27 participants from various countries, working in the fields of education and residential care
- four case studies developed using data collected through qualitative 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 five southern, central and eastern European countries: Czech Republic, Moldova, Bulgaria, Greece and Russia (referred to in this working paper as 'Lumos's programmatic research data'). All the countries were either at the beginning or in the early stages of care reform during the period the original research was undertaken, which ranged between 2012 and 2017.

## DEFINING THE 'RESIDENTIAL CARE-EDUCATION SYSTEM'

**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 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. These contextual conditions influence the reasons why children enter institutions, and the educational opportunities that may or may not be made accessible to them through being in an institution.

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 differences between the two. In this report they are conceptualised as:

**Residential care settings** which usually form part of a child welfare system and are primarily for children assessed as needing out-of-home care. They may provide some form of education on-site. Alternatively, resident children may attend local schools or other local education settings.

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

## RESIDENTIAL EDUCATION SETTINGS

Residential education settings, including boarding schools, are not always or typically perceived as 'traditional' institutions. They frequently fall under the responsibility of Ministries of Education rather than the social care or child protection sectors. But they can share many of the same institutional characteristics and risks as residential care settings such as orphanages or children's homes, for example by isolating children from their families and communities. Family for Every Child have previously highlighted that children in residential education settings can face similar challenges to those in institutional care.<sup>16</sup> This highlights the importance of understanding the definition of an 'institution' when considering children who live apart from their families in any type of setting.<sup>17</sup>

Differences across sectors, and across contexts, in defining what constitutes an institution, mean it is difficult to know how many residential education institutions exist globally. For example, describing residential care institutions as 'boarding schools' can distort national statistics on the number of institutions that exist.<sup>18,19</sup> This emphasises the importance of clear, shared definitions, and of ensuring that care reform processes use the widest possible definition of 'institution'. In this way, all types of institutions – including residential educational institutions – can be supported to reform, rather than reform being limited to those settings which have traditionally been understood as institutions (such as orphanages, for example).



## LUMOS'S POSITION ON RESIDENTIAL EDUCATION

Lumos works to ensure all children are raised in a family environment, safe from the harms caused by residential institutions of any type. A residential institution is any residential setting which has an institutional culture, for example isolating children from their families and communities, or with rigid routines which override individual needs or preferences.

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 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 a group of symptoms and behaviours seen in some adults who attended boarding schools from a young age (the research focused on ex-students of elite British boarding schools).<sup>20</sup> These symptoms include problems with intimacy and relationships, and psychological and emotional difficulties that follow students into adulthood.<sup>21</sup>

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.

The boarding schools which resulted were integral to 'civilisation' processes, which have had particularly harmful impacts upon indigenous and first-nations communities.<sup>22</sup> 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 in other ways, such as wearing traditional dress, in an attempt to force them to assimilate with colonial norms and values.<sup>23, 24</sup> Canada and Australia are examples of countries in which residential schools are now recognised to have constituted a form of 'cultural genocide'.<sup>25, 26</sup> 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 achieve a global picture.**



## KEY FINDINGS

### DRIVERS OF ADMISSIONS TO RESIDENTIAL CARE AND RESIDENTIAL EDUCATION SETTINGS

#### 1 A lack of non-residential options, or a desire to access opportunities that residential services can bring

While it is perhaps unsurprising that the need to access education was identified as a key driver of admissions to residential education settings in both the literature review and in Lumos's programmatic research, this driver also applied, albeit less commonly, to residential care settings. The Colombia case study also highlighted that residential education can be the only way many children in rural and remote communities can access schooling, when the nearest school is too far away to travel to daily.

Residential education was sometimes found to enable – or be perceived to enable – better educational opportunities than children could otherwise access in non-residential services. Focus group participants highlighted the perception held by many that children would have a better future by attending residential education.

**"IN THE CASE OF KENYA, YOU'LL FIND PEOPLE PUTTING EDUCATION FIRST. AND THAT'S WHY THEY WILL BELIEVE IT'S GOOD TO TAKE A CHILD TO BOARDING SCHOOL OR TO TAKE A CHILD TO A CHILDREN'S HOME."**

#### 2 Poverty

The literature review identified poverty as another key driver. Lumos's programmatic research found that poverty and related issues, such as poor housing, increased the likelihood of children being placed in state-run 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.<sup>27</sup>

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."**

The literature highlighted an especially strong connection between access to education and poverty in middle or low-income countries, particularly in poorer regions. Residential education settings offered, or were perceived to offer, better care and educational opportunities than would otherwise be available to them. They met some of the child's basic needs, for example providing food, shelter, clothing, access to health services, and school books, that families themselves could not afford.<sup>28</sup>

However, institutionalisation can also be connected to inequalities in upper-middle income countries, and in high income countries<sup>29</sup> where residential care or education settings enable, or are perceived to enable, better educational opportunities and associated life chances for children from disadvantaged or marginalised communities.<sup>30</sup>

#### 3 A lack of accessible, inclusive services for children with special educational needs or disabilities

Children are at increased risk of being sent to residential care and residential education services when accessible, inclusive community-based education and other services are lacking. Lumos's programmatic research highlighted that this was particularly the case for children with special educational needs or disabilities (SEND). In some cases, children with SEND had no option but to access education residentially. However, there were also social drivers of admissions, with institutions meeting a broader range of children's needs than just education. This included general care, relieving families already struggling with financial hardship or familial instability.

## 4 Discriminatory treatment of marginalised or disadvantaged communities

In some contexts, state actors allow or justify the institutionalisation of certain populations of children in a way that disproportionately affects those from marginalised or disadvantaged communities. This includes children in street situations and children from indigenous, first-nation and tribal communities, for whom access to education may be used as a justification for forcing them into institutional settings. 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."**

Lumos's programmatic research found that structural discrimination led to unnecessary separation of Roma children from their families, in contexts with inadequate systems of services and support.<sup>31</sup> Poverty and poor-quality housing were drivers of admissions of Roma children, who were overrepresented in many institutions across the sample.<sup>32</sup>

## 5 Other factors, including abuse, neglect, behavioural issues and/or conflict with the law

**Other drivers of admission to residential care and residential educational settings 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 general residential care settings. It was highlighted as a driver of admission to residential education settings in only one of the literature review studies.
- Behavioural issues, sometimes resulting in conflict with the law.<sup>33,34</sup>
- Crisis,<sup>35</sup> or illness,<sup>36</sup> within the family.<sup>37</sup>
- Environments with elevated levels of violence, and social instability linked to poverty.<sup>38</sup>
- Previous institutionalisation of a child's parent, which creates a 'circle of disadvantage'.<sup>39</sup>
- Access to religiously-informed education, such as a madrasa.<sup>40</sup>



# THE IMPACT OF RESIDENTIAL INSTITUTIONS 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 A CHILD'S ORIGINAL CIRCUMSTANCES.

## 1. School attendance & access to education

Both residential education and residential care settings were found to enable access to education and to learning opportunities that can benefit both children and their families.<sup>41</sup> However, this was not always the case. For example, Lumos's programmatic research found that some children in residential services – in both those offering education on-site and those which did not – missed out on education entirely. Children with disabilities or whose behaviour posed challenges were the most likely to be affected; in one institution which offered on-site education, 46% of children were not accessing education.

## 2. Academic progress and relationships at school

The study showed a mix of positive<sup>42</sup> and negative<sup>43</sup> outcomes around academic progress and relationships at school, for children both in residential care and residential education settings. Sometimes, positive and negative outcomes existed alongside each other.

Some studies found improved academic outcomes for certain populations, including children living in conditions of severe poverty or from historically disadvantaged or marginalised populations. However, compromised academic performance and difficulties with adapting and belonging were found for children in both types of setting.<sup>45,46,47,48</sup> 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.<sup>49</sup>

## 3. Health and wellbeing outcomes

Studies in the literature review looking at health and wellbeing outcomes for children in residential education identified both positive<sup>50</sup> and negative<sup>51</sup> outcomes relating to children's physical health and mental<sup>52</sup> and socio-emotional wellbeing.

It identified that disrupted family relationships and dislocation of children from their home communities could have an adverse impact on children's sense of identity, emotional development and mental health.

## 4. Safety for children in residential education settings<sup>53</sup>

Only three studies in the literature review discussed safety-related outcomes and exposure to various forms of harm.<sup>54</sup> All three 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.<sup>55</sup>

## HOW POLICY AND PRACTICE CAN UNLOCK CHILDREN'S RIGHTS TO BOTH EDUCATION AND A FAMILY LIFE

### 1. A legal and regulatory framework is vital to ensure all children can access non-residential education

The Moldova case study (see below, page 10) highlights the importance of having the necessary legal and regulatory frameworks in place to ensure children can access non-residential education and other services which meet their needs.

### 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

The Moldova case study (see below – page 10) notes that residential education was always included as a key dimension of the government's broader care reform agenda, which involved ministries overseeing education, social care and health. It demonstrates that a multisectoral approach to care reform can ensure that institutions falling under different sectors are included in the reforms.

The literature review highlighted that a multisectoral approach to service-provision and family support can enable a holistic response to the range of social and economic factors which drive children into residential settings.<sup>56</sup>

### 3. The developmental harm caused by residential education cannot be effectively mitigated, either by efforts to address specific aspects of institutional culture, or improve children's outcomes in other ways

Some studies in the literature identified interventions which produced some positive outcomes, such as better academic qualifications,<sup>57</sup> or better educational provision.<sup>58</sup> However, others found that many children continued to face a range of challenges, such as progressively worsening emotional and behavioural problems,<sup>59</sup> or lack of improvement in academic outcomes,<sup>60</sup> despite interventions designed to improve outcomes.



## CASE STUDIES:

### COLOMBIA

**Education policy and practice are drivers of institutionalisation.** Residential education forms part of the government's strategy to enable children to access education in remote and rural areas, where many do not have schools close to home. A lack of education in children's local communities was a key driver of admissions.

**Social drivers of admissions, such as access to food or childcare while parents work, were also prevalent,** which may explain why children living much closer also boarded. There was an overrepresentation of ethnic minority students, particularly those from indigenous communities, who were less likely to have frequent contact with their families and more likely to be in classes intended for younger children.

**Residential education can both enable and impede children's access to their fundamental rights.** While children are accessing their right to education, they are denied their right to grow up within a family environment. Both rights are set out in Colombian law, as well as in international treaties and guidance. Children's separation from their families to attend education – often with long distances and poor communication infrastructure – makes it very difficult for many families to play a meaningful part in their children's everyday lives.

**Children's right to safety and security is undermined** by the conditions within school residences and a lack of effective safeguarding mechanisms, and by their isolation from external health and child protection services.

### EUROPEAN UNION<sup>62</sup>

**The EU has demonstrated how funding mechanisms can be used strategically to promote both care reform and inclusive education.** These efforts have been underpinned by the inclusion of both care reform and inclusive education in the EU's core human rights policy instruments.

**However, more explicit linkages between care reform and inclusive education on a policy or programmatic level could bolster these achievements.** Given the inherent interconnections between the two, a more integrated approach would catalyse a multiplier effect as the reforms achieved in each area would be complementary, overlapping and mutually reinforcing.

### MOLDOVA

**With the right support, children with special needs and disabilities can learn in mainstream educational environments.** Moldova's development of inclusive education has disproved the belief amongst some that the institutionalisation of children with disabilities is "necessary."

**A systemic and collaborative multisectoral approach involving public bodies from both the education and social care sectors and key stakeholders such as NGOs,** has underpinned Moldova's successes in reforming the residential childcare system and developing inclusive education within the care reform process. This highlights that care and education reforms are integral, overlapping and – to a great extent – indivisible elements of a holistic childcare reform process.

**Legislation and policies,** from the overarching national strategy and action plan for care reform, which included the education, social care and health sectors, to more specific pieces including a conceptual and legal framework for inclusive education, have dramatically reduced the number of children in residential education and other types of institutions and increased the number of children with SEND in mainstream non-residential schools.

**Continued implementation and monitoring is needed** as Moldova continues to implement reforms over time.

**Donor participation in the development of inclusive services is very important** and has added value to the state's contribution.

## INDONESIA

Residential care staff have, with appropriate training and capacity-building, been successfully redeployed to become community-based educators and providers of non-residential programmes for children with moderate and profound disabilities.

A multisectoral approach has enabled this redeployment of staff to roles which traditionally fall under another sector. The transfer of human resources from care to education has meant that staff can be deployed to where they are needed within the system, and has also opened up opportunities for training and professional development.

Empowering and strengthening families to support and participate in the education of their children has helped ensure children with disabilities are not excluded from education.

Children's participation in community-based education has helped to change attitudes within families and communities towards educating children with disabilities, removing barriers to inclusion.



## KEY CONCLUSIONS AND DISCUSSION

**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.**

All children's rights are indivisible and interlinked: the rights to education and the right to family life should be seen as equally important and mutually reinforcing, and governments should ensure that all families have access to a range of good quality, community-based universal services to enable them and their children to make free and informed decisions about education. 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.

**Access to community-based, inclusive, high-quality education is key to successful care reform.** 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.**

The research revealed that children are admitted to residential settings when parents do not have 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 support that reaches all children and families who need them.

**Being in residential education can and does harm children's health, wellbeing and development, as it does in residential care institutions.** It is also clear that certain assumptions - such as the belief that attending residential education settings will inherently lead to better educational outcomes for the children who attend them - may 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.** It is vital to understand and address how these can affect decisions to place children in residential services, and sometimes reflect discrimination towards marginalised groups.

**Reform processes should involve both the social care and education sectors, with joint planning and collaboration,** 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 efforts within the different sectors are mutually reinforcing.

**Multi-sector system-level interventions are a good way of enabling effective transfer of resources from residential to non-residential services, and between sectors when needed.**<sup>63</sup> This includes human, financial and material resources. Residential services are often very expensive to run, compared with non-residential services, meaning that valuable financial resources can be used to support greater numbers of children in community settings than in residential settings.<sup>64</sup> **This has the benefit of avoiding institution-related harms while channeling greater resources towards prevention of unnecessary separation.** 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 play a key role in enabling care reform,** which should be harnessed by ensuring funds are given to programmes which implement holistic care reform processes. The positive impacts of funders investing in care reform can be further bolstered by acknowledging the relationship between care reform and education, and ensuring that funds are allocated 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.** Those studies that do exist demonstrate a geographic bias towards the global north, meaning that 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 systems in different countries and by other factors that impact on how children's basic needs are met and their rights protected. More global evidence is therefore needed to fully understand the intersection of residential care and education.

**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 CONSULTATION

### For national and local governments

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. Nevertheless, the following broad recommendations apply.

#### Implement care reform:

**Undertake care reform holistically, recognising that lack of access to education is a key driver of institutionalisation and ensuring the existence of alternative educational options. 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.**

**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.**
- **Ensure that alternative family and community-based care is available for children who need it.**
- **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 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.

### Strengthen education systems, including progressing inclusive education:

Build and sustain strong working relationships between departments responsible for education and welfare provision, including social protection.

Ensure high-quality, community-based, non-residential education is available and accessible to all children. Prioritise developing non-residential inclusive education systems at all levels. Ensure that teachers and staff in mainstream schools receive the training and resources they need for children with disabilities to be meaningfully included.

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.

## 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 and what is working. Academia should collaborate in this work wherever possible.

### Civil society actors in the care reform sector should:

- 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.
- ensure that access to education is a key priority area when engaging with governments on care reform.

### Civil society actors in the education sector should:

- 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.
- 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.

Build an evidence base on the relationship between education and institutional care, collaborating with academia wherever possible.

## 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 transformation, 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 of children, 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](http://www.childrennotorphans.org) for further information on this process.

## END NOTES

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16. Family For Every Child. (2016). Schools that care: A review of linkages between children's education and care.

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