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Exploring the education experiences of children in alternative care in Kenya: Challenges and opportunities

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A B S T R A C T

This study examines the educational experiences of children living in Charitable Children's Institutions (CCIs) in Kenya, within the context of national care reform. While institutional care is often framed as a protective response for orphaned and vulnerable children, in practice it often fills gaps left by inadequate education and other kinds of service provision in contexts with high levels of poverty.

Drawing on eleven semi-structured interviews with practitioners, policy actors, and care-experienced advocates, the research explores how key stakeholders perceive and respond to systemic challenges affecting children's access to and participation in education. Particular attention is given to barriers related to education costs, curriculum implementation, school inclusion, and safeguarding.

Findings show that institutional care can create new risks while failing to address the root causes of educational exclusion. Children in CCIs often face marginalisation in schools and experience stigma, violence, and disrupted learning. However, the study also identifies promising levers for change, including cross-sector partnerships, safeguarding training, and the potential for CCIs to transition into community-based support providers within the national care reform process.

The paper contributes to the emerging evidence on education in alternative care settings in low- and middle-income countries. It offers insights to inform policy and practice that aims to support inclusive services, enable family-based care, and reduce reliance on institutional care for children.

1. Introduction

Globally, there is growing recognition of the need to move away from institutional care for children and towards family- and community-based alternatives. Decades of research have shown that institutional environments can undermine children's development by depriving them of consistent, nurturing relationships and exposing them to increased risks of neglect, abuse and social isolation (Goldman et al., 2020). While this shift is well advanced, large-scale residential care remains common in low- and middle-income contexts, particularly in sub-Saharan Africa, often due to systemic poverty and limited state capacity.

In Kenya, as in most countries, children enter the care system due to child protection concerns, such as abuse or neglect. However, poverty and the associated challenges in meeting children's basic needs, particularly access to education, also drive institutionalisation. Charitable Children's Institutions (CCIs) often serve children from socioeconomically disadvantaged backgrounds, and in some cases, families view institutional care as a means to secure their children's schooling, food and shelter (Lumos, 2024). While placements may be arranged with the intention of improving children's opportunities, they can also expose children to new forms of vulnerability. In recognition of the risks associated with institutional care, the Kenyan government has made a policy commitment to reform. The Children's Act (2022), together with the National Care Reform Strategy 2022–2032, sets out an agenda to reduce reliance on CCIs, strengthen families, and expand access to family-based alternative care and community-based services. This underscores the need for reform, as institutional care is often used to address poverty and lack of services, rather than in response to protection concerns.

Access to education is a significant factor influencing both entry into and experiences within alternative care (Lumos, 2024). Families facing poverty or marginalisation often place their children in institutions to access schooling, particularly at the secondary level, where school fees and hidden costs can be prohibitive. Secondary education remains inaccessible to many families due to a reliance on boarding schools and associated costs (Indire, 2022). Although primary education in Kenya is government-funded, families still face substantial expenses for uniforms, books, levies and other learning equipment. Most CCIs do not provide education on-site, so children attend nearby public or private schools, but CCIs may themselves struggle to cover or subsidise educational expenses (Lumos, 2024).

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Since 2017, Kenya has introduced a Competency-Based Curriculum (CBC), aimed at equipping learners with skills such as critical thinking, collaboration and problem-solving. However, implementation has been inconsistent. Challenges like inadequate infrastructure, limited teacher training and a lack of learning materials persist (Wambiya & Ogula, 2023), particularly in areas with high concentrations of children in alternative care, which are often areas with higher levels of deprivation and need more funding. The CBC is implemented in mainstream schools, but children in CCIs often struggle to benefit. They are frequently excluded from activities that require additional fees or materials, further limiting their ability to engage with the curriculum as intended.

Another key challenge in Kenya is the high prevalence of violence against children (VAC). Despite a formal ban on corporal punishment introduced in 2001, physical and psychological violence remains common. Although prevalence rates have declined over the past decade, national data show that VAC is often both a driver of admissions to CCIs and a risk factor within them (Ayaya et al., 2023) more than half of boys and nearly half of girls still experience physical violence during childhood (Ministry of Labour and Social Protection Republic of Kenya, 2019). This violence is often normalised and underreported, leading to trauma that affects children's learning and emotional wellbeing. It can also reinforce children's marginalisation within school settings, particularly in environments where staff lack support and training to respond to children's needs in developmentally appropriate and nurturing ways.

Given these intersecting challenges, this study adopts a qualitative approach to explore the educational experiences of children in alternative care in Kenya. The aim of the study is to examine how systemic factors such as access to schooling, curriculum implementation, and safeguarding affect the educational pathways of children living in CCIs. It also seeks to identify opportunities for strengthening educational inclusion within the context of care reform.

The study is guided by the following research question:

How do key stakeholders perceive and respond to the educational barriers and opportunities experienced by children in alternative care in Kenya?

In addressing this question, the study draws on the perspectives of practitioners and policy actors working across government, NGOs, and residential care, as well as care-experienced advocates. It contributes evidence to national and global efforts to promote education and protection for children in care.

2. Methods

This exploratory study used qualitative methods to understand the experiences and perspectives of key stakeholders involved in alternative care and children's services in Kenya. Eleven semi-structured interviews were conducted. Participants were selected based on their direct involvement in child protection and care reform, and their insights into the implementation and impact of education and care policy. The sample included practitioners and policy actors from government, NGOs, and residential care settings, as well as care-experienced advocates.

Participants were identified through a combination of purposive and snowball sampling. Purposive sampling via the international research team's professional networks enabled the inclusion of diverse perspectives, particularly those working in or alongside CCIs and government departments. Snowball sampling provided access to additional participants with relevant experience who may not have been readily identifiable through formal networks. While the total sample size was relatively small, it was appropriate for an in-depth qualitative study of this nature, allowing for rich, contextual insights (Bryman, 2016).

Interviews focused on participants based in Nairobi and Embu County, two regions selected for their differing care provision contexts and policy implementation profiles. While this limits broader generalisability, the findings offer valuable insights into Kenya's evolving care system. Interviews took place between February 2024 to April 2024. Each interview lasted between 45 and 90 min and was guided by open-ended questions designed to elicit detailed responses while allowing flexibility to explore emerging themes. All interviews were audio-recorded with informed consent and transcribed for analysis. Data were analysed using thematic analysis (Braun & Clarke, 2006), involving familiarisation with transcripts, systematic coding, and the organisation of codes into preliminary themes. These themes were then refined and integrated into the final analytic narrative.

Ethical approval was granted by The Open University and the University of Nairobi ethics committees, and a research permit was obtained from the National Commission for Science, Technology and Innovation (NACOSTI) in Kenya. Ethical principles of respect, beneficence and justice guided the study. Participation was voluntary, with informed consent obtained prior to each interview. Participants were offered the opportunity to ask questions before agreeing to take part and were informed of their right to withdraw at any point before data analysis. All data were anonymised and securely stored, with pseudonyms used to protect participants' identities. In the findings section, participants are identified by role and location (e.g. "NGO leader, Nairobi") to provide contextual insight while maintaining confidentiality. Demographic details such as gender are not included to reduce the risk of deductive disclosure within this small, purposively selected sample.

3. Results

This study explored how systemic factors shape the educational experiences of children in alternative care in Kenya. The findings are presented across three interrelated areas: 1) Educational and systemic barriers and levers, 2) Child protection, safeguarding and violence, and 3) Stigma and social integration. These themes reflect the complex interplay of structural, institutional, and social dynamics that both hinder and support children's access to quality education and protection. They illustrate how children's care status, poverty, and exposure to violence can intersect to produce unequal outcomes in both schooling and wider wellbeing. Within each theme, the analysis first outlines the key barriers and risks affecting children's educational experiences, followed by participants' reflections on promising strategies and opportunities for improvement.

Children in alternative care in Kenya face significant educational barriers that affect not only their academic achievement but also their ability to integrate socially with peers and participate fully in school life. These barriers are a result of both the direct effects of care placement and broader systemic constraints, such as under-resourced schools, financial hardship, and gaps in policy implementation. To explore these dynamics in greater depth, the next sections present findings across the three interrelated themes, illustrating how barriers and opportunities unfold within care and education systems in Kenya.

3.1. Educational and systemic barriers and levers

This section first explores the structural and financial challenges that affect children's access to education while in alternative care, before considering potential systemic levers for improving inclusion.

3.1.1. Barriers to education in alternative care settings

As discussed in the introduction, although education is officially free at the primary level in Kenya, it is not at secondary level, this study found that the hidden costs of schooling such as uniforms, levies and unofficial fees continue to act as a major barrier for families. These financial constraints were frequently cited by participants as a primary reason for placing children in CCIs, where basic educational access might be more readily secured. The burden is particularly acute for low-income households, who face limited options for accessing affordable, quality schooling. As Participant 11 (Children's Officer: Embu) explained:

Most of them, when you ask them, why did they bring their children to the CCIs? Most of the reasons are education, because they are unable to afford one … 80 % of them are there because of education.

This highlights how poverty and limited access to affordable schooling drive institutionalisation, forcing families to choose between keeping children at home or securing their right to education. CCIs themselves often face similar financial pressures. Many struggle to pay school fees or provide required materials, resulting in further disruption and instability for the children they support. Participant 5 (NGO Practitioner: Embu) noted:

Some of the children who are bright and learning in community schools, sometimes they are sent back home as even the CCI cannot meet the secondary school fees.

Beyond affordability, the quality of education remains inconsistent. Participants also raised concerns about under-resourced schools in more deprived neighbourhoods, poor infrastructure, and teacher absenteeism, all of which exacerbate educational inequality. These neighbourhoods are also more likely to have increased numbers of children being placed in alternative care. Participant 2 (Consultant child protection expert: Nairobi) observed:

The government schools have more space, but they quite often have empty classrooms with no teachers in them because the teachers haven't turned up.

Teacher absenteeism remains a widespread problem in many parts of Kenya, particularly in underfunded schools, and has been previously identified as a barrier to learning (APHRC 2015).

These challenges are compounded by broader systemic reforms and implementation gaps in curriculum delivery such as the Competency-Based Curriculum (CBC), introduced in 2017 that aims to promote critical thinking and practical skills. This has since changed to Competency Based Education (CBE) even before it was fully implemented in the lower levels of education in Kenya. The participants in this study indicated that children in CCIs often struggle to benefit from education reforms due to implementation challenges. These include inadequate teacher training, a shortage of materials, and limited classroom space. Participant 7 (Care Advocate: Nairobi) remarked:

The CBC is a great initiative, but without proper teacher training and resources, it doesn't really make a difference.

Participant 1 (International NGO (INGO) Senior Leader: Nairobi) added:

There are limited educational resources such as textbooks, learning materials, and even proper classroom facilities … which affects the quality of education provided to these children.

As a result, children in care are often placed in schools that are both struggling to deliver a new national curriculum and often unable to provide the tailored support they require.

3.1.2. Systemic levers and opportunities for educational inclusion

The limited infrastructure and gaps in teacher training place additional strain on Kenya's already under-resourced education system, undermining the effective implementation of the Competency-Based Curriculum (CBC). These systemic weaknesses disproportionately affect children in public schools, which are primarily attended by children in alternative care, and often lack the capacity to meet the demands of the curriculum. In response, NGOs have begun forming partnerships with CCIs and local schools to support children's access to education and improve learning conditions. As participant 1, a senior leader in an INGO in Nairobi, explained:

We work with 13 different schools across two sites with the main aim to make sure children access schools.

Such partnerships are seen as both practical mechanisms for improving access and essential components of sustainable care reform (Lumos, 2024). Tackling educational barriers, such as school fees, lack of materials, and limited school readiness, can help prevent unnecessary separation of children from their families and support reintegration. These efforts align closely with the government's care reform strategy, which potentially provides a valuable lever for change.

Participants also raised the need for cross-county coordination, particularly when children transition from institutional to family-based care. Participant 4 (Consultant and Advocate: Nairobi) noted:

… these CCIs have a working relationship with the schools within their region, but remember, when we move these children to family, the institutions are often not local to where the children originate from.

Such transitions risk interrupting children's education unless resources and services are in place to support continuity across locations. This highlights the need for a joined-up multisectoral approach, with effective coordination and collaboration between CCIs, schools, NGOs, and local communities across different counties and regions, to ensure the necessary resources and supports are in place as children transition from CCIs to family-based care. This is key to ensuring smoother transitions and continued educational support. Some county-level officials proposed that CCIs could continue to play a role in supporting children's education after reintegration, particularly by maintaining financial support. As Participant 8 (Leader in children's department: Embu) stated:

If they are paying for their school fees now, when the children go back home, they should continue paying for their school fees.

This highlights the emerging view that CCIs, if properly regulated and resourced, could evolve into community-based support providers. While participants recognised that some institutions have played problematic roles, with vested interests creating barriers to reform, others argued against generalising or discrediting all CCIs. Participant 10, an NGO leader in Nairobi, suggested that care reform must recognise the potential contributions of committed local actors:

Sometimes we demonise the organisations that are best positioned to actually help support these children and families … if they are no longer needed to do residential care once the system transitions, they can be a vital source of outside help and support …

These findings suggest that improving children's access to education is not solely a matter of school-level reform but is also closely tied to the broader transformation of the care system. The success of any transition will depend on clear policy direction, robust oversight, and strong accountability mechanisms. Addressing systemic barriers and exploring how existing partnerships might be adapted could contribute to reducing unnecessary family separation and institutionalisation, and promoting continuity in children's learning and development. While many CCIs are staffed by well-meaning individuals and remain closely connected to their communities, their future role in care reform must be carefully considered. Their potential to evolve into community-based partners in care reform remains an under-explored area in both research and policy. This study adds to emerging discussions by highlighting how, in some contexts, CCIs may support reintegration by transitioning into non-residential roles. However, such shifts must be approached with caution and grounded in evidence to ensure they truly support the best interests of children.

3.2. Child protection, safeguarding and violence

This theme explores how violence and safeguarding concerns shape the educational experiences of children in alternative care. Participants described a range of risks within both CCIs and schools, including physical, emotional, and sexual abuse. While these were not seen as universal, they were reported as common, under-acknowledged, and

inadequately addressed. As a result, children in institutional care may lack any form of safe space, facing violence both 'at home' (within the CCI) and at school. This also limits their ability to disclose safeguarding concerns, as they may not have access to a trusted adult in a safe and confidential environment. Participant 1 observed:

> *Corporal punishment … it's still widely used and is a serious problem. In our work, we focus on child protection and safeguarding and work with CCIs and schools to address corporal punishment. (Participant 1, INGO Senior Leader: Nairobi)*

Participants suggested that attitudes rooted in cultural norms and religious beliefs continue to justify its use. This finding aligns with previous research indicating that corporal punishment remains socially accepted in some Kenyan contexts, despite legal prohibitions. National survey data found that over 50 % of boys and 45 % of girls experienced physical violence during childhood, and nearly half of girls experienced some form of sexual violence (Ministry of Labour and Social Protection Republic of Kenya, 2019). A CCI manager in Embu reflected:

> *It happens in some CCIs. I can say corporal punishment is still used but very minimally, as you know, what the Bible says, spare the rod and spoil the child. (Participant 12, CCI Manager: Embu)*

Beyond corporal punishment, other forms of violence were highlighted in both schools and CCIs. Children were said to experience bullying, neglect, and in some cases, sexual abuse. These experiences were reported to impair emotional regulation, concentration, and participation in school. One participant, an experienced consultant who had worked on several child welfare projects in Kenya for intergovernmental organisations and the government, summarised:

> *The trauma of bullying and corporal punishment impairs child development and their learning … the curriculum is absolutely irrelevant if you've got a traumatised child. (Participant 2, Consultant child protection expert: Nairobi)*

Gendered violence was identified as a particular concern. Participants noted that boys were more likely to experience physical violence, while girls were often more vulnerable to sexual abuse. An NGO leader, who worked on a local safeguarding committee explained:

> *In some CCIs … a manager or caregiver has sexually abused these children, mostly the girls. (Participant 6, NGO Senior Leader: Embu)*

These accounts underline the need for targeted safeguarding measures. While some CCIs and schools were described as protective and nurturing, others were characterised as unsafe and lacking effective oversight. Participants reported that safeguarding decisions are often made informally within CCIs or schools, with limited external oversight. While some institutions have internal protocols, others lack clear guidance or trained staff. There was little reference to formal mechanisms such as referral to Children's Officers from the Department of Children's Services, who are mandated to oversee child protection. As a result, decisions often depended on the judgment of individual staff members, with wide variability in practice. One participant emphasised:

> *We need to ensure that staff in CCIs are well-trained in safeguarding … stronger protection protocols in practice are needed. (Participant 4, Consultant and advocate: Nairobi)*

Participants consistently called for improved training for staff on safeguarding and noted that many teachers lacked effective training in trauma and safeguarding, limiting their ability to identify and respond to harm. An NGO leader noted:

> *We do a lot of safeguarding training … it's interesting how little knowledge there is even amongst professionals about how damaging it is and what's acceptable and what's not. (Participant 1, INGO Senior Leader: Nairobi)*

While these accounts show variation in practice, the overall picture suggests a systemic gap in safeguarding capacity. Children in care, who are separated from their families and often lack access to trusted adults, were perceived by participants to face heightened risks of violence in institutional and school settings. The combined effect of violence and poor safeguarding was understood to have a significant impact on children's educational engagement, with a safe, supportive environment seen as a fundamental precondition for learning. Although the government's care reform strategy means that institutions will be closing in the coming years, investing in staff training for those caring for the children now remains vital. Staff with the right skills and values will be essential to the reformed system of care and support for children and families.

3.3. Stigma and social integration

Stigma was described by participants as a persistent barrier that affects children's ability to fully participate in school life and reintegrate into communities following placement in CCIs. Societal and cultural norms that associate children in care with abandonment, poverty, or moral failing were seen to fuel discrimination. Participants described how children from CCIs were often isolated from peer groups, excluded from activities, or bullied, affecting both their academic engagement and emotional wellbeing. Underlying this stigma were cultural narratives that equate children's presence in care with parental failure or delinquency. In some communities, institutional care was viewed with suspicion, and children were assumed to be damaged or undeserving. These narratives not only shaped how peers and teachers treated children from CCIs but also influenced how communities responded to reintegration efforts In particular, children with disabilities faced multiple layers of exclusion. As one NGO practitioner noted:

> *There is still a lot of stigma towards children living in CCIs, especially those with disabilities. (Participant 5, NGO Practitioner: Nairobi)*

Children were reportedly teased by peers, publicly identified as coming from institutions, and made to feel different in educational settings. This created shame and social withdrawal, undermining their confidence and sense of belonging. A care-experienced advocate recalled:

> *Sometimes I would feel proud to go out to the school and interact there. But sometimes I wished we were just ourselves in the CCI … Sometimes we would be called out publicly and then you would feel the shame of walking in front of the kids seeing you are from the children's home. (Participant 7, Advocate with Care Experience: Nairobi)*

These reflections highlight the social cost of institutional identity, showing how publicly marked difference can erode children's confidence and sense of belonging at school. While stigma in care has been documented, this study adds new insight into how public identification within schools intensifies children's sense of shame and marginalisation.

3.3.1. Reintegration support and community-based interventions

To address stigma, some NGOs had implemented reintegration strategies from CCIs back to birth families that managed how children's histories were disclosed, particularly during school transitions. One NGO leader shared how their organisation avoided publicly identifying children as having lived in CCIs:

> *You know there's no reason they need to know they were in the CCI … We don't necessarily need to expose that history. (Participant 10, NGO Leader)*

This approach reflects an effort to reduce stigma and protect children's dignity. By keeping such information private, unless the child chooses otherwise, children retain ownership over their personal stories and can decide if, how, and when to disclose their care history.

Community sensitisation campaigns were also described as critical in changing attitudes, particularly around disability. These initiatives aimed to increase community acceptance and promote inclusive

education.

While these interventions were positively described, participants acknowledged that efforts remained fragmented and under-evaluated. Some noted anecdotal success, particularly where targeted social work support led families to become visible advocates for inclusion. Participant 10 described one such approach, where social workers worked closely with families:

> *There's some pioneering stigma-reducing activity being done … Social workers walk the family through a process of increasing their perceived value of their child over time … now they're a community advocate, advocating in the community for children with disabilities. (Participant 10, NGO Leader: Nairobi)*

Shifting community perceptions is essential to ensure children are embraced and included, not marginalised. Kenya's care reform must embed anti-stigma work across education, child protection, and community development to ensure reintegration leads to meaningful inclusion. However, more sustained and multi-sectoral approaches, such as teacher training, peer support schemes, and inclusive education policies, are needed to achieve systemic change.

These findings show that the reintegration of children from institutions to family-based care is not merely a logistical or legal task, but a deeply social process. As highlighted throughout this study, there are interlinked barriers and opportunities shaping the educational experiences of children in alternative care. The conclusion that follows reflects on the implications of these findings for care reform, safeguarding, and inclusive education policy and practice.

4. Conclusion and implications for policy and practice

This study explored the educational experiences of children living in Charitable Children's Institutions (CCIs) in Kenya, situated within the broader context of a national care reform agenda. Prior research has highlighted that institutional care can disrupt children's development and expose them to further risk. Nevertheless, many families feel compelled to place children in CCIs to access basic services, such as education. Through a qualitative design, the study gathered perspectives from key stakeholders including child protection officials, NGO leaders, and care-experienced advocates working across Nairobi and Embu.

Findings highlighted multiple barriers to quality education for children in care, including hidden school costs, teacher absenteeism, weak implementation of the Competency-Based Curriculum (CBC), and limited safeguarding capacity within both CCIs and schools. The persistence of violence, particularly corporal punishment and gender-based abuse, was reported to severely impact children's learning and wellbeing. Stigma surrounding children in CCIs also emerged as a major obstacle to social integration and academic engagement.

Despite these challenges, the study identified potential levers for change. These include strengthening partnerships between CCIs, schools, and NGOs; supporting the transition of CCIs into non-residential, community-based services; and investing in safeguarding training for teachers and the social service workforce. Community-level stigma reduction and reintegration support also require greater attention. While some of these themes are reflected in existing literature, this study offers additional insights into how, in certain contexts, CCIs may contribute to reintegration efforts, and also highlights the specific ways in which school environments can either reinforce or help to mitigate exclusion.

To advance care reform, implementation of Kenya's National Care Reform Strategy 2022–2032 must address the structural drivers that lead families to place children in institutional care. Policy priorities should include: (1) increasing investment in accessible, inclusive education, so that all children can access education whilst living in family care; (2) implementing robust safeguarding protocols across care and education systems, ensuring effective oversight and accountability mechanisms are in place and functioning in practice; and (3) ending institutional care while, where appropriate, supporting the repurposing of CCIs into community-based support services. It is crucial to recognise and regulate this evolving role, ensuring that existing infrastructure and the workforce are trained and supported to strengthen family care. Without such coordinated action, the goals of inclusive education and safe, family-based care for all children in Kenya will remain out of reach.

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CRediT authorship contribution statement

Justin Rogers: Writing – review & editing, Writing – original draft, Project administration, Investigation, Funding acquisition, Formal analysis, Data curation. **Gidraph Wairire:** Writing – review & editing, Writing – original draft, Methodology. **Jen Dixon:** Writing – review & editing, Writing – original draft, Conceptualization. **Lizzi Milligan:** Writing – review & editing, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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