



# SCOPING REVIEW OF RESEARCH EVIDENCE ON THE GLOBAL NEXUS BETWEEN INSTITUTIONAL CARE AND EDUCATION IN DIVERSE CONTEXTS

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## Executive summary

This scoping review, commissioned by the LUMOS Foundation, forms part of LUMOS' Global Thematic Review on the relationship between institutional care and education. This relationship, which has many nuanced aspects, is termed in this review *the institutional care-education nexus*. The objective of the review was to explore research evidence on the processes and outcomes associated with this nexus in a range of contexts across low, middle and high-income countries. Two lines of enquiry shaped the review. One mapped empirical studies on the institutional care -education nexus. The other documented policy and practice interventions concerned with the institutional care-education nexus.

Definitional issues concerning aspects of the institutional care-education nexus were a key challenge in conducting the study. What constitutes an 'institution' may mean differing things in different contexts, particularly different country contexts (Berens & Nelson, 2015). The terms of reference (ToR) for the study provided the definitional framing used in the study. This aligned with that used by LUMOS in its Global Thematic Review, defining an institution as, "any residential setting where an 'institutional culture' prevails"<sup>1</sup>. Such a culture, according to the Global Thematic Review is one with characteristics that are harmful to developing children and may typically include the depersonalisation of children's lives through the "removal of personal possessions, signs and symbols" associated with individuality and meaningful human relationships, and the imposition of rigid routines (European Commission, 2009: 9). This definition thus understands institutions as places where children are isolated from a broader community and where they and their families have limited control over their lives and decisions which affect them (Ibid). While we acknowledge there are both narrower and broader meanings of institutions, to keep this study in line with the Global Thematic Review, we have worked with the definition provided in the ToR.

For the purposes of this review two umbrella terms were used to denote the different types of institutions discussed in the literature that may feature within the institutional care –

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<sup>1</sup> LUMOS Foundation, Scoping Review SCOPE OF WORK, Global Thematic Review on Education and Institutional Care

education nexus. The first umbrella term, “institutional care settings” was used to denote all residential care facilities set up as part of child welfare systems primarily for children needing out of home care (Ainsworth & Thorburn, 2014). Children living in these facilities may receive some form of direct educational provision through the facility, or they may participate in a school or education setting located near to the care facility, so that their educational experiences are connected in some way to their residence in the care setting. The second umbrella term, “residential education settings” was used to denote education facilities where children are in residence, such as boarding schools or special schools, and contain many of the features of an institutional culture (European Commission, 2009). The review used these umbrella terms to organise and analyse the literature.

### Conceptual framework

A conceptual framework was developed for the review which delineated a range of interconnections as part of the institutional care -education nexus focussed on children’s access to and participation in education. As shown in the conceptual diagram for the review (page 14), the institutional care - education nexus is shaped by a range of contextual factors. These are associated with political, economic, social and cultural conditions, both historical and contemporary. These conditions influence why children may enter institutions where educational opportunities may be enabled or where education is an important part of the institutional experience. These contextual conditions also influence the form of the structural and normative relationships that operate within institutions creating a developmental ‘space’ that enables or hinders the child’s ‘living’ and ‘learning’ experiences, (Diniz et al, 2013).

The conditions and processes associated with the institutional care - education nexus entail both opportunities and outcomes which impact differently on the development of differently situated children. The institutional care-education nexus experience can expand or constrain educational and other related development opportunities with a range of outcomes that may have positive, negative or mixed features. As delineated in the conceptual diagram for the review, outcomes were categorised as falling broadly into four groups, viewed as fluid and overlapping. The outcomes noted were, education and learning;

health and wellbeing; safety (freedom from harm); and economic wellbeing (freedom from want).

The review also identified literature on how policy and practice may enhance opportunities for change within the nexus or may potentially deepen inequalities and forms of harm associated with it. We hypothesised that policy and practice initiatives intended to facilitate change in the nexus could be aimed at: addressing the drivers of institutionalisation; facilitating deinstitutionalisation, mainly through the strengthening of alternative community and family-based forms of care; overcoming key features of an institutional culture; or improving institutionalised children's educational experiences and outcomes.

## Methods

This study used methods of systematic review, applying specified principles and procedures to guide the research process. Clearly specified steps were followed to search the literature, collate the studies selected for review, make assessments of the quality of the studies included, synthesize and analyse the research evidence, and present the findings.

The initial search of selected databases identified **2 339** studies published since 2010. The titles and abstracts of these studies were screened to exclude studies not published in English, French or Spanish, not relevant to answering the research questions or not involving research with children of school going age. **2133** studies were excluded and **206 retained** for further examination. A final phase of screening resulted in the inclusion of **124** studies for analysis and synthesis.

Despite efforts to search selected data bases in French and Spanish, the review was limited by the dominance of studies published in English (110 out of 124) resulting in some important gaps in the research. 53 studies included in the review involved research in institutional care settings and 71 dealt with residential education settings. The largest proportion of studies researched children in secondary school. Most studies involved research with girls and boys, however, demographic variables did not appear to have a strong influence on reported research.

### Key findings from the review

The review found the largest section of evidence on the institutional care-education nexus reported on research in high-income countries, especially in the global North. There were also few studies that grappled with the significance of context to the institutional care-education nexus. Understandings of the nexus are therefore largely understood through terms, concepts, and assumptions from the global North, especially about forms of the welfare state and its role within the nexus. In the global South the institutional care-education nexus is shaped by a wider range of relationships, but there are many fewer studies documenting this. In low and middle-income countries studies showed how institutions become pathways and enablers to addressing forms of education exclusion and marginalisation for children and their families, although this trend was also evident in high-income contexts. However, evidence on policy and practice drew attention to how complex it is to break this connection between education and institutionalisation.

Studies on institutional care and residential education settings showed how being in these institutions may contribute to better academic outcomes, strengthen forms of empowerment that education may enable and enhance positive psycho-social, emotional and behavioural outcomes for children. However, the review also showed that academic performance and achievement may be negatively impacted through institutionalisation and the experience may disrupt the physical, nutritional, emotional and sexual development and wellbeing of children.

Studies of both types of institution provided evidence of disruptions to children's emotional development, especially their sense of self and their identity. The ways in which children's relationships with their parents, peers, and home communities, may be irretrievably damaged through their experience within the institutional care-education nexus was documented. Children's separation from their families and the wider community (Finnan, 2022) contribute to these developmental disruptions, which may occur alongside other positive outcomes, such as access to better educational opportunities.



On the basis of these findings the following recommendations are made:

- A comprehensive research programme should be developed that positions the relationship between institutional care and education as a stronger focus of education research, and which explores in careful and nuanced ways the features of the institutional care-education nexus in low and middle income contexts.
- Processes of change that focus on addressing the harmful impacts of the institutional care-education nexus need to *focus more on the macro and meso levels* with the aim of leveraging systemic change and changes at the level of the family, school and/or institution. Government processes that build and sustain strong working relationships between decision makers responsible for education and welfare provision are important, as are strategies that directly address family poverty and strengthen economic wellbeing. Policy and practice frameworks are needed that locate the institutional care-education nexus within efforts to build inclusive education systems, including addressing the drivers of institutionalisation and strengthening teacher training to build the capacity of teachers to respond to the needs of children in institutional settings.
- Further research is needed into different policy and practice interventions to address the institutional care-education nexus in order that a stronger evidence base can be developed of what is working and how it can be strengthened.

## 1. Introduction

### 1.1. Research objectives

This scoping review was undertaken for the LUMOS foundation as part of their global thematic review on the relationship between institutional care and education. The global thematic review is aimed at exploring and understanding better the relationship between education and institutional care -conceptualised in the review as the institutional care – education nexus. This scoping review is intended to contribute to the global thematic review by exploring research evidence on the processes and outcomes associated with the nexus. Its overarching objective was therefore:

To gather and synthesise evidence on the global nexus between institutional care and education in diverse contexts.

This objective was pursued through two lines of enquiry – one that examined the empirical evidence around the institutional care – education nexus, and the other focused on policy and practice interventions towards addressing this relationship. The review was guided by a separate set of research questions for each line of enquiry<sup>2</sup>, which were noted in the research design as Research Question Set 1 (RQ1) and Research Question Set 2 (RQ2). These were:

#### **Research Question Set 1 (RQ1)**

What evidence exists on the relationship between education and institutional care?

1. How, why and to what extent do children enter institutional care to access different types of education?
2. What are the micro-level educational outcomes for children of different types of institutional care (in comparison to family-based care)?
3. What are the micro-level health outcomes for children of different types of residential education (in comparison to non-residential education)?
4. What other empirical associations exist between institutional care and education?
5. How do these associations vary for different demographics of children?

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<sup>2</sup> LUMOS Foundation, Scoping Review SCOPE OF WORK, Global Thematic Review on Education and Institutional Care.

6. How do outcomes vary for different demographics of children?

### **Research Question Set 2 (RQ2)**

How do policy and practical interventions address the relationship between education and institutional care?

1. How do the children's rights to education and family relate to each other at a conceptual and legal level?
2. What types of policy and practice at the meso and macro-level contribute to preventing the institutionalisation of children? How and to what extent are they effective?
3. What types of meso and macro-level educational policy and practice contribute to deinstitutionalising care for children? How and to what extent are they effective?
4. What examples exist of child protection/care policy and practice to improve educational outcomes for children at risk of being placed in institutional care?

Further guidance for the review was provided in the Terms of Reference (TORs) for the study (**Annexure 3**). The research design for the review drew on these and the research questions to inform the search strategy, set the inclusion and exclusion criteria, code the included studies, and analyse the findings.

#### **1.2. Conceptual framework**

A conceptual framework for the review was developed as part of the inception stage and subsequently used iteratively to guide the research. This framework, captured in **Figure 1**, conceived of the relationship between institutional care and education as a nexus characterised by different features and their interconnections. The starting point for understanding the nexus and its features entails appreciating a range of contextual factors associated with the political, economic, social and cultural conditions, both historical and contemporary, that shape an institution (European Commission, 2009; Berens & Nelson, 2015) and the context in which it is located. These conditions shape the form of the relationship between it and the structures of the broader society (the macro level) and influence why children enter institutions where educational opportunities may be enabled

or where education is an important part of the institutional experience. These contextual conditions also influence the form of the structural and normative relationships that operate within institutions (meso and micro level) creating a developmental 'space' that enables or hinders the child's 'living' and 'learning' experiences, (Diniz et al, 2013). These processes entail both opportunities and outcomes which impact differently on the development of differently situated children. The institutional experience can expand or constrain educational and other related opportunities with a range of positive and negative outcomes.

Children's educational experiences are therefore embedded within the nexus and interconnected with other aspects of their development. We hypothesised that these experiences contribute to outcomes for their learning and development which are fluid and may overlap. We considered these outcomes as falling broadly into four categories:

- *Education and learning*: Institutionalisation for children may be associated with having access to schooling which takes particular forms. It may shape policies and processes of teaching, learning and assessment, and their practice, management, organisation and evaluation. For example, attainment in examinations, or achievement through expansion of a child's psycho-social development would be features of these relationships, together with more informal relationships in a school, such as between peers or between students, parents and teachers.
- *Health and wellbeing*: Institutionalisation for children and the associated educational relationships is linked with a child's physical, mental, nutritional, and sexual health and the policies, practices and associations that shape this.
- *Safety (freedom from harm)*: Institutionalisation for children and the associated educational relationships is linked with the child's physical safety and the relationships that shape this.
- *Economic wellbeing (freedom from want)*: Institutionalisation for children and the associated educational relationships is linked with aspects of a child's socio-economic status, and the relationships that shape this.

We hypothesised that each of the outcomes within these categories can have *positive* features that may enable and strengthen a child's learning and development, they may have

*negative* features, where a child’s learning and development is disrupted and damaged, often leading to the deepening of inequalities and/or forms of harm; or they may have positive and negative features (mixed), where a child’s learning and development is enabled and strengthened in some ways, and disrupted and damaged in other ways.

We recognised at the start of the study that we would be using concepts and terms in the research that are contested and may mean different things in different contexts (Berens & Nelson, 2015). Central here is the concept of an institution. Guided by our terms of reference for this study we drew on a very specific understanding of what is meant by an institution to understand it as “any residential setting where an ‘institutional culture’ prevails”<sup>3</sup>. Such a culture is one that demonstrates characteristics that are harmful to developing children (European Commission, 2009).(See Annexure 3). These characteristics typically include the depersonalisation of children’s lives through the “removal of personal possessions, signs and symbols” which can be associated with individuality and meaningful human relationships, and the imposition of rigid routines (European Commission, 2009: 9). This understanding also sees institutions as places where children are typically isolated from the broader community and where they and their families have limited control over their lives and decisions which affect them (Ibid). While this understanding of an institution was used, we are cognisant that the concept of ‘institutional culture’ may be seen in positive ways – as the conditions and values in schools, for example, that may enable participation and respect for diversity (Booth & Ainscow, 2016), rather than cause harm.

We understood that different types of institution may feature within the nexus and their relationship with education may take different forms. Central to it are residential care facilities set up as part of child welfare systems primarily for children needing out of home care (Ainsworth & Thorburn, 2014). But understandings of what constitutes a residential care facility and the terms used to describe them differ across contexts (Ainsworth & Thorburn, 2014; Berens & Nelson, 2015; Desmond et al, 2020). For the purposes of the review, we used the umbrella term “institutional care setting” to denote all the forms of residential care facility considered in the included studies. The relationship of these

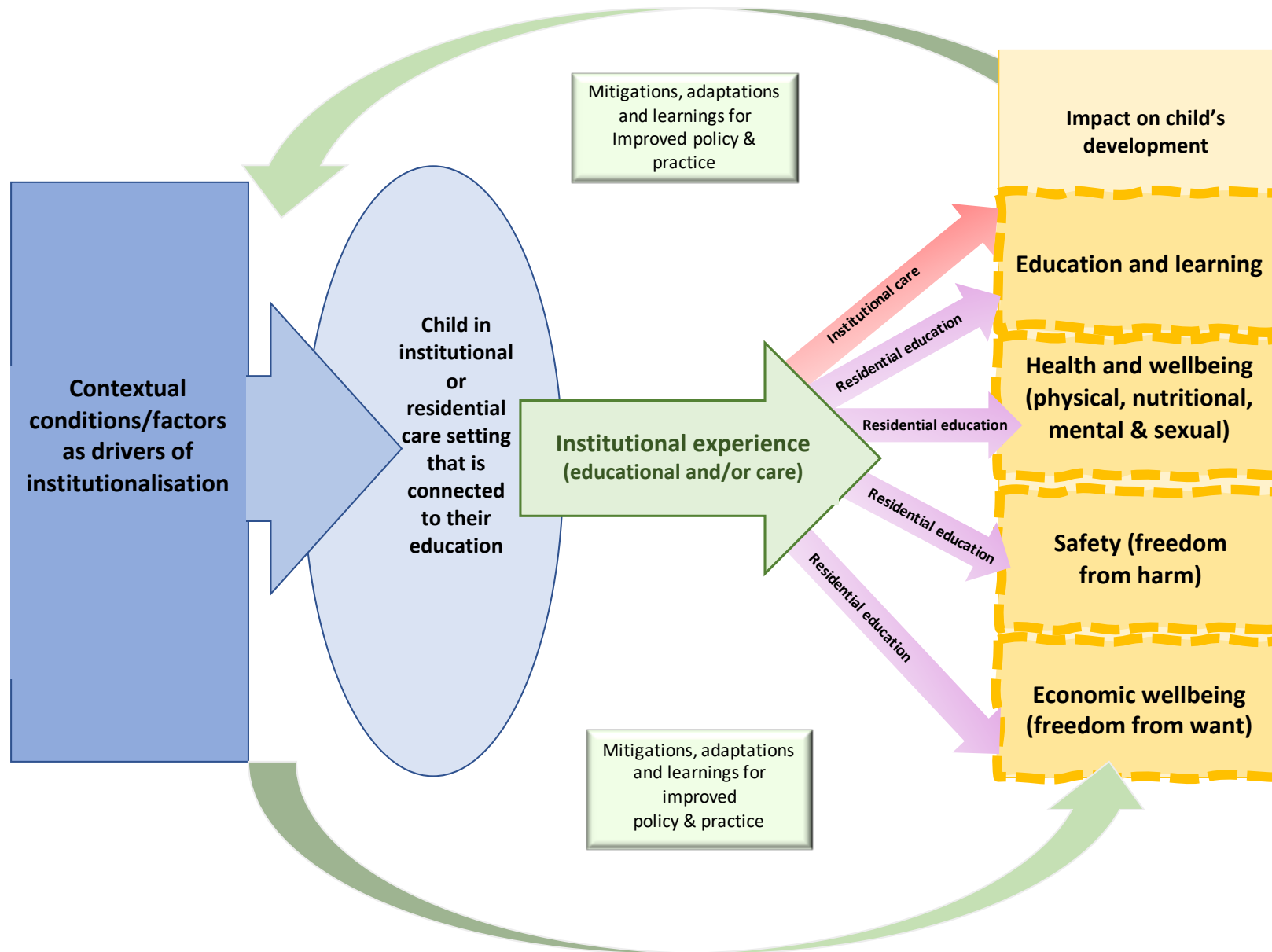
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<sup>3</sup> LUMOS Foundation, Scoping Review SCOPE OF WORK, Global Thematic Review on Education and Institutional Care

institutions to education may involve some form of direct educational provision, or it may involve the resident children's participation in a school or education setting located near to the care facility, where the child's educational experiences are affected by or connected in some way to their residence in the care setting. We also recognised that residential education facilities, such as boarding schools and special schools, may contain many of the features of an institutional culture (European Commission, 2009) and are directly connected to children's education. We therefore conceptualised the nexus as being constituted by institutions in the form of "institutional care settings" and "residential education settings" and used these umbrella terms to organise and analyse the literature.

We were also concerned to consider how policy and practice may enhance opportunities for change within the nexus or may potentially deepen inequalities and forms of harm associated with it. We hypothesised that policy and practice initiatives intended to facilitate change in the nexus could be aimed at: addressing the drivers of institutionalisation; facilitating deinstitutionalisation, mainly through the strengthening of alternative community and family-based forms of care; overcoming central features of an institutional culture; or improving institutionalised children's educational experiences and outcomes.

Figure 1: Conceptual Framework



### 1.3. Methods

In developing the methodology for this review, we have been cognisant of the debates within the literature around the differences between systematic and scoping reviews especially the assertion that, “scoping reviews do not aim to produce a critically appraised and synthesised result/answer to a particular question, and rather aim to provide an overview or map of the evidence” (Munn, Peters, Stern, Tufanaru, McArthur and Aromataris, 2018: 2). Our approach was therefore to explore and map the empirical and policy and practice evidence and to consider how this evidence may provide insights into the relationship between education and institutional care in diverse contexts. However, to do this we drew on the principles of systematic reviews to guide the research process, especially those outlined by the EPPI Centre at UCL (<https://eppi.ioe.ac.uk/cms/Default.aspx?tabid=67>) and the PRISMA-ScR reporting guidelines or “checklist” proposed by Tricco et al (2018). We therefore followed specific research steps associated with systematic reviews, to; search the literature; screen the literature for review; code the included literature; synthesise and analyse the research evidence; and present the findings of the review.

#### 1.3.1. Search strategy

The first phase of the review involved electronic and hand-searches of both ‘mainstream’ academic databases and repositories of ‘grey literature’ across a range of websites and open access knowledge platforms. Drawing on the parameters for the review outlined in the TORs and finalised in consultation with LUMOS, we searched literature published since 2010 in English, Spanish and French. To guide the search process, a working research protocol was developed with an agreed list of search terms regarded as important to identifying the relevant literature. The details of the databases/repositories searched, and terms used are captured in **Annexure 2**. The search process involved the use of search strings to connect possible terms for children between 4 and 18 years, with terms that could be used to denote the two types of institutions we were focusing on in the study (see above), and terms associated with children’s learning and development outcomes.



### 1.3.2. Screening the literature

The electronic and hand searches led to the uploading of **3 069 sources** into a newly constituted database for the review. Using the EPPI software, **730** duplicates were removed, resulting in **2 339** records for a first process of screening. This process of screening the literature involved considering titles and abstracts to exclude studies according to the following criteria:

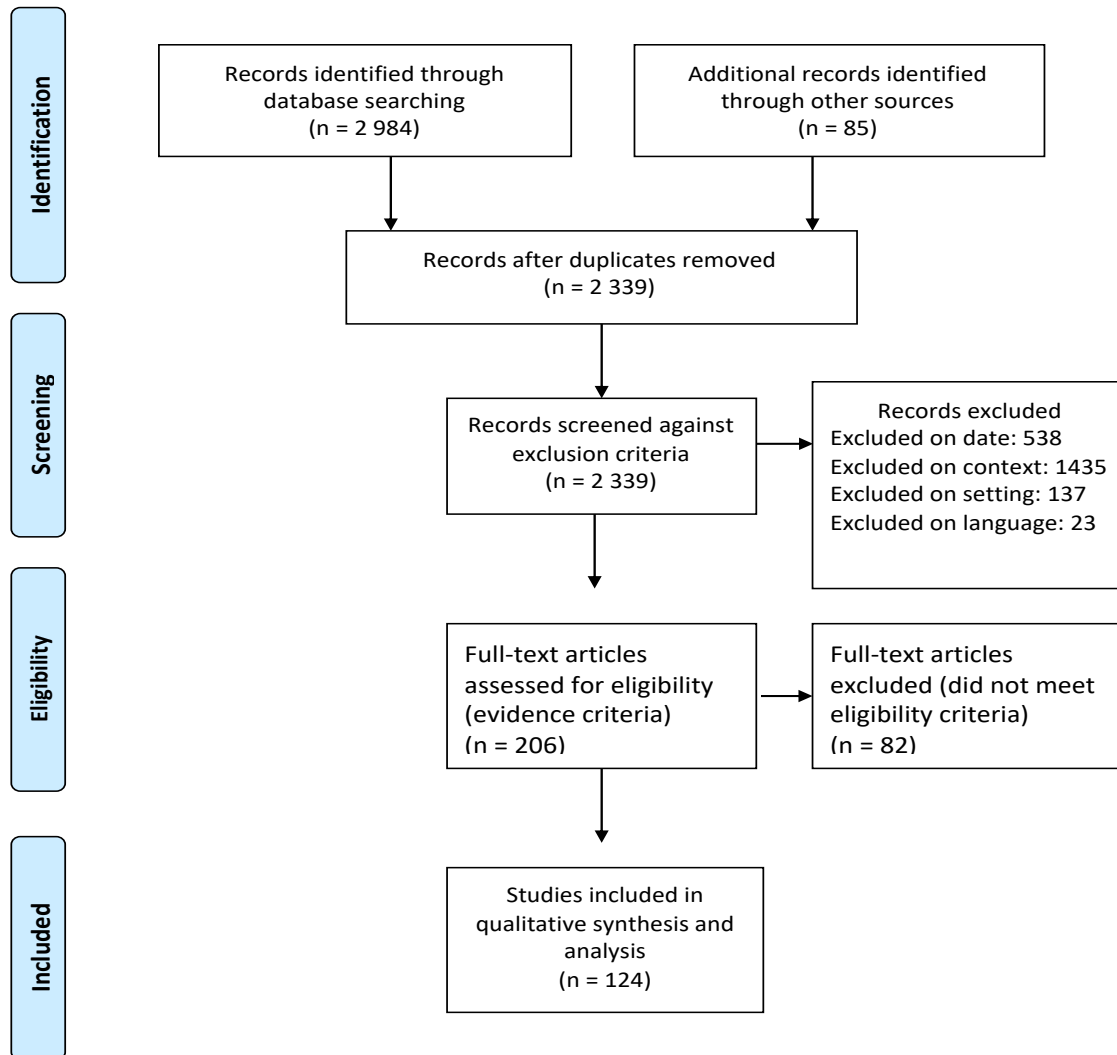
- Exclude if published before 2010 (exclude on date)
- Exclude if does not focus on the relationship between institutional care and education or the experience/impact/outcome of the relationship (exclude on context)
- Exclude if it does not deal with children aged 4 to 18 (exclude on setting)
- Exclude if not published in English, Spanish or French (exclude on language)

This process of screening titles and abstracts resulted in the exclusion of **2133** studies and the retention of **206** studies for further screening. This screening of title and abstracts had also involved allocating some studies to the code “include for second opinion”. If they were coded in this way, they were allocated to a second researcher for consideration and any differences considered and resolved.

In the final phase of screening, we considered the full text of the **206 retained** studies to see if they met the eligibility criteria for inclusion in the review. Each study was reviewed by one member of the team, with any uncertainties discussed and resolved. Slightly different criteria were applied here to consider the empirical research studies and those dealing with policy and practice. The specific criteria used to consider the eligibility of the empirical studies (RQ1) and those on policy and practice (RQ2) are outlined in **Annexure 2**. This process resulted in the inclusion of a total of **124** studies for synthesis and analysis. The PRISMA flow diagram below captures this process.



**PRISMA Flow Diagram**



**1.3.3. Quality assurance and evaluating the strength of the evidence**

In this scoping review, we drew on the principles of systematic reviews to guide the research process. This entailed undertaking a process of quality assurance of included studies to consider the strength of the evidence they presented. Our approach drew from guidelines provided by the EPPI Centre at UCL

(<https://eppi.ioe.ac.uk/cms/Default.aspx?tabid=67>) on the undertaking of systematic reviews. We thus assessed the strength of the evidence considering the appropriateness of the methods used in the research, the reliability of the findings and the relevance of the evidence to the review (Gough, Oliver & Thomas, 2017), with the aim of using these

assessments to reach an overall conclusion regarding the confidence we could place in the findings (Lewin et al, 2015). While we drew on these guidelines for systematic reviews for this process, it is important to note that the rigour of this assessment process was constrained by time and resources and the judgements we made were strongly informed by the overall purpose and objectives of a scoping review.

#### 1.3.4. Coding, synthesising and analysing the literature

Drawing on the research questions a detailed coding framework was developed to code the included literature (**See Annexure 2**). The intention here was to code the literature in a way that would enable us to be able to map the available evidence and to examine what insights the evidence may provide around the institutional care – education nexus, especially towards informing key areas of concern for the global thematic review. The coding process therefore involved two main steps.

We firstly coded all of the included literature using the following codes<sup>4</sup>:

- Published language
- The geographical region where the research has been undertaken<sup>5</sup>
- The type of study
- Methods used
- The demographics (age and sex) of the children focused on in the research
- The institution type
- The line of enquiry

We used this last code to determine if the research provided empirical evidence (RQ1) or if it addressed policy and practice interventions (RQ2), or if it provided evidence of both.

Drawing on our conceptual framework, we then coded the empirical evidence using a specific set of codes developed to consider the research questions for this body of literature. A separate set of codes were used to consider the policy and practice research

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<sup>4</sup> The codes are explained in more detailed in Annex 1.

<sup>5</sup> We used the World Bank regional classifications for these codes. See

<https://datatopics.worldbank.org/world-development-indicators/the-world-by-income-and-region.html>

questions. We followed an interpretivist approach (Creswell, 2007; Hammersley, 2013) for the final analysis of the research to enable us to develop a deeper understanding of the relationship between institutional care and education. We synthesised and analysed the evidence to consider what it may tell us about the nexus and reflected on the trends and gaps in the research to inform the broader global thematic review.

#### 1.3.5. Positionality

This review builds on the experience of the authors in leading and conducting several rigorous and systematic reviews around issues of concern in education and its relationship to society. This has included most recently a systematic review for UNESCO which explored the gendered impacts on children of extended school closures associated with pandemics, for example, COVID 19, Ebola and HIV, natural disasters and conflict (UNESCO, 2022). Members of this team have worked on a rapid review of health and other related harms of COVID 19 on young people in higher education in the United Kingdom (UK) (Unterhalter et al., 2021) and a rigorous review of the development outcomes of higher education in low- and lower middle-income countries (Howell & Unterhalter, 2020). Experience drawn on for this review also involves the authors' specialist research and writing on inclusive education and education for children with disabilities in low and middle income contexts (Howell, Lorenzo, & Sompeta-Gcaza, 2019, Howell, Chataika, McKenzie, 2018, Howell, 2018, Mutanga, 2017, 2018, 2019); gender inequalities and education (Unterhalter, 2014; 2020; 2021; North, 2018), including in relation to non- state actors (Unterhalter, Robinson and Ron Balsera, forthcoming), the nexus between gender, education and poverty (North & Longlands, 2019; Unterhalter and North, 2018); and between gender, education, migration and care (North, 2019).

#### 1.3.6. Limitations

Reviews of this nature are limited by language, especially as the major databases include research primarily published in English. This limits the scope of the evidence and skews it away from studies in countries where English is not the main language of academic inquiry. To try and mitigate these challenges, we undertook hand searches of selected data bases in French and Spanish (**See Annexure 2**). Despite including some studies from these searches

(14 studies), the English language literature still dominates the review so that there are important gaps in the research evidence. This is especially in relation to studies addressing the institutional care – education nexus in Latin America and the Caribbean, North Africa and the Middle East and South Asia. Undertaking a more rigorous search of literature published in the main languages of these regions will deepen the picture presented in this review.

In the initial stages of the research, it became clear, as already noted, that a number of different terms were used across the literature to describe institutional care settings and care systems in different contexts (Ainsworth & Thorburn, 2014; Berens & Nelson, 2015). In several cases the terms used were not explained and were underpinned by assumptions about institutional care systems in particular contexts. We discuss in the conclusion our concerns around the absence of engagement with context in many of the studies and consider what this means for the evidence considered in this review and the challenges of developing a global picture of the institutional care- education nexus.

These complexities influenced our searches, the judgements around what studies to include and exclude and how to understand the scope and parameters of the institutional care- education nexus across differing contexts. While we aimed to allow for these complexities in our coding frame, we recognise that these choices may also have resulted in some biases and gaps in the review. We also recognise that some the codes around the drivers and outcomes of the institutional care- education nexus may not be as distinct from each other as the frame implies and the boundaries between them more fluid. We tried to address this by coding for all drivers and outcomes discussed in the studies and by creating “other” categories to allow for ones we had not considered. We recognise however that our coding frame may not have allowed sufficiently for all the nuances documented regarding relationships associated with the institutional care – education nexus.

## 2. Overview of the research evidence

This section discusses the main findings from the scoping review. It begins with a brief overview of the evidence mapped according to the main codes we used to organise and synthesise the included studies. It then discusses what the literature highlights about the drivers of children’s entry into the institutional care – education nexus and the outcomes of their participation within it. **Annexure 1** provides a full list of the included studies, noting the main codes assigned.

### 2.1. The regional focus of the studies

**Table 1: The regional focus of the studies**

Region of research focus	No of studies (n=124)
Sub-Saharan Africa	15
South Asia	8
East Asia and Pacific	36
Latin America & Caribbean	8
Middle East & North Africa	1
Europe & Central Asia	31
North America	22
Multi regions	3
	124

**Table 1** shows that from the evidence considered in this review, the institutional care – education nexus is dominated by research undertaken in Europe and Central Asia and North America (53 out of 124 studies or 43%), the regions of the world with the highest concentration of high-income countries<sup>6</sup>. Of the studies from these two regions, 43 involved research in high income countries. After these two regions, the greatest number of studies discussed research undertaken in East Asia and the Pacific (36 studies) – while a number of these spoke to low and lower-middle income contexts, 13 of these studies involved research in Australia or New Zealand, also high-income countries. From this review a picture therefore emerges of research on the institutional care – education nexus that is skewed towards high income contexts, especially the global North, a trend also noted by Garcia et al

<sup>6</sup> <https://datatopics.worldbank.org/world-development-indicators/the-world-by-income-and-region.html>

(2021) in their systematic review of the factors influencing school functioning of children in residential care. This overall picture is important to how the evidence about the nexus is understood and the implications it has for developing a careful and nuanced global picture.

## 2.2. The type of study, methods used and language of publication

Most studies included (119 out of 124) were published as journal articles. Five studies were coded as reports, with four of these reporting on research undertaken by non-governmental organisations (NGOs) and one by a university partnership initiative (See **Annexure 1**). The five reports included may be regarded as the 'grey literature' included for review. While other 'grey literature' emerged from the searches relevant to the concerns of the study, including policy briefs, working papers and opinion pieces, they were excluded on study design (See **Annexure 2**).

**Table 2: Research methods used**

Method	No of studies (n = 124)
Quantitative	51
Qualitative	54
Mixed method	12
Systematic review	1
Other review	6

The research studies included in the review drew almost equally on quantitative and qualitative methods. 12 studies used mixed methods, with six of these triangulating data collected through a quantitative survey and a qualitative method, such as interviews, and six used a qualitative method and applied statistical methods in the research. Seven literature reviews were included, although only one was a systematic review. Most of the included studies were judged to provide strong evidence, although some studies were based on small sample sizes or provided limited descriptions of the research process (See **Annexure 1**).

**Table 3: Language of publication**

<b>Published language</b>	<b>No of studies (n=124)</b>
English	110
Spanish	9
French	5

Not unexpectedly, the majority of studies included for review were published in English, reflecting, as already discussed above, the stronger orientation to and reliance on English language knowledge platforms in the search process. Hand searches of selected knowledge platforms that include literature published in Spanish and French resulted in the inclusion of a small number of studies in these languages.

The research questions for the study required us to consider whether different demographics of children may be differently influenced in the relationships and associations within the institutional care – education nexus. Our initial search of the literature showed that age and sex were the variables most frequently distinguished in the research. We therefore decided we could code these demographic variables with most certainty and developed a set of codes to do this.

We also initially considered disability as a demographic variable to note. However, as we began to engage with the literature, we recognised that many studies did not indicate whether the children involved in the research had a disability or not. We felt that because disability was not noted it did not mean that it did not exist – we felt that this assumption was especially important in low- and middle-income contexts where children with disabilities are especially vulnerable to multiple forms of discrimination and exclusion and where the education disability gaps are difficult to measure and identify (UNESCO, 2020). In these education contexts, identifying and addressing the barriers to access and participation becomes the most important concern towards equalising opportunities for children with disabilities. What was confirmed for us, however, as we explored the literature, was that disability continues to be a driver of institutionalisation – children with disabilities continue to be disproportionality represented in institutions across the world with their placement in institutions often linked to poverty and lack of access to family supports (Goldman, 2020).



We therefore included disability as a possible driver of institutional care and residential education and coded those studies that noted this.

We noted some similar concerns with regard to migration status, noting that children affected by migration are often made invisible in education research, or discussed in reductionist acronyms (such as ‘IDP’ (internally displaced person); ‘UASC’ (unaccompanied asylum-seeking child); or LBC (left behind children)) (Chase and North, 2022), which often fail to capture the complexities of the range of effects migration and (im)mobility may have in relation to experiences of education and institutionalisation. Therefore, rather than attempting to code for migration status as a demographic variable, we included migration as a possible driver of institutionalisation in order to try to capture these more fully.

**Table 4** shows the distribution of the studies coded for the age range and sex of the children focused on in the research. A greater number of studies involved research around secondary school children compared to primary school children, with only 11 looking at the latter. However, 35 studies involved research with or about children of all school going ages and in 28 of the studies the age range of the children was not clear or not stated. Most of the studies (68 out of 124) looked at or involved research with boys and girls and there was an equal number of studies that only looked at girls or only at boys. In 30 studies, the sex of the children involved was not stated or made clear, with these studies often talking of children in general terms.

**Table 4: The age and sex of the children focused on in the research**

Child demographic		No of studies (n = 124)
Age range	4 – 7 (reception)	1
	8-12 (primary school)	11
	13 – 18 (secondary school)	49
	Multiple ages across range	35
	Age range not clear/stated	28
Sex	girls	13
	boys	13
	girls and boys	68
	sex not stated/made clear	30

We also coded the evidence according to the type of institution explored in the research using the institutional typology from the conceptual framework. (See Section 1.2), More than half the studies (71 out of 124) focused on residential education settings and 53 on institutional care settings. **Tables 5 & 6** show the studies coded according to the demographic variables and the institution type. **Table 5** shows that that only four studies dealing within institutional care settings focused on girls or boys only, with 39 looking at boys and girls. Proportionally more studies on residential education settings addressed single sex institutions (22, with 11 on girls boarding schools and 11 on boys boarding schools). 31 studies on residential education settings considered boarding schools with boys and girls. **Table 6** shows that a larger proportion of studies for both types of institution researched children in secondary school compared to primary school.

**Table 5: Distribution of studies by institution type and sex**

Institution type	No of studies (n = 124)	girls	boys	girls and boys	not stated/clear
Institutional care	53	2	2	39	11
Residential education	71	11	11	31	19

**Table 6: Distribution of studies by institution type and age**

Institution type	No of studies (n = 124)	4 – 7 (reception)	8-12 (primary school)	13 – 18 (secondary school)	Multiple ages	Not clear/ stated
Institutional care	53	0	5	15	24	9
Residential education	71	1	6	34	11	19

### 2.3. Line of enquiry

Our research questions required us to consider studies providing empirical evidence of the institutional care – education nexus (RQ1) and ones that involved research into policy and practice interventions (RQ2). 113 studies were coded as providing empirical evidence of the

nexus and 13 researched policy and practice interventions<sup>7</sup>. Some studies provided empirical evidence *and* addressed policy and practice initiatives.

**Table 8: Distribution of studies by line of enquiry**

Line of enquiry	No of studies
Studies providing empirical evidence (RQ1)	113
Studies providing evidence of policy and practice interventions (RQ2)	13

Our initial search and screening of the literature had resulted in the inclusion of only 12 studies on policy and practice interventions. We were concerned that the terms we had used may have limited possible literature around research on policy and practice. We therefore undertook a second hand-search to identify any further studies on these interventions. This process resulted in the inclusion of only one additional study for review. We noted that a greater number of studies discuss and describe policy and practice interventions around the institutional care – education nexus compared to the number that research these initiatives.

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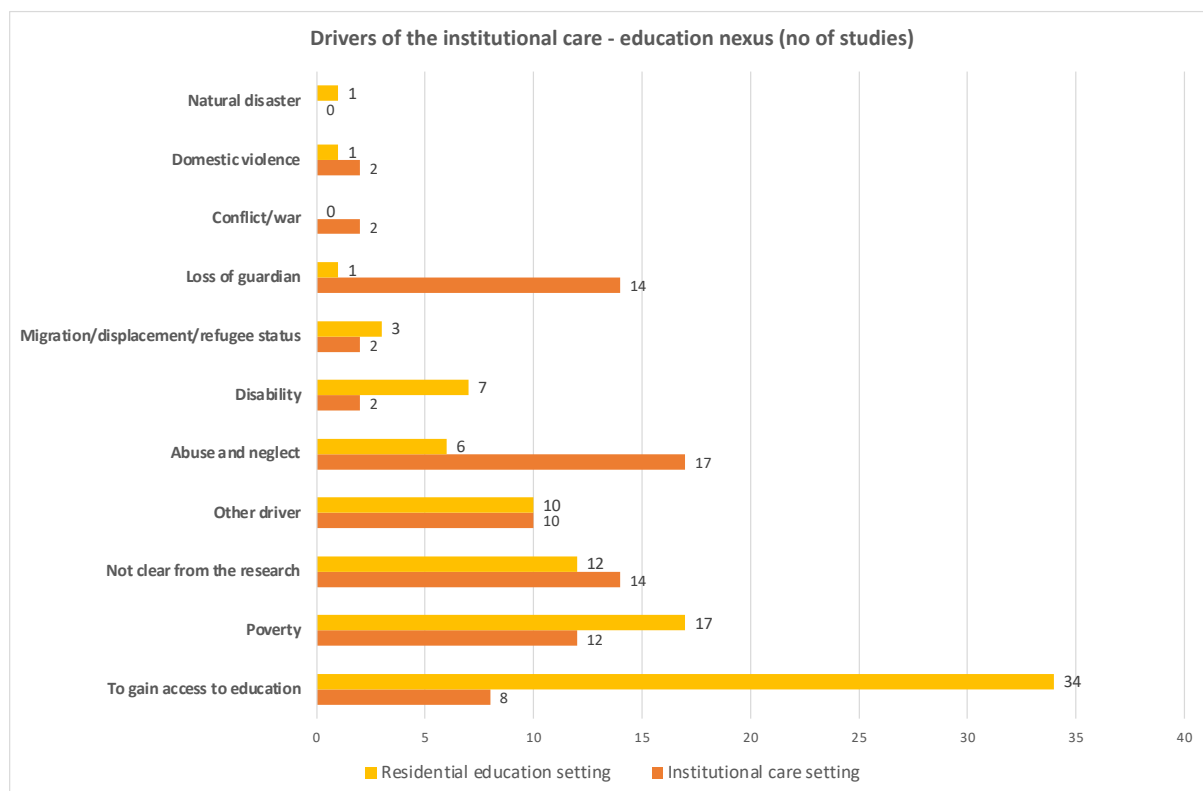
<sup>7</sup> See Appendix B for the criteria we used to include studies for each line of enquiry.

### 3. The empirical evidence on the relationship between institutional care and education

#### 3.1. The drivers of children’s entry into the institutional care – education nexus

A range of events, processes, experiences and imperatives affecting individuals, families, communities, and polities were documented as the drivers of children’s entry into the institutional care – education nexus. **Figure 2** shows the distribution of the drivers noted in the empirical research studies included in the review.<sup>8</sup> This section first discusses the drivers noted or discussed in the studies for each of the institutional types and then considers the trends across the nexus.

**Figure 2: The drivers of children’s entry into the institutional care – education nexus**



<sup>8</sup> We coded the studies according to all the drivers noted, with some drawing attention to a number of drivers

### 3.1.1. The drivers of children's entry into institutional care settings

**Figure 2** shows that although children enter institutional care settings within the nexus for several reasons, 'abuse and neglect' emerged as the strongest reason for their entry into these institutions (17 studies)<sup>9</sup>. The 'loss of a guardian' also featured relatively strongly in this literature (14 studies). Both these drivers are associated with systems of care in different contexts and reflect common reasons why children are placed "in care" (Garcia-Molsosa et al, 2021). In 12 of the studies, conditions of poverty were noted as important to the reasons why children enter these institutions. In all of these 12 studies, other drivers were also noted, suggesting there is often a connection between poverty and other factors that may contribute to children's entry into institutional care settings within the nexus. Important here were connections between conditions of poverty and gaining access to education through entry into an institutional care setting (Miller & Beazley, 2022; Carpenter, 2014, 2015; Johnson, 2015; Roche, 2019; Ruiz-Casares & Phommavong, 2016; De Silva & Punchihewa, 2011); experiences of abuse and neglect (Johnson, 2015; Kang et al, 2014; Carpenter, 2014; Manson, et al, 2011; Morantz & Heymann, 2010; Roche, 2019; Stepanova & Hackett, 2014); and the loss of a guardian (Meli, 2015; Carpenter, 2015; Johnson, 2015; Kang et al, 2014; Manso et al, 2011; Morantz & Heymann, 2010; Moyo, 2015; Roche, 2019; Ruiz-Casares & Phommavong, 2016; De Silva & Punchihewa, 2011; Stepanova & Hackett, 2014).

Disability was noted as a driver of entry into an institutional care setting within the nexus in only two studies. In these studies, the existence of a disability was noted as making children especially vulnerable to institutionalisation in the contexts researched (Okon et al, 2020 (Nigeria); Stepanova & Hackett, 2014 (Russia)).

14 studies dealing with institutional care settings did not refer to or make clear the reasons why the children considered in the study had been placed in an institution. There were also 10 studies where another driver of children's entry into an institutional care setting was noted that we had not anticipated in the coding framework. Other drivers noted were;

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<sup>9</sup> Annexure 1 provides a list of the included studies with the citation and main codes assigned. Where we have cross tabulated the data in the analysis the citations are included in the text.

behavioural issues, which may lead to children being placed in care, sometimes connected to them getting trouble with the law (Griffith et al, 2010; Severinsson, 2016; Huefner et al, 2018; Rimehaug et al, 2018; Marion et al, 2020; Beld et al, 2021); conditions of crisis within families (Celeste, 2011; Garcia-Molsosa et al, 2021), and the prevalence of family illness, (Meli, 2015; Roche, 2019).

When the age range of children was cross tabulated with the identified drivers of children's entry into institutional care settings within the nexus, no important distinctions were evident between children in primary school and those in secondary school. Overall, the drivers most evident across these studies, such as, 'abuse and neglect', 'loss of guardian' and 'poverty' were all associated with children of multiple ages. When sex was considered, all the drivers noted in these studies were mostly discussed in relation to both boys and girls.

### 3.1.2. The drivers of children's entry into residential education settings

There were some differences evident when we considered the drivers of children's entry into residential education facilities in the nexus. **Figure 2** shows that gaining access to education (34 studies) and poverty (17 studies) were the strongest drivers of residential education in the studies included in this review. Once again, however, there was a link between access to education and poverty, with 12 studies noting both access to education and poverty as the reasons why the children considered in the research had entered residential education settings (Boulin, 2013; Macdonald et al, 2018; Mander, 2015; Mander et al, 2015; Ramírez Velázquez, 2017; Foliano, et al, 2019; Velázquez & Velázquez, 2020; Wang et al, 2016; Wang & Mao, 2018; Zhang, 2019; Tan & Bodovski, 2020; Mutluer et al, 2021). Abuse and neglect (6 studies), and loss of a guardian (1 study) were less important as drivers of children's entry into residential education settings compared to institutional care settings within the nexus. However, disability was noted in more studies (7 studies) as a reason why children enter residential education settings, with these studies mainly researching the education experiences of children with disabilities resident in various forms of specialist education provision (special schools).

Once again there were several studies (12) where the reasons for children's entry into residential education settings within the nexus were not stated or made clear in the research. There were also 10 studies that noted other drivers to children's entry into residential education that we had not anticipated in the coding framework. These drivers included local conditions where children live with high levels of violence and social instability also linked to poverty (Mander, 2015; Mander et al, 2015; Nelson & Subedi, 2018); behavioural issues (Manninen et al, 2015 Mastronardi, 2020, Mooney et al, 2019; Weng et al, 2018); parental institutionalisation and its persistent effects (Hope and Homes, 2013) and religious reasons (Ramírez Velázquez , 2017; Sanyal & Farah, 2019).

When the age range of children was cross tabulated with the identified drivers of children's entry into residential education settings within the nexus, the data showed that gaining access to education is a much stronger driver for children of secondary school age compared to younger children of primary school age (19 out of the 34 studies for secondary school children compared to only 1 for primary school children). When sex was considered, the evidence suggested that while access to education was an important driver of entry into residential education facilities for boys and girls, it featured more prominently as a driver in studies looking only at girls (9 studies compared to 2 for those that looked only at boys).

### **3.1.3. Gaining access to education and poverty as central drivers of children's entry into the institutional care – education nexus.**

The findings presented above suggest that there are a range of reasons why children enter the institutional care – education nexus and there are differences related to institutional type. However, considered together, the largest group of empirical research studies included in the review suggested that children's entry into an institution within the nexus is linked to the educational opportunities that are enabled or are perceived to be enabled through institutionalisation (42 studies), and that poverty also plays an important role in driving entry into the nexus (29 studies), with the two often connected. Thus 63% of the studies included in the review that provide empirical evidence of the nexus (71 out of 113) draw attention to access to education and/or poverty as drivers of institutionalisation.

Importantly, when we looked more closely at the contexts addressed in these 71 studies, 59 documented research findings from middle or low-income countries. These studies, especially those reporting on low-income contexts, draw attention to the high levels of social, economic and educational deprivation in the communities where institutionalised children come from. It is argued that in these contexts parents often have little choice but to place their child in an institution because it offers opportunities for the child to be cared for and have access to educational opportunities that would otherwise not be available (De Silva & Punchihewa, 2011; Ismayilova et al, 2014, Carpenter, 2015; Ruiz-Casares & Phommavong, 2016; Miller & Beazley, 2022). It is also argued that the educational opportunities created through institutionalisation may be so significant that entering an institution is perceived 'as a blessing' (De Silva & Punchihewa, 2011 discussing the situation in Sri Lanka) or a circumstance that engenders envy because of the benefits it enables for children and their families (Carpenter, 2014 on the situation in Cambodian orphanages).

Only 14 studies noting access to education and/or poverty as drivers of the institutional care – education nexus involved research in high-income countries. Here the focus was mainly on children from historically disadvantaged or marginalised communities in these contexts, with the studies suggesting that entry into an institutional care setting or residential education setting provides, or is perceived to provide, a pathway to better educational opportunities and associated life chances for these children and their families (Alexander-Snow, 2010, 2011; Mander, 2015; Mander et al, 2015; Behaghel et al, 2017; Shi, 2020). Thus, from the evidence included in this review, even in high income countries, institutionalisation is often connected to inequalities in these contexts that impact on children's access to education. This was also the case in studies dealing with some upper-middle income countries (Bennet et al, 2021-South Africa; Wang et al, 2016; Wang & Mao, 2018; Zhang, 2019; Tan, 2020 - China).



### 3.2. The outcomes of the children's participation in the institutional care – education nexus

The research questions for the study directed us to consider the 'micro-level' outcomes associated with a child's learning and development within the institutional care – education nexus. In our conceptual framework we understood that these outcomes emerge through the processes and relationships associated with the child's development within the nexus, are multi-faceted and have positive, negative or mixed features. We also considered these development outcomes as falling broadly into four categories which are fluid and may overlap - education and learning; health and wellbeing; safety (freedom from harm); and economic wellbeing (freedom from want).

However, it was recognised in the study's TORs that recent research had synthesised the evidence on the health and wellbeing outcomes of children in institutional care, including outcomes associated with their safety and economic wellbeing (van IJzendoorn et al, 2020). For this review we therefore considered only the education and learning outcomes for children in institutional care settings but broadened the scope for residential education settings to consider all four categories of development outcomes.

While these understandings informed the way in which we coded and analysed the studies, two issues emerged from our engagement with the literature which are important to considering the findings from this line of enquiry. The first is the complex relationship between the drivers of the institutional care-education nexus and the outcomes of this experience (Liu & Villa, 2020). It is suggested that some caution needs to be exercised around attributing particular outcomes only to the institutional experience. The factors that contributed to a child's entry into an institution may remain important to understanding education and other outcomes, with institutions having the potential to 'exacerbate or mitigate' the negative impact of the drivers of institutionalisation (ibid). The second issue that we became aware of from the literature reviewed, is that in several studies that explored the experience of children within the institutional care – education nexus, the outcomes of the experience were implied or suggested, rather than confirmed through the research. Both these observations suggest that how we understand the development

outcomes of the institutional care – education nexus for children is complex and needs to be approached with caution

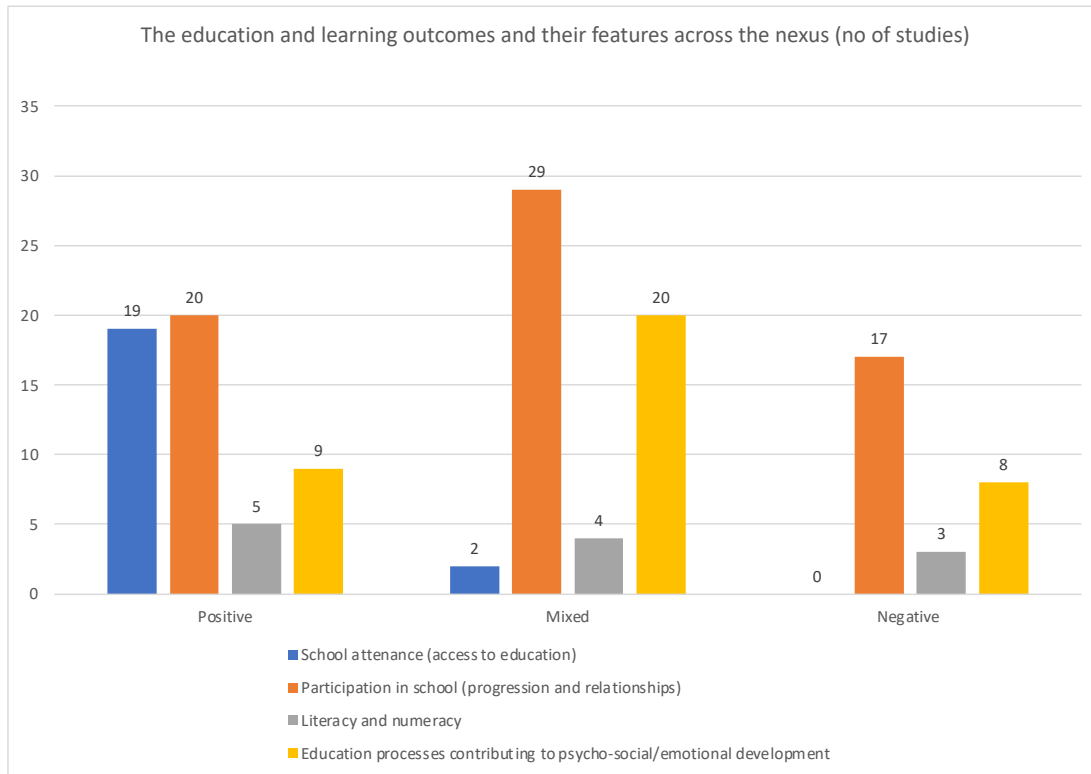
While noting this reservation, the studies included in the review still documented important trends around the outcomes of children’s participation in the nexus. This section discusses these trends by first considering what the evidence suggests about the education and learning outcomes for children in the nexus and any differences that were apparent between the two types of institution. It then discusses the evidence on development outcomes associated with children in residential education’s physical, nutritional, mental and sexual health, their safety and economic wellbeing. We discuss these collectively as the health and wellbeing outcomes for children in residential education settings.

### 3.2.1. The education and learning outcomes of children’s participation in the nexus

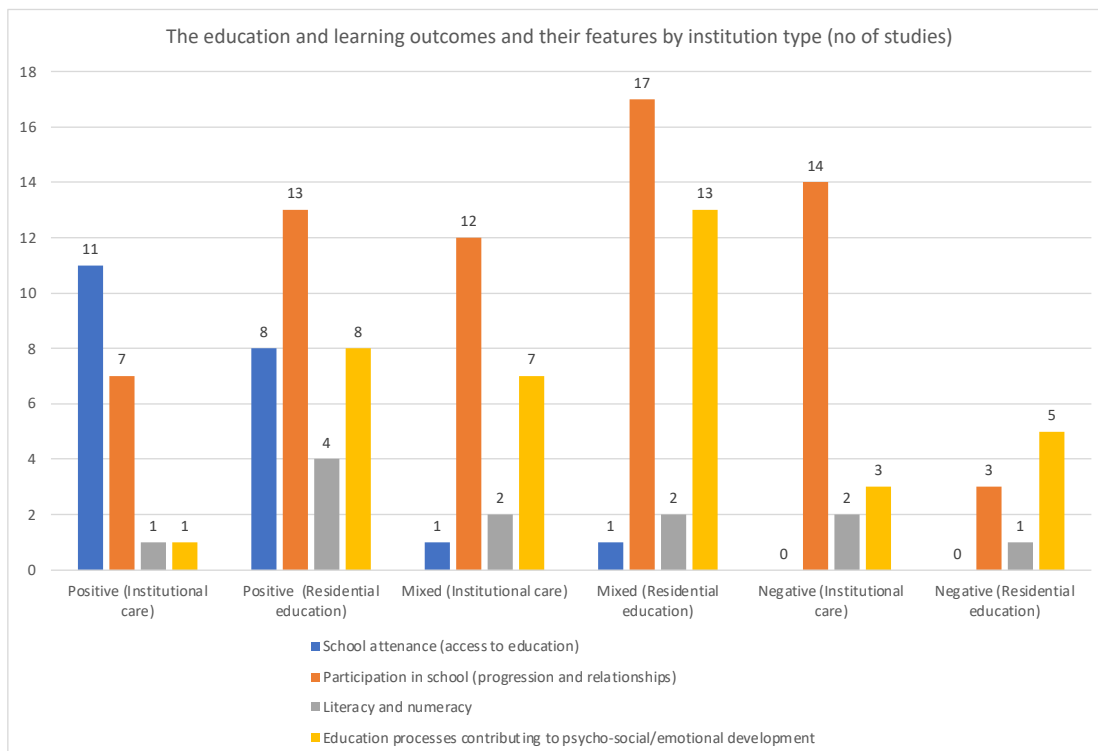
We understood that the education and learning outcomes of children’s participation in the institutional care – education nexus may involve outcomes associated with having access to school (school attendance); outcomes associated with children’s academic progression and relationships in school (school participation); literacy and/or numeracy outcomes; and outcomes associated with processes at school that may contribute to a child’s psycho-social or emotional development, such as life-skills education.

**Figure 3** shows the number of studies across the nexus that provided evidence of these outcomes and their features. **Figure 4** shows these findings according to the institution type.

**Figure 3: Children’s education and learning outcomes and their features across the nexus**



**Figure 4: Children’s education and learning outcomes and their features by institution type**



The largest group of studies provided empirical evidence of education and learning outcomes associated with children participation in school (66). The next largest group (37) provided empirical evidence of outcomes associated with processes at school that may contribute to a child's psycho-social or emotional development. 21 studies researched outcomes associated with school attendance and 12 provided evidence of literacy and numeracy outcomes. When we coded these studies according to the features of these education and learning outcomes, we noted some differences, especially between the features of the outcomes associated with school attendance (having access to education) and those that related to school participation (academic progress and school relationships). We now discuss these differences and the broad trends that were evident across the education and learning outcomes.

Of the 21 studies that researched outcomes associated with school attendance, 19 studies provided evidence of the ways in which children's participation in the nexus enables them to have access to educational opportunities with benefits for them and their families. As **Figure 4** shows these positive outcomes were evident for institutional care and residential education settings.

These outcomes were especially evident in low or middle-income countries (14 studies). Studies looking at institutional care settings included studies on orphanages in sub-Saharan Africa and noted children's enrolment in school as an important outcome of being in these institutions (Morantz & Heymann, 2010 (Botswana); Moyo, Susa & Gudyanga, 2015 (Zimbabwe); Okon, Ushie & Otu, 2020 (Nigeria). Roche's (2019) scoping review documents access to education as an important outcome noted in several studies for children living in residential care settings in the global South, an outcome also noted by De Silva & Punchihewa (2011) on Sri Lanka; Carpenter (2014, 2015) on Cambodia; Miller & Beazley (2022) on Cambodia; Johnson (2015) on Timor-Leste; and Ruiz-Casares & Phommavong (2015) on Laos PDR. Studies looking at residential education settings in low and middle-income countries also point to the better educational opportunities that are enabled for some children attending residential education facilities. Importantly, all these studies are focused on children from poor and/or marginalised communities within these contexts (Bennett et al, 2021 - rural students in South Africa; Finnan, 2020 – indigenous students in

India; Su et al, 2018 – minority students in China; and Zhang, 2019 – Tibetan students in China). This latter trend was also evident in high income countries where studies showing positive outcomes associated with school attendance focused on children from marginalised or historically disadvantaged communities within these contexts and the ways in which access to better educational opportunities may also be enabled through their participation in the nexus (Yeo, 2010; Mander et al, 2015; MacDonald, et al, 2018).

If these findings on outcomes associated with school attendance are read together with the evidence already presented on the drivers of the nexus, they suggest that access to better educational opportunities through institutionalisation is an important driver *and* outcome of the institutional care – education nexus, especially in many low and middle-income contexts. However, the findings also suggest that the education and learning opportunities enabled through school attendance within the nexus are connected to education inequalities within these contexts, including in some high-income contexts, and that institutionalisation may provide a pathway to address their effects on children and their families.

While these findings on school attendance point to positive outcomes for children in the nexus, when we considered the larger body of evidence (66 studies) on education and learning outcomes associated with children’s academic progression and their relationships at school (school participation), the picture was more varied. Of these studies 20 showed positive features associated with school participation outcomes, 29 provided evidence of outcomes with positive and negative features (mixed) and 17 provided evidence of only negative features associated with school participation.

The studies that showed positive features associated with school participation across both types of institution largely addressed the ways in which institutionalised children’s participation in school contributes to better academic outcomes for them or strengthens the forms of empowerment that education may enable. While these positive outcomes were evident for children with behavioural challenges in institutional settings within high income contexts (Jones, 2012 - USA; Huefner et al, 2018 - USA), they were largely associated with children living in conditions of severe poverty or from historically disadvantaged and

marginalised communities (Alexander-Snow, 2010; 2011; Carpenter, 2014; 2015; Jones, 2012; Johnson, 2015; Roche, 2019; Bennet et al, 2021; Foliano et al, 2019; Liu & Villa, 2020; Macdonald et al, 2018; Shi, 2020; Yao et al, 2015). Some studies also reported on other ways that the school experience for children in both types of institutions within the nexus may contribute to positive psycho-social, emotional and behavioural outcomes for them (Gutman et al, 2018; Mastronardi et al, 2020; Weng et al, 2018).

The studies that reported on negative features associated with school participation showed the complex ways in which institutionalisation may impact negatively on children's academic progression and school relationships. Importantly, these negative outcomes may be present, even where some positive school participation outcomes are also present (e.g. good academic progress), and they may also be present where other positive education and learning outcomes are evident (eg. sustained access to education).

In the studies on children in institutional care settings negative features associated with school participation included; forms of educational delay detrimental to academic progression and achievement (Griffith et al, 2010); the long-term impact of sexual abuse in these settings on young people's overall educational development (Bode et al, 2012; Goldman & Bode, 2012); the dominance within institutional care settings of individualised, care and medical discourses around student's learning abilities, rather than educational discourses, that undermine their learning potential and advancement (Severinsson, 2014, MacDonald et al, 2018); disruptions to children's capacity for attachment and adaptation within school (Manso et al, 2011; Kang et al, 2014; Ozawa & Hirata, 2019; Muzi & Pace, 2021); and experiences of discrimination by teachers and other learners at school because of their residence in an institutional care setting (Morantz & Heymann, 2010; MacDonald, 2018).

For children in residential education settings, these negative features included: comparatively poorer education performance and achievement than non-boarding students (Wang et al, 2016; Wang et al, 2018); difficulties with belonging in school communities often very different to children's home communities (Mander et al, 2015; Bennet et al, 2021); learning challenges that lead to feelings of 'academic alienation' (Mander et al, 2015); and

the stresses that children are required to cope with to navigate the boarding school experience (Wanat et al, 2010; Yeo, 2010; Sayman, 2013; Zhang, 2019). As already noted, these negative features may exist even where better educational opportunities have been enabled through institutionalisation. For example, attending a boarding school, often far from home, may create better opportunities for entry into a good university (Yeo, 2010), but may also lead to children's dislocation from their families and communities with a range of psycho-social consequences (Bennet et al, 2021).

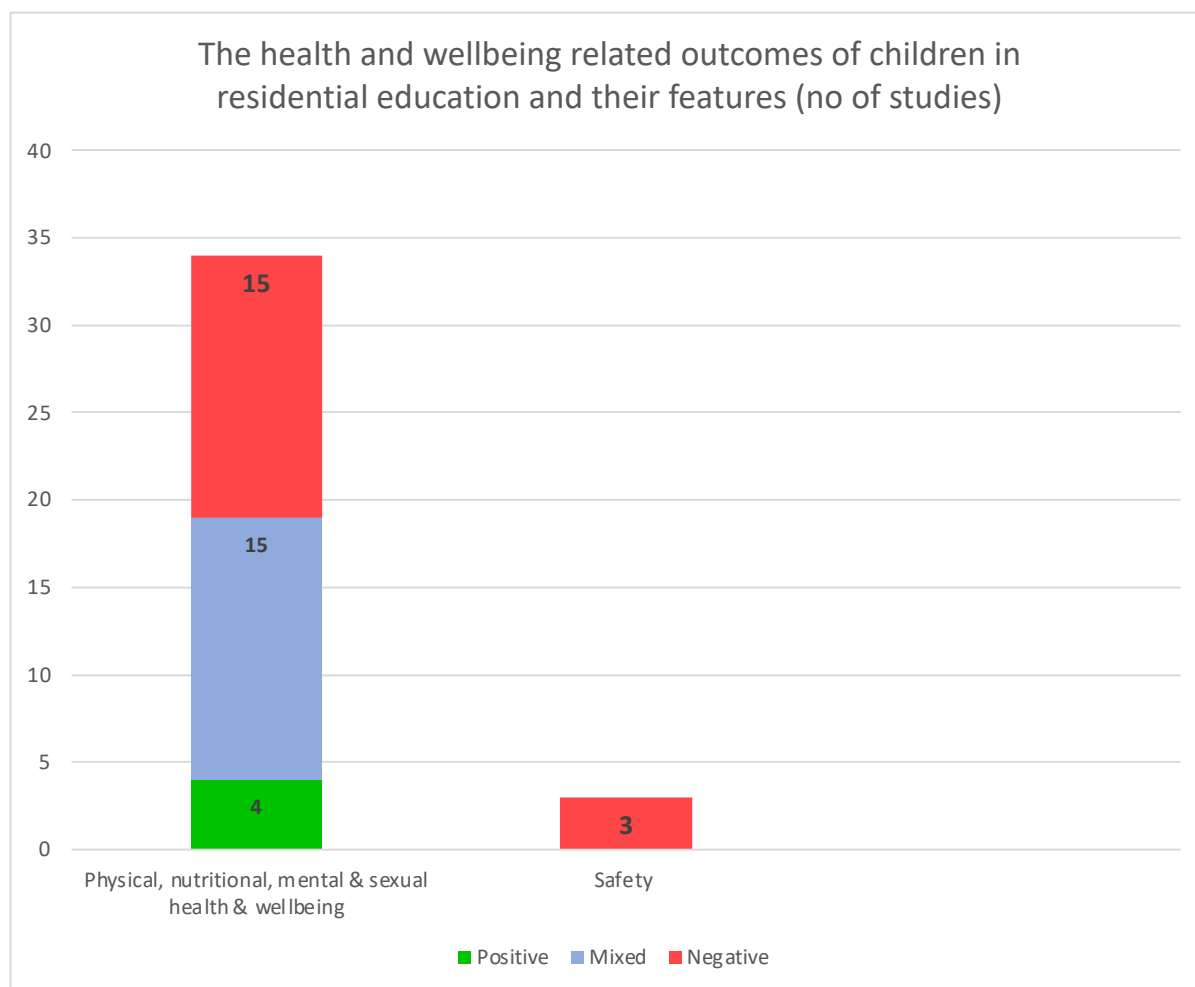
### 3.2.2. The health and wellbeing related outcomes of children in residential education settings

This emerging picture of the negative features associated with children's participation in the nexus was deepened when we considered the health and wellbeing outcomes of children in residential education. 40 studies included in the review provided empirical evidence of health and wellbeing related outcomes for children in residential education settings within the nexus. 34 of these addressed outcomes associated with children's physical, nutritional, mental and sexual health and wellbeing. Three provided evidence of outcomes related to children's safety. We did not code any studies as providing evidence of outcomes associated with children's economic wellbeing<sup>10</sup>. **Figure 5** shows the distribution of these outcomes according to their features. Only four studies provided evidence of only positive health and wellbeing outcomes associated with residential education. 15 studies provided evidence of positive and negative features and 15 provided evidence of only negative features.

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<sup>10</sup> Several studies where positive education and learning outcomes associated with academic progression and achievement were discussed, suggested that these outcomes strengthened the future economic wellbeing of children in residential education and their families. However, these outcomes were largely discussed in relation to the implications of the research.

**Figure 5: Children in residential education’s health and wellbeing related outcomes and their features**



The positive health and wellbeing outcomes addressed in the studies on residential education included improved social-emotional wellbeing and behaviour of children in a special school in England (Gutman et al, 2018); comparatively better levels of physical fitness among residential school children compared to their non-residential peers in India (Khodnapur et al, 2012); some benefits for the mental wellbeing of left-behind boys in boarding schools in China (Liu & Villa, 2020); and positive behaviour change through residential education for children who had previously been suspended from school or refused to attend in Australia (Mastronardi et al, 2020).

The other 34 studies pointed to ways in which the outcomes of the residential education experience for children may impact negatively on their health and wellbeing, even where



some positive features may also be present. Studies providing evidence of negative physical and nutritional health and wellbeing outcomes of children in residential education showed how the boarding school experience undermines these elements of children's wellbeing in some way. For example, children's increased vulnerability to developing night blindness associated with Vitamin A deficiency in a boarding school in Sudan (Kheir et al, 2012); the poorer nutritional status of boarding students in a special school compared to day scholars in Nigeria (Olugbemi et al, 2019); poorer nutritional outcomes of rural boarding school students compared to non-boarding students in China (Wang et al, 2016); and the physical underdevelopment of children in residential education facilities in Ukraine (Hope and Home, 2013).

Other studies pointed to the ways in which the boarding school experience may disrupt children's mental health and psycho-social wellbeing through poor identity formation (Mutluer et al, 2021; Simpson et al, 2021) and body image (Chang et al, 2016). Linked to these concerns was evidence of the ways in which the residential education experience disrupts family relationships and leads to forms of dislocation between children and their home communities, with negative consequences for their sense of identity, their emotional development and their mental health (Mander et al, 2015; Bennet et al, 2021; Xing et al; 2021).

Only three studies were coded as dealing with outcomes associated with the safety of children and their freedom from various forms of harm. These studies all noted negative features to these outcomes. Two researched bullying in boarding schools. While they drew on research in very different contexts (Germany & Zimbabwe), they both noted the high levels of bullying that existed in the boarding schools they looked at (Pfeiffer & Pinquart, 2014; Gomba & Zindonda, 2021). Gomba & Zindonda (2021) also noted that the culture of bullying is linked to forms of discrimination and othering in the boarding school they looked at. The Hope and Home (2013) study of Ukraine provides evidence of a range of ways in which children's location in a residential education setting may increase their risk of experiencing different forms of violence.

#### 4. Policy and practice interventions addressing the institutional care – education nexus (RQ2)

13 studies were included in the review that provided evidence of policy and practice interventions addressing the institutional care – education nexus. We considered whether these interventions or initiatives were focused on the child (the micro level), the school, home or institution (the meso level), or were directed towards change at the system level (the macro level). We also considered the focus of the intervention noting if the intervention was aimed at addressing the drivers of institutionalisation; facilitating change towards deinstitutionalisation, mainly through the strengthening of alternative community and family-based forms of care; overcoming central features of an institutional culture, as understood in this study (European Commission, 2009); or improving institutionalised children’s educational experiences and outcomes. We also recognised that research on these interventions may show evidence of positive features associated with the intervention, such as positive outcomes achieved, or it may show mixed or negative features, such as unanticipated negative consequences or unmet goals. We therefore coded the studies according to the features evident from the research.

##### 4.1. The level of the policy and practice interventions

**Table 9: The level of the policy and/or practice intervention**

Policy and practice interventions		No of studies (n = 13)
Level of intervention	micro (level of the child)	5
	meso (level of the school, home, centre)	5
	macro (level of the system)	3

Five of the studies spoke of policy and/or practice interventions directed at or involving children (Garcia-Molsosa et al, 2021; Garret, 2018; Lester & Mander, 2020; Mahfar et al, 2019; Mutiso et al, 2018) (micro). Five studies involved interventions or initiatives that were directed at or involved institutions, schools or families (Benveniste et al, 2015; Jensen, 2013; Lloyd, 2020; Rianawaty et al, 2021; Canquil Silva, et al, 2019) (meso), and three studies

involved change directed at the system level (Better Care Network/UNICEF, 2015; Ismayilova et al, 2014; De Silva & Punchihewa, 2011) (macro).

#### 4.2. The geographical location of the policy and practice interventions

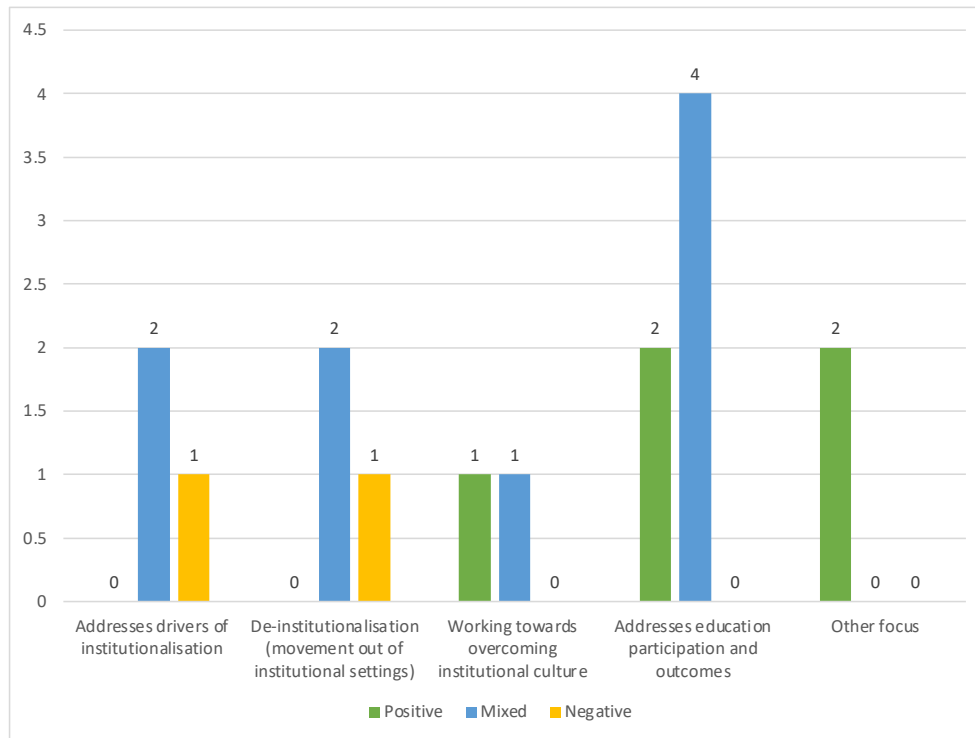
The literature on policy and practice interventions showed some skewing towards higher-income contexts, although this trend was less stark than the empirical studies. Five of the studies addressed policy and practice interventions/initiatives in East Asia and the Pacific, with three of these from Australia (Benveniste et al, 2015; Lloyd, 2020; Lester & Mander, 2020). The other two from the region dealt with Indonesia (Rianawaty et al, 2021) and Malaysia (Mahfar et al, 2019). Four of the studies focused on Europe and Central Asia with one involving the implementation of an initiative in five European countries (Garcia-Molsosa et al, 2021), one from the UK (Boarding School Partnerships, 2018), one dealing with countries that formed part of the former Soviet Union (Ismayilova et al, 2014) and one from Denmark (Jensen, 2011). One study involved case studies of five low, middle & upper middle-income countries (Better Care Network, 2015). One study was from Kenya (Mutiso, 2018), one from Sri Lanka (De Silva & Punchihewa, 2011) and one from Chile (Silva et al, 2019).

#### 4.3. The focus and features of the policy and practice interventions

**Figure 9** shows the foci of the interventions and their features. It shows that the largest group of studies (six studies) were focused on interventions aimed at improving the education participation and outcomes of children in institutional care settings (Better Care Network, 2015; Garcia-Molsosa et al, 2021; Jensen, 2013; Silva et al, 2019) and those in boarding schools (Boarding School Partnerships, 2018; Lester, 2020; Rianawaty et al, 2021). Three studies involved interventions that addressed the drivers associated with the institutional care – education nexus (De Silva & Punchihewa, 2011; Better Care Network, 2015; Ismayilova et al, 2014) and three studies looked at interventions aimed at deinstitutionalisation through moving children out of institutional care settings within the nexus (Better Care Network, 2015; Ismayilova et al, 2014; De Silva & Punchihewa, 2011). Two studies were focused on efforts towards overcoming an institutional culture, with both looking at these efforts in boarding schools (Benveniste, 2015; Lloyd, 2020). Two studies

were coded as having a focus we had not considered in our framework - one study looked at a curriculum development process to address stress in boarding schools (Mahfar et al, 2019) and the other involved a life-skills education intervention to support children in institutional care settings (Mutiso et al, 2017).

**Figure 9: The features of the policy and practice interventions/initiatives according to their focus<sup>11</sup>**



When we considered the features of the interventions, five of the studies provided evidence of how the interventions had positively brought about changes in the nexus. One had made positive progress towards overcoming an institutional culture (Lloyd, 2020), two had contributed to improved education participation and outcomes for children in institutional care settings (Silva et al, 2019) and in residential education (Boarding School Partnerships, 2018). The two studies we had coded as having a focus not captured by the four categories on curriculum development (Mahfar et al, 2019) and life-skills education intervention (Mutiso et al, 2017) both showed positive features to these interventions. However, the evidence from the other studies showed that some interventions had been less successful generally, or in a particular area of focus. We coded nine studies as showing evidence of

<sup>11</sup> We coded the studies according to all the areas of focus that change was aimed at.

mixed features associated with the intervention in one or more of the intervention's areas of focus (Better Care Network, 2015; Ismayilova et al, 2014; Benveniste, 2015; Garcia-Molsosa et al, 2021; Jensen, 2013; Lester & Mander, 2020; Rianawaty et al, 2021)<sup>12</sup>. We coded on one study that reported on only negative features. This study was focused on interventions aimed at addressing the drivers of institutionalisation and process of change towards deinstitutionalization (De Silva & Punchihewa, 2011).

We now discuss these interventions reported on in the studies. When we explored this literature, we noted that all the interventions aimed at deinstitutionalisation towards moving children out of institutions were informed by a strong understanding of the factors the drive and sustain children's entry into the nexus and recognised the importance of addressing these as part of the change process. We therefore coded these studies as having both these areas of focus and discuss them together below.

#### **4.3.1. Addressing the drivers of the institutional care -nexus and strengthening processes towards deinstitutionalisation**

Three studies addressed policy and practice interventions that were focused on addressing the drivers of the institutional care -network and processes aimed at deinstitutionalisation (De Silva & Punchihewa, 2011; Ismayilova et al, 2014; Better Care Network, 2015). All discussed interventions aimed at bringing about systemic change and noted mixed or negative features to these change processes. Two policy and practice concerns were discussed in these studies that we noted as especially important to bringing about meaningful change in the institutional care -education nexus, especially within low-income contexts.

An important concern in both studies was the extent to which the systemic change processes they explored were able to address those drivers that are central to the reasons why children enter and remain in institutions to gain access to education. The study by the Better Care Network (2015) considered these issues through case studies of systemic change processes in Moldova, Rwanda, Brazil, Bulgaria and Indonesia that involve various

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<sup>12</sup> Studies may have focused on more than one area of focus. The features of all areas of focus in a study were coded.

forms of “gatekeeping” – what they see as a strategy that aims to ensure that decisions around children and their wellbeing are always taken in the best interests of the child, so that children are only taken away from their family when it is absolutely “necessary” and are placed in a situation that is most suitable to the individual needs of the child (Better Care Network, 2015: 6). Emphasising that context is especially important to how gatekeeping is taken forward, it is emphasised that for low-income contexts, to be effective, gatekeeping strategies must involve addressing those socio-economic factors that lead to “situations in which residential care is seen as the only way to access education and other services” (pg. 7). This argument is also made in Ismayilova et al’s (2014) literature review of deinstitutionalization efforts in the countries of the former Soviet Union where it is noted that across these contexts, “being unable to economically provide for their children, families are left with no choice but to place their children under the care of the state that provides education and meets basic needs such as food and clothing” (pg.138).

In all the case studies they explore, the Better Care Network (2015) suggest that central to addressing this concern is not only working towards the provision of equitable educational opportunities for all children, but also involving key education decision makers in any processes to consider a child’s care and wellbeing, especially those involving the state. In their analysis of what is happening around deinstitutionalisation across these contexts they note this strategy as key to what is working and what is necessary for meaningful change.

However, what is also emphasised in this study and given particular attention in Ismayilova et al’s (2014) review, is the importance of also working directly with families to address conditions of poverty and strengthen forms of support to families. This may include material support, such as helping families to pay school fees (Better Care Network discussing Rwanda, 2015) or developing interventions that facilitate family preservation and stability and reduce the risk factors that contribute to families being unable to cope (Ismayilova et al’s, 2014).

The importance of addressing family poverty as central to deinstitutionalisation is also raised by De Silva & Punchihewa (2011) in their study on the push and pull factors around the institutionalisation of children in Sri Lanka. This was the only study which we coded as

showing evidence of negative features associated with processes towards deinstitutionalisation. They argue in the study that in addition to poor monitoring around these efforts, where deinstitutionalisation has happened and children have been re-integrated into “families that continue to experience abject poverty”, they have been negatively affected because the families “could not afford to provide the same care, education and other facilities for the returnee children” (De Silva & Punchihewa, 2011: 3). One of the most important consequences is the disruption this causes to the child’s education. All of these studies, therefore, draw attention to the importance of context and the development of deinstitutionalisation policy and practices that are contextually appropriate.

#### 4.3.2. Working towards overcoming an institutional culture

Two studies were coded as focusing on interventions towards enhancing opportunities for change towards overcoming an institutional culture (Benveniste et al, 2015; Lloyd, 2020). Both these studies addressed interventions in Australia that involved the participation of young people from remote Aboriginal communities in boarding schools in Australia.

Lloyd’s (2020) study looked at a partnership initiative between an interstate boarding college and a local community that was aimed at supporting students from the community from dropping out of school before their final grade. The study captures features of the partnership that suggest a careful understanding of the dislocations and challenges that characterise young people from rural communities’ experience (Mander, 2015; Mander et al, 2015; Bennet et al, 2021) and what is needed to mitigate these. Central here were strategies that promoted high levels of trust between the school and the community, initiatives that created the conditions for the sharing of knowledge relevant to the children’s live experiences in both ‘spaces’ and growth of the teachers, students and community members through “multiple learning experiences” (Lloyd, 2020: 11). Benveniste et al’s (2015) study looked at the policy and practices of a boarding school for Aboriginal students aimed at enabling the students to “walk in two (both) worlds” and strengthen their sense of self. These goals were taken to mean that through the boarding school experience the students would “still have a strong sense of their own cultural identity, still have their own

language, still be able to function in their own communities. But they should also be able to function in mainstream society” (pg.166) and have “the skills, abilities, aptitudes and so on to be able to make informed decisions (about their futures)” (pg. 169). While the researchers document the ways in which the school aims to do achieve these goals, their reflections at the end suggest that these practices have a stronger orientation to supporting participation in the ‘mainstream world’ rather than the student’s home communities and their lives after leaving the school.

#### 4.3.3. Interventions to improve children’s education participation and outcomes

Six of the studies on policy and practice considered interventions aimed at improving the school participation and education outcomes of children in institutional care settings (Silva et al, 2019; Garcia -Molosa et al, 2021; Jensen, 2013) and in boarding schools (Boarding School Partnerships, 2018; Lester & Mander, 2020; Rianawaty et al, 2021). Two of the studies noted positive features to these interventions. The study by the Norfolk Boarding School Partnership (2018) explored an initiative developed by the partnership to place vulnerable children at risk into boarding schools by carefully matching their needs with a specific boarding school. The research on the scheme provides evidence to suggest that it has positive education benefits for the children concerned, enabling them to achieve better end of school qualifications than the general results for “looked after children” in the UK. Silva et al’s (2019) study involved an action research intervention with educators working in a residential centre for girls in Chile. The intervention involved working with the educators to support them to incorporate a stronger psycho-social approach into their education management and planning practices. The intervention was seen as strengthening the education capacity of the centre, building better relationships between the educators, and enhancing the social integration of the girls with associated benefits for their progress.

Four studies looked at interventions considered to have positive and negative features. Rianawaty et al’s (2021) study explored the efforts of a boarding school in Indonesia to implement a ‘holistic’ model of education that is aimed at balancing the development of the students’ “intelligence, emotion, spiritual, kinesthesia, and creativity” (pg. 567). Looking at



various programmes and particular curriculum initiatives undertaken by the school, the researchers demonstrate the ways in which the approaches benefit the educational development of the children. However, they also conclude that at a systemic level not enough is being done to train teachers to fully implement these approaches in boarding schools. Lester & Mander's (2020) study considered efforts implemented by a programme in Australia to support young people transitioning to a secondary, boy's only boarding school. Overall, the researchers note that the programme was successful "in minimising the differences in factors associated with academic, emotional and mental wellbeing between boarding and non-boarding students" (pg.67). However, they also note that despite the importance of these efforts, boarding school students still tended to show greater emotional and behavioural problems over time.

Jensen's (2013) study explored the implementation of an intervention strategy in residential homes in Denmark that was aimed at enhancing the life opportunities through learning and social inclusion of children from poor socio-economic backgrounds who have faced high levels of marginalisation, including in education. The intervention involved working with teachers to enhance their pedagogical practice and had a strong orientation towards local innovation and strengthening innovation capacity. Overall, the researchers suggested that while positive changes had taken place through the intervention, they recognised that changing teaching practice takes time, especially towards embedding the change in everyday practice. A school-focused mentoring project aimed at enhancing opportunities for children in residential care to access post-secondary education opportunities was the focus of Garcia-Molsosa et al's (2021). The pilot project they looked at was implemented in Austria, Croatia, France, Germany and Spain, and involved volunteers as mentors in the residential settings. Some of the most important benefits of the intervention were around improvements in the children's academic aspirations and their motivation towards their studies. However, the researchers also note that these aspirations were not always matched by improvements in academic outcomes.

## 5. Conclusions and recommendations

This final section provides an overview of the main findings of the scoping review and addresses the research questions that guided the research. The research questions set out to investigate what evidence exists on the relationship between institutional care and education - understood as the institutional care – education nexus. The research questions also asked what policy and practice interventions are reported on that address this relationship. To investigate these two lines of enquiry we coded the included literature according to a set of codes that aligned with the conceptual framework for the study.

We considered those contextual factors that shape the form of the relationship between the institution and the structures of the broader society and influence why children enter institutions where access to education may be enabled as the drivers of the institutional care – education nexus. We also considered the outcomes that may be associated with children’s experiences within the institutional care – education nexus, recognising that these outcomes may have positive and negative features, or may have mixed features. We also coded the studies according to the geographical region where the research was undertaken, the type of study, the methods used and the type of institution within the nexus discussed in the research.

### 5.1. The scope and strength of the evidence

While recognising the limitations to this scoping review, our conclusion from the literature considered is that the research evidence on the institutional care – education nexus is skewed towards high income contexts, especially in the global North. Of the 124 studies included in this review 43% (53 out of 124) involved research in Europe and Central Asia or North America, the regions of the world with the highest concentration of high-income countries<sup>13</sup>. Of the studies from these two regions, 43 involved research in high income countries. Research undertaken in Australia and New Zealand also featured strongly in studies from the East Asia and Pacific region. The global picture is therefore insufficiently informed by evidence from low and lower-middle income contexts where the relationship is

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<sup>13</sup> <https://datatopics.worldbank.org/world-development-indicators/the-world-by-income-and-region.html>

far more complex. This means that the research evidence about the nexus is skewed towards contexts where the relationship is understood and made meaning of through education and social welfare systems that are well resourced with high levels of functional capacity. This is especially true in relation to the systems and associated practices in place around “children in care”. Many of the studies we considered assumed a level of knowledge by the reader about the care system being discussed and were underpinned by assumptions around the extent to which such systems and practices are in place in other contexts.

We noted that several studies that address the relationship between children in care and education did not make it clear if the research involved children in institutional care settings or in non-institutional foster care. While it was possible in some cases to gauge this through the discussion of the research methodology, there were other times when this distinction was not made clear. This made it difficult to draw out the evidence that related to the institutional experience and its connections to education. Our concern is that this may disguise important differences between the educational experiences of children in institutions and those in non-institutional foster care.

The evidence considered also suggested a failure across large bodies of the literature to sufficiently understand and engage with the importance of context to explore and understand the institutional care -education nexus. This is a central finding of this review and has been also raised by other scholars (Ainsworth & Thorburn, 2014; Carpenter, 2014; 2015). We discuss this finding further below.

The studies included in the review drew on a range of qualitative and quantitative methods, with surveys and interviews used most often. We included seven other reviews in this study. While all of them demonstrated rigour, only one was coded as a systematic review. We considered most of the included studies as providing strong evidence in the context of this review – we considered that the methods used were appropriate, the findings were reliable, the evidence was both relevant to the review and we had confidence in the findings in relation to the insights they provided into the institutional care – education nexus (Lewin et al, 2015; Gough, Oliver & Thomas, 2017). Where we noted some limitations to the research,

these concerns mainly related to small sample sizes or limited descriptions of the research process.

The criteria for inclusion in the review of studies reporting on empirical evidence and those on policy and practice, meant that several studies dealing in some way with the relationship between institutional care and education were not included. We noted that some of the contributions in the literature that speak to the institutional care -education nexus provided valuable insights into the relationship, but these insights were not always underpinned by research. This included studies by organisations working around issues that are connected in some way to the nexus. While there are obvious limitations to the contribution these studies or reflections can make to the evidence base, they still provide very valuable insights into the institutional care – education nexus..

Although all the studies included were coded according to the age range and sex of the children involved in the research, these demographic variables did not appear from our analysis to have a strong influence on the main findings. We noted a stronger emphasis within the literature on children at the secondary school level for both institutional care and residential education. It is difficult to know whether the nexus is less well researched at the primary school level, or if the issues around the nexus and its influence are more important to the developmental processes associated with children’s transition to adulthood or to preparing for their post-school futures.

## 5.2. Main themes across the literature reviewed

Three main themes emerge from this review of the literature concerning the relationship between institutional care and education. Below we discuss these themes and the ways in which they were evident in the review.

### 5.2.1. The importance of understanding the relationship between institutional care and education in context

The first theme evident from the review is that the importance of context to understanding the institutional care – education nexus is insufficiently addressed and grappled with in the

literature. This finding was especially evident in the literature around institutional care settings within the nexus. The review showed clearly that institutional care settings vary across different contexts (Roche, 2019). They are shaped and defined by the administrative and legal provisions of social welfare systems in different countries and by those contextual conditions, both historical and contemporary, that impact on the meeting of children's basic needs. These differences have important consequences for understanding the institutional care – education nexus.

The first consequence is that understandings of the institutional care -education nexus are constructed through the use of terms, concepts and language about the nexus that have different meanings in different contexts (Ainsworth & Thorburn, 2014). Our contention is that because the literature is dominated by research from high income contexts, the relationship between institutional care and education is understood and meanings reproduced through terms, concepts and language from the global North, distorting the global picture, especially with regards to the global South. The second consequence is a failure across the literature to recognise the complexity of the institutional care – education nexus and what shapes and sustains it within a context. This often leads, as Carpenter (2013) suggests, to 'simplistic dichotomies' that are not helpful to addressing the drivers and outcomes of the nexus for children and their families. The third consequence is that the institutional care -nexus is not sufficiently grappled with as a 'space' that is especially sensitive to changes in the broader context. An important example here is the importance of the HIV/AIDS epidemic as a driver in some contexts of children's entry into care and the connections between their institutionalisation and educational experiences. This seems especially important to recognise in the context of the COVID-19 pandemic and the impact it has had on families, their social and economic wellbeing and how it has disrupted children's education.

### 5.2.2. Access to education as a driver and outcome of institutionalisation

The second theme concerns the dominance across the literature reviewed of education as a driver and outcome of the nexus, especially in low and lower-middle income contexts. The

evidence showed clearly how gaining access to education and the provision of opportunities for sustained participation in education are central to the relationship between institutional care and education. Studies showed the connections between institutionalisation and the inequalities that form and perpetuate education exclusion in different contexts. Processes of institutionalisation are therefore embedded within forms of education exclusion in different contexts and institutions become pathways to addressing its effects on children and their families. What constitutes the education opportunities that are enabled through children's entry into an institutional care or residential education setting, real or perceived, are embedded within this context, so that the 'better' opportunities enabled in one context may be different to those in another context. Understanding the connections between institutionalisation and education exclusion in different contexts therefore becomes important in efforts towards deinstitutionalisation. The evidence considered in this review suggests that addressing the structures and cultures of education exclusion in different contexts (Slee, 2011; 2020) becomes a critical part of these efforts.

The review also showed, however, that while educational opportunities are enabled through institutionalisation, there may be other consequences for children and their families. Many of these are negative and may disrupt the physical, nutritional, emotional and sexual development and wellbeing of children. The evidence also points to ways in which family relationships are damaged and how children's connections with their home communities and cultures are disrupted and irrevocably impaired.

While this finding emerged as central to the review, the literature addressing policy and practice interventions drew attention to how complex it is to break this deep connection between institutionalisation and education. Because the connection is strongly systemic, processes towards deinstitutionalisation and overcoming harmful institutional cultures, must leverage systemic change in a way that does not, intentionally or unintentionally, deepen the damage and disruption to children and their families.

### [5.2.3. The residential education experience for children's health and wellbeing](#)

The education and learning outcomes of children's participation within residential education facilities within the nexus show a mixed picture, especially around school participation. The evidence considered in this review showed that participation in residential education may contribute to better academic outcomes, strengthen forms of empowerment that education may enable and enhance positive psycho-social, emotional and behavioural outcomes for children. However, it also showed that children's academic performance and achievement may be negatively impacted through institutionalisation and the residential education experience may be one that disrupts children's connections with their families and communities with a range of psycho-social consequences.

While these mixed features were evident around school participation the evidence considered in this review showed a more negative picture for outcomes associated with residential education children's health and wellbeing. Of the 40 studies included in the review that provided evidence of health and wellbeing outcomes for children in residential education, only four reported on evidence where only positive features were apparent. The studies on residential education reporting on its outcomes for children's health and wellbeing discussed features associated with these outcomes that are disruptive and potentially damaging to children's development. Central to this evidence were disruptions to children's emotional development, especially their sense of self and their identity. Also important were the ways in which children's relationships with others, with their parents, peers, and home communities, may be irretrievably damaged through the experience. The evidence on these negative outcomes show how important features of institutions (European Commission, 2009; Berends & Nelson, 2015), especially children's separation from their families and the wider community (Finnan, 2022) contribute to these developmental disruptions. These features and their consequences may be present in residential education settings, even where other positive outcomes, such as access to better educational opportunities are enabled. Finding ways to actively address the fundamental elements of institutions and their culture therefore becomes central to bringing about positive change in the institutional care – education nexus.

Considering the prevalence of this evidence across the studies on residential education and the limited number of studies we were able to find on policy and practice interventions to

overcome dominant institutional cultures, this review suggests that insufficient attention is being given to addressing the disruptions to children's development of the residential education experience. However, other evidence across the review suggests that change efforts towards addressing the features of institutions may be challenged by broader inequalities in the society and their connections to the educational opportunities that these institutions may enable.

### 5.3. Recommendations

Drawing on the insights gained from this scoping review on the relationship between institutional care and education, the following recommendations are proposed:

- This review has shown that research on the institutional care – education nexus is skewed towards high income contexts and strongly influenced by health and welfare disciplines connected to systems of care in different contexts. A comprehensive research programme should therefore be developed that *positions the nexus as a stronger focus of education research*, and which explores in careful and nuanced ways the features of the nexus in low and lower-middle income contexts.
- The evidence in this review has pointed to the impact and importance of education as a central driver of institutionalisation in many contexts, supporting the argument that processes of change towards deinstitutionalisation and mitigating the impacts of the nexus on children's wellbeing must understand these change processes in context. Interventions that focus on addressing the harmful impacts of the institutional care -nexus need to *focus on the macro (system) and meso (institution) levels* with the aim of leveraging systemic change and changes at the level of the family, school and/or institution. Important here are: the development and strengthening of education provision so that children have access to quality education opportunities within their community; government processes that build and sustain strong working relationships between roleplayers responsible for education and welfare provision; strategies that directly address family poverty and strengthen their economic wellbeing; the development of policy and practice frameworks that locate the institutional care – education nexus within efforts to



build inclusive education systems, including addressing the drivers of institutionalisation as barriers to inclusion and strengthening teacher training to build the capacity of teachers to respond to the needs of children in institutional settings.

- The inclusion criteria used in this review resulted in the review of only a small number of studies that looked at issues of policy and practice. Further research is needed that will expand these criteria to be able to *explore literature that describes, documents and offers reflective insights into different policy and practice interventions* to address the institutional care – education nexus. Further research is also needed into these interventions to develop a stronger evidence base of what is working and how it can be strengthened.

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Annexure 1: Overview of included studies

Empirical studies							
	Citation	Region	Type of study	Method	Institution type	Drivers of institutionalisation	Outcomes and processes
1	Alexander-Snow, M. (2011)	North America	Journal article	Qualitative (interviews)	Residential education	<ul style="list-style-type: none"> <li>Poverty</li> </ul>	<ul style="list-style-type: none"> <li>School participation (positive)</li> <li>Education processes contributing to psycho-social &amp; emotional development (positive)</li> </ul>
2	Alexander-Snow, M. (2010).	North America	Journal article	Qualitative (interviews)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>School participation (positive)</li> <li>Education processes contributing to psycho-social &amp; emotional development (positive)</li> <li>Other outcome (mixed)</li> </ul>
3	Behaghel, L., De Chaisemartin, C., & Gurgand, M. (2017).	North America	Journal article	Quantitative (random control trial)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>Literacy and/or numeracy (positive)</li> <li>Health and wellbeing (negative)</li> </ul>

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4	Beld, M. H. M., Kuiper, C. H. Z., Van Der Helm, G. H. P., De Swart, J. J. W., Stams, G. J. J. M., & Roest, J. J. (2021)	North America	Journal article	Quantitative (survey)	Institutional care	<ul style="list-style-type: none"> <li>Disability</li> </ul>	<ul style="list-style-type: none"> <li>Education processes contributing to psycho-social &amp; emotional development (mixed)</li> </ul>
5	Bennett, T., Ramsaroop, S., & Petersen, N. (2021).	Sub-Saharan Africa	Journal article	Qualitative (combination of more than one qual method)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>Other outcome (mixed)</li> </ul>
6	Bode, A., & Goldman, J. D. (2012)	East Asia and Pacific	Journal article	Qualitative (interviews)	Institutional care (children's home)	<ul style="list-style-type: none"> <li>Not clear from the research</li> </ul>	<ul style="list-style-type: none"> <li>Participation in school (negative)</li> <li>Education processes contributing to psycho-social &amp; emotional development (negative)</li> <li>Other education outcome (negative)</li> </ul>
7	Borker, H. (2021)	South Asia	Journal article	Qualitative (combination of more than one qual method)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>Other</li> </ul>

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8	Boulin, A. (2013)	Europe & Central Asia	Journal article	Qualitative (combination of more than one qual method)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> <li>Poverty</li> </ul>	<ul style="list-style-type: none"> <li>School participation (mixed)</li> <li>Education processes contributing to psycho-social &amp; emotional development (mixed)</li> </ul>
9	Bozdoğan, A. E., Günaydin, E., & Alperen, O. K. U. R. (2014)	Europe & Central Asia	Journal article	Quantitative (survey)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>School participation (negative)</li> </ul>
10	Carpenter, K. (2014)	East Asia & Pacific	Journal article	Qualitative (observation)	Institutional care	<ul style="list-style-type: none"> <li>To gain access to education</li> <li>Abuse and neglect</li> <li>Poverty</li> </ul>	<ul style="list-style-type: none"> <li>School attendance (positive)</li> <li>School participation (positive)</li> <li></li> </ul>
11	Carpenter, K. (2015)	East Asia and Pacific	Journal article	Qualitative (observation)	Institutional care (orphanage)	<ul style="list-style-type: none"> <li>To gain access to education</li> <li>Domestic violence</li> <li>Loss of guardian</li> <li>Poverty</li> </ul>	<ul style="list-style-type: none"> <li>School attendance (positive)</li> <li>School participation (positive)</li> </ul>



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12	Casey, K. J., Reid, R., Trout, A. L., Hurley, K. D., Chmelka, M. B., & Thompson, R. (2010)	North America	Journal article	Qualitative (interviews)	Institutional care (children's home)	<ul style="list-style-type: none"> <li>To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>Education processes contributing to psycho-social &amp; emotional development (mixed)</li> </ul>
13	Celeste, Y. S. C. (2011)	East Asia and Pacific	Journal article	Mixed method (quant survey and qual method)	Institutional care (children's home)	<ul style="list-style-type: none"> <li>Other</li> </ul>	<ul style="list-style-type: none"> <li>School participation (mixed)</li> </ul>
14	Chang, C. T., Garg, P., & Giddon, D. B. (2016)	East Asia and Pacific	Journal article	Quantitative (survey)	Residential education	<ul style="list-style-type: none"> <li>Not clear from research</li> </ul>	<ul style="list-style-type: none"> <li>Health and wellbeing (negative)</li> </ul>
15	Chen, Y. (2010)	East Asia and Pacific	Journal article	Qualitative (combination of more than one qual method)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>Education processes contributing to psycho-social &amp; emotional development (negative)</li> </ul>
16	Chikwature, W., Oyedele, V., & Paradzai, N. (2016)	sub-Saharan Africa	Journal article	Qualitative (combination of more than one qual method)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>Education processes contributing to psycho-social &amp; emotional development (negative)</li> </ul>

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17	Damayanti, M. R., Sudira, P. G., & Nopriani, N. L. P. (2020)	South Asia	Journal article	Quantitative (survey)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>Health and wellbeing (mixed)</li> </ul>
18	David, L. A. R. A., Hidalgo, M. V., & Jiménez, L. (2016)	Latin America & Caribbean	Journal article	Quantitative (mixed quant methods)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Literacy and numeracy (negative)</li> <li>Education processes contributing to psychosocial &amp; emotional development (mixed)</li> <li>Health and wellbeing (mixed)</li> </ul>
19	De Silva & Punchihewa, 2011	South Asia	Report	Mixed method (Quant survey and qual method)	Institutional care	<ul style="list-style-type: none"> <li>To gain access to education</li> <li>Conflict/war</li> <li>Migration/displacement/refugee status</li> <li>Loss of guardian</li> <li>Poverty</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>School attendance (positive)</li> <li></li> </ul>
20	Diniz, E., da Rosa Piccolo, L., de Paula Couto, M. C. P., Salles, J. F., & Helena Koller, S. (2014)	Latin America & Caribbean	Journal article	Quantitative (application of statistical method)	Institutional care	<ul style="list-style-type: none"> <li>Not clear from the research</li> </ul>	<ul style="list-style-type: none"> <li>School participation (mixed)</li> </ul>

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21	Emond, R. (2014)	North America	Journal article	Qualitative (interviews)	Institutional care (children's home)	<ul style="list-style-type: none"> <li>• Not clear from the research</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (negative)</li> </ul>
22	Fernández-Daza, M. P., & Fernández-Parra, A. (2013)	Latin America & Caribbean	Journal article	Quantitative (survey)	Institutional care (children's home)	<ul style="list-style-type: none"> <li>• Not clear from the research</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (mixed)</li> <li>• Literacy &amp; numeracy (negative)</li> </ul>
23	Fernández-Simo, D., Cid-Fernández, X. M., & Carrera-Fernández, M. V. (2020)	Europe & Central Asia	Journal article	Qualitative (combination of more than one qual method)	Institutional care (children's home)	<ul style="list-style-type: none"> <li>• Migration/displacement /refugee status</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (negative)</li> </ul>
24	Finnan, C. (2020).	South Asia	Journal article	Qualitative (combination of more than one qual method)	Residential education	<ul style="list-style-type: none"> <li>• To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>• School attendance (positive)</li> <li>• Health and wellbeing (mixed)</li> </ul>
25	Foliano, F., Green, F., & Sartarelli, M. (2019)	Europe & Central Asia	Journal article	Quantitative (application of statistical method)	Residential education	<ul style="list-style-type: none"> <li>• To gain access to education</li> <li>• Poverty</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (positive)</li> </ul>
26	Garcia-Molsosa, M., Collet-Sabé, J., Martori, J. C., &	Europe & Central Asia	Journal article	Quantitative (survey)	Institutional care (children's home)	<ul style="list-style-type: none"> <li>• Not clear from the research</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (mixed)</li> </ul>

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	Montserrat, C. (2019)						<ul style="list-style-type: none"> <li>• Education processes contributing to psycho-social &amp; emotional development (mixed)</li> </ul>
27	Garcia-Molsosa, M., Collet-Sabé, J., & Montserrat, C. (2021)a	Europe & Central Asia	Journal article	Qualitative (combination of more than one qual method)	Institutional care (children's home)	<ul style="list-style-type: none"> <li>• Domestic violence</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (negative)</li> <li>• Education processes contributing to psycho-social &amp; emotional development (mixed)</li> </ul>
28	Garcia-Molsosa, M., Collet-Sabé, J., & Montserrat, C. (2021)b	Multi-regions	Journal article	Systematic review	Institutional care	<ul style="list-style-type: none"> <li>• Not clear from the research</li> </ul>	<ul style="list-style-type: none"> <li>• School attendance (mixed)</li> <li>• School participation (mixed)</li> <li>• Literacy &amp; numeracy (mixed)</li> <li>• Education processes contributing to psycho-social &amp; emotional development (mixed)</li> </ul>

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29	Gaskins, C. D., & Mastropieri, M. A. (2010)	North America	Journal article	Quantitative (application of statistical method)	Institutional care	<ul style="list-style-type: none"> <li>Abuse &amp; neglect</li> </ul>	<ul style="list-style-type: none"> <li>School attendance (positive)</li> <li>Literacy &amp; numeracy (positive)</li> </ul>
30	Gasson, N. R., Sanderson, L. J., Burnett, G., & van der Meer, J. (2015)	East Asia & Pacific	Journal article	Qualitative (interviews)	Residential education	<ul style="list-style-type: none"> <li>Disability</li> </ul>	<ul style="list-style-type: none"> <li>School participation (mixed)</li> <li>Education processes contributing to psycho-social &amp; emotional development (mixed)</li> </ul>
31	Gharabaghi, K. (2012)	North America	Journal article	Qualitative (combination of more than one qual method)	Institutional care	<ul style="list-style-type: none"> <li>Not clear from the research</li> </ul>	<ul style="list-style-type: none"> <li>School participation (mixed)</li> </ul>
32	Goldman, J. D., & Bode, A. (2012)	East Asia & Pacific	Journal article	Qualitative (interviews)	Institutional care (orphanage)	<ul style="list-style-type: none"> <li>Not clear from the research</li> </ul>	<ul style="list-style-type: none"> <li>School participation (negative)</li> <li>Education processes contributing to psycho-social &amp; emotional development (negative)</li> </ul>

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33	Gomba, C., & Zindonda, P. (2021)	sub-Saharan Africa	Journal article	Qualitative (combination of more than one qual method)	Residential education	<ul style="list-style-type: none"> <li>• Not clear from the research</li> </ul>	<ul style="list-style-type: none"> <li>• Health and wellbeing (negative)</li> <li>• Safety and freedom from harm (negative)</li> </ul>
34	González-García, C., Lázaro-Visa, S., Santos, I., Del Valle, J. F., & Bravo, A. (2017)	Europe and Central Asia	Journal article	Quantitative (mixed quant methods)	Institutional care	<ul style="list-style-type: none"> <li>• Abuse &amp; neglect</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (mixed)</li> </ul>
35	Gore, N. J., Brady, S., Cormack, M., McGill, P., Shurlock, J., Jackson-Brown, F., & Wedge, S. (2015)	Europe and Central Asia	Report	Other review	Residential education	<ul style="list-style-type: none"> <li>• Disability</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (mixed)</li> <li>• Health and wellbeing (mixed)</li> </ul>
36	Griffith, A. K., Trout, A. L., Epstein, M. H., Garbin, C. P., Pick, R., & Wright, T. (2010)	North America	Journal article	Mixed method (application of statistical method and qual method)	Institutional care	<ul style="list-style-type: none"> <li>• Abuse &amp; neglect</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (negative)</li> <li>•</li> </ul>

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37	Gutman, L. M., Vorhaus, J., Burrows, R., & Onions, C. (2018)	Europe and Central Asia	Journal article	Quantitative (application of statistical method)	Residential education	<ul style="list-style-type: none"> <li>Abuse &amp; neglect</li> <li>Disability</li> </ul>	<ul style="list-style-type: none"> <li>School participation (positive)</li> <li>Literacy &amp; numeracy (positive)</li> <li>Education processes contributing to psychosocial &amp; emotional development (positive)</li> <li>Health and wellbeing (positive)</li> </ul>
38	Haegele, J. A., Sato, T., Zhu, X., & Avery, T. (2017)	North America	Journal article	Qualitative (interviews)	Residential education	<ul style="list-style-type: none"> <li>Disability</li> </ul>	<ul style="list-style-type: none"> <li>Education processes contributing to psychosocial &amp; emotional development (mixed)</li> <li>Health and wellbeing (mixed)</li> </ul>
39	Hoechner, H. (2020)	sub-Saharan Africa	Journal article	Qualitative (combination of more than one qual method)	Residential education	<ul style="list-style-type: none"> <li>Migration/displacement /refugee status</li> </ul>	<ul style="list-style-type: none"> <li>Health and wellbeing (mixed)</li> </ul>

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40	Hope & Homes for Children (2013)	Europe & Central Asia	Report	Mixed method (application of statistical method and qual method)	Residential education	<ul style="list-style-type: none"> <li>• Disability</li> <li>• Poverty</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Education processes contributing to psycho-social &amp; emotional development (negative)</li> <li>• Health and wellbeing (negative)</li> <li>• Safety and freedom from harm (negative)</li> </ul>
41	Huefner, J. C., Ringle, J. L., Thompson, R. W., & Wilson, F. A. (2018)	North America	Journal article	Mixed method (Quant survey and qual method)	Institutional care	<ul style="list-style-type: none"> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (positive)</li> </ul>
42	Johnson, C. M. (2015)	East Asia & Pacific	Journal article	Qualitative (combination of more than one qual method)	Institutional care	<ul style="list-style-type: none"> <li>• To gain access to education</li> <li>• Abuse and neglect</li> <li>• Loss of guardian</li> <li>• Poverty</li> </ul>	<ul style="list-style-type: none"> <li>• School attendance (positive)</li> <li>• School participation (positive)</li> </ul>
43	Jones, L. P. (2012)	North America	Journal article	Mixed method (application of statistical method and qual method)	Institutional care	<ul style="list-style-type: none"> <li>• Not clear from the research</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (positive)</li> </ul>



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44	Kang, H., Chung, I. J., Chun, J., Nho, C. R., & Woo, S. (2014)	East Asia & Pacific	Journal article	Quantitative (survey)	Institutional care	<ul style="list-style-type: none"> <li>Abuse and neglect</li> <li>Loss of guardian</li> <li>Poverty</li> </ul>	<ul style="list-style-type: none"> <li>School participation (negative)</li> </ul>
45	Kheir, A. E., Dirar, T. O., Elhassan, H. O., Elshikh, M. A., Ahmed, M. B., Abbass, M. A., & Idris, S. S. (2012)	sub-Saharan Africa	Journal article	Quantitative (survey)	Residential education	<ul style="list-style-type: none"> <li>Not clear from the research</li> </ul>	<ul style="list-style-type: none"> <li>Health and wellbeing (negative)</li> </ul>
46	Khodnapur, J. P., Dhanakshirur, G. B., & Aithala, M. (2012)	South Asia	Journal article	Quantitative (application of statistical method)	Residential education	<ul style="list-style-type: none"> <li>Not clear from research</li> </ul>	<ul style="list-style-type: none"> <li>Health and wellbeing (positive)</li> </ul>
47	Koffi, M., Aline, N. C., & Nguessan, H. (2019)	sub-Saharan Africa	Journal article	Quantitative (survey)	Residential education	<ul style="list-style-type: none"> <li>Not clear from research</li> </ul>	<ul style="list-style-type: none"> <li>School participation (positive)</li> <li>Literacy and numeracy (positive)</li> </ul>
48	Lawler, M. J., Sayfan, L., Goodman, G. S., Narr, R., & Cordon, I. M. (2014)	North America	Journal article	Quantitative (application of statistical method)	Residential education	<ul style="list-style-type: none"> <li>Abuse and neglect</li> </ul>	<ul style="list-style-type: none"> <li>School participation (positive)</li> <li>Education processes contributing to psycho-social &amp; emotional development (positive)</li> </ul>

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49	LeBlanc, M. N., & Koenig, B. (2014)	sub-Saharan Africa	Journal article	Qualitative (interviews)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>School participation (mixed)</li> </ul>
50	Lester, L., & Mander, D. (2020)	East Asia & Pacific	Journal article	Quantitative (survey)	Residential education	<ul style="list-style-type: none"> <li>Not clear from research</li> </ul>	<ul style="list-style-type: none"> <li>Health and wellbeing (mixed)</li> </ul>
51	Lev-Wiesel, R., Dar, R., Paz, Y., Arazi-Aviram, A., Yosef, E., Sonego, G., & Shenaar-Golan, V. (2021)	Middle East & North Africa	Journal article	Quantitative (survey)	Residential education	<ul style="list-style-type: none"> <li>Abuse and neglect</li> <li>Loss of guardian</li> <li>Poverty</li> </ul>	<ul style="list-style-type: none"> <li>Health and wellbeing (mixed)</li> </ul>
52	Liu, M., & Villa, K. M. (2020)	East Asia & Pacific	Journal article	Quantitative (application of statistical method)	Residential education	<ul style="list-style-type: none"> <li>Migration, displacement, refugee status</li> </ul>	<ul style="list-style-type: none"> <li>School participation (positive)</li> <li>Literacy and numeracy (positive)</li> <li>Health and wellbeing (positive)</li> </ul>

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53	Macdonald, M. A., Gringart, E., Ngarritjan Kessariss, T., Cooper, M., & Gray, J. (2018)	East Asia & Pacific	Journal article	Qualitative (interviews)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> <li>Poverty</li> </ul>	<ul style="list-style-type: none"> <li>School attendance (positive)</li> <li>School participation (positive)</li> <li>Education processes contributing to psychosocial &amp; emotional development (positive)</li> <li>Health and wellbeing (mixed)</li> </ul>
54	Mander, D. J. (2015)	East Asia & Pacific	Journal article	Qualitative (interviews)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> <li>Poverty</li> <li>Other</li> </ul>	<ul style="list-style-type: none"> <li>Other (mixed)</li> </ul>
55	Mander, D. J., Cohen, L., & Pooley, J. A. (2015). Manninen, M., Pankakoski, M., Gissler, M., & Suvisaari, J. (2015)	East Asia & Pacific	Journal article	Qualitative (interviews)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> <li>Domestic violence</li> <li>Poverty</li> <li>Other</li> </ul>	<ul style="list-style-type: none"> <li>School attendance (positive)</li> <li>School participation (mixed)</li> <li>Health and wellbeing (negative)</li> </ul>

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56	Manninen, M., Pankakoski, M., Gissler, M., & Suvisaari, J. (2015).	Europe & Central Asia	Journal article	Quantitative (application of statistical method)	Residential education	<ul style="list-style-type: none"> <li>Abuse and neglect</li> <li>Other driver</li> </ul>	<ul style="list-style-type: none"> <li>Health and wellbeing (negative)</li> </ul>
57	Manso, J. M. M., García-Baamonde, M. E., Alonso, M. B., & Barona, E. G. (2011)	Europe & Central Asia	Journal article	Quantitative (survey)	Institutional care	<ul style="list-style-type: none"> <li>Abuse and neglect</li> <li>Loss of guardian</li> </ul>	<ul style="list-style-type: none"> <li>School participation (negative)</li> </ul>
58	Marion, É., & Mann-Feder, V. (2020)	North America	Journal article	Qualitative (combination of more than one qual method)	Institutional care	<ul style="list-style-type: none"> <li>Other driver</li> </ul>	<ul style="list-style-type: none"> <li>Education processes contributing to psycho-social &amp; emotional development (mixed)</li> </ul>
59	Martin, A. J., Papworth, B., Ginns, P., & Liem, G. A. D. (2014)	East Asia & Pacific	Journal article	Quantitative (survey)	Residential education	<ul style="list-style-type: none"> <li>Not clear from research</li> </ul>	<ul style="list-style-type: none"> <li>Education processes contributing to psycho-social &amp; emotional development (positive)</li> </ul>
60	Mastronardi, P., Ainsworth, F., & Huefner, J. C. (2020)	East Asia & Pacific	Journal article	Quantitative (application of statistical method)	Residential education	<ul style="list-style-type: none"> <li>Other driver</li> </ul>	<ul style="list-style-type: none"> <li>School participation (positive)</li> </ul>

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61	Mathias, A. K (2020)	sub-Saharan Africa	Journal article	Quantitative (survey)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>School participation (mixed)</li> <li>Literacy and numeracy (mixed)</li> <li>Education processes contributing to psychosocial &amp; emotional development (mixed)</li> </ul>
62	Meli, B. M. (2015).	Sub-Saharan Africa	Journal article	Qualitative (combination of more than one qual method)	Institutional care (orphanage)	<ul style="list-style-type: none"> <li>Loss of guardian</li> <li>Poverty</li> <li>Other driver</li> </ul>	<ul style="list-style-type: none"> <li>Participation in school (negative)</li> </ul>
63	Miller, A., & Beazley, H. (2022)	East Asia & Pacific	Journal article	Qualitative (combination of more than one qual method)	Institutional care	<ul style="list-style-type: none"> <li>To gain access to education</li> <li>Poverty</li> </ul>	<ul style="list-style-type: none"> <li>School attendance (positive)</li> </ul>
64	Mohanty, A. (2015)	South Asia	Journal article	Quantitative (application of statistical method)	Residential education	<ul style="list-style-type: none"> <li>Not clear from research</li> </ul>	<ul style="list-style-type: none"> <li>Education processes contributing to psychosocial &amp; emotional development (positive)</li> </ul>
65	Montserrat, C., Casas, F., & Bertrán, I. (2013)	Europe & Central Asia	Journal article	Quantitative (mixed quant methods)	Institutional care	<ul style="list-style-type: none"> <li>Not clear from research</li> </ul>	<ul style="list-style-type: none"> <li>School participation (negative)</li> <li></li> </ul>

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66	Mooney, H., & Leighton, P. (2019)	North America	Journal article	Qualitative (interviews)	Residential education	<ul style="list-style-type: none"> <li>• Other driver</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (mixed)</li> <li>• Education processes contributing to psychosocial &amp; emotional development (negative)</li> </ul>
67	Morales-Ocaña, A., & Pérez-García, P. (2020)	Europe & Central Asia	Journal article	Qualitative (interviews)	Institutional care	<ul style="list-style-type: none"> <li>• Abuse and neglect</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (mixed)</li> <li>•</li> </ul>
68	Morantz, G., & Heymann, J. (2010)	sub-Saharan Africa	Journal article	Qualitative (interviews)	Institutional care	<ul style="list-style-type: none"> <li>• Abuse and neglect</li> <li>• Loss of guardian</li> <li>• Poverty</li> </ul>	<ul style="list-style-type: none"> <li>• School attendance (positive)</li> <li>• School participation (mixed)</li> </ul>
69	Moreno-Manso, J. M., García-Baamonde, M., Blázquez-Alonso, M., & Pozueco-Romero, J. M. (2015)	Europe & Central Asia	Journal article	Quantitative (survey)	Institutional care	<ul style="list-style-type: none"> <li>• Abuse and neglect</li> </ul>	<ul style="list-style-type: none"> <li>• Other outcome</li> </ul>

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70	Moyo, S., Susa, R., & Gudyanga, E. (2015)	sub-Saharan Africa	Journal article	Qualitative (interviews)	Institutional care	<ul style="list-style-type: none"> <li>• Loss of guardian</li> <li>• Poverty</li> </ul>	<ul style="list-style-type: none"> <li>• School attendance (positive)</li> <li>• School participation (mixed)</li> </ul>
71	Mutluer, T., Fatih, P., Tayakısı, E., Shabshog, M. D. K. Y., Çapacı, M., Yürük, D., & Necef, I. (2021)	Europe & Central Asia	Journal article	Quantitative (survey)	Residential education	<ul style="list-style-type: none"> <li>• To gain access to education</li> <li>• Poverty</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Health and wellbeing (negative)</li> <li>•</li> </ul>
72	Muzi, S., & Pace, C. S. (2021)	Europe & Central Asia	Journal article	Mixed method (application of statistical method and qual method)	Institutional care	<ul style="list-style-type: none"> <li>• Abuse and neglect</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (negative)</li> </ul>
73	Nelson, J. D., & Subedi, S. (2018)	North America	Journal article	Qualitative (combination of more than one qual method)	Residential education	<ul style="list-style-type: none"> <li>• Other driver</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (mixed)</li> </ul>
74	Okon, G. J., Ushie, E. M., & Otu, J. E. (2020)	sub-Saharan Africa	Journal article	Mixed method (quant survey and qual method)	Institutional care	<ul style="list-style-type: none"> <li>• Disability</li> <li>• Loss of guardian</li> </ul>	<ul style="list-style-type: none"> <li>• School attendance (positive)</li> <li>• School participation (mixed)</li> </ul>

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75	Olugbemi, T. B., Uthman, M. M. B., Ahmed, A., Oladiji, F., Uthman, A. O., & Osinubi, M. O. (2019).	sub-Saharan Africa	Journal article	Quantitative (survey)	Residential education	<ul style="list-style-type: none"> <li>Disability</li> </ul>	<ul style="list-style-type: none"> <li>Health and wellbeing (negative)</li> </ul>
76	Oriol, X., Miranda, R., & Unanue, J. (2020)	Latin America and the Caribbean	Journal article	Quantitative (survey)	Institutional care	<ul style="list-style-type: none"> <li>Loss of guardian</li> </ul>	<ul style="list-style-type: none"> <li>Education processes contributing to psycho-social &amp; emotional development (negative)</li> </ul>
77	Ortega, F. Z., Aznar, J. M. V., Zagalaz, J.C., Ruz, R., Martínez, A. M., & Sánchez, M. C (2015)	Europe & Central Asia	Journal article	Quantitative (mixed quant methods)	Institutional care	<ul style="list-style-type: none"> <li>Not clear from research</li> </ul>	<ul style="list-style-type: none"> <li>Education processes contributing to psycho-social &amp; emotional development (negative)</li> </ul>
78	Ortega, F. Z., Aznar, J. M. V., Martínez, A. M., & Sánchez, M. C. (2015)	Europe & Central Asia	Journal article	Quantitative (mixed quant methods)	Institutional care	<ul style="list-style-type: none"> <li>Not clear from research</li> </ul>	<ul style="list-style-type: none"> <li>School participation (negative)</li> </ul>



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79	Ortúzar, H., Oriol, X., Miranda, R., & Montserrat, C. (2021)	Latin America and the Caribbean	Journal article	Quantitative (survey)	Institutional care	<ul style="list-style-type: none"> <li>• Not clear from research</li> </ul>	<ul style="list-style-type: none"> <li>• Education processes contributing to psychosocial &amp; emotional development (positive)</li> </ul>
80	Ozawa, E., & Hirata, Y. (2020)	East Asia & Pacific	Journal article	Quantitative (survey)	Institutional care	<ul style="list-style-type: none"> <li>• Abuse and neglect</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (negative)</li> </ul>
81	Pfeiffer, J. P., & Pinguart, M. (2014)	Europe & Central Asia	Journal article	Quantitative (survey)	Residential education	<ul style="list-style-type: none"> <li>• Not clear from research</li> </ul>	<ul style="list-style-type: none"> <li>• Health and wellbeing (negative)</li> </ul>
82	Rajendra, A., & Sarin, A. (2021)	South Asia	Journal article	Qualitative (observation)	Residential education	<ul style="list-style-type: none"> <li>• To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>• Other outcome</li> </ul>
83	Ramírez Velázquez, J. (2017)	Latin America and the Caribbean	Journal article	Qualitative (interviews)	Residential education	<ul style="list-style-type: none"> <li>• To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>• Health and wellbeing (negative)</li> </ul>
84	Rimehaug, T., Undheim, A. M., & Ingul, J. M. (2018)	Europe & Central Asia	Journal article	Quantitative (mixed quant methods)	Institutional care	<ul style="list-style-type: none"> <li>• Abuse and neglect</li> <li>• Other driver</li> </ul>	<ul style="list-style-type: none"> <li>• Literacy and numeracy (negative)</li> </ul>

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85	Ringle, J. L., Ingram, S. D., & Thompson, R. W. (2010)	North America	Journal article	Quantitative (survey)	Institutional care	<ul style="list-style-type: none"> <li>• Not clear from research</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (positive)</li> </ul>
86	Roche, S. (2019)	Multi regions	Journal article	Other review	Institutional care	<ul style="list-style-type: none"> <li>• To gain access to education</li> <li>• Conflict/war</li> <li>• Abuse and neglect</li> <li>• Loss of guardian</li> <li>• Poverty</li> <li>• Other driver</li> </ul>	<ul style="list-style-type: none"> <li>• School attendance (positive)</li> <li>• School participation (positive)</li> </ul>
87	Rogers, J. (2017)	East Asia & Pacific	Journal article	Qualitative (combination of more than one qual method)	Residential education	<ul style="list-style-type: none"> <li>• To gain access to education</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Other outcome</li> </ul>
88	Rollins, M. R., & Cross, T. L. (2014)a.	North America	Journal article	Qualitative (interviews)	Residential education	<ul style="list-style-type: none"> <li>• To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (mixed)</li> <li>• Education processes contributing to psycho-social &amp; emotional development (mixed)</li> <li>• Health and wellbeing (mixed)</li> </ul>

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89	Rollins, M. R., & Cross, T. L. (2014)b	North America	Journal article	Quantitative (survey)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>Health and wellbeing (mixed)</li> </ul>
90	Ross, A., Dion, J., Cantinotti, M., Collin-Vézina, D., & Paquette, L. (2015)	North America	Journal article	Quantitative (mixed quant methods)	Residential education	<ul style="list-style-type: none"> <li>Not clear from research</li> </ul>	<ul style="list-style-type: none"> <li>Health and wellbeing (negative)</li> </ul>
91	Ruiz-Casares, M., & Phommavong, S. (2016).	East Asia & Pacific	Journal article	Mixed method (Quant survey and qual method)	Institutional care	<ul style="list-style-type: none"> <li>To gain access to education</li> <li>Loss of guardian</li> <li>Poverty</li> </ul>	<ul style="list-style-type: none"> <li>School attendance (positive)</li> <li>Education processes contributing to psychosocial &amp; emotional development (mixed)</li> </ul>
92	Samokhvalova, A. G., & Krukova, T. L. (2017)	Europe & Central Asia	Journal article	Mixed method (application of statistical method and qual method)	Residential education	<ul style="list-style-type: none"> <li>Disability</li> </ul>	<ul style="list-style-type: none"> <li>School participation (mixed)</li> <li>Health and wellbeing (mixed)</li> </ul>

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93	Sanyal, U., & Farah, S. (2019)	South Asia	Journal article	Qualitative (combination of more than one qual method)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>Education processes contributing to psycho-social &amp; emotional development (mixed)</li> <li>Health and wellbeing (mixed)</li> </ul>
94	Sayman, D. M. (2013)	North America	Journal article	Qualitative (interviews)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>School participation (mixed)</li> <li>Education processes contributing to psycho-social &amp; emotional development (mixed)</li> </ul>
95	Simpson, F., Haughton, M., & Van Gordon, W. (2021)	Europe & Central Asia	Journal article	Qualitative (interviews)	Residential education	<ul style="list-style-type: none"> <li>Not clear from research</li> </ul>	<ul style="list-style-type: none"> <li>Health and wellbeing (negative)</li> </ul>
96	Séne, M. F. (2018)	sub-Saharan Africa	Journal article	Qualitative (combination of more than one qual method)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>School participation (mixed)</li> <li>Education processes contributing to psycho-social &amp; emotional development (mixed)</li> </ul>

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97	Severinsson, S. (2016)	Europe & Central Asia	Journal article	Qualitative (observation)	Institutional care	<ul style="list-style-type: none"> <li>• Other driver</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (negative)</li> </ul>
98	Shi, Y. (2020)	North America	Journal article	Quantitative (application of statistical method)	Residential education	<ul style="list-style-type: none"> <li>• To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (positive)</li> </ul>
99	Stepanova, E., & Hackett, S. (2014)	Europe & Central Asia	Journal article	Quantitative (survey)	Institutional care	<ul style="list-style-type: none"> <li>• Abuse and neglect</li> <li>• Disability</li> <li>• Loss of guardian</li> <li>• Poverty</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (mixed)</li> </ul>
100	Su, X., Harrison, N., & Moloney, R. (2018)	East Asia & Pacific	Journal article	Other review	Residential education	<ul style="list-style-type: none"> <li>• To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>• School attendance (positive)</li> <li>• Education processes contributing to psycho-social &amp; emotional development (mixed)</li> </ul>
101	Syme, A., & Hill, M. (2017)	Europe & Central Asia	Journal article	Mixed method (Quant survey and qual method)	Residential education	<ul style="list-style-type: none"> <li>• Abuse and neglect</li> </ul>	<ul style="list-style-type: none"> <li>• School participation (mixed)</li> </ul>

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102	Tan, J. P. S. (2015).	East Asia & Pacific	Journal article	Qualitative (combination of more than one qual method)	Institutional care	<ul style="list-style-type: none"> <li>Abuse and neglect</li> <li>Loss of guardian</li> </ul>	<ul style="list-style-type: none"> <li>Literacy and numeracy (mixed)</li> </ul>
103	Tan, M., & Bodovski, K. (2020)	East Asia & Pacific	Journal article	Quantitative (application of statistical method)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>School participation (mixed)</li> <li>Literacy and numeracy (mixed)</li> <li>Education processes contributing to psycho-social &amp; emotional development (mixed)</li> </ul>
104	Tulviste, T. (2011)	Europe & Central Asia	Journal article	Quantitative (survey)	Institutional care	<ul style="list-style-type: none"> <li>Abuse and neglect</li> </ul>	<ul style="list-style-type: none"> <li>Other outcome</li> </ul>
105	Velázquez, J. R., & Velázquez, J. R. (2020)	Latin America and the Caribbean	Journal article	Qualitative (interviews)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> <li>Poverty</li> </ul>	<ul style="list-style-type: none"> <li>Health and wellbeing (negative)</li> </ul>
106	Wanat, S., Whisnant, J., Reicherter, D., Solvason, B., Juul, S., Penrose, B., & Koopman, C. (2010)	East Asia & Pacific	Journal article	Qualitative (interviews)	Residential education	<ul style="list-style-type: none"> <li>Migration/ displacement/ refugee status</li> <li>Natural disaster</li> </ul>	<ul style="list-style-type: none"> <li>School attendance (mixed)</li> <li>School participation (mixed)</li> </ul>

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107	Wang, A., Medina, A., Luo, R., Shi, Y., & Yue, A. (2016)	East Asia & Pacific	Journal article	Quantitative (survey)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> <li>Poverty</li> </ul>	<ul style="list-style-type: none"> <li>School participation (negative)</li> </ul>
108	Wang, S., & Mao, Y. (2018)	East Asia & Pacific	Journal article	Quantitative (application of statistical method)	Residential education	<ul style="list-style-type: none"> <li>To gain access to education</li> <li>Poverty</li> </ul>	<ul style="list-style-type: none"> <li>School participation (negative)</li> <li>Education processes contributing to psychosocial &amp; emotional development (negative)</li> </ul>
109	Weng, X., Chui, W. H., & Kim, T. Y. (2018)	East Asia & Pacific	Journal article	Quantitative (application of statistical method)	Residential education	<ul style="list-style-type: none"> <li>Abuse and neglect</li> <li>Other driver</li> </ul>	<ul style="list-style-type: none"> <li>School participation (positive)</li> <li>Education processes contributing to psychosocial &amp; emotional development (positive)</li> </ul>
110	Xing, J., Leng, L., & Ho, R. T. (2021)	East Asia & Pacific	Journal article	Quantitative (survey)	Residential education	<ul style="list-style-type: none"> <li>Not clear from research</li> </ul>	<ul style="list-style-type: none"> <li>Health and wellbeing (negative)</li> </ul>
111	Yao, E. S., Deane, K. L., & Bullen, P. (2015).	East Asia & Pacific	Journal article	Mixed method (application of statistical method and qual method)	Residential education	<ul style="list-style-type: none"> <li>Poverty</li> </ul>	<ul style="list-style-type: none"> <li>School participation (positive)</li> </ul>

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112	Yeo, W. L. (2010)	East Asia & Pacific	Journal article	Qualitative (observation)	Residential education	<ul style="list-style-type: none"> <li>• To gain access to education</li> </ul>	<ul style="list-style-type: none"> <li>• School attendance (positive)</li> <li>• School participation (mixed)</li> <li>• Education processes contributing to psycho-social &amp; emotional development (mixed)</li> </ul>
113	Zhang, D. (2019)	East Asia & Pacific	Journal article	Qualitative (combination of more than one qual method)	Residential education	<ul style="list-style-type: none"> <li>• To gain access to education</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• School attendance (positive)</li> <li>• School participation (mixed)</li> </ul>



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Studies of Policy and Practice Interventions							
	Citation	Region	Type of study	Method	Institution type	Level of intervention	Focus of intervention
1	Benveniste, T., Dawson, D., & Rainbird, S. (2015).	East Asia and Pacific	Journal article	Qualitative (interviews)	Residential education	meso (level of the school, home, centre)	<ul style="list-style-type: none"> <li>Overing institutional culture (mixed)</li> </ul>
2	Better Care Network and UNICEF (2015)	Multi regions	Report	Other review	Institutional care	macro (level of the system)	<ul style="list-style-type: none"> <li>Addresses drivers of institutionalization (mixed)</li> <li>Deinstitutionalisation through movement out of institution (mixed)</li> </ul>
3	Garcia-Molsosa, M., Collet-Sabé, J., & Montserrat, C. (2021).	Europe & Central Asia	Journal article	Qualitative (combination of more than one qual method)		micro (level of the child)	<ul style="list-style-type: none"> <li>Improving education participation and outcomes (mixed)</li> </ul>
4	Norfolk Boarding School Partnership (2018)	Europe & Central Asia	Report	Other review	Residential education	micro (level of the child)	<ul style="list-style-type: none"> <li>Improving education participation and outcomes (positive)</li> </ul>

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5	Ismayilova, L., Ssewamala, F., & Huseynli, A. (2014)	Europe & Central Asia	Journal article	Other review	Institutional care	macro (level of the system)	<ul style="list-style-type: none"> <li>Addresses drivers of institutionalization (mixed)</li> </ul>
6	Rosendal Jensen, N. (2013)	Europe & Central Asia	Journal article	Qualitative (combination of more than one qual method)	Institutional care	meso (level of the school, home, centre)	<ul style="list-style-type: none"> <li>Improving education participation and outcomes (mixed)</li> </ul>
7	Lester, L., & Mander, D. (2020)	East Asia & Pacific	Journal article	Quantitative (survey)	Residential education	micro (level of the child)	<ul style="list-style-type: none"> <li>Improving education participation and outcomes (mixed)</li> </ul>
8	Lloyd, A. (2020)	East Asia & Pacific	Journal article	Qualitative (interviews)	Residential education	meso (level of the school, home, centre)	<ul style="list-style-type: none"> <li>Overing institutional culture (positive)</li> </ul>
9	Mahfar, M., Noah, S. M., & Senin, A. A. (2019)	East Asia & Pacific	Journal article	Quantitative (survey)	Residential education	micro (level of the child)	<ul style="list-style-type: none"> <li>Other focus</li> </ul>
10	Mutiso, V., Tele, A., Musyimi, C., Gitonga, I., Musau, A., & Ndetei, D. (2018)	sub-Saharan Africa	Journal article	Quantitative (survey)	Institutional care	micro (level of the child)	<ul style="list-style-type: none"> <li>Other focus</li> </ul>

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11	Rianawaty, I., Dwiningrum, S. I. A., & Yanto, B. E. (2021)	East Asia & Pacific	Journal article	Qualitative (combination of more than one qual method)	Residential education	meso (level of the school, home, centre)	<ul style="list-style-type: none"> <li>Improving education participation and outcomes (mixed)</li> </ul>
12	Canquil Silva, L., Alarcón Espinoza, M., & Zambrano Constanzo, A. (2019)	Latin America and the Caribbean	Journal article	Qualitative (action research)	Institutional care	meso (level of the school, home, centre)	<ul style="list-style-type: none"> <li>Improving education participation and outcomes (positive)</li> </ul>
13	De Silva & Punchihewa, 2011	South Asia	Report	Mixed method (Quant survey and qual method)	Institutional care	macro (level of the system)	<ul style="list-style-type: none"> <li>Addresses drivers of institutionalization (negative)</li> <li>Deinstitutionalisation through movement out of institution (negative)</li> </ul>

## Annexure 2: Detailed methodology

### List of data bases/knowledge platforms/websites searched

- SCOPUS
- Web of Science
- ERIC
- Child Rights International Network (CRIN);
- Childwatch International Research Network;
- AfricaPortal;
- IDS Open Docs;
- Save the Children;
- Better Care Network;
- ReliefWeb
- Google Scholar
- African Journals Online
- UNICEF
- PsychINFO
- Global Health
- EMBASE

Initial search terms

population		AND	concept (institution type)		AND	outcome		
child	OR		AND	orphanage		OR	AND	violence
adolescent	OR			institution		OR		health
youth	OR			residential education		OR		wellbeing
teenager	OR			residential school		OR		development
young person	OR			boarding school		OR		literacy
children	OR			special school		OR		numeracy
pupil	OR			madrasa		OR		language
learner	OR			college		OR		behaviour
girl	OR			detention centre		OR		school
boy	OR			detention facilities		OR		progression
student	OR			influx facilities		OR		attendance
young woman	OR			shelter		OR		education
young man	OR			children's home		OR		outcomes
		care home		OR	disruption			
				relationship				
				attitudes				
				teacher				
				test				
				absence				
				drop-out				
				suspension				
				sexuality				
				pregnancy				

Coding frame

Inclusion criteria		
	INCLUDE	EXCLUDE
<b>Date</b>	2010 to 2021	Exclude on date
<b>Language</b>	English French Spanish	Exclude on language
<b>Setting</b>	Children aged 4-18 residing in residential/institutional care (largely about school going age but would include reception year)	Early childhood (below 4) University/college students Adults
<b>Context/concept</b>	<ul style="list-style-type: none"> <li>Deals with the nexus between education and institutional care</li> </ul> OR <ul style="list-style-type: none"> <li>Deals with residential education experience/impact/outcome</li> </ul>	Exclude if deals with institutional care but NOT education  Does not include
<b>Study design</b>	Must meet evidence criteria (see below and note differences for empirical and policy/practice)	
<b>Include for second opinion/consideration</b>	Include if unsure and would like for someone else to have a look	
<b>Include for review</b>	Include if very clear that meets all the criteria for inclusion	

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CODING OF INCLUDED LITERATURE (ALL)		
Language	English	
	French	
	Spanish	
Region	Sub-Saharan Africa	
	South Asia	
	East Asia and Pacific	
	Latin America and Caribbean	
	Middle East & North Africa	
	Europe and Central Asia	
	North America	
	Multiple regions	
Type of reference	Journal article	
	Book/chapter	
	Report	
	Other	
Method	Quantitative	Survey report
		Application of statistical methods
		Combination of more than one quantitative method
		Randomised control trial
	Qualitative	Interviews
		Historical policy analysis
		Case study
		Combination of more than one qualitative method

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		Action research
	Mixed	Quantitative survey and qualitative method
		Application of statistical method and qualitative method
	Systematic review	
	Other review	
Child demographic	Age range	4 to 7 (reception)
		8 – 12 (primary school)
		13 – 18 (secondary school)
		Multiple ages
		Age range not clear
	Sex	Girls
		Boys
		Girls and boys
		Sex not stated/made clear
	Institution type	Institutional care
residential/care/children's home		
detention/influx/reception centre/facility (migrant)		
Residential education		boarding/residential education
Line of enquiry	RQ SET 1 (empirical)	
	RQ SET 2 (policy & practice interventions/initiatives)	



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RQ Set 1 (empirical)			
Codes for institutional/residential care			
Driver of institutional care	To gain access education		
	Conflict/war		
	Migration/displacement/refugee status		
	Domestic violence		
	Abuse and neglect		
	Disability		
	Loss of guardian		
	Natural disaster		
	Poverty		
	Other driver		
	Not clear from the research/unknown		
Education outcomes	School attendance (access to education)	Positive (strengthens child's development)	
		Mixed (evidence of positive and negative)	
		Negative (deepens inequality and/or leads to harm)	
	Participation in school (academic progress/progression and/or relationships)	Positive	
		Mixed	
		Negative	
	Literacy and/or numeracy	Positive	
		Mixed	
		Negative	
		Positive	

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	Education processes contributing to psycho-social/emotional development	Mixed	
		Negative	
	Other education outcome	Positive	
		Mixed	
		Negative	
<b>Codes for boarding school/residential education</b>			
Driver of boarding residential education	To gain access education		
	Conflict/war		
	Migration/displacement/refugee status		
	Domestic violence		
	Abuse and neglect		
	Disability		
	Loss of guardian		
	Natural disaster		
	Poverty		
	Other driver		
	Not clear from the research/unknown		
Outcomes (all)	School attendance	Positive (strengthens child's development)	
		Mixed (positive and negative)	
		Negative (deepens inequality and/or leads to harm)	
	School participation (including behaviour, relationships, drop-out etc)	Positive	
		Mixed	
		Negative	
	Literacy and/or numeracy	Positive	

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		Mixed	
		Negative	
	Education processes contributing to psycho-social/emotional development	Positive	
		Mixed	
		Negative	
	Health and wellbeing (physical, sexual, mental, emotional, nutritional)	Positive	
		Mixed	
		Negative	
	Safety and freedom from harm	Positive	
		Mixed	
		Negative	
	Economic wellbeing (freedom from want)	Positive	
		Mixed	
		Negative	
	Other outcome	Positive	
		Mixed	
		Negative	

RQ SET 2 – evidence of policy and practice interventions/initiatives		
Level of intervention	Micro (child)	
	Meso (school/community)	
	Macro (system – leg/policy/infrastructure)	
Focus of policy/practice (intervention (Remember to keep education focus/link))	Addressing drivers of institutionalisation (prevention of institutionalisation/alternative processes for care)	Positive (evidence of enhancing opportunities for change)
		Mixed or both (evidence of mixed results)

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		Negative (evidence shows/suggests deepening/entrenching institutionalisation/ deepening inequalities/increasing harm)
	Deinstitutionalisation (movement out of institutional care)	Positive (evidence of enhancing opportunities for change)
		Mixed or both (evidence of mixed results)
		Negative (evidence shows/suggests deepening/entrenching confinement within/restriction to institutional care (as defined) or deepening inequalities/increasing harm)
	Deinstitutionalisation (processes towards overcoming institutional culture)	Positive (evidence of enhancing opportunities for change)
		Mixed or both (evidence of mixed results)
		Negative (evidence shows/suggests deepening/entrenching institutional culture (as defined))
	Educational participation and outcomes (increasing access and participation in education)	Positive
		Mixed or both
		Negative
		Mixed or both
	Other	Negative
		Positive
		Mixed or both

## EVIDENCE CRITERIA (Eligibility)

### RQ SET 1 (empirical):

- The topic covered in the work is *substantially relevant to the concerns of the review* and contributes to advancing wider knowledge or understanding about the nexus between institutional/residential care and education (including residential education/boarding school)
- The study is underpinned by/informed by a research process that involves empirical research where there is clarity around the research methods used and there is “methodological fitness for purpose” (Rutter et al, 2010) – that is, the research design and methods used are clearly described, and the ways in which they are appropriate to addressing the research questions is clear (displays ‘internal validity’).
- The study demonstrates credibility to support the claims that are made by offering well-founded and plausible arguments about the significance/importance of the insights/findings generated (this is important for small scale studies where findings and claims need to be understood and interpreted in context)

### RQ SET 2 (policy and practice):

- The topic covered in the work is *substantially relevant to the concerns of the review* and contributes to advancing wider knowledge or understanding about policy and/or practice around the nexus between institutional/residential care and education (including residential education/boarding school).
- The study needs to demonstrate empirical or non-empirical research where there is clarity around the research methods used and there is “methodological fitness for purpose” (Rutter et al, 2010) – that is, the research design and methods used are clearly described, and the ways in which they are appropriate to addressing the research questions is clear (displays ‘internal validity’). When no empirical research is reported, the theoretical or disciplinary framework used will have been clearly described and discussed (e.g. the analytical framework for a particular policy/evaluation of practice)
- The study demonstrates credibility to support the claims that are made by offering well-founded and plausible arguments about the significance/importance of the insights/findings generated (this is important for small scale studies where findings and claims need to be understood and interpreted in context)

# Scoping Review

## SCOPE OF WORK

Global Thematic Review on Education and Institutional Care

### Introduction

Lumos is conducting a global thematic review on the nexus between institutional care and education. This is an exploratory piece of research that will contribute to our understanding of the relationship between education and institutional care for children around the world. The thematic review will serve as a reference to policymakers, politicians, donors, NGOs and other stakeholders. It will constitute a key resource for Lumos' global advocacy work that aims to mainstream care reform into the education sector. The research will also be used for the development of policy, best practice and training materials.

The scoping review will lay the foundation for the wider global thematic review and constitutes a core component of the methodology. The scoping review will look at two main bodies of evidence: empirical literature and policy literature. This scope of work document outlines various aspects of the proposed methodology for the scoping review.

### Research aim and questions

The overarching aim of the scoping review is **to gather and synthesise evidence on the global nexus between institutional care and education in diverse contexts.**

The evidence base examined through the scoping review is separated into an empirical component and a policy component, each with a separate research question and various sub-questions.

#### Empirical research question - Review 1

What evidence exists on the relationship between education and institutional care?

7. How, why and to what extent do children enter institutional care<sup>14</sup> to access different types of education?
8. What are the micro-level educational outcomes<sup>15</sup> for children of different types of institutional care (in comparison to family-based care)?
9. What are the micro-level health outcomes<sup>16</sup> for children of different types of residential education (in comparison to non-residential education)?
10. What other empirical associations exist between institutional care and education?
11. How do these associations vary for different demographics of children?
12. How do outcomes vary for different demographics of children?

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<sup>14</sup> This question covers two patterns: education as a driver of institutionalisation in residential schools and education as a driver of institutionalisation in residential care settings (e.g. because of nearby schools or payment of school fees).

<sup>15</sup> See inclusion and exclusion criteria.

<sup>16</sup> *Ibid.*

## Policy and practice research question - Review 2

How do policy and practical interventions address the relationship between education and institutional care?

5. How do the children's rights to education and family relate to each other at a conceptual and legal level?
6. What types of meso and macro-level educational policy and practice contribute to preventing the institutionalisation of children? How and to what extent are they effective?
7. What types of meso and macro-level educational policy and practice contribute to deinstitutionalising care for children? How and to what extent are they effective?
8. What examples exist of child protection/care policy and practice to improve educational outcomes for children at risk of being placed in institutional care?

## Scoping review methodology

The contractor will develop a methodology protocol before the review begins, in consultation with Lumos. This is to be registered on the Open Science Framework (OSF) or other suitable open access protocols repository.

Two separate strands of scoping review will be completed for this project, which will require simultaneous methodologies to address the two research questions above. The search terms and inclusion/exclusion criteria will be the same for both strands, as detailed below. Relevant evidence that meets the inclusion criteria will subsequently be subsumed under either or both strands of the scoping review. The two strands will therefore have a separate summarising tables, synthesis of results and discussions, but within the same report. An example of a review using overarching search terms for separate strands within the same review, can be found [here](#).

This scoping review, conducted by the contractor, follow the PRISMA-ScR reporting guidelines, as developed by Tricco et al., 2018.<sup>17</sup> The methodological stages developed by Arksey and O'Malley<sup>18</sup> may be a useful reference on how to conduct a scoping review in more detail.

Stage 1: Identify the research questions

- Lumos will provide two research questions (detailed above), with a clearly defined question and sub-questions, objectives and purposes.
- Terms are defined by Lumos, as detailed below.

Stage 2: Identify relevant studies

- Lumos and the contractor will both contribute to a list of sources for data collection. This includes both academic and grey literature.

Stage 3: Study selection

- Inclusion and exclusion criteria for study selection, including timeframes and languages provided by Lumos, as detailed below.

Stage 4: Charting the data??????????

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<sup>17</sup> Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., & Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Annals of internal medicine*, 169(7), 467-473.

<sup>18</sup> Arksey, H & O'Malley, L. (2005). Scoping Studies: Towards a methodological framework. *International Journal of Social Research Methodology*. 8(1):19-32.

- The contractor is to develop the data charting forms for each strand. The forms are likely to evolve iteratively over data collection. Suggested examples of likely data to include are listed below in the results guidance.

#### Stage 5: Collating, summarising and reporting the data

- The contractor will produce a report summarising the findings. This will follow the PRISMA-ScR reporting guide.<sup>19</sup>
- Both a summarising table and narrative commentary should be provided.

## Definitions

For the purposes of this review, we consider the definitions of *institutions* and *education* to be what the authors define these words as in their own research and publications.

For broader purposes of Lumos' work on this thematic area, the follow definitions are considered:

#### Definition of institutional care:

There are numerous definitions of what the term 'institution' means when referring to children. And a clear distinction is needed between an institution and high-quality residential care.

The size of an institution matters, but is not the only defining feature. An institution is understood to be any residential setting where an 'institutional culture' prevails. Institutional culture, in terms of children, can be defined as follows:

- Children are isolated from the broader community and obligated to live together;
- Children and their families do not have sufficient control over their lives and decisions which affect them;
- The requirements of the organisation take precedence over children's individual needs.

#### *Institutions for children can include, but are not restricted to:*

- Orphanages
- Any residential settings for babies and very young children
- Residential special schools
- Boarding schools
- Children's homes
- Centres for unaccompanied migrant/refugee children
- Social care homes (adults and children with disabilities housed together)
- Secure units
- Psychiatric wards
- Paediatric wards (long stay)
- Juvenile justice or correctional facilities
- Shelters
- Children's sanatoriums.

#### Definition of education:

The Oxford Living Dictionary (OLD) defines education as: 'the process of receiving or giving systematic instruction, especially at a school or university.'<sup>20</sup> Education comprises lifelong learning that takes place in formal and non-formal environments, as well as informal learning.

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<sup>19</sup> *ibid.*

<sup>20</sup> <https://www.right-to-education.org/resource/right-education-handbook>



This thematic review is largely focused on *formal education*, education which is ‘institutionalised, intentional and planned through public organizations and recognised private bodies, and—in their totality—constitute the formal education system of a country.’<sup>21</sup> The review will also consider *non-formal education*, which is also institutionalised, intentional and planned by an education provider, but which is ‘an addition, alternative and/or complement to formal education within the process of lifelong learning of individuals.’<sup>22</sup>

Education is a fundamental human right. It is legally guaranteed for all without discrimination, states have an obligation to protect the right to education for all, and there are ways to hold states accountable to violations or deprivations of the right to education. To be a meaningful right, education in all its forms and at all levels shall be available, accessible, acceptable and adaptable (the 4A’s).<sup>23</sup>

#### Definition of care reform:

Care reform, which includes ‘deinstitutionalisation’, involves the transformation of services to ensure that children are able to live with their families, or in family-based care in the community. It typically involves strengthening child protection and care systems and ensuring universal access to education and healthcare.

Care reform typically involves three components:

1. Providing community services that prevent family separation, and give vulnerable children the opportunity to remain with their birth parents, or with other family. Such services might include access to health care, inclusive education, or targeted services to help ‘at-risk’ families who might need additional support in times of need.
2. Ensuring that appropriate alternatives are available when it is not possible for children to remain with their families. Following a thorough assessment of a child’s needs, there may be occasions when it is not in the best interests of the child to remain in his or her family. In these instances, it is vital that alternative forms of care, such as kinship care or foster care, are in place that ensure that children continue to benefit from the love and support of a family and remain in their community.
3. Dismantling the institutional system. This is a complex and sensitive process that involves moving children from institutions to families or family-based care, and eventually closing down institutions. Throughout this process it is vital to ensure that each child has a placement that best meets his or her needs. For example, children who were separated from their families at a young age may only remember life in an institution. Preparing them to return to their family, or enter a new family, is a highly sensitive process, as is the support and preparation of families for reunion.

#### Definition of family-based care:

Family-based care refers to care for a child in a family, as opposed to institutional or residential care. This includes:

- Kinship care: family-based care within the child’s extended family or with close friends of the family known to the child, whether formal or informal in nature;

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<sup>21</sup> UNESCO and UNESCO Institute for Statistics. 2012. *International Standard Classification of Education: ISCED 2011*. UNESCO Institute for Statistics. Montreal, Canada, para. 36. Cited in <https://www.right-to-education.org/resource/right-education-handbook>, p. 24

<sup>22</sup> Ibid.

<sup>23</sup> <https://www.right-to-education.org/page/understanding-education-right>

- Foster care: situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children’s own family that has been selected, qualified, approved and supervised for providing such care.<sup>24</sup>

## Inclusion and exclusion criteria

Review 1: What evidence exists on the relationship between education and institutional care?

Inclusion criteria	Exclusion criteria
<p><b>Population:</b> children aged 4-18 residing in an institution. Children may or may not have physical or developmental disabilities.</p> <p><b>SETTING</b></p>	<p><b>Population:</b> babies and children aged below 4, adults aged 18 or above in residential care</p>
<p><b>Intervention or exposure:</b> Residence in any of the following institutions: orphanages, large children’s homes, residential special schools, boarding schools, centres for UMRC, social care homes, any residential setting for young children.</p> <p><b>CONTEXT</b></p>	<p><b>Intervention or exposure:</b> baby institutions (under 4 years old), university colleges and residential facilities, prisons and medical wards</p> <p>Articles that are only about institutional care, or about education respectively, will be excluded.</p>
<p><b>Comparator:</b> children aged 18 or below residing in families or family-based situations, with or without disabilities.</p>	<p><b>Comparator:</b> N/A</p>
<p><b>Outcome:</b> any of the following - <i>Residential education only:</i> *Physical, sexual or emotional <b>violence</b> *Any physical, sexual or mental <b>health and wellbeing</b> outcomes (positive or negative) *Any Early Childhood Development Outcomes including cognitive, language, motor, socioemotional development, behaviour problems, attachment <i>Residential education and other forms of institutional care:</i> *Any <b>educational outcomes</b> including school attendance, literacy, numeracy, test scores, suspension and drop-out, teacher-student relationships, school behaviour, academic attitudes</p>	<p><b>Outcome:</b> <i>Other forms of institutional care besides residential education:</i><sup>^</sup> *Any violence outcomes *Any health outcomes *Any Early Childhood Development outcomes</p>
<p><b>Study type:</b> observational research and micro-level intervention studies reporting on the outcomes. Studies may include:</p>	<p><b>Study type:</b> commentaries or letters, op-eds, conference abstracts</p>

<sup>24</sup> UNGA (2010) *Guidelines for the Alternative Care of Children* <https://digitallibrary.un.org/record/673583?ln=en>

observational studies (cohort, case-control, cross sectional/post only assessments), qualitative studies (case studies), intervention studies (quasi experimental and experimental). Systematic reviews will be used for the purpose of backwards/forwards citation tracking.	
<b>Geographic scope:</b> Global	

*^these outcomes for institutional care besides residential education, are included in the Lancet Commission report*

Review 2: How do policy and practical interventions address the relationship between education and institutional care?

Inclusion criteria	Exclusion criteria
<b>Population:</b> children aged 4-18 residing in an institution. Children may or may not have physical or developmental disabilities.	<b>Population:</b> Babies and children aged below 4, adults aged 18 or above in residential care
<b>Concept:</b> children residing in any of the following institutions: orphanages, large children's homes, residential special schools, boarding schools, centres for UMRC, social care homes, any residential setting for young children, for the purposes of care or education	<b>Concept:</b> children residing any of the following institutions: baby institutions (under 4 years old), university colleges and residential facilities, prisons or medical wards.  Articles that are only about institutional care, or only about education respectively, will be excluded.
<b>Context:</b> Global Study types may include policy analysis, legal analysis and qualitative case studies, intervention studies. Studies should include meso or macro level educational or care models. Observational studies may be included when a meso or macro level intervention is included, and outcomes of an education or residential care intervention are being compared with an alternative (e.g. cohort, case control).	<b>Context:</b> Observational studies that focus exclusively on outcomes without reference to a meso or macro level intervention/policy or practice model for education and care respectively.  Observational studies or intervention studies that focus on micro-level interventions.

**Intervention levels:**

Micro-level: individually focussed interventions that aim to raise educational attainment of children in care (e.g. tutoring or direct educational instruction by trained caregivers in institutional care, special needs/educational teachers supporting children in schools, providing books or resources, mentoring to prevent dropout), individually focussed interventions that aim to improve health outcomes among children in residential education (e.g. mobile health visits to institutions)

*Affects outcomes at: individual child/caregivers\**

**Meso-level:** Institutional care level audits which include education outcomes, monitoring systems for children's education attainment in institutional care OR monitoring systems for children's health outcomes in residential education, school based anti-discrimination policies.

*Affects outcomes at: individual child/caregivers\*\*, community or service provider level*

**Macro-level:** Legislation or policies against discrimination in education or care settings, inclusive education legislation and policies, children's rights to education and/or family-based care, etc.

*Affects outcomes at: individual child/caregivers, community or service provider, regional, national or policy level*

\*caregiver perceptions of e.g. relationship to the child, training content, own abilities to deliver intervention

\*\*when caregivers are assessed for performance or competence at organisational level to e.g. deliver specialised education support

## Language

Seeing as the Thematic Review deals with a global issue, language biases are removed as much as possible from the research design. We actively search for and include all literature written in the following languages:

- English
- TBD<sup>25</sup>

Moreover, if sources are identified in other languages, we either tap into inhouse linguistic skills amongst Lumos staff or use the translation budget to include these into the literature review. These may include any of the languages spoken in Lumos's country offices.

## Date limit

TBD depending on initial searches (potentially since UNCRC 1989/90, or past 10 years)

## Search terms

To be structured, robust and transparent in our analysis of the current evidence base in published literature, the search terms and inclusion and exclusion criteria are established beforehand.

Search terms example according to the PCC model:

- Population: child\* OR adolescent \* OR "young people" OR boy\* OR girl\*
- Concept:
  - Orphanage\* OR "children's institution"\* OR residential OR boarding OR "institutional care" OR "children's home"\*; AND
  - Education\* OR school\* OR madrasa  
(*madrasah, medresa, madrassa, madraza, medrese*) OR college\*
- Context<sup>26</sup>

## Search platforms

The following sources and search engines should be included (TBD with contractor):

- University portal(s) which may include:
  - MEDLINE
  - EMBASE

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<sup>25</sup> We prefer as many languages are included given global scope (TBD with contractor).

<sup>26</sup> Include all geographic contexts.

- PsychINFO
- Global Health
- Social Policy & Practice
- Scopus OR Web of Science
- Selected education databases (TBD with contractor)
- Child Rights International Network (CRIN)
- Childwatch International Research Network
- AfricaPortal
- IDS Open Docs
- Save the Children
- NSPCC
- Better Care Network
- ReliefWeb
- Google Scholar
- LEU's online literature collection<sup>27</sup>

## Scoping review structure

The structure of the scoping review will follow the PRISMA-ScR reporting guide.<sup>28</sup>

The scoping review is broken down into two strands to address the two research questions listed above. **The results of both strands can be presented in the same report, based on the contractor's preference.** Any overlaps or synergies between the methodologies for the two strands will be discussed in the methods section. In line with the reporting guide, the two reports will cover the following sections:

- Abstract (structured summary)
- Introduction
  - Rationale
  - Objectives
- Methods
  - Protocol and registration
  - Eligibility criteria
  - Information sources
  - Search
  - Selection of sources of evidence
  - Data charting process
    - Including an explanation of any synergies or overlaps between the two strands of the scoping review
  - Data items
  - Critical appraisal of individual sources of evidence<sup>29</sup>
  - Synthesis of results
- Results

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<sup>27</sup> This can be made available to the contractor through an online platform in line with intellectual property.

<sup>28</sup> See: [http://www.prisma-statement.org/documents/PRISMA-ScR-Fillable-Checklist\\_11Sept2019.pdf](http://www.prisma-statement.org/documents/PRISMA-ScR-Fillable-Checklist_11Sept2019.pdf)

<sup>29</sup> Critical appraisal will be carried out by contractor within the limits of the available budget. In case of too many sources, evidence in response to research questions 1.2, 1.3 2.2, 2.3 and 2.4 will be prioritised.

- Selection of sources of evidence
- Characteristics of sources of evidence
- Critical appraisal within sources of evidence
- Results of individual sources of evidence
  - Including **two summarising tables (one for each research question)** with description of papers included in scoping review (author, year, journal, research location, evidence type,<sup>30</sup> associations,<sup>31</sup> population, sampling and recruitment, sample size, methods, comparison (if relevant), key findings)
- Synthesis of results
  - Including summary of terminology and definitions about institutional care and boarding schools used in papers
  - Including summary of conceptual frameworks used in papers
  - Including overview of geographical coverage and gaps
- Discussion
  - Critical discussion of findings (not repeating results synthesis)
    - Structure based on the research sub-questions
    - Situate the findings within wider literature
  - Limitations
  - Conclusions
- Funding
  - Funding

## Milestones & Deliverables

- There will be at least 3 milestones during the 6.5 month contract duration to share emerging/preliminary findings with the Lumos team in draft form, in order to inform other methods which will be conducted by the Lumos team concurrently (global Call for Evidence and case studies)
- 1 x Scoping review to be submitted to a reputable journal in the Education or Social Work fields (TBD)

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<sup>30</sup> Randomised control trial; Natural experiment; Observational study; Policy and legal analysis; etc.

<sup>31</sup> E.g. type of residential care, type of education.

Including variables identified as 'missing middles', e.g. abuse or neglect.