

## **Home Education Review**

### **Response by members of [www.he-special.org.uk](http://www.he-special.org.uk).**

This document was written in discussion with members of HE Special, an internet support network for families home educating a child with special needs. We don't claim to represent all home educators, or even all home educators who have children with special needs, but have based this response on comments, observations and concerns expressed by those families.

The terms of reference for the review include the following statement;

“Whether any changes to the current regime for monitoring the standard of home education are needed to support the work of parents, local authorities and other partners in ensuring all children achieve the Every Child Matters outcomes.”

We would like to make the following points:

As caring, dedicated parents, home educators are able to ensure their children can achieve the 5 outcomes - in most cases, better than if they attended school. In our experience families often begin to home educate because their child's school has been unable to keep them safe and well, particularly where their child has particular special needs that require extra care or unusual measures to ensure their health and safety.

We enclose a separate document explaining in detail how we have been able to meet these outcomes for our children more effectively than if they attended school.

We consider that the role of the local authority with regard to the 5 outcomes, is one of ensuring appropriate services are in place for families who need those services to enable their children to achieve the 5 outcomes. Thus LAs are only required to monitor their own services and the accessibility of these services for all families including those who are home educated.

We would be very concerned about any proposal to monitor families' ability to ensure their child achieves the 5 outcomes, particularly when the child has long term health issues, or a disability that impacts on their ability to stay healthy. Many home educators have experienced being judged as failing by professionals who do not understand the child's disability - for example, because the child's autism leads to them only eating a very restricted diet despite the parents dedication to finding a way to encourage them to eat more. Other parents are struggling to keep their child healthy due to inadequate health service provision, long waiting lists, shortage of therapists, or incorrect diagnosis.

We do not support assessing families on their ability to ensure their children meet the 5 outcomes. However, should such an assessment go ahead we would ask who will be making this assessment? What criteria will they use? How

will they ensure that they understand the child's needs and disability? How will they ensure that they are objective in their assessments and don't let their own views on child rearing affect their judgement?

We have written more about how we are able to meet the 5 outcomes for home educated children in the attached document.

Home Educators are able to keep their children safe from harm and are well motivated to do so. We are in a strong position to teach our children the things they need to know to keep themselves safe in their own community, at their own level of understanding and independence. We do not consider our children to be hidden because they don't attend school, whether or not they are known to the LA. Many home educated children are seen by the family and friends, at church, in swimming pools and sports centres, at local clubs and organisations like St John's Ambulance, Home Education groups, and other social or interest led activities, such as youth clubs and holiday clubs. The families whose children are not happy attending groups are still seen by people like dentists and clinics, and the local community in parks, shops, and libraries. Home educated children with special needs are usually well known to doctors, specialists, therapists and sometimes social workers, respite carers, and attend special needs support groups. In fact we are often more visible in the local community than children who are in school as we are often conspicuously out and about in the school day.

The terms of reference for the review included the following question. Whether local authorities are providing the right type, level and balance of support to home educating families to ensure they are undertaking their duties to provide a suitable full time education to their children;

We don't believe there is a need for new powers for local authorities to monitor home education. Local Authorities already have powers to access homes where they believe there is cause for concern. Home education is not itself a cause for concern, and families should not have to give up their right to privacy at home in order for their children to have safe and well checks when there is no cause to suspect the child isn't safe and well.

Many home educated children have been removed from school following the schools inability to meet their needs, and parents value the freedom to educate their child in a very different way from the one that already had been unsuccessful. We are concerned that if monitoring becomes a legal duty, families will come under pressure from some inspectors, to educate in a way that they know has already not helped their child, or has even caused their child distress, and will not have the freedom to continue to educate according to their beliefs and in the best interests of their child. We all know children whose mental health was suffering while they were in school, and we fear that enforced monitoring from someone who did not understand the needs of that child, could lead to these same stresses being brought into the home environment and even to these children having to return to the environment that was contributing to their anxiety, depression, anger or breakdown.

We are also concerned that people without meaningful experience of special needs and home education and with little knowledge of the child's background will mistake aspects of their disability for signs of abuse, and this will result in false positives, increased stress for families who are working hard to do the best for their child, and a higher case-load for social workers, making it harder for them to give time and resources to those in serious need.

We hear a lot about the need to protect children, and we support that ideal. However, the worst cases of abuse that are discussed in the media demonstrate that these children are not unknown to the authorities. In most cases they are well known, support is in place and the families are monitored and frequently checked on, yet the abuse still happens.

We emphasise that we are not aware of any evidence linking Home Educating families with an increased risk of abuse. Introducing further legislation regarding the monitoring of Home Educating families would not be a realistic or effective way to detect abuse, and frequent monitoring would be a huge invasion of a families right to privacy in their own home.

## **Supporting Information**

### **The review asked, “Can home educating families ensure that their children stay healthy?”**

We would like to say that we hear from families who embark on home education specifically to keep their children healthy.

Many families are home educating children who have physical disabilities requiring significant care and treatment programmes, or complex health issues. Home education enables them to incorporate physiotherapy exercises into daily life, to allow the child freedom of movement on the floor as well as time in a chair or standing frame, sleep after seizures, or have a rest without missing lessons, or take part in beneficial sports that help develop muscle. Other children have medical conditions that need the family to supervise their diet, and ensure they eat and drink enough of the right things. This is more achievable away from peer pressure to eat the same as everyone else, where the child can eat or be fed when they are hungry not when it's on the timetable, and where they can take as long as they need to eat enough.

In contrast many parents have concerns about their child's care needs not being adequately met in school. Concerns include staff not taking enough time taken to feed a disabled child or give drinks, or rushing more able children to eat their lunch, a lack of care in dealing with food pumps, and inadequate supervision of allergy diets for children without the ability to take responsibility themselves.

Many disabled children are spending too long in wheelchairs in school, due to long journeys on transport, health and safety lifting regulations and lack of space and are therefore developing pressure sores or contractures, or are being expected to take part in physical activities with the rest of class despite physiotherapy advice to avoid that particular activity. There is little time in the school day for physiotherapy to keep limbs mobile.

Some children are refused access to a toilet when they need it, and are having accidents, or developing infections, and other children are being left in wet or soiled nappies for too long. Specific concerns have been mentioned relating to staff skills in using oxygen tanks, or supervising a child with severe epilepsy, and many parents feel they don't get adequate information about seizures that have happened in school, or what the child has eaten, or how much drink they have had when there is a real risk of the child dehydrating. . Some mainstream schools are reluctant to change nappies or deal with toilet accidents or administer medication, and this can cause difficulties for parents wanting to be certain that their child is being enabled to stay healthy.

Another significant concern for parents is the degree of stress that many children suffer at school. Home educating families report that when their children were in school they were experiencing stress related problems such as having frequent meltdowns, being unable to sleep, or eat, as well as an inability to concentrate and learn. Other children are simply too exhausted after school to take part in any other activities. These families report a significant improvement in the health and well being of the child when they come out of school, are not over stressed, or over tired

and are able to relax, eat properly, rest and sleep when needed, and have the energy to take part in things they enjoy.

Some children who are home educated have complex long term illnesses or disabilities that impact on their health, and should there be any call for LAs to ask parents how they help their child stay healthy, they should be sensitive to this being the case. Anyone considering whether this outcome was being met for a particular child should be fully aware of any medical condition affecting the child – for example we have seen social workers raising concerns about the condition of a child's hands, despite contracted hands being a well known feature of the condition. As a further example, we are also aware that a number of children on the autistic spectrum are naturally thin and pale and are also faddy eaters, and professionals have considered this to be neglect despite the parent working hard to do the best job possible of keeping them relatively healthy in difficult circumstances.

**The Review also asked about how home educating families could ensure that their children could stay safe.**

We hear a lot from parents of children in school who have removed the child because of concerns over safety in the school. In special schools there is a particular problem due to the mix of ambulant children with challenging behaviour and vulnerable children with mobility difficulties. A number of parents have reported injuries such as broken limbs due to the actions of another child as the reason for withdrawing their child from school, and others are concerned about unexplained or repeated bites and bruises. Other parents, with children in mainstream, report concerns about their child being bullied, physically hurt, called names, experiencing a lack of privacy such as having the toilet door kicked in while they were using it, witnessing bullying of others, and having to deal with an aggressive atmosphere, not feeling safe to move around the school, being ridiculed by staff, being exposed to inappropriate sexual material or behaviour from other children. Often school did not take parents concerns seriously, claiming that there was no bullying in their school. Some parents also reported concerns that their child's special needs in relation to safety were not taken seriously – such as inadequate supervision in case they had an epileptic fit, or insecure premises that enabled their child to escape into a busy street or car park.

In contrast, at home parents are on hand to teach their children about safety in real situations and in a way that is appropriate to the child, giving as much information as they need at any one time, and to see how aware they are of safety in practice. Children are out and about in their community with their parent and so are able to learn who to trust, and where to find safe places to play or to cross roads, and where to find help etc. One parent has raised a concern that children with significant special needs in schools are encouraged to do whatever an adult asks of them without fuss, and that this can make them vulnerable to adults who mean them harm.

Clearly, one of the concerns for the LA is the question of how they know that children are safe. Home educators do not feel their children are hidden. The majority go to groups – home education networks, community groups like scouts and St Johns, clubs and classes in the community, see doctors, dentists, specialist doctors, family and

friends, play out locally, go to museums and attractions, and even though not all children are happy socialising, most are well known in their local area.

We are aware that autism charities such as AiM and the NAS have raised concerns about how similar the behaviour of autistic children may appear to a list of symptoms of abuse and we share their concern that anyone be required to monitor our children for safety, they could misread these signs and conclude that the child was being abused. Some parents already have experienced problems of this type, and have been referred to social services simply because their child does not behave as others do.

### **The review asks whether home educated children can enjoy and achieve.**

Parents of children with special needs tell us that often in school, their children were too stressed or tired to learn, and that they were unhappy and not achieving. For a number of children the effort of being around so many other people, of dealing with all the noise and distractions left them with little energy left to learn. Others were physically uncomfortable after long journeys on transport in wheelchairs, or because their physical needs were not being met. For some children, being different from the others caused them distress and took away their confidence and satisfaction in their own abilities. They were aware of struggling to fit in with more able peers, being ignored in the playground, not wanted on a team, or of being given easier work, or getting poorer marks, or were always accompanied by a helper and not mixing with other children. Others missed time at school due to poor health, exclusions or being removed from class for bad behaviour.

Being at home takes away much of the pressure that many children find overwhelming, and enables them to concentrate on learning, and enables them to relax and enjoy life more. Children are able to work at their own pace, have all the help they need without feeling different, can tackle difficult subjects when they feel ready, and spend time developing skills and talents, regardless of whether they are on the national curriculum. Parents devote a lot of time, and seek help to understand their child's disabilities and find ways to help their child overcome these difficulties, or manage despite them, thus increasing their opportunities to enjoy and achieve.

Home education provides many children with the opportunity to achieve in different ways – in personal development and understanding of their own abilities, through opportunities to do different things -such as water sports, judo, swimming, music and drama, playing an instrument, technological skills, trampoline classes, ice skating, cooking developing specialist knowledge, through joining community groups such as St John's Ambulance, Crusaders or Scouts, and through volunteer work.

We are also aware of young people who have been home educated due to their having special needs that weren't being met in school, who have gone on to be successful at college on vocational courses because being at home has enabled them to build up their confidence and skills.

It is important to recognise that for some children with disabilities achievements will be very relative, and there may be no perceptible change in some areas from one

annual contact to the next. For others with severe disabilities, maintaining skills will be a bonus. Even children with minimal difficulties may reach a plateau in one particular area and not show progress for a considerable time before moving forwards at a later date. Anyone looking at individual children's progress should be aware of this, and not be too quick to attribute any lack of obvious progress to an inadequate education – it has been our experience that statementing officers or LA advisers can insist on progress being visible in specific areas over relatively short periods such as 6 months despite the child being already considerably behind peers on leaving school, and therefore obviously progressing more slowly than others. Home Education inspectors also need to understand the effect that degenerative conditions may have on progress. (Conditions such as Retts syndrome where there is regression and crisis.) Also the impact of health issues, such as an operation, or a prolonged bout of frequent epilepsy.

### **The review asks whether home educated children can achieve economic well being.**

Home educating families are dedicated to helping their children achieve the best that they can achieve, and are able to help their children with special needs towards this goal by encouraging the development of their abilities. Some are able to achieve qualifications by focussing on a small number at a time, and many take part in voluntary work to develop their skills for future employment. At home, families have a great deal of opportunity to involve children in the financial side of running a home and to teach their child to manage their own money in realistic situations – from having a small budget to spend in a café, to managing a monthly allowance.

However this group encompasses families whose children have significant special needs, and this is a difficult point for any family with a disable child to answer. Often it has been hard for the whole family to achieve economic well being because the care needs of the child have meant that one or both parents have needed to give up work or cut hours. There are also many additional expenses associated with raising a disabled child. Some families will be looking at a lifetime of caring for a dependent person, who, due to severe learning disabilities, will not ever be able to join the job market, or manage their own money.

### **The review asked can home educated children make a positive contribution?**

Home educated children are usually very involved in their community individually, in groups and alongside adults. They have more time for voluntary work and many are involved in projects in the local community, conservation groups, Duke of Edinburgh award and helping organisations such as St John's Ambulance. These activities are a popular way for home educators to meet new people and learn new skills. Home education gives children the time and opportunity to develop special skills and interests that can be used to help or entertain others.

Many children with special needs are very subject to peer pressure, are easily led, and at school, have found themselves encouraged by other children to do things that will

get them into trouble. At home they are able to spend more time around adults who can support them in social situations and help them develop the skills to know who to trust and believe. They are able to choose who they mix with, and are not restricted to mixing with their own age group, which enables them to develop wider social skills.

**Home Education groups have been asked whether they would want some support in return for their taxes.**

We discussed this in detail on our forum and the overwhelming response was that we did not want support, particularly if it came with any kind of increased monitoring or restrictions.

There are a number amongst us who would not want any support on any terms.

Home educators whose children have special needs value their freedom and privacy, and the right to educate in the way that we feel is best for our child. Many of us have taken children out of school because the education there was not meeting their needs, and one of the things we value most of all is the right to be able to respond to our children's needs in varied ways. Some of us have had experience of being put under pressure by so called experts to teach, or even parent our child in a particular way that we know isn't working. We are reluctant to engage with people who think they know what is best for our child but don't know our child anywhere near as well as we do.

It is important to us that any professionals coming into contact with us and our children, understand our children's needs, and are willing to learn from us and respect the fact that we are experts with regard to our own children. We don't want people telling us what to do, or how or what to teach, but would be interested in knowing where to turn for advice if and when we wanted it, as long as we are free to choose whether or not we access or follow that advice.

We also want anyone coming into contact with us and our children to understand that children with special needs are likely to have struggled in some or many aspects of their school life, and that they may therefore be very anxious about showing their work to others, or talking about it, or about what they can and can't do, and that being pressured to do so could take away their confidence in their learning, and their freedom to try without fear of failure. Some children will also have had experience of well meaning support that didn't help them, but did put them under greater pressure and accentuated their sense of failure.

One way in which the LA could support us, is to make the transition to home education straight forward, understanding that having a statement is no barrier to home education, passing on records and work and not putting up unnecessary barriers to the services that should be available through the health service but often delivered to school aged children through the school such as Speech Therapy and Occupational Therapy. Families should be able to access any therapy or equipment supplied by therapists through the health service. A small

number of parents would also welcome access to assessments for special needs, for example from an educational psychologist, and informed advice and information about particular special needs, on the understanding that they were not obliged to follow the advice and were not automatically failing to meet their child's needs if they took a different approach. Some parents would welcome freely available information about special needs, services or facilities in the local community.

We understand that other organisations have talked about access to exam centres. Not all children are able to demonstrate their skills through GCSEs and A levels and therefore we also would appreciate the choice to access the 14-19 provision at FE colleges.

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