Home Education and the Safeguarding Myth: Analysing the Facts Behind the Rhetoric.

Wendy Charles-Warner, February 2015

Abstract

Recent reports have described home educated children as ‘invisible and isolated’ leading to safeguarding risks. The NSPCC recently published a report which used Serious Case Reviews in which home education was cited as a ‘key factor’, to support their call for monitoring of home educated children. This call has been taken up by the Chair of the Association of Elective Home Education Professionals, a group of Local Authority staff, to further the agenda of introducing such monitoring.

This research uses information provided by 132 Local Authorities in England, in response to Freedom of Information requests, to analyse the comparative levels of safeguarding risk in children aged 0-4 years, children aged 5-16 at school and home educated children.

Home educated children were found to be disproportionately scrutinised, being approximately twice as likely to be referred to Social Services at 9.39 – 10.19%, as were children aged 0-4 years at 5.24% and children aged 5-16 who attend school at 4.93%. Despite that double referral rate, Child Protection Plans were in place for only 0.17 - 0.24% of home educated children compared to 0.69% of all 0-4 year olds and 0.49 of 5-16 year old schooled children. Referrals to Social Services were found to be 3.5 - 5 times less likely to lead to a Child Protection Plan with home educated children than with referrals of schooled children aged 5-16 at 9.5% and 5 - 7 times less likely to lead to a Child Protection Plan than referrals for children aged 0-4 years at 13.23%. Rates of home educated children subject to a Child Protection Plan at 0.17 - 0.24% of the population, were also found to be less than teaching staff guilty of abuse offences 0.18 – 0.46%. Home educated children are found to not be at increased safeguarding risk, rather they are shown to be at lower risk than other children.

Analysis of the Serious Case Reviews cited by the NSPCC as having home education as a ‘key factor’, demonstrate that all of the children involved were known to professionals and that there were multiple missed opportunities to act on concerns expressed by professionals, in each case.
Introduction

In recent years, the spotlight has shone on those who choose to fulfil their duty to educate their children, by home educating them. This has primarily focussed on safeguarding and stems from the pre 2010 Labour government’s ‘state interventionist agenda’. That drive held education central to the need to detect and prevent risk of harm to children. In 2009 it led to the ‘Badman Review’ of home education, informing the Children, Schools and Families Bill (2009), Schedule 1, which sought to introduce wide reaching controls of home education. The subsequent media frenzy of allegations that home education was a cover for child abuse, generated much public attention, leading to lobbying against the Bill by home educating families and their supporters. That section of the Bill was abandoned during the pre-general election rapid legislation sessions, otherwise known as the ‘Wash Up’.

Home educating parents are not required to register their children with their Local Authority and there is no power within the relevant Guidance to inspect or monitor their educational provision. A consequence of this is that children who have never attended school, and are therefore not notified to the LA as having been removed from a school, are often considered ‘invisible’ by Local Authority education staff, who frequently confuse them with ‘children missing from education’.

Serious Case Reviews (SCRs), which are instigated when a child is seriously harmed or dies and such harm or death is considered to have potentially been preventable by the intervention of outside agencies, help to fuel media furore over ‘invisible’ children, slipping through the safety net of government intervention, due to not being seen by education professionals. A 2011 report examining 67 SCRs including three where home education was mentioned, concluded that home education was a contributing

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1 See The Education Act 1996 s.7.
6 Ibid 2.
factor in each of the three. However, in all three cases, the children were known to Social Services prior to being removed from school and failure to apply existing legislation was apparent, leading to suggestions that much of the fear surrounding home education and safeguarding, stems from lack of understanding of existing powers and legislation and in some cases a lack of willingness to use those powers appropriately.

In 2014 the NSPCC fuelled the debate by suggesting that tighter controls are required for home educating families, to safeguard their children as ‘there is a risk that home educated children can become invisible to the authorities’. This suggestion stems from their analysis of seven SCRs where home education is mentioned. This study examines the facts of each case, to ascertain whether home education was a causal factor leading to abuse of those children.

Most recently, the safeguarding agenda has been adopted by a group of Local Authority education staff forming the ‘Association of Elective Home Education Professionals’ (AEHEP). The Association excludes home education charity delegates, established advisors and established home education practitioners, who could be legitimately described as the ‘professionals’ in home education matters. Freedom of information requests made in respect of the Association’s correspondence with the Department for Education, reveal disdainful comments about those who currently support, inform and liaise with home educators, together with a strong movement to lobby for increased safeguarding of home educated children, who are described as ‘invisible’ and ‘at risk’.

Lack of academic evidence with respect to the true prevalence of abuse in home educating families has made it difficult to ascertain whether the claimed safeguarding risks are based on fact or misperception. This research aims to address that gap in the available information by providing a comparative analysis of data for children aged 0-4 years, schooled children aged 5-16 years and home educated children aged 5-16 years.

9 Ibid 2.
13 Ibid 2.
Methods

The research aimed to obtain numerical data relating to child abuse in England. Statistical analysis has already been undertaken for Wales\textsuperscript{14}, where education is a devolved issue. For that reason only English data is used.

All 152 Local Authorities in England were sent a Freedom of Information request (FOI), seeking data relating to number of unique referrals to Social Services during the last year for which data was available, by age of the individual child referred. Together with number of new Child Protection plans (CPP) entered into during that year and, for the 5-16 year olds, that data to be broken down by whether the child was home educated or at school. Data was analysed using ANOVA and Tukey tests.

In addition, SCRs included in the NSPCC report in which home education is described as a ‘key factor’\textsuperscript{15} in the abuse, were analysed to ascertain the factual basis for that assertion and what if any professional intervention was already present in each child’s life. The relevant reports were obtained via the NSPCC web library\textsuperscript{16}

Results

Of 152 Local Authorities (LAs) in England sent the freedom of information requests, 132 responded within the set time limit. All of these provided data relating to children aged 0-4 years. Those 132 Local Authorities which responded, represent 3,451,775 children aged 0-4 out of a reported total of 3,821,828 in England. This represents a 90.32% response providing a clear overall picture of safeguarding within that age range.

The 132 Local Authorities responding to the request reported that 180,975, being a mean across those Local Authorities of 5.24% of children aged 0-4 years, were subject to a referral to Social Services during the last year for which figures are available. The highest level of referrals in an individual LA was 21.30% of population aged 0-4 and the lowest was 0.22% of population aged 0-4.

Those same 132 Local Authorities reported a mean of 0.69% of children aged 0-4 being placed on a CPP during that year. The highest levels reported were 3.37% and 3%. The lowest level was in the Isles of Scilly, which has a population of only 99 in the age


\textsuperscript{15} Ibid 11.

group and no child aged 0-4 placed on a CPP. Overall, the referral rate leading to a CPP for 0-4 year olds was found to be 13.23%.

Total population of 5-16 year olds across all 152 Local Authorities in England is reported as 7,435,942\(^{17}\). Of these, 27,079 (0.36\%)\(^{18}\) were reported by their Local Authority as being home educated. 130 Local Authorities provided data responses for 5-16 year olds, relating to 6,606,346 or 88.84\% of young people in England aged 5-16 years, providing good representation of the overall picture.

Of the 5-16 year olds in the 130 LAs which provided a response to the question on referrals, 325,697 were referred to Social Services during the year; a mean across the Local Authorities of 4.93\%). Reported figures ranged from 15.67\% to 0.18\%. Only 5 Local Authorities reported referral rates of over 10\%, with all Local Authority data parameters being within normal distribution.

Full data for referrals leading to CPPs was received from 110 Local Authorities. Of these, a mean of 0.49\% of the population aged 5-16 who were schooled children were placed on a CPP, with a range between Local Authorities of 0\% - 1.82\% reported. The overall rate of referral leading to CPP in 5-16 year olds at school was 9.50\%.

There is a facility open to those responding to FOIs to minimise risk of identification where small numbers are involved, by stating <5 instead of providing an exact statistic. Data for home educated children aged 5-16 years used this provision in 23 cases. Consequently, a range of findings is given using figures for those Local Authorities of 1 and 4.

The 110 Local Authorities reporting data for home educated children represented 20,433 of the 27,079 total reported as home educated, being 75.47\% of all reported home educated children. Of those 20,433, a mean of 9.39\% - 10.16\% were referred to the Social Services during the year. The reporting level ranged from highs of 100\%, 93.01\% and 81.58\%, to 0\% reported by 11 Local Authorities during the year.

Of those 110 Local Authorities reporting figures for home educated children subject to a CPP, more than half (59 or 54\%) reported 0 children being made subject to a CPP. The full population of home educated children within those Local Authorities was 20,433 of whom only 34 - 49 (0.17\% - 0.24\%) were made subject to a CPP. The overall rate of referral leading to CPP in 5-16 year olds who were home educated ranged from 1.82\% - 2.59\% of all referrals. The three Local Authorities with the highest referral rates for home educated children reported only 1 home educated child between them who was subject to a CPP.

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\(^{17}\) This figure was arrived at using ONS data for those Local Authorities who did not respond.

Comparative statistics are given for mean Local Authority referral to Social Services (Table: 1, Fig: 1), for population CPP rate and rate of referrals leading to CPP (Table: 2, Fig: 2).

Table: 1. Mean LA. % referral to Social Services

<table>
<thead>
<tr>
<th></th>
<th>0-4 referred to SS</th>
<th>5-16 Schooled referred to SS</th>
<th>5-16 Home Educated referred to SS</th>
</tr>
</thead>
<tbody>
<tr>
<td>mean</td>
<td>5.24</td>
<td>4.93</td>
<td>9.39 - 10.16</td>
</tr>
<tr>
<td>max</td>
<td>21.30</td>
<td>15.67</td>
<td>100</td>
</tr>
<tr>
<td>min</td>
<td>0.22</td>
<td>0.18</td>
<td>0</td>
</tr>
</tbody>
</table>

Mean Referral Rates to Social Services by Education and Age

Fig: 1 Mean referral rates to Social Services by education and age.

Table: 2 Mean LA % leading to a Child Protection Plan (CPP)

<table>
<thead>
<tr>
<th></th>
<th>0-4 CPP</th>
<th>5-16 schooled CPP</th>
<th>5-16 HE CPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of whole population</td>
<td>0.69</td>
<td>0.49</td>
<td>0.17 - 0.24</td>
</tr>
<tr>
<td>% of referred cases</td>
<td>13.23</td>
<td>9.50</td>
<td>1.82 - 2.59</td>
</tr>
</tbody>
</table>
Analysis with ANOVA and Tukey testing found no significant difference between the referral rates for 0-4 year olds and 5-16 year olds in schools. The rate for referral of home educated children was significantly different to both 5-16 year old schooled children and those aged 0-4 years. Rates of CPP were found to be significantly different between all groups.

**Serious case reviews used in recent publications**

*Flintshire SCR (2012) Siôn D.*

Siôn was a severely disabled child with complex needs and global developmental delay. His parents found it difficult to adjust to his disability and reduced their involvement with professionals when he was about 30 months of age. Health and education professionals expressed concerns, but were unsure how to proceed.

Siôn never attended school and the parents refused an educational assessment for him.

In January 2006 a Police referral was made but no follow up occurred.

A referral was made to Social Services over a bruise and later, when Siôn was aged 6½ and it was agreed by the community paediatrician that Siôn would be referred to Social Services. However, no referral was made. Four months later, Siôn was seen by

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**Fig: 2 Whole population % of referred cases leading to a CPP.**

<table>
<thead>
<tr>
<th>% Referred Subject to CPP</th>
<th>0-4 year old</th>
<th>5-16 year old school</th>
<th>5-16 year old HE lower range</th>
<th>5-16 year old HE upper range</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13.23</td>
<td>9.5</td>
<td>1.82</td>
<td>2.59</td>
</tr>
</tbody>
</table>

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19 Ibid 11.
a speech and language therapist and dietician. It was noted that Siôn’s buggy was soiled but no further action was taken.

Eight professional meetings were held to discuss Siôn but no face to face assessment made.

Siôn was found unconscious at 7 years and 1 month of age and subsequently died from an infection. Ambulance staff referred the family to the Police and to Social Services due to the condition of his room. The SCR concluded that it was impossible to ‘say absolutely whether, or to what extent, Siôn suffered abuse or neglect in his parents’ care’.

No concerns were raised over the care of the other children in the family but an emergency protection order was taken out for them.

*Association of Independent LSCB Chairs SCR (2013) Family W.*

The mother in this case was American born and described as ‘dominant and calculating, exceptionally devious and skilled in deceiving people.’ Children ‘A’ and ‘B’ were adopted at 5 months of age in 1994 and 1995 respectively. Her marriage broke down in 1997 and she separated from her husband, from whom she was estranged, in 2000. At that point the mother moved several times and changed the children’s names.

In 2005 the mother travelled to Vietnam with the two children to adopt child ‘C’. The mother used her USA citizenship to adopt child ‘C’, based on an inaccurate report issued in Germany. The adoption was not recognised by UK authorities. The family returned to the UK in 2006.

During 2005-2006 child ‘C’ was referred to community paediatric services. Health visitors and the GP were also involved with the family. Later that year a referral was made to Social Services by a neighbour who was a doctor, stating that the children were isolated, left crying and treated ‘harshly’. Social Services took no further action.

In late 2006 the mother prepared to go to Vietnam to adopt a fourth child.

In 2007 a detailed anonymous letter of concern was received by the Local Authority, British Immigration Service and the USA and Vietnamese embassies, stating that the children were left unattended and that child ‘C’ was not well cared for. It also raised concerns over the legality of the adoption of child ‘C’. A ‘Child in need’ assessment was undertaken which found no evidence of child protection concerns, but identified children as being isolated, children ‘A’ and ‘B’ being required to be excessively responsible for child ‘C’ and the mother to be controlling. A Police referral was made in respect of the adoption but neither agency took any further action.
In October 2007 the USA authorities notified the mother that she would not be approved for further adoption. In 2008 child ‘A’ was seen by a psychotherapist and during the period 2008-2009 ‘C’s nursery reported no concerns over child ‘C’.

In August 2008 the doctor neighbour again reported concerns to Social Services that the children were isolated and that child ‘C’ was locked in her bedroom. No further action was taken. The SCR describes Social Services as allowing themselves to be ‘fobbed off’ by the mother.

In August 2008 child ‘A’ was taken to the GP who was told by the mother that the child had been raped and drugged. The GP took no further action.

In September 2008 the mother obtained semen from abroad and commenced a programme of artificial insemination of child ‘A’ who was 14 at the time. In January 2009 child ‘A’ was taken to the GP who was told by the mother that the child had been raped and drugged. The GP took no further action.

In March 2009 the mother was taken ill and admitted to hospital for four weeks. Child ‘A’ was left to care for the younger children. Social Services visited regularly and the Police made one visit, but no further action was taken. In 2010 the mother contacted mental health services but, again, no action was taken.

In November 2010 child ‘A’ was pregnant. When child ‘D’ was born in March 2011 the hospital staff were so concerned about the mother’s behaviour, that they referred the matter to Social services. ‘A’ disclosed the circumstances of the conception to Social Services and an investigation was initiated.

The mother subsequently pleaded guilty to child cruelty and was jailed for 5 years and 4 months.

_Caerphilly SCR (2011) Child A_

Child ‘A’ was a 15 year old boy who was found hanging in his bedroom. The child had experienced the death of his father some seven years previously, had poor school attendance and difficulties at school.

Only the executive summary of this case is available, which refers to increasing risk taking behaviour by the child and failure by professionals to take account of factors in his life such as his mother’s new partner being a drug abuser.
**Birmingham SCR (2010) Child case number 14.**

Khyra Ishaq aged 7, died in Birmingham in 2008 from starvation. She was one of 6 children.

Her parent’s marriage, during which her father was violent to her mother, had broken down in 2005 and the mother had formed a new relationship by 2007. The new partner had suffered a particularly violent upbringing by his father.

Professionals involved with the family started to notice changes in the mother’s behaviour in 2006. Appointments were missed and the children were stealing food in school.[20]

Approximately 6 months prior to Khyra’s death, the children were removed from school but never legally deregistered in accordance with The Education (Pupil Registration) (England) Regulations 2006 reg. 8(1)(d). Consequently the children were ‘children missing education’ and procedures detailed in the Regulations and associated guidance should have been followed, but were not.

In December 2007 the school raised concerns with the Social Services over the mother’s behaviour, her aggression and the children’s obsession with food, stating that it was a child protection issue. Staff absence resulted in the school being clearly advised to report the concerns to the Police. These concerns were incorrectly noted as attendance issues.

The SCR refers to numerous ‘missed opportunities’ to protect the children.

The mother and her partner were subsequently convicted of manslaughter and offences of cruelty in respect of the five siblings.

**Enfield SCR (2009) Child ST.**

ST was a girl aged 16 who was found dead at her home on 7th March 2007, by bailiffs attending to repossess the property. The mother reports the death having occurred on 3rd November 2006 but there was no corroborating evidence. Due to the time between death and discovery of the body, cause of death could not be established.

The family was neither invisible nor unseen as the mother allowed the London Borough of Enfield Education Department access to see the children, following deregistration of ST and her brother from school, in January 2005. Education

department staff visited the home in April and May 2005 and in June 2006. Educational provision was found to be satisfactory and no concerns were noted.

During 2006 housing department officers from the Borough attended the home but no concerns were noted. In July 2006 the family GP removed the mother from his list citing her aggressive and abusive behaviour, although no notes of the behaviour were kept and no referral made to Social Services. On 31st October and 1st November 2006 neighbours made complaint about noise coming from the family home but this was not investigated. Members of the wider family expressed concern about the mother’s mental health but did not make a report to Social Services.


Eunice Spry was an adoptive parent, childminder and foster carer (Local Authority and private) to five children, commencing in 1985 and ceasing in 1994, as she had obtained adoption and residence orders for all of the children. Concerns were raised during the adoption process and one adoption was delayed for three years for an assessment, as a result of such concerns. The assessment was not completed.

Mrs Spry commenced home education in 1994. Education department staff were given annual access for home visits to assess the educational provision for which ‘no concerns’ were noted.

Between 1994 and 2000 concerns were raised with Social Services with respect to the children’s welfare, on 12 separate occasions. Social Services noted that Mrs Spry was ‘controlling’ of the children and ‘difficult to engage’, but no further action was taken. The SCR notes that each referral was seen ‘in isolation’ and that Mrs Spry was repeatedly given the benefit of the doubt. In addition, CAMHS were involved with the children as were medical professionals who noted that they were denied access to the home.

Mrs Spry was convicted of physically and psychologically abusing the five children in her care.

South Tees SCR (2008) Child S.

Child ‘S’ was a 10 year old boy who was poisoned with amitriptyline and underwent unnecessary medical interventions. Again, only the executive summary is published, but this makes clear that child ‘S’ had multiple health problems which led to him being seen on numerous occasions by his GP, local hospitals (including admissions), a paediatrician and psychological services.
Concerns were raised over fabricated or induced illness and prescribed medications. Child protection intervention led to orders to protect the child.

**Discussion**

Statistical analysis of FOI responses obtained during early 2015 from 132 English Local Authorities, demonstrates that home educated children are approximately twice as likely to be referred to Social Services at 9.39 – 10.19%, as children aged 0-4 years at 5.24% and children aged 5-16 who attend school, at 4.93% (Table: 1). Further, referral rates in some Local Authorities indicate a policy of automatic referral for home educated children, notwithstanding that home education is not itself a cause for concern.

CPPs were found to have been entered into for 0.69% of all 0-4 year olds in the population, 0.49% of 5-16 year old schooled children and only 0.17 - 0.24% of home educated children (Table: 2). This demonstrates that home educated children were approximately 2 - 3 times less likely to be subject to a CPP than schooled children and approximately 3 - 4 times less likely to be subject to a CPP than 0-4 year olds.

Referrals of home educated children made subject to a CPP, at 1.82 - 2.59% of referrals, demonstrate that they are between 3.5 - 5 times less likely to lead to a CPP than are referrals of schooled children aged 5-16 at 9.5%, and 5 - 7 times less likely to lead to a CPP than referrals for children aged 0-4 years are at 13.23%.

Far from being ‘invisible’, home educated children appear to be disproportionately scrutinised, in that they are twice as likely to be subject to a referral to Social Services. This finding is supported by research in Wales\(^{21}\) which used FOI requests to Local Authorities and found that:

‘...home educated children, although more likely to be scrutinised by social services than their schooled peers, are less likely to be at risk (between 0.061% and 0.123%) than all children in Wales (0.461%) i.e. at between 1/7th and 1/3rd the risk.’

Further, the comparatively high proportion of referrals of school children aged 5-16 years which lead to a CPP, would indicate that oversight by education professionals did little to protect them from abuse.

This raises the question of whether oversight by education professionals in school is a protective factor for children. Research undertaken\(^{22}\) on behalf of the Government in

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\(^{21}\) Ibid 14.

2011 indicates that 2827 reports of abuse were made against school teachers and 1709 against non-teaching staff, in 110 Local Authorities providing data during the year to March 2010. Of the allegations against teaching staff, 856 were fully substantiated. The 2827 reports represent 0.6% of all employed teachers in the population being subject to an allegation against them of abuse. Thus 0.18% of employed teachers have allegations of abuse made against them which are fully substantiated. Further, 46% of the abuse allegation outcomes were recorded as ‘don’t know’, or ‘unsubstantiated’, a term which means neither guilt nor innocence. Consequently, 0.18 – 0.46% of all teaching staff within the study are guilty of abuse offences (Fig: 3).

Taking aside the fact that convicted teaching staff may be, and frequently are, convicted of abusing multiple children, this compares with CPPs being in place for only 0.17 - 0.24% of home educated children in the population. Although abuse by teachers cannot be directly compared to children being subject to CPPs, the result is nonetheless telling. This is because a child educated at home subject to a CPP is most usually found to have suffered at the hands of a carer or parent, and teaching staff with responsibility for caring for children during school hours, were found to be more likely to be guilty of abusing those children, than a home educated child was found likely to be abused. Clearly, the risk of a home educated child being subject to abuse is lower than the risk of an educational professional employed in a school being found guilty of abusing a child or children in their care. This brings into question the alleged protective nature of regular contact with education professionals.
The 2014 NSPCC report refers specifically to home educated children being denied the right to formally express their views or participate in decision making in respect to home education. Yet no process is in place to allow schooled children to take part in the decision to send them to school or to express their views about being sent to school. It is the duty of the parent to ‘cause’ the child to receive a suitable education and the law recognises that a parent may choose to do so by educating the child otherwise than at school. It is expected of all parents that they act in the best interests of their child, which would include considering the child’s wishes and feelings when making decisions. However, despite children not being routinely involved in decision making when school places are sought, no criticism is made of parents of schooled children in this regard.

The NSPCC report cites the SCR for Khyra Ishaq:

‘There are no mechanisms in place to ensure that they (home educated children) receive a ‘suitable’ education or adequate care…this highlights a major safeguarding flaw within home education legislation which focuses on parental choice and rights at the expense of children’s rights, wishes, welfare or protection’.

This is not a matter of the rights of the parents in opposition to the rights of the child, as whilst OFSTED does monitor school standards, many children remain failed by the education system with only 55.4% of children in state schools having achieved 5 or more GCSEs at grade A* to C or equivalent, including English and mathematics GCSEs or iGCSEs during 2013-2014. Indeed, investigations by the Education Select Committee led the Chair to suggest that home educating parents do a ‘better job’ of providing a suitable education for their children. Further, professional intervention in the care of any child is a reactive duty reliant on referral of the concern to relevant professionals; it is not a proactive mechanism to ‘ensure’ that any child is in receipt of adequate care. Home educated children are twice as likely to be referred to Social Services, than are schooled children. Consequently, they are considerably more likely to be scrutinised by Social Services under that reactive duty. Nothing in the SCRs demonstrates that there is a ‘major safeguarding flaw’ within current Home Education legislation.

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23 Ibid 16.
24 Ibid 16.
The report refers to ‘the isolation and invisibility of home educated children (being) flagged as a serious issue in most of the SCRs’, but were they isolated and invisible? Analysis of those SCRs says not:

- The Flintshire SCR for Siôn D. relates to a child who was far from ‘invisible’ to the Authorities, having received care and intervention from Paediatric services throughout his short life. Health and education professionals expressed concerns about his welfare but no further action was taken. Siôn’s death was from natural causes.
- Children in family ‘W’ had the involvement of Social Services through the adoption processes and a referral was made to them by a doctor, but no further action taken. The Police also had involvement but took no further action.
- In the Caerphilly SCR for child ‘A’, little information is available, but it is clear that the boy was a troubled child with difficulties at school, indicating that professionals were well aware of his problems whilst there. The report highlights failure of professionals to take account of drug abuse by his mother’s partner.
- The case of Khyra Ishaq is one frequently cited as a reason to justify monitoring of home educated children and yet Khyra was a child missing from education, not a home educated child. Further, the child’s school referred her to Social Services a year before she died and subsequently to the Police, but the referral was not acted upon as it was incorrectly recorded. The SCR refers to ‘numerous missed opportunities’ to protect Khyra.
- The Enfield SCR for child ‘ST’ describes a mother who allowed access to the child by the education department who found the educational provision to be satisfactory and noted no welfare concerns.
- Gloucestershire’s SCR for Mrs Spry relates to a family with Social Services involvement during adoption and residence application proceedings. CAMHS and medical professionals were involved with the children’s care and welfare concerns were raised on 12 separate occasions with the Social Services, but no further action taken.
- South Tees SCR for child ‘S’, relates to a 10 year old boy poisoned by amitriptyline. Little information is available but what is available makes clear that the child had multiple health difficulties and was seen on numerous occasions by his GP, by local hospitals including admissions, by a paediatrician and by psychological services.

Far from being isolated, these were children for whom professional involvement was in place and for whom the SCRs point to failings by those professionals and by the child protection system in particular. Indeed, it has been contended that in the case

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27 Ibid 16
of Spry\(^\text{29}\), the ‘Gloucestershire criticism of home education was a ploy to deflect attention from the LA\text{\textquotesingle}s own failings in monitoring the Spry family.’ Further, frequent inaccurate citing of the Khyra Ishaq case could be said to be cynically exploiting a dead child to advance the agenda of state intervention in respect of home education. Those using the case have been referred to as:

‘Propagandists opportunistically exploiting the Khyra Ishaq case to justify government intrusion into this basic human right, we should be aware of the underlying agenda.’\(^\text{30}\)

The Association of Elective Home Education Professionals refers to home educating families as avoiding engagement with their Local Authorities\(^\text{31}\), leading to ‘safeguarding risks’. However, home educating families question the veracity of that comment, pointing to the lack of compliance with home education guidance and legislation by those Local Authorities, as the reason for their reluctance to ‘engage’ with them.

‘I have done a survey of all the local authority websites and there are only 30 that do not have ultra vires requirements on their websites - 30 out of 152. Where is the ambiguity?’ \(^\text{32}\)

Where Local Authorities fail to comply with legislation, it is difficult for parents to trust them to act in a balanced and reasonable way. The frequency of referral of home educated children to Social Services, only 1.82 - 2.59\% of which lead to CPPs, could also justifiably foster mistrust on the part of parents, who could view the connected investigations as targeting them solely because they home educate.

**Conclusion**

Media rhetoric, Local Authorities and the NSPCC, appear to view home education as a safeguarding risk, despite there being no previous statistical evidence available to support that view. Much of the perception of risk is based on ideas of home educated children as isolated and lacking what is described as ‘contact with a professional’. This has led to demands for proactive monitoring of home educated children, in order to address that perceived risk. Such monitoring would single out those children and stigmatise home educating families compared to families of schooled children and children aged 0-4 years.

\(^{29}\) Searing (2010) quoted in 2 above.


\(^{31}\) Ibid 12.

This research clearly demonstrates that home educated children, rather than being hidden or isolated, are uniquely visible, leading to them being twice as likely to be referred to Social Services as children aged 0-4 years and children aged 5-16 who attend school. Further, the perception of risk is based on SCRs, for which in every case in which home education is cited as a factor, professional involvement is already present for the child or children involved. Those SCRs do not demonstrate a need for more professional involvement, but a need for those professionals involved with all families, no matter their education choices, to act correctly within the remit of their respective roles.

That perception of risk is also demonstrated to be false by the current research, which indicates that home educated children, whilst twice as likely to be referred to Social Services, are between 3.5 - 5 times less likely to have that referral lead to a CPP than are schooled children aged 5-16, and 5 - 7 times less likely than children aged 0-4 years. Further, the risk of a home educated child being subject to abuse is lower than the risk of an educational professional employed in a school being found guilty of abusing a child or children in their care.

A lack of research using statistical evidence has contributed to misconceptions of home educated children being children at risk. This research addresses that gap and demonstrates that monitoring of home educated children would not only be unnecessary, but unreasonably add to the burden of Social Services who are already found to be ‘missing opportunities’ in cases where children are at risk of harm.

Bibliography


