# HELPING CHILDREN WITH HOME EDUCATION: HOW HOME EDUCATION CAN ENABLE GOOD EDUCATIONAL OUTCOMES FOR CHILDREN AND YOUNG PEOPLE IN OUT-OF-HOME CARE

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**Abstract:** Children who experience maltreatment in their families may be placed in out-of-home care. A large, and increasing, number of children are being raised in these settings in Australia. The history of maltreatment that children in out-of-home care have experienced results in a variety of educational challenges. It is generally believed that schools are best placed to serve the educational needs of these children. However, there is extensive evidence that schools are unable to facilitate learning success for many children in out-of-home care. This paper argues that because home education can provide a low-stress environment and individually tailored learning, it can be an effective method of education for children and young people in out-of-home care. A case study of a home-educated child in out-of-home care is presented.

**Keywords:** complex trauma, out-of-home care, home education, home schooling

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There are a large number of children and young people in out-of-home care in Australia (Australian Institute of Health & Welfare, 2014). Many are in these settings because they have been abused, neglected or otherwise maltreated (Australian Institute of Health & Welfare, 2014). It is generally believed that "children and young people in out-of-home care are best supported educationally with formal educational environments by specialist educationalists" (Department of Family & Community Services, 2014). This paper challenges this view and proposes that good quality and caring home education settings can help children and young people in out-of-of home care overcome the education deficits that they frequently face. It also proposes that home education settings can assist in these children's non-educational recovery from the impacts of trauma. We present a case study of Alex, a child in out-of-home care whose circumstances were such that he was particularly troubled in school, but some of the disadvantage he faced was overcome by being home educated by a caring foster family.

It is important to note what we mean by home education. We follow Jackson and Allan (2010) and Harding and Farrell (2003) who define home education as the facilitation of learning from a home base, by the parents, outside of the school system. While the term home schooling is commonly used in North America, in Australia and other Commonwealth countries, home education is the preferred terminology as it recognises that this approach to learning is often not noticeably school-like. There is limited research into the home education movement in Australia, and much of it is confined to stereotypes (cf., English, 2013). Morton (2012) argues that perceptions around home education families range from "social 'misfits': either 'tree-hugging hippies', religious fanatics [to] 'hothousing' parents determined that their offspring should achieve academic excellence at an early age" (p. 46). While the community is fragmented, and there is no single home education community in Australia, there are some common threads in parents' decisions to home educate. These include negative school experiences, and a belief in the ability of home education to meet the specific and individual needs of children (English, 2013, 2015, 2016)

This choice of home education exists on a continuum with other forms of private education (English, 2013) and is one of a number of options for parents whose children have needs that cannot be catered for in a mainstream school setting. The educational needs of children in out-of-home-care are difficult to meet in mainstream schools, and home education may provide an advantageous alternative.

## Literature Review: What Do We Know About Out-of-home Care Children and their Education?

Fifty thousand children and young people live in foster care in Australia (Australian Institute of Health & Welfare, 2014) in addition to the numbers living in non-reimbursed kinship care or adoptive families. Most children in foster care, and many in informal kinship care or

adoptive families, have experienced maltreatment that has resulted in their removal from parental care (Australian Institute of Health & Welfare, 2014). Maltreatment is defined as deficient care that includes physical abuse, sexual abuse, psychological abuse, physical neglect, emotional neglect, and exposure to domestic violence (Gilbert et al., 2009). The effects of maltreatment are myriad and profoundly negative (Schore, 2001b). When an individual experiences sustained, repeated or multiple traumas, as commonly occurs with childhood maltreatment, Complex Post Traumatic Stress Disorder (also called Complex Trauma) often results (Cloitre et al., 2009).

### Education of Children in Out-of-home Care in Schools

Most children in Australia are educated in mainstream school settings. Australian state and territory government policies preference the enrolment of children in foster care in government schools (cf., Department of Family & Community Services, 2013) as opposed to non-government schools. However, meeting the educational, social, and emotional needs of children with a history of trauma in schools can be extremely difficult. As a result, these children often do not gain a sufficient education in schools or recover from their traumatic past (Australian Institute of Health & Welfare, 2011; Berlin, Vinnerljung, & Hjern, 2011).

Poor school outcomes for children with a history of trauma include: behavioural and disciplinary problems (Zima et al., 2000); and higher rates of suspension, expulsion, absenteeism, truancy, grade repetition, and drop-out (Scherr, 2007; Townsend, 2012; Zima et al., 2000; Zorc et al., 2013) than children who have not experienced trauma. Up to 68% of children in foster or kinship care in Australia have been found to be not meeting literacy or numeracy benchmarks deemed necessary for satisfactory progression at school (Australian Institute of Health & Welfare, 2011). Furthermore, as many as 40% of children in out-of-home care in Australia have declining or continuing low performance in school when compared to minimum benchmarks (Australian Institute of Health & Welfare, 2011). Once children fall behind educationally, it is difficult for them to catch up, and the disadvantage tends to compound over time (Willms, 2014). A report into the educational outcomes for children in out-of-home care in NSW found that many children were "not faring well educationally" (Townsend, 2012, p20). The effect of school failure for these children includes an excess risk of suicide, substance abuse, criminality, and welfare dependency when compared with care leavers who obtain a better education (Berlin et al., 2011).

We propose that poor school outcomes for children in out-of home care are a result of factors associated with a history of trauma. These factors include:

- Children exhibiting asynchronous social, emotional, and intellectual development resulting in difficulties with peer relationships and learning.

- Children experiencing poor stress regulation, which affects them negatively in the school environment because this environment can be stressful.

- School attendance having a negative impact on the relationship between caregiver/s and child, adversely affecting their attachment bond and recovery from trauma.

The focus of school education on academic learning is not well matched to the needs of traumatised children.

### *Traumatised Children Exhibit Asynchronous Development*

Children with a history of trauma often exhibit asynchronous development. There can be a wide variation in their social, emotional, and intellectual development (Gribble, 2007; Oswald, Heil, & Goldbeck, 2010; Perry, 2006; van den Dries, Juffer, van IJzendoorn, & Bakermans-Kranenburg, 2010) and they often have significant delays across all areas of development (Perry, 2006; Scarborough, Lloyd, & Barth, 2009). Delayed social and emotional development commonly leads to experiences of bullying in school; as both the victim and the perpetrator (Daly & Gilligan, 2005; Pears, Kim, & Leve, 2012; Vacca & Kramer-Vida, 2012). It has been suggested (van der Kolk, 2003) that traumatised children's experience of bullying results from their inability to develop and maintain relationships with peers due to misreading of and inappropriate responses to social cues. These children need intensive, often one-on-one, support to catch up in their emotional development, but this is impossible to achieve in school settings (Perry, 2006). Delayed intellectual development may also be evident in children who have experienced trauma. Intellectual delays are expressed as difficulty with attention regulation and executive functioning (Holmes, Stokes, & Gathright, 2014), problems focusing on and completing tasks (Aideuis, 2007), poor memory (Aideuis, 2007), and delayed language comprehension and expression (Sylvestre & Merette, 2010). In order to catch up, these children require activities and interventions that meet their needs in each area of development (Perry, 2006).

### *Traumatised Children Have Poor Stress Regulation*

Another factor that contributes to the negative school experiences of traumatised children is that they commonly have poor stress regulation. Children who have experienced maltreatment have lacked the sensitive care needed for their stress regulation system to develop as it should (Schore, 2001b). As a result, their brain reacts abnormally to stress and they may struggle to regulate their emotions (Dozier, Peloso, Lewis, Laurenceau, & Levine, 2008; van der Kolk, 2003). Children with a history of trauma have experienced the world as persistently threatening and, as a result, may live in a baseline state of alarm even in environments that are supportive (Perry, 2006). When stressful experiences are introduced, children can rapidly move into a state of terror (Perry, 2006).

For traumatised children, the school environment contains many stressors. These include being asked to undertake a difficult task, making a mistake, loud noises, or rejection by a peer. Stressors such as these can overwhelm children with a history of trauma and provoke a fight or flight response (Perry, 2006). Making mistakes and rejection can be particularly difficult for

traumatised children; they are vulnerable to feelings of shame, humiliation, and unworthiness in response to such experiences (Schore, 1998). Aspects of the school curricula, such as family tree projects, and mothers' and fathers' days can also cause great distress for children (Townsend, 2012). When they are in a state of great fear, children are unable to process information, including instructions, and are unable to effectively learn (Perry, 2006).

As a result of exposure to acutely stressful situations in school, and their diminished ability to regulate stress and their emotions, children who have been traumatised often exhibit withdrawn or disruptive behaviours. However, schools struggle to understand the behaviour and needs of these children, with teachers' and other school staff's responses often tending towards the punitive or harsh, further reinforcing the view of children that they are worthless (Townsend, 2012). Although teacher training programs for helping traumatised children are available (Australian Childhood Foundation, 2009), foster parents, kinship carers, and adoptive parents often have difficulty assisting schools to understand the special needs of their children and how best to manage their behaviour and learning (Zetlin, Weinberg, & Shea, 2010).

### School Interferes with the Attachment between Caregiver and Child

Attending school can interfere with emotional healing by hindering the development of the attachment relationship between children and their caregivers (Gribble, 2007; Schofield & Beek, 2005). As identified by Bowlby (1974) and Ainsworth (1973), the relationship a child has with their primary attachment figures is central to their development. A secure attachment allows children to feel safe and to expend their energy on activities other than those necessary for survival, including academic learning (Schore, 2001a). Development of a healthy attachment is a priority for children in out-of-home care (NSW Department of Community Services, 2006).

However, children who have experienced maltreatment at the hands of caregivers are often extremely resistant to developing a relationship with their foster parents, kinship carers, or adoptive parents (Dozier, 2005). These children have found adults to be untrustworthy and, to prevent further hurt, will attempt to keep any adult at a distance and seek to sabotage the development of positive relationships (Gribble, 2007; Schofield & Beek, 2005). It can therefore be difficult and time consuming for caregivers to develop healthy attachments with their foster children. This means that the time children spend in school, away from the person with whom they need to build an attachment, as well as the attachment figure's inability to protect the child from school-based stressors, may affect the child's recovery. For some children, this can seriously detract from the development of the attachment relationship and therefore from development in other areas, including learning.

### Schools Prioritise Academic Learning over Emotional Recovery

Finally, school systems assume that children will learn that they are lovable, valuable individuals who can trust adults to protect them before they start school and so focus on academic learning rather than emotional wellbeing. However, traumatised children have often

had experiences that have left them feeling that they are unlovable and unworthy (Gregorowski & Seedat, 2013). Unless these underlying beliefs are addressed, traumatised individuals commonly have great difficulty in functioning successfully in society (Friestad, Ase-Bente, & Kjelsberg, 2012; Strine et al., 2012).

Recovery from trauma requires sequential, consistent, predictable, patterned, and frequent therapeutic care that avoids stress, provides safety, has a high level of relational activities, responds to the needs of the child, and provides developmentally appropriate experiences and pleasure to the child (Gribble, 2007; Perry, 2006). This therapy allows the brain to develop regulatory capacity as is evidenced in children's behaviour and physiology (Dozier et al., 2008; Perry, 2006). Stretched staff, an overcrowded curriculum and other factors that are inherent in modern schooling means that such care is extremely difficult to provide in a school setting. However, this sort of care can be provided in home education settings.

### Home Education Provides an Individualised Education for Children in Out-of-home Care

A diversity of educational philosophies, pedagogies, and practices underpin individual home education experiences (Jackson & Allan, 2010); however, what home education approaches hold in common is the ability to tailor learning to meet the needs of individual children. Tailoring of learning in home education may occur in regards to content, timing of learning, the educational environment, and the method of delivery of educational programs. Individual tailoring means that deficiencies in one area of learning need not impact learning in other areas, as learning opportunities can be provided in ways that mitigate disadvantage (e.g., if a child is a poor reader, the one-on-one nature of home education means that information can be read to the child). It also means that children's individual learning needs can be identified and education provided based on student capacity and stage of learning, across and within subject areas. Progressive modification of learning can occur, and educational opportunities can be taken advantage of at short notice, or delayed or abandoned based upon the child's needs. Children's interests can be used to facilitate learning. Socialisation occurs intentionally, and friendships can be fostered based on similar interests across ages.

Home education has been found to be effective for children who have a variety of special needs, and a significant proportion of home educated children in Australia do have some such need (Home Education Association, 2014). Home education of children with many differing needs has been researched: Attention Deficit Hyperactivity Disorder (Duvall, Delquadri, & Ward, 2004), giftedness (Winstanley, 2009), autism spectrum disorder (Kidd & Kaczmarek, 2010), school refusal (Stroobant & Jones, 2006), deafness (Parks, 2009), multiple severe health problems (Obeng, 2010), and intellectual disabilities (Reilly, 2007). It has been found that the individualised nature of home education and the absence of problems like bullying means that home education is able to meet the needs of children with atypical skills, knowledge, and needs. The result is improvement in the learning, and the physical and mental health of children with special needs (Home Education Association, 2014; Jackson, 2009; Kidd & Kaczmarek, 2010;

Reilly, 2002). Children with a history of trauma are, for the same reasons, well placed to benefit from home education.

Home education can also provide an environment that facilitates recovery from trauma. As previously described, in order for traumatised children to recover they require care that is matched to their emotional development, avoids stress, includes repeated interpersonal activities, and provides pleasure. It is possible to ensure that each of these aspects of care can be provided by home education, as a few examples will illustrate:

- The emotional development of the child can be considered in managing peer interactions. Peer interactions can be intentional, meaning that children might play with individuals who are of a different age but whose stage of development or interests match theirs. Caregivers can coach the child on appropriate responses before, during, and after peer interactions.

- Stress can be minimised through avoidance of environmental or other triggers that distress the child. Providing learning activities that are not too challenging and are delivered at an appropriate rate reduces the risk of children feeling overwhelmed. Ensuring that stress is kept at a manageable level allows children to develop adaptive coping strategies rather than be overwhelmed and deploy maladaptive ones.

- Learning activities can be specifically designed to ensure that they include frequent interaction with the caregiver. Caregivers can provide children with on-going praise, encouragement, and affection as they engage in education and so address the relational impoverishment that they have previously experienced. The presence of the caregiver allows children to "check in" for reassurance whenever they need it.

- Learning can be made pleasurable through choosing educational activities that take advantage of the child's natural interests and learning style, optimising both the learning and the enjoyment that children derive from the activity

**The Case of Alex**

In what follows, a reflection about Alex, a home-educated and deeply traumatised child, is outlined. Alex is not his real name. The case study of Alex was provided by his foster mother to the first author, who gave expert opinion on his behalf in relation to court proceedings. Written consent for use of this case study in this paper was provided by his foster mother, who holds parental responsibility for Alex. The Western Sydney University Office of Research Services confirmed that ethics approval was not required for the use of this case study. Alex's story is one that illustrates the possible redemptive effects of home education as a means of ameliorating trauma in a child whose education had been seriously affected and whose development in all areas had been compromised.

### Data: One Child in Care and his Story

Alex is ten years old with a history of severe trauma. In his first 6.5 years he experienced severe physical abuse, emotional abuse, and neglect; he was also frequently exposed to domestic violence. He lived in a dozen or more placements during that time.

Alex attended preschool erratically. He started school at 5 years of age in a government school in a class of more than 20 students. In his first term of attendance, he was violent and aggressive. As a result he was forbidden from going on school excursions. In second term, he attended a very small rural government school that had nine students. A teachers' aide was provided solely for Alex, five mornings a week. In the mornings his behaviour was manageable, but in the afternoons it became disruptive and difficult.

At the end of his kindergarten year, Alex could count to 10 but did not know what the numbers meant. He knew the name of some colours. He could recite the alphabet but could not read any words. He knew no nursery rhymes, could not draw, and would not colour in because he had been told he was bad at it. He did not know basic information about the world such as what rivers, oceans, towns, cities, or the moon were. He had no friends, had not ever attended a birthday party or seen a birthday cake, and did not know how to play.

At age 6.5 years Alex was placed in permanent kinship care. His foster mother identified that his development was significantly delayed and that he had not met milestones typically achieved by much younger children. For example, he had not achieved object permanence, was not toilet trained, and did not know how to use a knife and fork. She also recognised that the abuse and neglect he had experienced had left him hyper vigilant, constantly stressed, and scared of many ordinary things. He was living in a state of high alert, was underweight as a result of not eating, had extreme difficulty going to sleep, woke many times a night, and was exceedingly reactive to noise.

His foster mother decided to home educate him. She felt that home educating Alex would give him the best chance of having an environment that would meet his emotional, physical, developmental, and educational needs. She focused on assisting Alex to feel safe and to catch up developmentally. Enabling developmental catch up was a challenge because his development was so uneven across and within domains. She found that Alex required predictability from day to day, that he needed regular physical and verbal reassurance, and frequent physical contact (hugs, caresses, and lap sitting). She discovered that he learnt best through hands-on activities and through experiences such as visiting museums, art galleries, and historical sites. She found that great care was often necessary to create an environment that was not over-stimulating or frightening to Alex, and that dimmed lighting and a quiet room (with earplugs) were often needed for him to be able to concentrate. She learnt that, if his stress levels rose, stopping an activity was required in order to prevent him becoming overwhelmed and lashing out with aggressive behaviour.

A large number of health professionals were involved in assisting Alex and his foster mother including a psychologist, an occupational therapist, a general practitioner, a paediatrician, an audiologist, and an optometrist. In addition to regular appointments with these professionals, Alex also attended Riding for the Disabled and group therapy sessions during normal school hours. Because of the flexible nature of home education, these appointments could be fitted in around his academic learning.

Alex has now been home educated for 3.5 years. He has mastered important life skills such as toilet training, washing and dressing, and feeding himself properly. He can play, including imaginative play, board games, and construction activities such as with blocks. He can ride a bike and swim. He loves to cook and is enjoying growing food in the garden.

Alex is testing as below average in academics. He can read at age appropriate level, and his spelling is progressing well, but his comprehension and writing composition are lagging. He loves being read to. In mathematics he is working at one year behind that expected for his age. However, Alex is very interested in learning about the world and has a wide knowledge of history, geography, and science, gained mainly through hands-on experiences. He enjoys music and dancing, has been awarded 1st grade in euphonium playing, and is about to undertake the 2nd grade exam. He has a few good friends and a wider circle of children he plays with less regularly. His understanding of object permanence has developed and he can tolerate some separation from his foster mother.

Many challenges remain for Alex and his family. However, he has made enormous progress and his foster mother is of the view that it is doubtful that much of this would have been possible if he had not been home educated.

### Data Analysis: Looking at Alex's Story

A thematic analysis of the data presented above about Alex's journey is illustrative. There are several themes that present in the data that show how Alex's education had been affected by his difficult home circumstances. These themes are: (a) the educational deficit cycle and its effect on the child's achievement in school; (b) the need to form a strong attachment with a permanent care giver; (c) behavioural responses to stress because of previous harm; (d) the need to engage with paediatric professionals; and (e) the need for an individually tailored learning program. Each of these themes will be discussed and related to the literature outlined above.

There is clearly a cycle of educational deficit stemming from Alex's experiences in and out of out-of-home care. To illustrate, by the end of kindergarten, Alex's numerical development was limited, as he could say the numbers one to ten but failed to understand the reasons for their use, and he was not demonstrating an ability to read any written words. It would appear that, like many children in foster or kinship care in Australia (Australian Institute of Health & Welfare, 2011), Alex was not meeting literacy or numeracy benchmarks for his age. He would need

special or remedial instruction in order to catch up to his peers; however, the effectiveness of such instruction may be limited (Scherr, 2007).

Further, in an institutionalised educational setting, Alex would have been difficult for his teachers to manage. Alex was not toilet trained, which would have placed an enormous strain on his teacher. Furthermore, he had trouble with object permanence, meaning that separation from his caregivers would have been very distressing, as he may have felt as if they would never return. Similarly, he was reactive to noise, which suggests classrooms and playgrounds would have been troubling for Alex.

In addition, it was stated that Alex refused to colour in because he had been told that he was not good at colouring, which suggests that Alex experienced difficulties with tasks as a threat to his sense of self that must be avoided. Unfortunately, his learning delays would have meant that such threats would have been common occurrences. Thus, as Townsend (2012) notes, his reactive state to stressors that are common in a classroom, such as challenges with learning and loud noises, would have provoked a fight or flight response in Alex. Indeed, that Alex had been prohibited from attending any school excursions in his first term of kindergarten because of his violence towards others suggests that the school environment was overwhelming for him. It is unsurprising then that his learning in school was so limited and his behaviour so challenging.

The text also suggests that Alex was suffering from disordered attachment. Given his history of severe maltreatment and the large number of caregivers he had experienced, this is not surprising. It is noted that he did not have object permanence at the age of 6.5 years. Similarly, the text indicates that he was "hyper vigilant, constantly stressed and scared of many ordinary things" while "living in a state of high alert". Further, Alex required "frequent physical contact" and reassurance. Each of these problems would pose great challenges to teachers and peers in mainstream school settings, and his needs would be difficult to accommodate.

As noted above, schools are often unable to meet the attachment needs of children who have been traumatised. For Alex, home education allowed a focus to be placed on his emotional wellbeing, and feelings of safety. Because Alex and his foster mother were together through the day she was able to provide him with the frequent verbal and physical reassurance that he needed. That there has been some success in this area is evident, as Alex now has object permanence and can tolerate separations from his foster mother, and he has been able to develop some close friendships with other children.

The text notes that Alex suffered a range of problems when dealing with day-to-day environmental stressors. These included the need to avoid overstimulation including too much light and noise and the need for a predictable environment flexible enough to accommodate his needs. As noted above, it can be extremely difficult to meet individual children's specific needs in school settings (Dill, Flynn, Hollingshead, & Fernandes, 2012; Townsend, 2012). Similarly, traumatised children are often unable to meet the developmental outcomes expected of them in

schools which may lead to further behavioural problems, perpetuating the cycle (Forsman & Vinnerljung, 2012; Scherr, 2007; Townsend, 2012; Zima et al., 2000; Zorc et al., 2013).

Alex saw a range of allied health professionals including a psychologist, occupational therapist, general practitioner, audiologist and optometrist. In addition, Alex attended specialised horse-riding lessons that were scheduled during school hours. This would have presented difficulties for Alex had he been attending school as he would have further suffered setbacks from missed classes in order to attend appointments with these professionals. Van der Kolk (2003) noted that students with a history of trauma have a range of needs that are best served by specialist attention, including the need to learn to regulate emotions, to understand that the world is not permanently threatening (Perry, 2006), and to see that they are supported (Townsend, 2012). The scheduling of schools may make professional help to ameliorate these issues impossible.

As previously noted, Alex entered kinship care with significant deficits in learning across multiple domains. In addition to shortfalls in literacy and numeracy, he did not have knowledge or skills that would ordinarily be expected of children his age such as being able to use a knife and fork, being able to play, knowing what the moon is, or knowing nursery rhymes.

However, via home education, Alex's foster mother was able to provide learning opportunities that matched his interests and learning needs. She discovered that he learnt best through hands-on learning and through visits to museums, art galleries, and historical sites, and much of his learning could be facilitated through such activities. As a result, Alex now has a "wide knowledge of history, geography and science", and an interest in learning more. In contrast, Alex's opportunity to learn in individually appropriate ways was severely restricted when he was at school because he was prohibited from attending school excursions.

Home education also allowed Alex's foster mother to focus attention on areas where Alex had the greatest deficits. This focus has meant that, while he remains behind in some aspects of literacy and in numeracy, he has progressed in his skills and is continuing to do so. Furthermore, at the age of ten, he is able to do much of the important life work that is expected: he can toilet, wash and dress himself, can eat and prepare his own food, is able to play in a developmentally healthy way, and has interests. The text suggests that, for Alex, the foster care family's decision to home educate has helped overcome many of the issues he faced.

**Conclusion**

In summary, although school is a positive experience for many children, it is often a negative one for children in out-of-home care. Many such children lack the basic social and academic skills of their peers, find the academic work of school too difficult, and find peer interactions to be destructive. The school environment can be extremely stressful: it can overwhelm their capacity to cope, resulting in destructive behaviours, ongoing conflict with

teachers and students, and reduced learning. These negative experiences can reinforce their pre-existing trauma. In contrast, home education can provide children with a learning environment that encourages them to feel safe, and that enables learning and emotional recovery from trauma. Child protection authorities should develop policies that support home education for children and young people in out-of-home care where school education is failing them. In addition, research should be undertaken to better understand the process of home education for children with a history of trauma, and how this compares to schooled children with similar histories who receive support within the school environment.

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