

**INQUIRY INTO STUDENTS WITH A DISABILITY OR  
SPECIAL NEEDS IN NEW SOUTH WALES SCHOOLS**

**Organisation:** Home Education Association, Inc.

**Date received:** 29 March 2017

---

The Home Education Association (HEA) is a national non-profit association that aims to encourage and support the practice of home education in Australia. The HEA provides a range of services to members, including facilitating access to resources and group discounts negotiated with educational service providers, and a newsletter.

A few of the broader objectives of the HEA are:

- To uphold the principle that parents are primarily responsible for the education of their children.
- To promote and encourage the development of home education networks.
- To provide services and resources to home education networks and individuals
- To obtain discounts and benefits for our members.
- To fund insurance cover for event organisers and work experience students.
- To support home education events and activities.

The HEA would like to make a submission to the Inquiry into the provision of education to students with a disability or special need in government and non-government schools in NSW. The HEA submission will address the term of reference, (e) any other related matters.

### **Summary**

A high proportion of home educated students experience disability, however the true prevalence is unknown as data is not collected by State or Federal Government education authorities. Students with a disability are commonly home educated because parents believe that schools will be unable to meet their needs or because schools have been demonstrably unable to meet their needs or to protect them from harm. Home education can provide students who experience disability with an education that meets their educational, social and emotional needs. However, the school system should also provide some support to these students via facilitation of access to disability support.

### **Recommendations:**

- Data should be collected on the prevalence of disability amongst home educated students in NSW.
- Home educated students should be able to access disability support services through the Department of Education and Communities in line with institutionally schooled peers. A mechanism of funding this support should be negotiated with the Federal Government.
- Home educated students should be able to access part-time enrolment in school and part-time registration for home education.

## **Home education of children who experience disability**

The experience of the HEA is that a significant proportion of home educated children in Australia have a disability or other special need that would make or has made a successful school experience difficult to achieve. Unfortunately, no data is collected in NSW about the prevalence of disability amongst home educated students in NSW and so it is unknown exactly how home educated students are so affected. Since they are not counted, these students appear not to count to government or education authorities. However, the majority of the calls received on the HEA Helpline are from families who are wanting to home educate because their child is having serious problems at school and this is usually associated with a special need of some kind. The most commonly mentioned special needs on the HEA helpline are attention deficit hyperactivity disorder and autism spectrum disorder. Bullying and concerns for the psychological and physical well being of the child in school are also commonly reported.

A huge variety of disabilities are represented amongst children who are currently being home educated in Australia including: autism spectrum disorder (including Asperger's Syndrome), pervasive developmental delay- not otherwise specified (PSS-NOS), global developmental delay (GDD), asynchronous development, hearing impairment (mild to profound deafness), vision impairment (mild to legally blind), visual snow, visual tracking problems, history of abuse/neglect/developmental trauma, reactive attachment disorder, fetal alcohol syndrome, social anxiety, ADHD, generalised anxiety disorder, panic attacks, bipolar disorder, obsessive compulsive disorder, oppositional defiance disorder (ODD), gender dysphoria, suicidal, school phobia, agoraphobia, depression, post traumatic stress disorder (PTSD), trichotillomania, Tourette's Syndrome, facial tics, ataxia, sensory processing disorder (SPD), auditory processing disorder, hyperacusis, spina bifida, cerebral palsy, brachial plexus injury, dyslexia, dysgraphia, dyspraxia, dyscalculia, dysphagia, Irlen Syndrome, non-verbal learning disorder, selective mutism, phonological disorder, allergy (mild to severe anaphylaxis), chemical sensitivity (mild to severe), Menkes disease, Crohns disease, Fragile X Syndrome, agenesis of the corpus callosum, asthma (mild to severe), croup (mild to life threatening), tinnitus, upper airway restriction requiring continuous positive air pressure (CPAP), central sleep apnoea, obstructive sleep apnoea, epilepsy (mild to severe and uncontrolled), juvenile dermatomyositis, juvenile arthritis, Type 1 insulin dependent diabetes, precocious puberty, myotonic muscular dystrophy, scoliosis, immunocompromised, unnamed chromosomal abnormality, Jacobsen Syndrome, Downs Syndrome, trisomy 9, Ehlers Danlos Syndrome, dysaunotomia, orofacial granulomatosis, brain tumour, acquired brain injury, stroke, low cardiac output, chronic fatigue, Ross River virus, hydrocephalus, macrocephaly, secondary Parkinsons Disease, hypotonia, rhabdomyolysis, anorchia, tracheomalacia, systemic autoinflammatory disease, oesophageal atresia, periodic fever syndrome, eczema (mild to severe), psoriasis (mild to severe), Raynauds Syndrome, hypothyroidism, poor muscle tone, hypermobility syndrome, faecal incontinence.

Students with a disability are commonly home educated because parents believe that schools will be unable to meet their needs or because schools have been demonstrably unable to meet their needs or to protect them from harm. In some cases this is a failure of the school, in other cases it is difficult to see how the school could have adequately accommodated the child's needs.

For example,

*"My son was diagnosed with anxiety disorder and OCD. He was initially given funding but then had it removed. Throughout year 2 he was averaging 2 days a week at school. The school did try, but in the end we were told he could not continue on a partial basis. We would have been happy to keep him there part-time but the options we were given were distance ed or a special unit which was not an option. He was shattered from the experience, felt that he had failed, hated that he was seen as different to the other kids. He completely disengaged from learning, hating it, but we are slowly bringing him back."*

*"My son has sensory processing disorder, memory problems and speech issues. His gross motor is under-developed. Though I was impressed with how hard his teacher worked to accommodate his needs, he came home 4 out of the 5 days a week with bandages on his legs because he was always tripping on stairs or uneven ground. Every afternoon he would spend hours trying to do the homework. Trying to fit in school around OT, speech, family life and homework was awful. After the first term it was agreed that he would need more help than what they could provide. Now we homeschool and can work at his level and pace, with plenty of time for brushing and speech practice and family time. He isn't competing against other kids and telling me he is dumb. We don't have skinned legs all the time. It isn't that school was terrible, it was just unnecessarily time consuming and unable to meet his needs."*

*"My daughter was having up to eight fits lasting up to seven minutes each. She went to bed at 8:30 but she was so exhausted after her seizures in the morning that she wasn't getting enough sleep. It wasn't fair to wake her up at 7am and expect her to go to school when she really just needed to sleep. She can now stay in bed later if she needs to and complete all her tasks for the day. If she were at school she would be in grade 5 but she is now working at grade 6/7 level and loves it. She is no longer tired and enjoys her work."*

*"My ASD boy was so stressed and depressed after being a "champagne kid" and holding it together at school that he comes home and "pops his cork" and becomes aggressive and has constant meltdowns. This is accompanied with him telling me that he is dumb and stupid and worthless and might as well kill himself. Those words from a 9 year old!!!! Absolutely heartbreaking"*

*"My son was in a special unit that we moved towns for him to attend. For 18 months he was picked on by older kids who had behavioural issues. He was sworn*

*at, bitten and taught to swear. I feel like the principal and the teacher swept my concerns under the carpet. Eventually, I took him out, lodged the paperwork to home school and eased in. He has made so much progress in the last term, I am so proud and so pleased that we decided to home school."*

*"My child has lost 2/3 of her hearing. Every year I would talk to the teacher about all the ways they could help her cope better in the classroom. I gave them written information to help. In 5 years of schooling my daughter was constantly confused as she wasn't being communicated to. She fell so far behind and was very lonely at school. She was accused of "cheating" (deaf children learn by copying and following). She was punished for not following instructions and not allowed to eat when the other children did. She was forced to complete work on her own with no idea what to do. She had 2 hours of help each week but was taken out for this help during fun activities like art. I am so very very disappointed in how my beautiful girl got treated...so many more things I could say but she still closes down now when we talk maths. For a year she would cry if we did maths. Lots of repair work needed I'm afraid."*

Many children have multiple special needs. Where children have multiple special needs, parents have reported to the HEA that the ability of schools to provide an appropriate learning environment is diminished. For example, while there are speciality classes in the state school system in some locations for children with a severe hearing impairment and speciality classes for children with autism, there are no classes for children with both a severe hearing impairment and autism. In another example, a child may have severe cerebral palsy and high intelligence but their physical disability prevents them from being able to be taught in a mainstream class and the classes for children with severe physical disabilities may not provide the intellectual stimulation the child craves.

*"Our son has a severe hearing impairment and was originally in a support class for deaf students. He was also diagnosed with severe developmental delay and was eventually diagnosed with autism. Applying the best methods for teaching our son was difficult. He required a total communication approach for his language, but the normal approaches for teaching deaf children were not working, he needed the methods of autistic classes. After many meetings between the class teacher, the head of the support unit, our family social worker, the Central Coast disability co-ordinator for the Dept of Ed and ourselves, we were told that we needed to pick our son's primary disability and he would be placed accordingly. It was evident that there was no acceptable solution in the school system so we withdrew him to home educate. As with all home schoolers, we had good days and bad but overall we had success. So we haven't looked back. "*

Some families determine before their child is of school age that the school system will not work well for them and they start home educating from the beginning. For example, *"As my daughter has a May birthday she could start school at 4 yrs 8mo or 5yrs 8 mo. From age 3-6 years she had crippling separation anxiety. When the 2011 school year started (and she was 4) she had already met all*

*of the Early Stage 1 and some of the Stage 1 outcomes but she could not attend school because of the anxiety. We decided to home educate. At home she follows her own interests and is able to learn at her own pace and she continues to work above “grade level.” She no longer has separation anxiety but there is still enough other anxiety that I think she would not thrive and would likely go backwards in a classroom environment. Her anxiety does not impact her learning at all with home education.”*

It is extremely common however, for children to have been at school and for children to have been failed by the system before commencing home education. By the time such parents contact the HEA they are often quite desperate. Most are coming from a very low knowledge base of home education because they had not planned to home educate. Parents are also often exhausted by the battle they have faced with their child’s school. Some families might choose distance education for their child (at least initially) if that was an option that was easily available. However, currently access to distance education in NSW requires the approval of Department of Education employees who may have a history of conflict with the family and may also disagree that distance education is a good option for the child. For example, *“I have a child with special needs where the school cannot accommodate his needs (needs one-on-one direction). His teacher and the supervisor agree that distance education or home schooling is the best option but the Department of Education representative will not allow the school to make the statement needed for distance education. He uses the social argument. He states that many are in the same position and that in his opinion it’s best for the child’s education to be disadvantaged in school than to be better educated but socially disadvantaged at home.”*

Children are often deeply traumatised by their negative experiences with schooling. Many children have learnt in school that they are stupid and incapable of academic success. Many have also been severely bullied and are evidencing symptoms of trauma in anxiety, depression and self-harming behaviours. Parents commonly feel that their concerns about their children are not taken seriously. Children may also not have started school with a recognised disability or special need but they may be different from other children and thus find the social aspects of school difficult and be subject to bullying and ostracisation resulting in the development of psychiatric disorders.

For example, *“My child had suffered from chronic and escalating violence and bullying at school and this, combined with his learning disabilities and social isolation, had left him severely traumatised. He was suffering from severe anxiety and felt ill all the time. He would spend the afternoons and the evenings in a state of misery, thinking about having to go to school the next day. Things got so bad that he began to self-harm, smashing his head against walls because he felt so completely distressed. It was in desperation that I decided to try home education. It took my child at least 6 months just to be able to wake up in the morning without dread of thinking he had to go back to school. It took 6 months for him not to feel sick at the thought of having to socialise with other children after having been*



*severely bullied and isolated from other children for so long. It took that long for him to really recover his sense of joy, by just being able to spend every day without fear, without feeling that he was stupid, without feeling so alone and lonely and sad. That first 6 months we spent doing a very small amount of actual 'school work' and a very large amount of hard work healing all of the deep emotional wounds that had been inflicted in the previous 3 years. After 6 months we were able to get started on doing some school work. My son went from not being able to read at all to reading fluently by the end of our first year of home education. We had been able to proceed with his learning at the rate that worked for him, there had been no pressure and the one-on-one teaching tailored to his needs had worked."*

It is the experience of the HEA that home education can provide a fantastic education for children who have special needs. Home education allows for the tailoring of the educational program to the individual child's needs, it allows for one-on-one teaching, it allows for strengths to be encouraged and weaknesses to be compensated for. In some cases special needs that constituted a severe disability in a school are unimportant in the home education environment. For example, *"I chose to home educate my child from year 1 as I realised he was struggling to learn to read and felt that he needed one to one attention in this area. It took him about 5 years to become a competent reader but that was no impediment to his overall education. He is now 15 and on track for tertiary study with a healthy self esteem. I believe that home education gave him the opportunity to learn at his own pace and in his own time without the pressure of tests and the comparison to others. To me, home education is nothing short of a miracle."*

Probably the most important factor in the success of home education for children with special needs is that the facilitator of the child's education is someone who loves them deeply, knows them intimately and is committed to their long-term wellbeing, success and happiness.

The success of home education in meeting the child's needs is evidenced in the outcomes of home education. Families very commonly observe that children's medical conditions improve dramatically after home education is started. It is extremely common for children who had been prescribed medications for psychological or behavioural issues to be able to eliminate or reduce their medication.

For example, *"My son suffers from a life threatening condition. He required about 6 weekly admissions when he attended school and even when his big brother and twin sister were still at school and bringing home illness. Since bringing him and his siblings home he has not needed medication for his condition and has avoided hospital all together. This has made a huge difference in his quality of life."*

And, *"My son was on dexamphetamine from Year 3 until recently. Earlier this year, (15 months into homeschooling and 7 years of taking the medication), after adopting more of an unschooling approach, we have been able to stop the dex as his aggression and anxiety have totally subsided."*

And again, *“My son was heavily medicated while at school for both psychological and medical conditions. During an attempt to reduced his medications, we were directly told by the school that if he was not put back onto the medication he would not be permitted to attend school. Within 6 mths out of the school system we were able to completely withdraw the need for one medication. Within 12-18mths we were able to reduce or in some cases eliminate medications related to his medical conditions as the reduction in stress allowed his immune system to heal itself. His stays in hospital also dramatically reduced, he hasn't had more than an overnight stay in 3 yrs. Previously he would be in for weeks at a time, particularly over May-October when it might be months. He now has not even an eighth of the medications he used to take. Within the school system we were constantly having to increase his medications to manage his psychological and medical conditions.”*

Children who were failing academically at school or who were pre-identified with a learning disability also perform well during home education and so move onto further study and employment. For example, *“We were told by our son's pediatrician when he was 7 that with his memory processing skills there was no way he would manage in the school system. Fast forward to now, he is 16 and has just been accepted into a Diploma course in IT at TAFE and he also managed to get himself a job after 1 day of work experience in an IT business.”*

### **Support services for home educated children with a disability**

Within the school system students with a disability receive support based upon their individual learning needs. Students may receive support directly (such as in the form of a teacher's aid or specialist resources) or indirectly (such as support for their teacher). Although many home educated children have a disability, many have previously attended school and many have been unable to be provided with an adequate education in school or have been unable to be safe in school. Nonetheless, removal from the school system means that children lose any support and are excluded from resources that are available to other students. The issue of exclusion of children with disabilities from accessing specialist resources is one that is particularly serious given the disadvantage that these children already face. Such exclusion is hard to understand given how expensive the education of these children would be for the State if the children were attending a government school and given that many such students have often already been failed by the school system. There is also the longer term cost to society of not supporting children with a disability to achieve their full potential where their parents cannot afford the resources that the school system could provide if policy allowed it. Families who have a child with a disability are those who often struggle the hardest to gain access to resources that their child needs because such resources can be very expensive. This is compounded by the fact that families are often foregoing an income in order to home educate.

For example, *“My daughter has just been diagnosed as having dyslexia with a double deficit and memory working problems. The specialist who assessed her has recommended that the online “Easy Read” program would be the best assistant to*



helping her. Schools can access this program for a one off cost of \$75 but it would cost me \$40 per week to use the program and as a single parent I just can't afford this. It's a horrible situation to be in."

"Our son has Dyslexia and finding resources to help him has been challenging. He was able to trial a computer program which (a little to my surprise) he really enjoyed but the cost of using the program has deterred us...it would cost \$1377 a year. The irony is that we live directly behind a government primary school that has a licence to use the program with their students, but we cannot use it. Instead we have settled for "Toe by Toe" which is a book that cost only \$35, but he does NOT enjoy it and we struggle through it each day. We have seen a huge improvement but it would be great if we had been able to afford the computer program and it is very frustrating when it is available to the children who go to the school at the end of our garden, for free."

"I recently went to Westmead Hospital to get developmental assessments done for my twins. The intake officer nearly choked when I told her they were 13. She asked me why the school hadn't assessed them? I explained that we homeschool and so we didn't qualify. I homeschool out of medical need. My kids could not be catered for, we tried school for lots of years. For kids with issues there needs to be access to support."

"My daughter has significant hearing loss. In school she was getting 2 hours per week itinerant support. When we changed to distance ed through the Department we were no longer able to get that help. And now as BoSTES registered obviously not able to get that help either. Before we left the school we were given a number to get private help which we couldn't access because we didn't have the money for it on one income

"My daughter is legally blind, has an intellectual disability and has been diagnosed with anxiety and depression. She was home educated for many years but when she was in 4th class we sent her to school because she's a very social child and wanted to be more with other kids. We had also had difficulty in accessing the resources that she needed like large print photocopying and closed circuit television because of the expense. She attended school for 5 years and it was Ok for her until year 8 when her anxiety and the pressure of performing academically at school became too much and we took her out. The school principal was really understanding and suggested that perhaps she could be home educated for the academic subjects and attend school for the electives, dance and drama, which she loved and excelled at. Unfortunately, the principal was told by the Board of Studies that this was not allowed which was quite sad for her. Obtaining large print books and printouts also became problematic and expensive with no assistance. She was also informed that she could not attend the annual Vision Camp after she left school. This camp had been fantastic for her as it was the only time in her life that she'd been with a large group of children who were similarly visually impaired. Her Vision Itinerant teacher had offered to take her anyway but this also was not allowed. Whilst homeschooling took some of the academic pressure off in year 9, my daughter felt

*very socially isolated and this made her depression worse. Had she been able to do electives at the local high school and attend Vision Camp I believe her year 9 experience would have been a much more positive one."*

Part-time enrolment in school and part-time home education is possible in many Australian jurisdictions but is precluded in NSW. Provision of such flexibility in education would be of benefit to many students, especially those who experience disability.

Other Australian jurisdictions are able to provide support for home educated children. For example, *"My daughter has a serious vision impairment and other disabilities as a result of a brain tumor. She was spending so much time in hospital and sick at home that school just was not working. After it was decided that we were going to home school we advocated for support for our daughter from the Vision Education Service, which is a part of the WA Department of Education. Vision Education have been wonderful. They have adapted learning resources for our daughter (photocopying books so that they have larger text and binding them for her), given practical assistance (like telling her to hold books up to her face) and provided electronic resources (like an electronic magnifier). It has been fantastic! We could not do without their help"*

The cost to society of not supporting children with a disability in NSW to achieve their full potential appears not to have been considered. The NSW government should institute policies that enable home educated children with a disability to access appropriate support, on an equitable basis to school children with disabilities. Exclusion of home educated children from access to support could be considered to be a form of disability discrimination.

### **Research summary of home education of children with special needs**

Australian research on home education of children who experience disability or who have other special needs exists.

**Jackson (Jackson 2009) studied families who had moved in and out of school-based education and home education in Victoria.** She found that families removed children from school in order to alleviate academic and social tensions for children with giftedness, advanced learning abilities, learning difficulties or health needs. It was identified that students fell into four ability groups- gifted, advanced learners, average and students with learning and/or health difficulties. Students were defined as gifted when they had been assessed by professionals as such and/or had been promoted above their same-age peers several grades or had achieved early entry into university. Students were considered to be advanced learners when they regularly achieved A and A+ grades while in mainstream institutions. Students were considered to have learning disabilities, when they struggled to achieve average grades and/or had professionally diagnosed disabilities. Learning disabilities were associated with

children having dyslexia, dysgraphia, ADHD, chronic fatigue, epilepsy and having been born prematurely. Less than a quarter of these students were identified as average students.

Home education was reported as providing a more effective education for children than they had experienced at school. Learning difficulties in children were said to have been improved or even corrected. Children who had been unable to learn basic skills such as reading while attending school, were able to master these skills at home. Individualised and contextualised learning was recognised as facilitating learning. For example, *“He was unable to read...[at school] ... picked up concepts a lot faster [at home].”* Families were able to tailor education to their child’s strengths. For example, *“[Our son] is severely learning disabled ... and no ... amount of talking to the school about his particular learning disability [worked] ... the school actually told me to stop wasting my time ... on my son because he was going to disappoint me ... that he would never achieve ... it was time that I backed off and let them educate him their way and I left and he’s never been back to school.”*

The health of children with health problems improved. Thus, *“Epilepsy people know you put pressure on a child with epilepsy and you...stop them from functioning basically and that’s what was really happening [at school].”* It was also reported that children developed learning independence and avoided problems found in mainstream institutions such as bullying. For example, *“One of the reasons why we left the system ... Sam was suffering from bullying ... and it concerned me ... short term effects were bad enough, but the long term effects were a real worry as well.”* Parents stated that one of the benefits of home education was that they reduced stress in the family because they did not need to support children who were unhappy at school.

**Reilly (Reilly 2002; Reilly 2004) studied the home education of children with a disability in Western Australia.** She identified that parents’ reasons for home educating were connected to the negative socialisation encountered in schools, insufficient academic progress and a failure by schools to understand their children’s academic and social capabilities or the nature of their child’s disability. Most children had been subject to bullying that was directly related to their disability that parents reported had created significant stress for their child and diverted attention away from learning. Parents stated, *“There was severe bullying. He’d always been picked on at high school but he never told us. ... Then there was an incident at school when he was attacked”* and *“She has struggled with negativity right through school. She looks a bit different and kids have given her such a hard time.”* Other sorts of negative socialisation were also present as one mother reported that her daughter was *“...learning inappropriate behaviours and self-abusive behaviours within the school system.”*

The majority of parents were of the opinion that their child’s lack of academic progress justified their removal from the system. They identified lack of resources, misunderstanding of children’s capabilities and an inability to deliver

education consistent with techniques used at home as behind the poor academic progress. One mother stated, *“I went through some of the work that she had done for the year and she really hadn’t done anything ... I realised from the start that we had to go back to basics”* and another described, *“I think they just thought she was capable of more than she was. They didn’t know her capabilities. I don’t think they had taken the time to judge it actually.”*

In contrast, home education allowed the curriculum to focus on the specific and individual needs of each child. As stated by parents in this study, *“One-to-one training, teaching her in her learning style, understanding her and being flexible with what we deliver have been effective ... The programme is totally individualised in comparison to the school system”* and *“One-on-one teaching has to be a big advantage. She really needs one-on-one with everything she does as you have to try and keep her on task all the time ... At home there is more flexibility and you don’t have to stick to a timetable.”* The flexibility of home education was noted as allowing families to work around appointments and illnesses related to the child’s disability.

**Kidd and Kaczmarek (Kidd and Kaczmarek 2010) considered the home education of children on the autism spectrum in Western Australia.** It was identified that the school experience had been challenging for the children involved because there was a large discrepancy between the learning needs of the child and the learning programs offered at schools. Thus, one mother stated, *“They refused or were unable to modify the curriculum to suit the needs of an autistic child, they say on an ad hoc basis they have some success with it but they don’t.”* In addition the behavioural inflexibility of children on the autism spectrum was often not appropriately considered. For example, *“The teacher would just say, “Luke you’ve got to stop” and not give him a warning, and just turn the computer off...he always needs to finish what he’s doing... so he would sit there and start screaming and throw himself on the floor and having a tantrum.”* And, *“Because he was having meltdowns all the time and because they weren’t managing his environment or modifying the curriculum to suit his needs, they were still trying to get him to write with a pencil, still trying to get him to play football games, still trying to get him to accept relief teachers without prior warning. All the things that set them off they continued to do and they had a behaviour management plan and there were consequences for his bad behaviour but they were not willing to change and it was always like, we’ll cure him of this by giving him a string of consequences or punishing him... it makes no sense to Mark... he gets angry and upset because something doesn’t work for him, for his brain, punishing him for that, he doesn’t really even know why he’s been punished.”*

As a result of the inability of schools to provide an educational environment that was sensitive to the needs of children on the autism spectrum, children were failing to progress academically and were also very stressed. It was the stress and anxiety caused by the school environment that was the impetus for most families to home educate. It was common for children to “hold it together” at school and “melt down” when they got home, *“Sometimes he’d come home from*

*school and after he'd yelled and screamed and threw his bag and punched me he'd then go to bed and cry himself to sleep and sleep for 2 to 3 hours. And that often happened every day."* Some children self harmed because of the stress and anxiety of school. Bullying also had a negative impact on the wellbeing of some children. One mother described, *"Bullying started rearing its ugly head...so much so that I did actually come upon three boys; two were holding him down while the other kicked him. It was the worst day of my life."* Some families were advised by their health professionals to remove their children from school. Thus, *"Accordingly the psychs recommended that he never return to school, so when I started homeschooling I was dealing with a really, really distressed boy, melting down left right and centre."*

Families noticed a large positive change in the wellbeing of their children after removal from school and (seemingly as a result) a reduction in their autistic behaviours. Parents stated, *"He used to hit himself in the head ... that's a behaviour that's completely gone now... He's heaps less stressed...I mean he comes up to me all the time and just gives me a hug and goes, I just love you mum you know... he's really happy"* and, *"Just a really happy, thriving boy who ... has left a lot of autistic traits behind"* and, *"I was astounded at how much better his social skills were within weeks of leaving school...Everybody said that these kids have got to be at school for them to learn social skills, to be able to get on with other people, and my experience is that this is a load of hogwash."*

In addition to improved well being, children's academic learning also improved after removal from school. Families believed that this had occurred because they were able to provide their child with an education that was designed around their individual learning needs and learning style. For example, *"[At school] he couldn't write to save himself. To get something on paper was like trying to pull teeth...I taught him how to type...and so he's now written about five books."* Sometimes identifying what will work for children takes a great deal of effort, but this is a commitment that parents were willing to undertake, *"I have to do a lot of research on what will work with them ... that is time consuming."* The flexibility of home education also allowed children to have "time out" if they needed to, *"If I see that that he's getting stressed, I can send him off, and he can have his downtime, which they don't get at school."*

Despite the hard work involved in home educating their children parents often expressed gratitude for the chance to home educate and that it was easier than attempting to deal with the school system. For example, *"I think it's more than what I thought. When people say "Oh it must be so hard" I go "No it's a piece of cake compared to the futile fights I was wasting my time on with school". I've realised I've done a 360 degree and all that effort has been put into something so positive, I think it's more than I could ever have hoped for."* Families often found the experience of home educating their child on the autism spectrum empowering and of benefit to the whole family. As one mother stated, *"The whole family is a lot happier."*



**Stroobant (Stroobant 2008) studied the experiences of families where a child was a “school refuser” in New Zealand.** The term school refuser is used to describe children who appear to dislike and fear school (or aspects of school) and persistently refuse to attend or attend very unwillingly. School refusal is often associated with diagnoses of anxiety, depression or phobias. Parents described how difficult school was for their children. For example, *“I watched Brittany and Sam basically fall apart while they were at school. Brittany just shut down, would have panic attacks, cry and be physically ill at the thought of going into school. Sam was withdrawing and taking his frustration out on his sister at home. They were both losing their willingness to learn,”* and *“Amanda was deeply unhappy. She had nightmares, incredible tantrums and deep circles under her eyes at the end of each school day. She was often outraged and angry (at things which happened at school) and was inclined to be clingy.”*

As children were removed from school and began home educating it was observed that they changed *“from being sad and sick to happy and healthy.”* Thus parents described, *“After school withdrawal, I saw Jonathan move out from that very fearful core and gradually gain confidence. He slowly embraced more and more things and started to go out socially... He just blossomed”* and *“Amanda blossomed almost immediately following school withdrawal. Her fears of being left alone disappeared and she became friendly, outgoing, talkative and inquisitive. Her natural pride in a task well done reasserted itself... As a home schooler, Amanda is responsible and self motivated. She volunteers knowledge and enjoys new facts and skills, sets high standards for herself, and sees no problem with adding to her curriculum,”* and *“Liam changed instantly when we took him out of school. It was like a total unwinding of the spring. He just relaxed, his asthma improved and he had the chance physically to catch up. We noticed a great improvement in his behaviour, especially noncompliance... Socially, Liam’s friendships have really grown and developed and he now has a lot more friends than he ever had at school. Even the ADHD behaviour has improved a lot, coming out of school.”*

## **Conclusion**

Home education is demonstrated to be capable of meeting the educational needs of children who experience a wide variety of disability. The HEA would welcome action to better support the educational, emotional and social needs of children who experience disability in government and non-governmental schools. However we would also urge the committee to consider that it will always be difficult to accommodate the needs of all children in schools and that families who choose to home educate (especially because school was inadequate or harmful for their children) should not be punished by the system for doing so but should be supported, and provided with access to appropriate assistance. It is unacceptable that the NSW government does not know how many students with disabilities are home educated and action should be taken to ensure that data is collected to identify such students.