



**Non-elective home education:  
understanding the rise of reluctant  
home educators and potential  
support models for parents and  
young people**

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Making Public Services  
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# Summary

This report summarises a project conducted by Career Connect with young people and families that are electively home educating. We conducted this to inform an evidence-based service model for careers guidance that is responsive to the needs of home educating families, fills a gap in current provision, and that is scalable.

## The project had three parts:

- I. Formative research with young people and families that are electively home educating
- II. A test and learn phase where we piloted some potential service components – based on the formative research - with families and young people
- III. A theory of change workshop to bring together our learning into a coherent service model

Trend data points to a growing number of families withdrawing children from school, and our research identifies some of the reasons for this, and why it is often perceived as the only solution available to these families. We conclude that young people and families that withdraw from school often have wider support needs beyond information, advice, and guidance. They can often be socially isolated, and an increasing number of young people have mental health conditions that are an impediment to engagement in education and other support services.

Our research identifies the lack of support available and that families often lack the information or confidence to access the limited support that is available. There can also be financial barriers to accessing equipment, to support education, or to access examinations and qualifications. Social support from peers and mentors is also lacking, young people that do not have access to these key drivers of social mobility will typically have worse outcomes than those that do. (Social Mobility Commission, 2022)

We use evidence from both secondary sources and our own primary data collection to present a model that we think will provide home educating young people and parents with the support they need. This support will be provided at key points in their development, with the aim of maintaining them on pathways to further education, training, and employment.

As a next step, we will seek opportunities and partners to implement and evaluate this model, and then use this evidence to promote wider take up of the key components.

The work documented in this report was conducted between January and November 2022, in partnership with Capacity (<https://thisiscapacity.co.uk/>). It was conducted in areas in the north-west of England where Career Connect are currently delivering services.

# Background and purpose of the research

The numbers of young people being electively home educated in England are increasing, and rapidly so since the Covid pandemic. In 2016, an estimated 37,500 young people were being home educated (ADSC, 2016). By 2018, this had risen to 58,000, and then further to an estimated 115,542 young people during the 2020/21 academic year (ADSC, 2021).

Research into the reasons for home educating in England is scarce, but existing information highlights a distinction between those families that have taken a well-informed decision, and who feel equipped to provide home education, and those for whom home education is an imperfect solution for issues that feel beyond their control or capacity to resolve in other ways (Long and Danechi, 2022). The focus of this research is with this latter group as our primary purpose is to look at support needs that are currently unmet.

Among these families, several factors have been identified as influencing the decision of parents to withdraw their children from school, including health, and particularly emotional health; unmet educational needs; relationship breakdown between schools and parents; the absence of clear steps to support schools and parents when withdrawal from school is being considered; and the avoidance of prosecution for non-attendance. Other small-scale studies have found that the majority of parents express dissatisfaction with their current arrangements. (Arora, 2006; Ofsted 2019)

The growing numbers of EHE young people has a potential longer-term impact on the numbers becoming NEET. Although the DfE does not collect data on the educational attainment of known home educated children in England, making comparisons impossible, a 2009 review found that 22% of known to be home educated 16-18-year-olds were not in education, employment, or training, compared with a national average at this time of 5%. (Foster & Danechi, 2019)

Further, more recent analysis points to the growing number of young people for whom mental health is given as a reason for being NEET, and an increase in mental health problems among young people in the general population (Murphy, 2022; National Learning and Work Institute 2022).

Taken together, the evidence suggests that there are a growing number of families for whom home education is a necessity rather than a choice, that these families have a range of unmet support needs, and that, if left unmet, may have longer-term negative impact on becoming NEET. This underpins our decision to focus this research on these families, and the need for the development of evidence-based services and support for them.

# Formative research process

We began this project in early 2022, working in partnership with Capacity, an organisation specialising in innovation and reform of public and third sector services (<https://thisiscapacity.co.uk/>). Career Connect worked in collaboration with Capacity to conduct data collection, to understand and interpret the findings, and to identify specific activities for the next phase.

Career Connect have supported EHE young people and their families as part of our wider services to young people who are NEET and at risk of NEET, and this operational experience informed the research process.

The research focused on families who felt they had no other choice but to remove their child from school. Capacity and Career Connect engaged 52 individuals through a mix of surveys (16) and individual interviews (36), in four local areas where Career Connect are currently delivering services to young people who are NEET or at risk of becoming NEET.

This included: 9 EHE Young people, 16 parents/carers and stakeholders, 1 Career Connect staff, 5 VCSE professionals, 4 staff members from schools/colleges, and 14 staff from across 6 LAs

All participants in the research had de-registered their child from school at different points and ages. The youngest was 8 years old and the oldest was 15 years old. Most were 13 years old when they first became EHE (36%), 14 (24%) and 15 (20%).

## Key findings from formative research

### There are multiple reasons for withdrawal from school

We found several commonly occurring reasons for children withdrawing from school:

- **Unmet emotional and mental health needs** which continued attendance at school would exacerbate. It becomes a 'vicious circle' where the young person feels safe at home without the daily socialisation that they would get from attending school. They struggle more and more to leave the house and interact with other children/peers.
- **Struggles to 'fit in'**, whether academically or socially, and the root cause of behavioural problems was not investigated or alternatively if the child was progressing and meeting national standards, other reported difficulties from parents not being escalated.
- **A wish to improve learning** was cited by a small number as a factor in the decision to withdraw from school.
- **The absence of flexible options for schooling** and bespoke support
- **Avoidance of fines** for non-attendance while remaining registered as attending school

Most families reported that the levels of support preceding, during and post transition from school to home, were insufficient.

## There are a range of substantial challenges faced by young people and parents that have withdrawn from school

The decision to withdraw children from school is often taken as a solution to an immediate issue, but with limited consideration of longer-term impact or implications. We found several common and ongoing challenges:

- **Problematic relationship with schools.** A feeling of their child not being supported or understood, and the parents not being listened to, often contributed to the decision to de-register their child from school.
- **Transition process from school to EHE is uniformly difficult** and, in most cases, the expectations of what the experience would be like, and the support they would receive, was starkly different from the reality. Frequently families are in a state of crisis and significant emotional turmoil when making the decision for their child to become EHE. Having lived through home schooling due to Covid lockdowns there was disappointment that opportunities for distance learning have subsequently disappeared.
- **Difficulties with continuation learning & education outside of school.** Parents struggled to support their child, either through direct teaching or by finding resources to help. Information and support are fragmented and there is little or no coordination to help parents navigate through and understand and source what is available. Access to mental health support varied from online resources (e.g., ADDvanced solutions website and resources) to their health visitor who supported them to access counselling, or via a referral to CAMHS. Informally accessed websites and online searches were reported as the places where families typically found information. Websites such as BBC Bitesize and YouTube are used the most, and revision books, such as those developed by AQA, were also referenced as helpful resources.
- **Absence of support and coordination is particularly acute among under 16s.** Provision and support once children reach 16 years old is available in some cases, through local authority services to prevent young people becoming NEET. Before this point, parents expressed that they had no help with the transition from school to home and were not made aware of any possible help from the council or outside agencies to help them with learning.
- **Home educating brings financial burdens that are difficult to meet.** Some young people struggled with home learning due to lack of finances. Not having the internet or technology such as laptops, made it difficult to use the websites that were recommended to them. Paying for tutors and to sit exams were also barriers to learning and gaining qualifications.
- **Parents coping with work and health challenges.** While some struggled to juggle earning a living alongside home educating their child, other parents struggled with their own mental health and/or lack of confidence in their own knowledge and skills to teach. Often parents reported that they “don’t know where to look for education guidance”. There is a sense that, while LAs are doing their best, they are stretched and the provision of EHE resources has not kept pace with the growing numbers of EHEs in each area.

# Test and learn through piloting of service components

From the research, we worked with Capacity to identify several service components to pilot with young people.

## Service components for young people:

- One to one or small group sessions/workshops with EHE young people to map out pathway and deliver careers information
- Test bespoke social/educational activities and events as part of a 'summer programme' for young people who are EHE.

Piloting of these activities ran in September-October 2022.

## Service components for young people pilot: what we delivered

This pilot aimed to encourage EHE young people to engage in both careers related and social activities within small groups providing positive peer support. These activities were planned to complement the EHE summer offer already established for Year 11 young people, where they are supported to develop short- and long-term goals to make positive progression into employment, education, or training.

There were 28 young people in the Year 11 EHE cohort targeted for inclusion in the pilot. From first to last contact with the EHE families, the pilot lasted just over 8 weeks. During this period:

- Successful engagement was made with the parents of 26 young people engaged with careers and employability activities.
- Delivery was undertaken through 1:1 intervention including careers advice and guidance, supporting enrolments, visits to college and training providers, travel training, careers education to create an understanding of post-16 provision, and referrals/support with applications and brokerage/advocacy with providers to support the transition to post-16 provision.
- 3 young people engaged with social activities. One of these young people had never previously engaged with the service, despite previous attempts.

An intense campaign via face-to-face visits, phone calls and emails were conducted to encourage participation. Feedback on all activities were positive.

## What We Learned

Staff time required was high when considering the relatively few young people that participated in the activities. However, delivery teams perceived the impact on those young people to be encouraging.

*“Overall, although numbers were low, I feel the three sessions were of real benefit. Encouraging independent travel and meeting new people was a definitely benefit to the young people.....given additional time, these are the kinds of sessions that would have a long-term benefit.” (Career Connect programme lead)*

Despite having a dedicated staff member already working in the area actively trying to build relationships with EHE young people and their families, there was still the need for further and significant resource to encourage these young people to participate. Four staff members were brought in to support the pilot: delivering admin tasks, management and support, and delivery of the activities.

In the time available, we struggled to get any direct feedback from the young people on how these activities had impacted on their lives, their parents did report that their child was positively impacted.

*“We have seen small improvements in his confidence, and he is making friends in college. (He) has also been to the optician by himself, something he would not have done previously.” (Parent of participant)*

Overall, we learned that:

- Emails were not an effective form of engagement, and that more personalised, in-person approaches are needed.
- Initial engagement needs to be structured around the young person’s interests, to overcome barriers to participation.
- Success of approaches should be assessed over the longer-term and time is needed to establish relationships with young people that allow for the delivery of more targeted support with regards to further education, training, and employment. The time for these activities was too short to adequately assess outcomes.
- Activities/trips centred around further education interests worked well; the farm trip supported two clients to build confidence in attending college.
- Need to design more creative methods to receive feedback and evaluate the pilot.

From our initial insights report we identified a shortlist of how successful interventions should be delivered. This pilot affirmed two of these: (1) activities need to be flexible and tailored to the young person’s needs, and (2) also co-produced based on the young person’s interests and aspirations.

# Key recommendations from formative research and test and learn activities

Whilst the pilots revealed some useful learning about what works well and what doesn't, longer term pilots over a larger footprint would be required to further test these initial findings and the insights from the engagement project.

These pilots have been shown to be resource intensive, almost entirely focused on building relationships and trust with EHE young people and their families, and even then, extensive resource was required to encourage these young people to participate in activities outside of their homes. To create opportunities for the potential of greater impact, any future pilot should be aimed at EHE children at the point of becoming EHE, and not limited to current funded service delivery of only Year 10 and 11s.

Based on this, our recommendations for the development of a service model for EHE families are as follows.

## 1. Immediate offer of support to EHE families at the point of becoming EHE

Given their previous experience and challenges, it can be difficult to build trust and a relationship with EHE young people and their parents. We heard during our engagement with families and professionals that this is often due to a breakdown of relationships with schools and wider services and is often a contributing cause to becoming EHE. Many families then become more frustrated and disillusioned in the months and years of home educating due to limited support or interaction with services just when they feel they need it most. The provision of support services at the point of becoming EHE would enable young people and their parents to build trust and relationships with support services, potentially reducing resources required to form relationships, and delivering better outcomes longer-term.

Examples of what this support could look like includes:

- Further developing the toolkit of localised and generic/national resources and providing it to EHE families within 1-2 months. This could include help with understanding the curriculum and accessing learning tools, as well as access to health and wellbeing support and bespoke local networks and resources.
- Allocating a named advisor or key worker like the observed model, but across all EHE children/young people, no matter their age. Career Connect could make this offer to all local authorities, especially aimed at those who don't already have professionals involved in their lives (e.g., those without social workers, early help officers, etc). One function would be for us to signpost EHE families to useful local activities and other VCSE orgs.
- Create opportunities to deliver support via remote methods. Building relationships can be resource intensive but could be reduced through the provision of high quality online and virtual support

## 2. Peer mentoring and coaching offer for both parents and children

Feelings of isolation and abandonment lead to fear and anxiety. We frequently heard from EHE families that when the child is formally removed from school, all support is unexpectedly and quickly removed. Examples of this is the removal of counselling that occurred within the school, and free access to online library and learning resources, resulting in a feeling of isolation and abandonment.

However, at the same time there is often a feeling of relief and hope as the child is removed from an 'unsafe' environment into their home, making this an ideal time to set up good habits and build new relationships outside of the school environment.

Examples of what support could look like:

- Provide coaching to support parents during the transition period of moving their child from school into their new role as their child's primary educator.
- Develop a peer mentor programme with EHE children, pairing up similar aged young people and/or those with more experience of EHE with those who only recently de-registered from school.

## 3. Career Connect building strong relationships and partnerships with external organisations

Career Connect are skilled and experienced in supporting young people with careers information, advice, guidance, and coaching, but often the EHE young person presents with wider support needs e.g., mental health issues and trauma from bullying. Career Connect could build stronger relationships and funded partnerships with local community organisations who could offer these young people opportunities to improve their wellbeing, like a social prescribing model. In this way Career Connect, could serve as a capacity multiplier in addition to a direct delivery agent.

Evidence for the benefits of social prescribing is growing. The shared goal of all social prescribing services is to improve wellbeing. Most of the evidence is based on the experiences of adults; however, a smaller number of studies involving children and young people have produced encouraging results.

# A Theory of Change model for service provision

Our aim for this project was to produce an evidence-based service model to support the growing number of young people and families that are electively home educating. The aim of this service model being to provide young people who are outside of school with a supported pathway to employment, further education, or training at 16 years of age.

We took our learning from the research and small-scale piloting into a Theory of Change workshop. We used this workshop to reach a shared and clear understanding of:

- The issue, need, and gaps in current service provision for electively home educating families.
- Clarity on the target population for the service and the key segmentations within this population, as relevant to service provision.
- The component parts of a proposed intervention model and rationale for how these fit together to provide the support that we think will drive positive outcomes.
- The short, medium, and long-term outcomes that the service is aiming to deliver, and which will serve as a framework for evaluation.

Our visual representation of our theory of change is shown in Figure 1 and is accompanied by a short narrative describing the logic of what we propose.

Figure 1: Theory of Change

WHY?

**Legislative framework** allows for parents to withdraw children from school, so long as 'suitable' education is provided, but no clear definition of 'suitable'.

**Weak regulatory environment** for home education – beyond statutory requirements of LAs, schools, OFSTED and other agencies.

**Number of families withdrawing from school increasing** since 2016 - KS3 being the most common point.

**Some research on reasons, but not clear why increasing.** Evidence that Covid has exacerbated the increase.

**Careers and wider social support for YP is provided through schools.** No statutory obligation for provision – beyond safeguarding – once out of school.

**Outcomes for this cohort are generally poorer** although detailed evidence is lacking.

**EHE families are not routinely engaged at point of withdrawal from school**, and often lack resource to support their children in home education and wider advice and guidance on career pathways.

**Being outside of school means YP lack regulatory triggers** – the EHCP being key - for wider support.

**Financial challenges** are key for many families.

**Relationships with schools, LAs** and other stakeholders have often entirely broken down, exacerbating isolation.

WHO?

**YP in KS3 and KS4.** Early intervention is key. Need to engage at closest point to withdrawal.

**Families that have arrived at EHE as a perceived solution to other problems** and where the decision was not perceived to be a well informed choice.

**Families that are isolated** and lack support mechanisms.

**Diversity of needs within this group, in terms of readiness to engage.** Some groups, such as travellers face wider challenges that make them more likely to be outside of school system

HOW?

**Core approach: needs based case management, with a focus on the whole family**

The components of this support are:

- Age appropriate, careers IAG and experiences underpinned by Gatsby framework.
- Online 'resource pack' for parents to support orientation/navigation.
- Digital/online careers IAG through adapted version of Get Connected.
- Individual fund to support costs of: equipment, tuition, exams.
- Social prescribing to wider services
- Purposeful building of social networks for YP and parents.

**Partners for enrolling families:**

- Schools
- LAs
- Support services - health, housing.
- Other 3rd sector organisations working with EHE.

WHAT OUTCOMES?

**Immediate outcomes**

- **Improved levels of trust between YP/parents** and service providers.
- Engagement by YP and families with careers and education services and wider offers.
- Increase in knowledge and awareness and aspirations for both YP and parents
- Increased confidence in pathway to future career.

**Intermediary outcomes**

- Improvement on outcome star metric for 'soft outcomes'.
- Improved career readiness (validated tools). Access to support services equivalent to what one would receive through EHCP.
- Increased social network for YP and parents. Access to key enablers of progression - tuition, exams, training.

**Primary outcomes**

- Accessing EET at 16 years and beyond.
- Reduction in benefit dependency.

# Theory of change narrative

## What is the need for the service?

Statutory requirement for the provision of education is not well defined. This provides for a legal right for parents to withdraw children from school. For those that have formally withdrawn from school, there is a weak regulatory framework around what a 'suitable education' consists of, and no statutory requirement for any agency to be providing careers information, advice, and guidance.

The numbers of young people being home educated has been growing since 2016 and, while the underlying reasons for this are not entirely clear, the numbers have increased rapidly since the restrictions brought about by the Covid pandemic. Our research tells us that, in many cases, the decision to withdraw is made because parents and young people have little hope that the school and/or other agencies can provide the support or conditions that would keep them in school.

Once outside of school, many parents are confronted with the reality that there is little or no support available to them or their child. Some local authorities provide information and support, but this is at best patchy and at worse non-existent. Parents do not know how to access education, exams, careers support, or social support services that would typically come through the school-based assessment and an Education Health Care Plan (EHCP). They can also often lack financial means to purchase equipment that would support access to education and guidance (laptops, tablets etc), or to register for exams – the costs of which falls to parents when their child is formally withdrawn from school.

## Who are our target population?

Our research suggests that early intervention is key, and data indicates that KS3 contributes the largest number of young people withdrawing from school (ADCS, 2021). Young people in KS3 and KS4 are at key points of transition from junior to secondary education, and from compulsory to post compulsory education. They are also the stage when schools have statutory obligations to provide a careers service meeting quality standards.

Our specific focus will be with families that have arrived at elective withdrawal from school as a perceived solution to other challenges. Our research points to several scenarios that drive withdrawal including, the mental and physical health of the child, bullying and other behavioural issues within school, and fear of fines and prosecution resulting from a child's poor attendance at school. In most cases, the relationship between parents and school has broken down, making negotiation difficult.

Our approach is built around the understanding that many of the young people that will benefit from the service face sometimes severe mental health barriers to engagement that may require intensive engagement to build relationships and trust in the first instance. Many may also have wider social support and health needs that will require our partnership with providers of specialist services.

## How will we meet needs?

The core of our proposed approach is a needs-based case management approach, with a focus on the whole family. Our model will be flexible and responsive to the specific circumstances of each young person and family.

We will have made mapped and engaged with others in the area that are providing services for young people that are part of our delivery model, including age/ability appropriate tuition, wider services for mental health and well-being allowing for social prescribing, providers of exams services for KS4 outside of school, and any organisations that are providing wider social and educational support to families. This will enable case managers to make referrals and provide information for families and young people to inform the choices that they make.

Case managers will also have access to an individual fund to provide essential financial support to families with any necessary equipment purchases, tuition, or exams.

Case managers will towards providing a personalised, age appropriate, stable careers programme meeting the eight Gatsby quality benchmarks, incorporating labour market information, encounters with employers and employees, experience of workplaces, and encounters with higher education. Social prescribing will be a core part of the service, providing access to support for wider needs, particularly around health and well-being. We will build partnerships with local service providers to this end.

The approach will be enhanced by a comprehensive resource pack for parents providing detailed information and guidance to navigate through the issues to support their children on pathways to further education, training, and employment. Further support will be available through the provision of online careers advice and guidance, through development of the Get Connected platform, initially designed to augment schools-based careers services. This will be of value in low-density population areas, where in-person support may be less frequent.

Schools, local authorities, and other third sector organisations providing support to electively home educating families, will be key partners in helping to bring the service to families and young people. Building relationships and trust with these agencies will be key to early intervention and support.

## What outcomes will the service deliver?

The ultimate (primary) goal of the service is to ensure that young people that have withdrawn from school are accessing good quality further education, training, or employment at 16 years of age, and are on pathways that support longer-term success in their careers. This should reduce probability of benefit dependency in early and later life.

We see these primary outcomes as being path dependent on outcomes earlier in the provision of the service. In the first instance, these outcomes would be high levels of trust and engagement between families and case managers. This will support engagement in both the services provided by the case manager, and wider support available for them. This engagement will bring about a better understanding of choices available and will build confidence and aspirations in young people for their future careers.

As engagement continues, we will use a version of an outcome star to track growth in confidence, knowledge, and aspirations over time, along with validated measures of 'career readiness'. This will allow us to monitor 'distance travelled' for each young person and will help us to test specific components of our theory of change.

## What are the challenges and potential barriers?

While some of the recommendations listed above directly try to alleviate the challenges of engaging with EHE families, it will undoubtedly remain resource intensive.

There are sub-cohorts within the overall EHE cohort, which makes it a challenge to tailor services and messaging - separating those for whom it is a lifestyle choice, those for whom it is cultural/religious choice, and those who it feels like it's their only option due to bullying/MH/SEN concerns, will be vital. Clear messaging and focussed service planning will help to tailor resource and improve outcomes.

Building relationships with Local Authorities and gaining their support could potentially be a challenge. We have found throughout this project that LAs have concerns about facilitating activities which could be perceived as encouraging more young people to become electively home educated.

Again, clear messaging would help to alleviate this, and it would probably be helpful to co-design this messaging with LAs. The messaging created should broadly cover not only the aims of reaching and providing support to EHE young people and their families, but also to build trust in the "system", making it more likely that these young people will return to mainstream or alternative provision, or participate in wider service provision.

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