Home Educated Children's Psychological Well Being

El bienestar psicológico de los niños educados en casa

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Abstract: Contrary to popular belief, children educated at home during the early years make better educational progress than children educated at school (Rothermel 2002). However, even if this is recognised. numerous educationists and Local Government officers assert that home educated children are at risk of developing psychological problems. This research used the Revised Rutter Scale (RRS) and the Goodman Strengths & Difficulties Questionnaire (SDQ) scales to investigate whether home-educated children experience psychological problems over and above what is considered normal. The research involved 83 homeeducated children aged between 4 and 11 years old. The Revised Rutter Scale (RRS) and the Goodman Strengths & Difficulties Questionnaire (SDQ) are both widely accepted measures of behaviour difficulties. Whilst the RRS is the more traditional instrument the SDQ has, by

virtue of it being freely available, gained popularity in recent years. Whilst the home educated children were judged as psychosocially healthy by the RRS, they were defined by the SDQ as experiencing problems. The research concluded that there were substantial differences between the design and scoring of the two measures and that health professionals using behavioural scales with home-educated children should either avoid doing so altogether, or do so with extreme caution, taking particular note of the standardisation sample. Tests normed on school samples, are very likely to identify children educated out of school as abnormal.

Keywords: home-educated children; socialisation and psychological problems; Revised Rutter Scale; Goodman Strengths and Difficulties Questionnaire.

Resumen: En contra de la creencia habitual, los niños educados en casa durante la primera infancia progresan educativamente meior que los educados en la escuela (Rothermel 2002). Sin embargo, aun cuando acepten tal cosa, muchos educadores y funcionarios de las autoridades locales sostienen que los niños educados en casa corren el riesgo de desarrollar problemas psicológicos. En esta investigación se emplean la Revised Rutter Scale (RRS) y el Goodman Strengths and Difficulties Questionnaire (SDQ) para averiguar si los niños educados en casa experimentan más problemas psicológicos y más graves de lo normal. La investigación se basa en 83 niños educados en casa de entre 4 y 11 años de edad. Tanto la Revised Rutter Scale (RRS) como el Goodman Strengths and Difficulties Ouestionnaire (SDO) son muy empleados para medir los problemas de conducta. Mientras la RRS es el instrumento más difundido, el SDQ, gracias a que está en libre acceso, ha ganado popularidad durante los últimos años. Aunque los niños educados en casa están sanos desde el punto de vista psicológico de acuerdo el RRS, el SDG indica que tienen trastornos. Esta investigación muestra que hay sustanciales diferencias entre el diseño y las puntuaciones de ambos instrumentos, y que los profesionales de la salud que emplean las escalas de conducta con niños educados en casa deben, o bien dejar de utilizarlas por completo, o bien hacerlo con muchas precauciones y teniendo muy en cuenta cuál ha sido el proceso de baremación. Las baremadas con muestras escolares, tienden a muy menudo a diagnosticar a los niños educados fuera de la escuela como "no normales".

Palabras clave: niños educados en casa; socialización y problemas psicológicos; Revised Rutter Scale; Goodman Strengths and Difficulties Questionnaire.

INTRODUCTION

he right to home-educate is written into UK legislation, where it is given equal weight to school education. Section 7 of the Education Act 1996 (England and Wales) states:

The parent of every child of compulsory school age shall cause him to receive efficient full-time education suitable:

- (a) to his age, ability and aptitude, and
- (b) to any special educational needs he may have, either by regular attendance at school or otherwise.

However, many professionals consider home educated children to be at a disadvantage and at risk educationally, socially, psychologically and emotionally (Desforges 1999; Wragg 1997; Hastings 1998; AEWM 2004; Badman 2009; Rothermel 2010). Despite overwhelming research with schooled children showing the benefits of parental involvement in education (Desforges and Abouchaar 2003) when it comes home education, many professionals employ terms such as 'separation anxiety' and 'over protective parenting' (Desforges 1999; Wragg 1997). This tendency to 'problemetise' home education (Monk, 2004) maligns a parenting style that has been de-

scribed as making the greatest contribution to children's attainment (Sylva, Melhuish, Cammons, Siraj-Blatchford and Taggart, 2003), that of the, 'involved parent'.

In Germany there have been a number of high profile cases where the state has taken action against families because they are home educating. In 2007 for example, 15 year old Melissa Busekros was forcibly removed from her family and placed in a psychiatric ward. Amongst the concerns raised was that of her loyalty to her parents. In January 2010 the home educating Romeike family was granted political asylum in the USA after a judge accepted that they faced persecution in Germany. In Germany the state opines that only schooling creates optimal German citizens (Speigler, 2007). Arguments that children can do well at home are therefore, irrelevant. Sweden too, seems to be following Germany's example. In 2009 a 7 year old home educated boy Dominic Johannson, was removed from his family as they were leaving the country for a new life in his mother's homeland, India (Skandinaviflorida, 2009). In a recent article on the Swedish daily paper *Aftonbladet* the prominent liberal Stockholm School City Commissioner, Lotta Edholm wrote:

"We believe that compulsory education requirement must be upgraded and the Social Services Act amended so that measures can be taken against parents who refuse to allow their children education. These children are kept not only away from school but also from society. School is, for many vulnerable children the only place where they are made aware and seen. No one sees children who are not in school" (Edholm and Aslund, 2012).

Local Authorities in England traditionally have education inspectors who oversee home education. However, with increasing burdens placed on Local Government to meet the demands of Government targets and agendas (i.e. Every Child Matters) there is an increasing tendency for welfare officers and social workers to become involved with home-educating families from the outset. Despite the duty placed Local Authorities in the UK to make informal enquiries in the first instance (Phillips v Brown, Divisional Court, 20 June 1980, unreported) the de facto situation is that home educators can find themselves assessed by professionals with little or no experience of home-education. This can lead to antagonism and the view from local government that even children who are doing well, represent a cause for concern because their parents "are resistant to Education Authority enquiries" (Thompson, 2006).

In this author's experience as an educational psychologist expert witness, paediatricians often hold a negative view of home education. In a particularly interesting study of attitudes towards, and self-assessed knowledge about, homeeducation, Klugewicz and Carraccio (1999) found from a sample of 598 paediatricians, that just 18% supported home schooling. In direct contrast to peer reviewed research about homeschoolers' good academic and social skills (as outlined below), 70% of respondents believed that home-educated children were capable of average or below average performance on standardized tests and 51% regarded home-educated children as less mature than their peers.

In the absence of training or research evidence to hand that could inform professionals involved, there is often a tendency to look for comparisons with school children. British case law however, finds that home education does not need to "conform to any hypothetical standard set by a school or LEA" (Bevan v Shears, 2KB 936, 1911), and that a 'suitable education' is one, which "prepares children for life in a modern civilised society, and enables them to achieve their full potential" whilst an efficient education is one that "achieves that which it set out to achieve" (Harrison, Harrison and Stevenson (*QB (DC)* 729/81).

Despite an intuitive feeling that home educated children are likely to be lacking in social interaction and suffering academically, a growing body of research shows that home-educated children can excel academically and are generally socially competent (Baratt-Peacock, 2003; Delahooke, 1986; Dix, 1998; ERO, 2001; Martin-Chang, Gould and Meuse 2011; Mayberry, Knowles, Ray and Marlow, 1995; Medlin, 2007; Meighan, 1998; Rakestraw, 1988; Ray 1998, 2003; Rothermel 2002, 2004, 2006; Rudner, 1999; Scogin, 1986; Shyers, 1992; Smedley, 1992; Stevens, 2003; Thomas, 1998; Tipton, 1990; Wartes, 1990; Webb, 1999). Some of this research is briefly reviewed below.

Shyers (1992) studied home-educated children's self-concepts in terms of their passivity and aggression, conducting his research with 70 homeschooled and 70 traditionally schooled eight to ten-year-old children in Florida. He used with each child: the Piers-Harris Children's Self Concept Scale (Piers and Harris, 1984); Children's Assertiveness Behaviour Scale (CABS) (Michelson and Wood, 1981); and a Direct Observation and Behaviour Checklist (DOBC). Shyers found that when assessed using the Piers-Harris Scale, all the eight to ten-year-olds held similar, higher than average self-concepts, whether home or traditionally schooled. The CABS questionnaire showed all the children to have a slightly passive understanding of social situations, with the homeschooled sample displaying marginally more passivity than their traditional counterparts. Shyers cautiously attributed such passivity to children in this age range possibly being less conversant with socially appropriate behaviours. Using the DOBC, Shyers found significantly fewer problem behaviours amongst the home-educated sample than the traditionally schooled children, who exhibited problem behaviours above the normal range for a national population of the same age: they also displayed more anxiety than their home-educated peers. He further commented that the home-educated children, whether thinking passive or aggressive thoughts, were more able to control their emotions and act in a socially acceptable way than the schoolchildren who: "had a tendency to act on their feelings, not their understandings".

Rothermel (2006) also used CABS to investigate the social skills of 43 home-educated children aged from 8 to 10 years old. Her results, too, showed that overall the home-educated children tended towards passivity. This was at a similar level to Shyer's (1992) school and home-educated sample. The children were less assertive than those in Michelson, Sugai, Wood and Kazdin's (1983) standardised sample but still within the confidence interval. The children appeared to experience problems when handling complaints whilst excelling in situations involving giving and receiving compliments. Given their investment in home educating, parents were more likely to motivate their children through positive reinforcement rather than criticism. Thus, it was unsurprising that the children were less skilled in handling conflict.

Academically there is now evidence from around the world that home-educated children manage well even though they may not be sitting down to formal lessons. Amongst the North American research, the studies of Dellahooke (1986), Rakestraw (1988), Ray (1998), Rudner (1999), Scogin (1986), Tipton (1990) and Wartes (1990) are notable. These studies have found that home-educated students scored as well as or higher than their schooled counterparts. In the UK, Rothermel (2002, 2003) reports on the outcomes of academic assessments with home-educated children. She found that the children performed at least as well as their school counterparts and in many cases, significantly better. Moreover, children from working class families were seen to excel over their middleclass peers, suggesting that the general assumption that children from poorer backgrounds are not going to do well, may be a school effect rather than one of class. This hypothesis is supported by Desforges and Abouchaar (2003) and Sylva et al. (2003) whose research shows that after all other factors are accounted for, parental involvement is the most important factor in children's attainment.

The New Zealand Government Education Review Office (ERO, 2001) found that the homeschooled children were 'comfortable with the experience, were progressing educationally, and that their socialisation was not at risk'. Their report found that for 90% of homeschooled children their education was at least as good as a school education. Thomas (1998) commented on children from 100 families in Australia and the UK, finding that the children's education was rich and varied, and that socially, the children were not disadvantaged. Moreover, he concluded that his research into home-education questioned accepted definitions of 'formative social experiences for children'.

Despite the large body of research showing how children can benefit socially and academically from home-education there has been no research, either in the UK or abroad, so far as this researcher is aware, that assesses home-educated children's psychological well being. This research seeks to redress this imbalance through the use of the Revised Rutter Scale and the Goodman Strength and Difficulties scale with a sample of home-educated children.

This paper hypothesises that despite prevailing ideas that schooling is essential to the rounded development of all children, the home educated children will be in psychological 'good health', in keeping with earlier research into their social skills and academic attainment. Research historically links these factors (Dorman, 1973; Kohn and Rosman, 1972; McGee, Williams, Bradshaw, Chapel, Robins and Silva 1985; McGee, Williams, Share, Anderson and Silva, 1986; McMichael, 1979; Michelson, Sugai, Wood and Kazdin, 1983) and we expect the same to be true for home educated children.

METHOD

Design

This research involved the completion by parents of two rating instruments, the Revised Rutter Scale (RRS) and the Goodman Strengths & Difficulties Questionnaire (SDQ).

The current study formed part of a larger survey of 419 home-educating families in the UK representing 1,099 children. This involved a questionnaire survey (to all families), educational and psychological assessments of home-educated children (102 and 136 assessments respectively) and interviews with home-educating families (100 families). The 419 families were themselves selected from a wider audience of 1000 families who took part in the initial questionnaire following distribution of approximately 5,000 questionnaires. The wider respondent sample had not known when completing their surveys that they might be invited to participate in academic testing. Home-educating families were accessed through support networks, Local Education Authorities and internet discussion lists and respondents came from a broad spectrum of the socio-economic scale (Rose and O'Reilly, 1998). A full description of the selection process is in Rothermel (2002).

Participants

The research involved 83 home-educated children aged between 4 and 11 years old. The sample for this aspect of the research was selected from families participating in the above study whose children fell into the appropriate age categories during the second year of the research. The advantage of using families already assisting with the wider project was that their data could be cross-referenced to assess reliability and any interesting factors that may have emerged could be further investigated. The socio economic background of these 83 children was broadly in line with those participating in the wider Rothermel (2002) study. In this current sample 14% were of mixed heritage. Rothermel (2011) interviewed 100 randomly selected home educating families finding 20% to be mixed heritage.

Materials and Procedure

Revised Rutter Scale for School Aged Children (RRS)

The RRS is a screening instrument designed to distinguish between children with and without behavioural difficulties. Given the common conceptions about home-educated children's dispositions, the RRS seemed an ideal instrument for this research. Using the Rutter Scale (Rutter, 1967), Ekblad (1990) found a connection between behavioural difficulties and poor reading skills during the early years. This was echoed by McMichael (1979) who also administered the Rutter Scale. Elander and Rutter (1996) suggested that the scales might further be used to study the relationship between behaviour problems and reading and cognitive development, and also to assess the effects of social and familial factors on child behaviour.

In determining what is 'normal' in terms of percentage of children with behaviour problems Sclare (1997) reviewed the literature: Thompson, Stevenson, Sonuga-Barke, Nott, Bhatti, Price an Hudsweel (1996) reported that 22.3% of preschoolers demonstrated behaviour problems whilst for Ellis (1998) the child figure was 20%. Further, whilst Rutter, Tizard and Whitmore (1970) found that in the Isle of Wight, 10% of ten to eleven-year-olds showed signs of behavioural problems, Rutter, Cox, Tupling, Berger and Yule (1975) concluded that amongst inner city London children the prevalence was 25%. Thus, the norm according to Sclare (1997) may be between 10 and 25%. Elander and Rutter's (1996) indication that the scale should be used as a screening instrument and not as an individual assessment tool, made the scale a particularly suitable measure to use.

In a discussion of validity, Elander and Rutter referred to Minde (1977) who compared a sample of ordinary and reform schoolchildren. Minde found that 95.8% of the delinquent boys at reform school scored 9 or more on the Rutter Scale, whilst only 18% of the ordinary school children were determined by the scale to have behavioural problems. Elander and Rutter (I996) further made a detailed comparison of the RRS with other instruments, discussing reliability in some depth. It is noted that different groups of people might interpret the RRS items in very different ways and some caution was therefore taken about placing too much weight on the outcomes for the home-educated sample beyond noting overall behavioural trends.

Design of the RRS

The RRS requires a parent to complete a questionnaire containing 50 statements that might refer to their child's behaviour during the past three months. The questionnaire takes about ten minutes to complete and the parent can choose between three categories of answer, 'Does not apply', 'Applies somewhat', or 'Certainly Applies'; weighted '0', '1' or '2' respectively. Scores from selected statements are added together to produce a 'Total Difficulties' score with a range from 0-52. Specified statements are also allocated into four domains: 'Emotional Difficulties' (5 items), 'Conduct Difficulties' (5 items), 'Hyperactivity-Inattention' (3 items) and 'Prosocial' (10 items), respective example statements of which are, 'Often worried, worries about many things', 'Frequently fights or is extremely quarrelsome with other children', 'Cannot settle to anything for more than a few moments' and 'considerate of other people's feelings'. Scores for each of these domains are summed and analysed in the light of each participant's 'Total Difficulties' score. Where a child scores at or above the authors suggested cut-off point of 11, the child can be said to display behavioural problems. The type of difficulty is established by reference to the 'Emotional Difficulties' and 'Conduct Difficulties' scores, whereby the higher of these two scores relates to the area of difficulty: same scores in these two domains indicates an 'undifferentiated' disorder. The 'hyper-activity' sub-scale has a cut-off point of 3. Parents reported on their child's behaviour during the previous three months.

Strengths and Difficulties Questionnaire (SDQ)

The SDQ was considered suitable for research into home-educated children since it was designed as a screening questionnaire for use by researchers, clinicians and

educationalists; it is short and appears to complement the RRS by providing a second point of reference in terms of the Rutter Scale's dimensions. The SDQ also contained a 'Peer Problems Score' and a self-rated questionnaire for eleven to sixteen-year-olds that allowed them to make judgements about their own behaviour. A final rationale for the use of both RRS and SDQ measures was that they might serve to detect common psychological denominators amongst home-educated children.

Goodman (1994) adapted the Rutter Scale to develop the SDQ. This added 19 items to the parent's scale, 10 of which referred to prosocial behaviour, 4 to positive conduct and 5 to inappropriate behaviours. Whilst the original Rutter Scales did not include a prosocial element, Goodman (1997) suggested that the inclusion of a 'Prosocial Scale' would make parents more likely to complete the questionnaire than if they were faced only with negative questions. Also, Elander and Rutter (1996) had concluded that prosocial behaviour was a dimension in its own right rather than merely the opposite of antisocial behaviour and thus was a suitable addition to the RRS.

The SDQ has been validated in several studies. Goodman (1994) first evaluated the SDQ with 320, five to seventeen-year-old hemiplegic schoolchildren, finding that it compared well with 'independent psychiatric evaluations'. Goodman (1997) further refined and evaluated the SDQ in research involving four to sixteen-year-olds, administering it together with the Rutter Scale to both parents and teachers of 403 children. About half the sample were children visiting a dental practice and the other half were registered at a psychiatric clinic. Goodman, wanting to evaluate the SDQ against the Rutter Scale, found that the scores from both questionnaires were highly correlated. The SDQ was found to differentiate between difficult and non-difficult cases as effectively as the Rutter Scale, besides providing data on inattention, peer problems and prosocial attributes. Goodman and Scott (1999) reported that the SDQ was the more popular instrument among mothers of 'ordinary' children.

Design of the SDQ

The SDQ consists of 25 statements divided between 5 scales of 5 questions each: 'Prosocial Scale' 'Hyperactivity Scale' 'Emotional Symptoms Scale', 'Conduct Problems Scale' and 'Peer Problems Scale'. Disregarding the 'Prosocial Scale', the remaining scores (0-2 per statement), were summed according to the score key, to create a 'Total Difficulties Score'. Earlier research, Goodman (1997) identified the percentages of children expected to fall into each of three score bands, 'normal', 'borderline' and 'abnormal'.

Procedure

The SDQ and RRS were distributed by post, email and by hand, for completion by parents before return to this researcher. They were completed and scored in line with the authors' instructions before being analysed individually, together and in the light of other findings from Rothermel (2002, 2004, 2006).

RESULTS

Revised Rutter Scale (RRS) Results

There were 42 'participant' children; 22 girls and 20 boys, aged from five to elevenyears-old with a mean age of 7.1 years. Table 1 shows the mean scores for the children across the main 'Total Difficulties' and sub-score systems. The cut-off point for 'Total Difficulties' was 11, with the inference that any person with a higher score experienced behavioural difficulties. The home-educated sample mean of 8.38 was well below this level. However, ten home-educated children (23.80%) scored above 11. For those with scores above the cut-off, the area of specific difficulty is defined by the child's highest score in either the 'Emotional Difficulties' or 'Conduct Difficulties' domain (Elander and Rutter, 1996). For three children their difficulties lay in the 'Emotional Difficulties' domain, whilst for another four they lay in the area of 'Conduct Difficulties'. A further three children displayed undifferentiated behavioural difficulties, that is, their scores were identical for both domains. The 'Hvperactivity / Inattention' score is not counted in the Total Difficulties score. Four children scored above the 'Hyperactivity / Inattention' cut-off point of 3 (Elander and Rutter 1996) and of these, three had also scored over 11 points on the 'Total Difficulties' scale.

TABLE 1. Combined mean scores for the five domains of the RRS (N=42: Age:5-11 years)

DOMAINS	TOTAL DIFFICULTIES	PROSOCIAL	CONDUCT	EMOTIONAL DIFFICULTIES	HYPERACTIVITY / INATTENTION
Mean Scores	8.38	15.5	1.69	1.80	1.21
Max.Score Possible	52	20	12	12	6
Max. Scored	24	20	6	5	5
Stand. Dev.	5.17	3.24	1.63	1.68	1.38
Cut-off point	11	N/a	N/a	N/a	3
Participants above cut off	10	N/a	N/a	N/a	4

Examples of difficulties defined by the RRS in each of the 3 difficulty domains are provided in Box 1.

Box 1. RRS Difficulty Domains

DOMAIN OF DIFFICULTY	Cries / refuses to go to school (a zero score unless withdrawn) Often worries Often miserable, unhappy, tearful, distressed Fearful / afraid in new situations Often complains of aches and pains		
'Emotional Difficulties'			
'Conduct Difficulties'	Tells lies Bullies Disobedient steals Fights or quarrels with other children		
'Hyperactivity / Inattention'	Restless Fidgets Cannot settle		

A closer look at the ten children with 'Total Difficulties' score over 11 showed that 6 came from three families. Two of these siblings lived with their single father, whilst two more experienced an itinerant 'New Age' lifestyle. The other siblings lived with both parents but moved regularly according to their father's postings here and abroad and he, in turn was suffering from depression. The parents of the seventh child described her as having an exceptionally high IQ. Of the final three

children, two had recently been withdrawn from school (their high scores were in the 'Emotional Difficulties' domain) and another had an autism diagnosis. All ten children were interviewed for Rothermel (2006). Accepting that these latter three children's problems could not credibly be attributed to their home education, the percentage of children presenting with behaviour exceeding the threshold was 16.6%.

For the remaining thirty-two children, with 'Total Difficulties' scores of less than 11, their scores in the other difficulty domains were generally low, in keeping with their low 'Total Difficulties' scores.

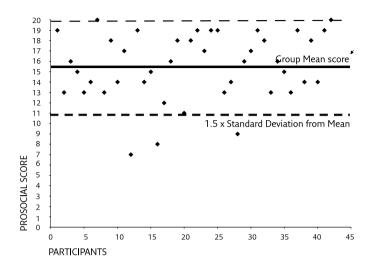
The 'Prosocial' mean score of 15.5 (see Table 1) for the group was high, indicating a strong degree of positive prosocial behaviour. Examples of 'Prosocial' behaviour are given in Box 2:

Box 2. Prosocial item examples

• Fair in games	Comforts distressed child
Considerate to others	Tries to stop quarrels / fights
• Helps someone who is hurt	Shares with friends
Volunteers at home	Helps children who feel ill
Kind to younger children	Kind to animals

Graph 1 illustrates the children's 'Prosocial' scores. The mean at 10.7 points is represented by a thick horizontal line and is flanked either side by a dashed horizontal line representing 1.5 SDs from the mean. Three children (7%) fell short, scoring 7, 8 and 9 on the 'Prosocial' scale. These children had 'Total Difficulties' ratings of 11, 24 and 16 respectively (cut-off point 11). One of these three children had been diagnosed with Autism. Thus, 93% of the children in this sample appeared to be at lease normally prosocial on the RRS.





Overall, on the RRS, just over 76% of the home-educated sample were rated as exhibiting normal behaviour and on the 'Prosocial' scale 93% scored as 'normal'. Of the 23.80% showing behaviour problems, one child had a SEN and two others had recently been withdrawn from school due to having been bullied. Without the inclusion of these three children, whose problems cannot reasonably be attributed to home-education, the percentage of children in the home-educated sample displaying behaviour problems as diagnosed by the RRS was 16.6%.

Strengths and Difficulties Questionnaire (SDQ) Results

The SDQ involved 41 'participant' children; 21 girls and 20 boys, aged between five and eleven-years-old with a mean age of 6.11 years. Table 2 provides the percentages of the home-educated children whose behaviour, as interpreted by the SDQ, placed them into each of three score bands ('normal', 'borderline', 'abnormal'). The bracketed percentages alongside each heading in the left hand column relate to the percentage of children who would normally be expected to be within each score band. Where the percentage of home-educated children in a category was larger than expected, the amount is highlighted in a bold font. Thus, 92.7% of the sample were considered 'normal' where the expected percentage in this category is 80%.

Table 2. Percentages of individuals in each SDQ score category listed by domain

(N= ₄ 1)	TOTAL DIFFICULTIES	PROSOCIAL	EMOTIONAL	HYPERACTIVE	CONDUCT	PEER PROBLEMS
Frequency	%	%	%	%	%	%
Normal (80%)	92.7	19.5	95.1	85.4	97.2	70.7
Borderline (10%)	4.9	19.5	2.4	7.3	7.3	7.3
Abnormal (10%)	2.4	61	2.4	7.3	0	22
Totals	100	100	100	100	100	100

As Table 2 shows, just 2.4% of the cohort was considered to have behavioural problems (see the Total Difficulties column). This percentage differed substantially from the figure indicated by the RRS. There is also a marked contrast here with the RRS prosocial scores. Here, 61% of the children were in the 'Abnormal' category in contrast with the RRS prosocial results where 93% of the children were prosocially healthy. In terms of the 'Peer Problems Scale' a high 22% were deemed 'abnormal'. The RRS / SDQ prosocial scales duplicated some items and these were about trying to be nice to others, sharing, being helpful when someone is ill, kind to little ones and offering to help others. To fall into the SDQ 'abnormal' category would indicate less willingness in these behaviours. Whilst the RRS had contained 10 prosocial items, the SDQ used only 5.

Cross-scale comparison between the RRS and the SDQ

A sample of twelve children, (5 boys, 7 girls) included in the total of 83, participated in both the RRS and SDQ. Amongst eleven of the twelve children, there were no 'Total Difficulties' scores over the cut-off point on either the RRS or the SDQ. The only child identified by the SDQ as having behavioural problems was also one of those identified as such by the RRS. Therefore, 'Total Difficulties' interscale reliability, in respect of these twelve children, was 100%.

Nevertheless, in the 'Prosocial' domain, there was agreement between the RRS and SDQ for just three out of the twelve cross sample children. Five children with good RRS scores yielded 'abnormal' SDQ scores and the remaining four featured on the SDQ as 'borderline' cases. This latter group could not be compared with the RRS where no such band had been calculated. Analogy between scales over the SDQ 'Peer Problems Scale' could not be drawn since this domain was not identified by the RRS.

DISCUSSION

Two behaviour scales, the RRS and SDQ, were used and it was anticipated that the results from these scales would give a clear indication of home educated children's behaviour. However, the scales' results did not agree and this raised questions about the way in which home-educated children's behaviour can be accurately gauged. Whilst the RRS and SDQ 'Total Difficulties Score' were consistent in finding that the children did not exhibit behaviour problems, there was a discrepancy on the Prosocial scales, which gave a score in addition, and a suggestion of a higher than expected rate of 'Peer Problems' in the SDQ, though direct comparison with the RRS was not possible.

The RRS results indicated that 16.6% of the home-educated children experienced behavioural problems. The SDQ put this figure at 2.4%. Given that results from previous research with normal samples of children show that problem behaviour can be expected with between 10% and 25% of the child population, both figures were broadly within the parameters of what might be expected from a normal sample. The variation between the RRS and SDQ scores was, however, puzzling. Since the SDQ contains only 25 questions as opposed to the RRS 50 questions, there is, perhaps, an argument that the longer instrument was the more reliable. The ten children picked up by the RRS as having problems had been identified during interviews with families (Rothermel 2011) as having difficulties of some type. This contrasted with those identified by the SDQ as having problems; one SEN child was correctly identified whilst another SEN child was rated as 'normal' and two children considered normal in interview and also by their parents, were rated as exhibiting 'borderline' behaviour.

The indication that the SDQ was the less useful instrument was further supported with the prosocial and peer problems domain results whereby 61% and 21% of the home-educated children, respectively, were rated as 'abnormal' (any scores above 10% were considered excessive). The RRS on the other hand showed 93% of the children to be prosocially normal and this agreed well with Rothermel (2006).

On closer examination, it was seen that the RRS and SDQ defined the home-educated children very differently. Whilst the SDQ (5 prosocial items) and the RRS (10 prosocial items) appeared to share five items, the wording differed enough to make a difference to the parent raters. The SDQ item 'Shares readily with other children' for example, contrasts with the RRS 'Shares out treats with friends'. The SDQ question concerns sharing per se and applies only to children whilst the RRS item speaks specifically of treats and uses the non-age specific term 'friends'. In home-education terms these subtle differences in wording may substantially affect how the items, and in turn the children, are perceived. For example, various re-

searchers have noted that home-educated children mix in a wide variety of age groups and will often describe an adult as a friend in the same terms as if they were speaking of a child friend. Rothermel (2006) described how sharing is considered maturational by many home-educators who reject the sharing philosophy promoted in nurseries and schools. Home-educators interviewed, considered sharing a special action reserved for friends rather than a duty. As numerous parents commented, adults do not expect to share their possessions with strangers and acquaintances.

There were problems with other SDQ statements where the philosophy of the home educating parents may have been at odds with the SDQ author's interpretation of desirable qualities. Parents often said that they did not expect their children to help unless they offered and that anxiety at new situations was considered healthy. This comment by one parent was not unusual: "We do not order our child to do anything, therefore, he cannot be found wanting in obedience". Other items such as, 'Often volunteers to help others' (RRS / SDQ), 'Nervous or clingy in new situations' (SDQ), 'Generally obedient, usually does what adults request' (SDQ) also provoked similar responses from the parents. One child interviewed by Rothermel (2002), asked to pick a word that paired with 'obedient' (the correct answer was 'good') queried, "Were the Nazis good?" In respect of the RRS, one parent wrote next to the item, 'Is often disobedient', "Doesn't get corrected" whilst another parent referring to the item, 'Tearfulness or fear at new situations' added, "No more than I see as healthy". This questioning of accepted ideas was characteristic of many home educating families.

The SDQ indicated that over one fifth of the sample experienced 'peer problems'. The 'Peer Problems' domain reflected common expectations that children should prefer the company of other children, be liked by other children, have at least one good friend and prefer to play in groups. A number of home-educators, both through their initial questionnaires and during interview had described this image of peer groups as precisely the reason why they would not want their child to be in school. Michelson *et al.* (1983) described school style socialisation to be the cause of 'maladaptive behaviour' that negatively affected both academic performance, and personal and social development; these were aspects of school that many families felt they were rejecting by choosing not to send their children to school.

The 'Peer Problems Scale' reinforced other issues that had emerged during the home-education interviews described in Rothermel (2010). For many families, the child who was 'solitary' and tended 'to play alone' was a desirable child, whilst having 'one good friend' may not have been considered essential, particularly in larger families. Similarly, being 'liked by other children' was not always considered

important, particularly where there were a number of siblings. The importance of siblings over peers is a characteristic of home based children recognised in Lamb and Sutton Smith (1998, p. 5). Finally, for many home-educated children, more so, perhaps, for single children, getting on 'better with adults than with other children' was an everyday reality and was often viewed by families as an asset, enabling their children, unlike schoolchildren they knew, to exude confidence in all types of company.

These supplementary comments highlight the difficulties involved when home-educators are expected to conform to standards expected from school children. Normally, rating scales might be both parent and teacher completed so that comparisons can be made but for home-educated children no such corroboration is possible. Sclare (1997, Section 4.8.1) warns of the effect of the rater's mental state on how they interpret and answer the questions. In this respect, parental philosophy may have contributed to how the rating scales were interpreted by the raters. One parent, cautioned:

"Here is Janie's life on the line. Perhaps it's a good idea that the questionnaires are different so I don't go about comparing them, but I do any way. I've tried to be honest but I wonder how much painting over the cracks goes on, not just for me but for everyone talking about their children" (Rothermel, 2006).

Neuman (2004) and Rothermel (2004), amongst others, have reported that home-education is, overall, more a lifestyle decision than a comment on schools. Even where older children are withdrawn from school, over a period of time the family are likely to adopt the lifestyle values that accompany home-education, such as a rejection of supermarket food, vaccinations, Nestle products etc.

The SDQ 'Prosocial' and 'Peer Problems Scale' portrayal of home-educated children as lacking socially, reflected some of the negative views highlighted earlier in the 'introduction' and it was easy to understand how such sentiments could arise when diagnosis is definition dependent. Michelson *et al.* (1983) have defined social skills as encompassing social behaviour, assertiveness and social competence. However, the SDQ, and to some extent the RRS, approach social behaviour by focusing on age specific socially acceptable behaviour, a fact that becomes clear through the items included in these instruments. Whilst the Rutter Scale items are broad in scope, the shorter Goodman questionnaire offers, it appears, brevity at the expense of diversity. The values of home-educating families differed from those generally expected of school-educating families where concepts such as sharing, playing in

groups and being popular, are vital to the school ethos. These behaviours are likely to be considered desirable behaviour from schoolchildren who, after all, form the majority of children in the UK. Nevertheless, these behaviours are not mandatory.

The percentage of children identified by the RRS as displaying behavioural difficulties may relate to the large quantity of time that the parents spent with their children, exposed as they were to the fullest range of their behaviour. Ekblad (1990) found that mothers were more likely than teachers to rate their children as having problems: teachers rated 8.6% of their sample as displaying difficult behaviour whilst parent's ratings showed that 17.3% of their children exhibited problematic behaviour. Galloway (1982), finding that parents of school absentees reported more behavioural problems than parents of children in school, may, perhaps, also have met with this phenomenon. Whilst this may seem at odds with the parental remark quoted above, Rothermel (2002) found that home educating parents often underestimated their children: it seemed that in the absence of a peer group for contrast, parental judgement could sometimes be harsh even though the parents perceived the reverse.

Whether the home educated children would have been rated as 'difficult' by a detached, but familiar, rater cannot be known. In this study parents reported finding it difficult to categorise their children's behaviour and in the absence of school-teachers, there was no way of cross checking outcomes as there might have been had the children been in school. Previous literature, suggests a low parent to teacher rating overlap (Rutter, Tizard and Whitmore, 1970).

The test instrument results emphasise the extent to which diversity can be limited once we accept a 'norm' and regard variation from that 'norm' as abnormal. The two British measures, the RRS and the SDQ promote their authors' normative decision about what behaviour is considered acceptable. Therefore, when standardised using a large sample, the instruments become, in effect, self-fulfilling. These tests are about contemporary ideas, evocative of our culture and time. Used for intervention they might well be considered as reinforcing their own standards, highlighting those children whose behaviour differs from the norm. The use of these tests in assessing the home-educated children emphasised the need for diversity in our perception of children's behaviour. A relevant critique of using standardised testing with home educated children is provided by Hardenbergh (in press) and her criticisms are, to an extent, underpinned by the conclusions of Martin-Chang, Gould and Meuse (2011) who find unstructured homeschooling deficient on the basis that the children in this group did less well on standardised tests. Meighan (2002, 2008) has described this approach as, 'judging tennis by the rules of basketball'.

The home-educated children were seen in this research to represent a group who were different from the norm and whose parents, on the whole, treated their children as integral to the family infrastructure with rights and responsibilities similar, and equal to, adults. Further, in a relatively mild way, parents were often radicalised by their home-education practice. This was not to say, however, that their children were at risk or that they were anything other than committed to their children's well being and fruitful membership of wider society. Ray (2003) concluded that, "homeschooling produces successful adults who are actively involved in their communities and who continue to value education for themselves and their children" (Ray, 2003 p.6). UK evidence from home educated adults (Webb 1999) suggests that even with their greater autonomy, home-educated children become well rounded individuals.

CONCLUSION

The results showed that the children did not experience behaviour problems outside the expected parameters. However, the two scales used gave some contrasting results. The RRS rated the children's behaviour as more problematic (16.6%) than did the SDQ, where just 2.4% of the children were rated as having problems. In addition, the prosocial scales of both instruments were totally at odds with each other. The RRS indicated that the sample was socially adjusted, in contrast with the SDQ outcome showing the children to have poor social adjustment. Closer analysis suggested that the RRS with twice as many statements to rate as the SDQ, was the broader and more useful instrument. Finally, this research sounds a caution to any professional using rating scales with home-educated children. Such scales are mostly likely to be standardised with school children and it is almost inevitable that where school style behaviour is expected, home-educated children are going to be different.

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