

**Parents' Motivations and Experiences of Elective Home Education for
Neurodivergent Children: A Qualitative Analysis**

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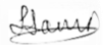
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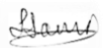
Declaration

This dissertation does not include work accepted for any other degree or professional qualification.

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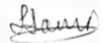
Date: 23/03/2026

This dissertation is being submitted in partial fulfilment of the requirements for the degree of MA in Children and Young People's Mental Health.

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Date: 23/03/2026

This dissertation is my own work except where otherwise stated and explicitly referenced. A reference list is appended.

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Chapter 1: Plain English Summary

1.1 Background

Elective Home Education is when parents choose to educate their child at home. The number of home-educated children has increased significantly in Wales over recent years. Many of these children are neurodivergent, meaning their brains process information in ways that differ from what is considered typical. Neurodivergence can include autism, attention deficit hyperactivity disorder (ADHD), dyslexia, and other learning differences.

In Wales, children who need extra support with learning are described as having Additional Learning Needs. Research shows that children with additional learning needs are more likely to be educated at home than other pupils. However, there is still limited research about why families in Wales make this decision and what their experiences of home education are like.

Understanding parents' experiences can help schools, local authorities, and policymakers improve support for neurodivergent children and their families.

1.2 Purpose

This research aimed to explore why parents of neurodivergent children choose elective home education and what their experiences of this decision are.

The study addressed three questions:

- Why do parents of neurodivergent children decide to home-educate?
- How do parents describe their experiences of elective home education?

- What benefits and challenges do families experience when educating their children at home?

The research focuses on families living in South and West Wales.

1.3 Method

Seventeen parents participated. All participants were currently home educating at least one neurodivergent child who had previously attended school.

Parents completed an anonymous online questionnaire describing their experiences.

The questionnaire asked parents about:

- Their child's experience of mainstream school
- The reasons they decided to begin home education
- Their experiences of educating their child at home
- How elective home education has affected their child's well-being and learning

The responses were analysed to identify common patterns and shared experiences across families.

1.4 Overview of Findings

Most parents explained that elective home education was not their first choice. Instead, they felt they had to remove their child from school because the school environment was causing significant distress.

Parents commonly reported their child having:

- Anxiety related to school
- Sensory overload
- Bullying or social difficulties
- Delays or problems accessing appropriate support

Many parents had tried to work with schools to resolve these issues before removing their child from school.

After beginning home education, many parents noted positive changes in their children.

These included:

- Improved emotional well-being
- Increased confidence and self-esteem
- Greater interest in learning
- Reduced stress and anxiety

Parents often described elective home education as more flexible. They could adjust learning to suit their child's pace, interests, and emotional needs.

However, elective home education also created challenges for families. Parents reported:

- Increased responsibility for teaching and organising learning
- Difficulty balancing home education with work and family life
- Financial pressures alongside reduced working hours
- Limited practical support from local authorities

1.5 Recommendations

Many families choose elective home education because schools do not meet their neurodivergent child's needs. To address this:

- Local authorities could improve early identification of additional learning needs through timely assessments.
- Schools could provide more flexible and personalised support for neurodivergent learners, including adjustments to learning environments and teaching approaches.
- Schools could strengthen communication with families by involving parents more directly in decision-making and responding to concerns.
- Local authorities could offer clearer guidance and practical support for families who choose home education, including access to resources and services.

Policymakers could provide targeted resources to support more inclusive education for neurodivergent learners.

Chapter 2: Systematic Literature Review

Elective Home Education for Children with Additional Learning Needs: A Systematic Review of Parental Motivations, Experiences, and Child Outcomes

2.1 Abstract

Elective Home Education (EHE) has become increasingly visible in the United Kingdom and internationally, particularly among families of neurodivergent (ND) children (Morton, 2019; Rothermel, 2021). Despite its rising prevalence, there remains limited empirical literature on parental motivations, experiences, and child outcomes, especially within the Welsh context (Maxwell et al., 2020). This systematic literature review synthesises findings from six peer-reviewed studies published between 2020 and 2025, conducted in the UK, Wales, Australia, and the United States.

A thematic analysis identified four recurring themes: (1) school-based difficulties as the primary motivation for EHE, (2) family empowerment and child recovery, (3) flexible, individualised learning and associated challenges, and (4) tensions between families and education systems. Many parents framed home education as their only remaining option after repeated failures of mainstream schooling to meet their child's needs (Bower, 2021; Gillie, 2025). While families reported improved well-being and engagement in learning at home (Bower, 2021; O'Hagan et al., 2021), challenges included difficulties with socialisation, parental burden, and a lack of systemic support (Gillie, 2025; Haas et al., 2022).

Only one included study focused specifically on Welsh families (Maxwell et al., 2020), underscoring a significant research gap. This is particularly important given the distinct Additional Learning Needs (ALN) legislation and curriculum reforms in Wales

(Welsh Government, 2018, 2022). This review concludes that EHE reflects both family resilience and systemic failure, advocating for Welsh-based research to inform policy and practice in this context.

Keywords: Elective Home Education, Additional Learning Needs, parental motivations, experiences, child outcomes

2.2 Paragraph of context

EHE, also known as home schooling, is a parental choice to withdraw children from formal education and educate them at home (Department for Education, 2019). Data from several countries, including the UK and the United States, suggests that the number of home-educated children has increased in recent years (Ray, 2021). In Wales, the rate of electively home-educated pupils has increased sharply and continuously, with every local authority recording rising numbers. Nationally, the rate more than doubled between 2018/19 and 2022/23, and has continued to increase since, indicating a sustained trajectory (Welsh Government, 2025). The most recent figures state that the number of electively home-educated children rose to 7176 in 2024/25 (Welsh Government, 2025), an increase from 6,156 in the previous year alone (Welsh Government, 2024).

One particularly visible subgroup within this trend is families of ND children and those with Additional Learning Needs (ALN), including autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), dyslexia, and other learning differences (Gillie, 2025; Maxwell et al., 2020; O'Hagan et al., 2021). Existing empirical research reports that a substantial proportion of home-educated children have ALN (Maxwell et al., 2020), suggesting that ND learners may be over-represented in EHE

populations and those Educated Other than at School (EOTAS) (Welsh Government, 2025).

Parental decisions to home educate children with neurodivergence or ALN are often portrayed in policy debates as elective or philosophical (Maxwell et al., 2020; Mitchell, 2020). However, emerging research depicts a more complex picture. For many families, EHE is experienced not as a positive lifestyle choice but as a last resort following traumatic or exclusionary experiences within traditional schools (Gillie, 2025). Parents frequently mention unmet learning needs, inadequate support from staff, and a decline in their child's mental health as precipitating factors for withdrawal (Gillie, 2025; Maxwell et al., 2020; Mitchell, 2020). Once deregistered, families report improvements in well-being and renewed engagement with learning, though these benefits often come at the cost of reduced social opportunities and heightened parental responsibilities (Haas et al., 2022; O'Hagan et al., 2021).

2.2.1 Aims

This review systematically synthesises studies published between 2020 and 2025 that examine EHE among ND and ALN learners. It aims to:

- Identify common parental motivations, experiences, and outcomes associated with EHE
- Examine the positive effects and challenges faced by families who home educate
- Highlight gaps in the empirical literature relevant to the Welsh context.

This provides a critical foundation for understanding EHE in the context of neurodivergence and ALN and underscores the need for further Wales-specific research to inform both policy and practice.

2.2.2 Research Question

What does existing research tell us about parents' motivations and experiences of EHE for ND children, and how strong or limited is that evidence base?

2.3 Method

This review followed a systematic approach to identify peer-reviewed studies examining EHE among ND learners and those with ALN.

2.3.1 Search Strategy

Searches were conducted using UWTSD Library resources, ERIC, Scopus, Web of Science, and PsycINFO databases. The search focused on qualitative peer-reviewed publications from 2016 to 2025 that examined home education or home schooling of children with diagnoses such as autism, ADHD, and dyslexia. Search terms included combinations of keywords and Boolean operators: ("home education" OR "home schooling" OR "homeschooling" OR "flexi-schooling" OR "alternative provision") AND ("autism" OR "ASD" OR "ADHD" OR "dyslexia" OR "special educational needs" OR "SEND" OR "additional learning needs" OR "ALN"). Additional studies were identified through reference list screening and citation tracking to capture relevant research not retrieved through database searches.

Table 1. Components and Search Terms Used for the Database Searches

Components	Search terms
Elective Home Education	“home education”, “home schooling”, “homeschooling”, “elective home education”, “EHE”
Neurodivergence / ALN	“autism”, “ASD”, “autism spectrum disorder”, “ADHD”, “attention deficit hyperactivity disorder”, “dyslexia”, “learning difficulties”, “special educational needs”, “SEN”, “additional learning needs”, “ALN”, “ND”, “neurodiversity”
School Experiences / Push Factors	“school difficulties”, “school anxiety”, “off-rolling”, “unmet needs”, “lack of support”, “mainstream school challenges”
Parental Motivations & Experiences	“parental motivations”, “parent perspectives”, “parent experiences”, “family experiences”, “lived experience”, “reasons for home education”
Outcomes	“well-being”, “child outcomes”, “academic engagement”, “mental health”, “socialisation”, “family empowerment”

Note: All search terms were combined using ‘**OR**’ within each component and ‘**AND**’ across components during database searches.

2.3.2 Review Process

Studies were included if they were peer-reviewed, empirical, and examined EHE or comparable home-based or hybrid educational arrangements for ND or ALN learners. Eligible studies included those that focused wholly or partly on parents of ND/ALN learners, even where the wider sample included other groups, and reported parental motivations, experiences, or perceived outcomes related to home-based education.

Studies were excluded if they were non-peer-reviewed, addressed home education without reference to neurodivergence or ALN, or focused primarily on educational inequality rather than EHE. Although the search strategy initially covered literature from 2016 to 2025, only studies published from 2020 onward met the final inclusion criteria.

2.3.3 Study Selection

A total of 12 studies were identified through database searching. Following screening, six were excluded for failing to meet the inclusion criteria. The final sample included one thematic review (O'Hagan et al., 2021), which synthesised findings from existing research and was used to contextualise the empirical evidence rather than being treated as an additional primary data source.

2.3.4 Quality Appraisal

The Critical Appraisal Skills Programme (CASP, 2018) checklist was used to appraise methodological quality and credibility. Rather than excluding studies based on CASP ratings, the appraisal informed how evidence was interpreted within the synthesis, with

studies showing more apparent methodological coherence and stronger links between data and conclusions given greater consideration. CASP was selected for its suitability for qualitative research and alignment with the BPS Code of Human Research Ethics (BPS, 2021).

2.3.5 Data Extraction and Synthesis

Key data were extracted into a summary table, including author(s), year, country, sample, methodology, aims, and key findings. A thematic analysis approach was used to identify both recurrent and outlier themes across studies. Coding was conducted inductively, with attention to parental motivations, experiences, perceived child outcomes, and systemic or policy influences.

Table 2. Quality Appraisal Table (CASP, 2018)

Author (s)	Clarity of Aims	Methodological Relevance	Data Collection & Analysis	Reflexivity & Ethics	Credibility of Findings	Overall Assessment
Maxwell et al. (2020)	✓	✓	Partial	Partial	✓	Moderate-High
Mitchell (2020)	✓	✓	Partial	Partial	✓	Moderate-High
O'Hagan et al. (2021)	✓	✓	✓	Partial	✓	High
Haas et al. (2022)	✓	✓	✓	Partial	✓	Moderate-High
Bower (2021)	✓	✓	✓	Partial	✓	Moderate-High

Author (s)	Clarity of Aims	Methodological Relevance	Data Collection & Analysis	Reflexivity & Ethics	Credibility of Findings	Overall Assessment
Gillie (2025)	✓	✓	✓	✓	✓	High

Note: ✓ = Criteria clearly met; Partial = Partly addressed (met to some extent, but with gaps).

The CASP (CASP, 2018) evaluation indicates that overall methodological quality was moderate, with several studies demonstrating a clear aim and appropriate methods but limited reflexivity. Most scored highly on clarity of purpose, appropriateness of methodology, and credibility of findings, particularly those using rich qualitative interviews or thematic analysis (e.g., Bower, 2021).

However, reflexivity and ethical transparency were less consistently reported, with some studies offering only limited reflection on researcher bias or on safeguarding participants. The review supports the notion that the studies are generally reliable, although future research would benefit from greater reflexive and longitudinal rigour.

The CASP tool provided a systematic framework for assessing methodological quality and highlighted variation between studies. For instance, smaller-scale qualitative papers (e.g., Bower, 2021; Gillie, 2025) often demonstrated depth of insight but limited generalisability, whereas mixed-method studies (e.g., Haas et al., 2022; O'Hagan et al., 2021) provided less depth of qualitative analysis but were valuable for their scope. This variation enhances contextual range but limits comparability.

To enhance rigour, the thematic synthesis followed Braun & Clarke's (2006, 2021) six-phase approach. Descriptive codes were first applied to summarise motivations for EHE, parental experiences, and reported child outcomes. These codes were then

clustered and organised into broader analytical themes before theme revision and review. The process ensured consistency between the extracted data and the emergent themes, providing a clear audit trail from raw data to interpretive findings.

Themes were triangulated across multiple studies to identify common patterns and outliers, supporting both depth and reliability of interpretation. The inclusion of studies from different national contexts also facilitated cross-contextual comparisons, enhancing the transferability of findings while acknowledging cultural and policy differences. While the reviewed studies share many core themes, their findings must be interpreted within differing policy contexts.

Data from each of the six included studies were systematically extracted and summarised in a table (Table 3) to ensure transparency and comparability across research contexts. Key information recorded included: author(s) and publication year; country of study; research aims; participant characteristics; methodology; and key findings or themes relevant to EHE among ND and ALN learners.

2.4 Results

Table 3. Summary of Included Studies on EHE for Learners with Neurodivergence/ALN

Author				
(s)	Aim	Sample & Method	Selected Themes	Comments
O'Hagan et al. (2021)	Synthesising research on home education and ASD, identifying overarching themes in parental experiences.	Review of 10 studies (2010-2020) on children with ASD in EHE via thematic synthesis (UK, USA, Australia).	<i>Motivations:</i> difficulties with traditional schooling (sensory, social, academic) leading to EHE. <i>Parental experiences of home-educating:</i> parents felt both empowered by their decision yet overwhelmed by the responsibility and lack of support.	Findings showed that EHE can be a positive experience for children with ASD for improved well-being and social outcomes, given adequate support. Highlights a limited research base and a need for more research into long-term outcomes and support needs.

Author

(s)	Aim	Sample & Method	Selected Themes	Comments
			<i>Pedagogical practices:</i> individualised, child-centred approaches.	
Gillie (2025)	Investigated families' reflections on traumatic school experiences leading to deregistration and the decision to home educate.	Mixed methods: 99 family survey responses; follow-up interviews with 7 parents and 6 ND children (UK).	<i>Cumulative trauma:</i> children experienced repeated harmful events in school (e.g., anxiety, exclusions, periods of school refusal). <i>Combative systems:</i> families faced under-resourced or hostile school responses when seeking inclusion.	Recommends policy changes (improved access to flexi-schooling and teacher training) to prevent involuntary home education decisions by parents.

Author

(s)	Aim	Sample & Method	Selected Themes	Comments
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Disappointed expectations: parents expected inclusivity but were unhappy with professionals' support.

Flexi-schooling tension: some families found this beneficial, but schools resisted due to attendance policies.

Distress & relief: first-hand accounts depicted severe distress in traditional settings and relief when shifting to EHE.

Author				
(s)	Aim	Sample & Method	Selected Themes	Comments
			<i>Recurring patterns:</i> similar issues were reported across England, Scotland, and Wales, highlighting systemic problems in inclusion.	
			<i>Training gaps:</i> noted that educators often lack training or confidence in inclusive practices.	
Maxwell et al. (2020)	Examined prevalence and reasons for home education among	Mixed-method: Online survey of 134 home-educating families, review of 11	<i>Rising EHE among ALN:</i> about one-third of EHE students had ALN; many were withdrawn due to negative school	Concludes that home education was often the only viable option for these families. Parents would have preferred suitable school placements if available.

Author

(s)	Aim	Sample & Method	Selected Themes	Comments
	families of children with ALN in Wales, with implications for policy particularly safeguarding.	safeguarding case reports, and 51 interviews with stakeholders and parents (Wales).	experiences (stressful environment, inadequate support). <i>“Last resort” decision:</i> parents tried mainstream schooling until it became untenable. They did not reject school, but schools failed to meet their child’s needs. <i>Off-rolling concerns:</i> findings echoed reports of schools implicitly pushing out high-need pupils to boost performance metrics.	Urges policymakers to view EHE as part of a continuum of provision (e.g. allowing hybrid models) and to strengthen the ALN framework to offer true inclusion and reduce “forced” EHE.

Author				
(s)	Aim	Sample & Method	Selected Themes	Comments
			<i>Inclusive shortfalls:</i> parents felt EHE was in the child's best interest when schools were "unable or unwilling" to provide genuine inclusion.	
Mitchell (2020)	Investigated why parents choose home education, including their views on the purpose of education.	Exploratory study: Online survey of 132 parents (covering 223 children formerly in school), followed by parent interviews (England).	<i>System dissatisfaction:</i> widespread discontent with the quality and approach of mainstream schooling. <i>Unmet needs:</i> children's additional needs were not met, stated as a top reason for deregistering.	A significant number of children were removed by parents after schools failed to provide adequate support (especially for those with autism or ADHD and the school environment leading to their children experiencing anxiety and distress).

Author

(s)	Aim	Sample & Method	Selected Themes	Comments
			<i>Bullying & well-being:</i> poor handling of bullying and consequent declines in child mental health triggered many EHE decisions.	Provides quantitative data suggesting that ALN needs and bullying are major motivators of EHE in England.
			<i>Parental vision:</i> many parents viewed education as fostering self-fulfilment and joy in learning rather than focusing solely on exams.	
			<i>Positive pull factors:</i> in addition to reactive motives, some families were	

Author				
(s)	Aim	Sample & Method	Selected Themes	Comments
			drawn to EHE for its flexible, individualised learning opportunities.	
Haas et al. (2022)	Evaluated a first-year hybrid distance education program for students with ASD, examining its benefits, challenges, and stakeholder perceptions.	Case study: Evaluation of a hybrid program (distance learning with parental supervision); interviews with 8 parents, 4 students, and 2 teachers (Australia).	<i>Flexibility & individualisation:</i> all participants reported that flexible pacing and a personalised curriculum were highly beneficial as students could learn in ways suited to their needs. <i>Positive outcomes:</i> students showed academic progress, and parents noted reduced anxiety and improved	Demonstrates that a structured hybrid model can successfully educate autistic students outside of traditional school. However, it highlights enduring EHE challenges (limited socialization and potential for parent burnout). Underscores the need for support mechanisms (e.g. peer meetups, respite for parent-educators) to sustain such

Author				
(s)	Aim	Sample & Method	Selected Themes	Comments
			behaviour at home; overall perceptions of the program were very positive.	models and calls for longitudinal research on long-term outcomes.
			<i>Challenges:</i> limited social interaction for students and the considerable parental effort required to facilitate learning.	
			<i>Suggested improvements:</i> add more social activities and foster student independence so parents can step back over time.	

Author

(s)	Aim	Sample & Method	Selected Themes	Comments
Bower (2021)	Explored one family's experience of autism-related school exclusion and the transition to home education, focusing on identity, belonging, and family empowerment.	Single-family qualitative case study; semi-structured interviews and narrative analysis with one autistic child and their parent (UK).	<i>Bullying and exclusion:</i> at school, the child faced bullying and exclusion (tied to autism and religious differences), which intensified feelings of marginalisation. <i>Parental advocacy strain:</i> the parent experienced frustration and exhaustion from continuous advocacy for support amid institutional resistance. This ultimately contributed to the decision to home educate.	Although a single case, this study provides rich first-hand insight into how multiple factors can render mainstream schooling unsustainable for a child. with autism. The narrative aligns with wider findings that EHE is typically a response to unmet needs rather than a deliberate rejection of formal schooling.

Author

(s)	Aim	Sample & Method	Selected Themes	Comments
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Relief and recovery: post-deregistration, both child and parent reported reduced stress, improved emotional stability, and a renewed sense of control over the learning environment.

Identity and belonging: EHE enabled the family to align education with their cultural, faith, and ND identities, fostering a sense of belonging that was absent in mainstream schooling.

Note. Elective Home Education (EHE), Additional Learning Needs (ALN); autism spectrum disorder/ autism (ASD); Attention Deficit Hyperactivity Disorder (ADHD).

2.4.1 Overview of Included Studies

Whilst all included studies offered valuable insights, methodological robustness varied considerably. Qualitative studies, such as Gillie (2025), provided rich accounts of parental experience, enhancing credibility and contextual depth. However, single-case or small-sample designs (e.g., Bower, 2021) limited generalisability, though they illustrated how overlapping factors, such as neurodivergence, religious identity, and school exclusion, interact in complex ways to shape families' decisions to home educate. Mixed-method studies, including Maxwell et al. (2020), strengthened triangulation through quantitative contextualisation but often lacked detailed reflexivity about researcher positionality.

Studies primarily captured parental perspectives, with most drawing on qualitative interviews or surveys involving families who had deregistered their children from mainstream schooling. Common motivations centred on unmet learning needs, heightened anxiety in school environments, and a lack of appropriate support or accommodations. Several studies, including Gillie (2025), Maxwell et al. (2020) and Mitchell (2020), reported that parents often viewed EHE as a last resort following sustained systemic failure to meet their child's needs.

Conversely, a few studies, such as Haas et al. (2022), also noted accounts of empowerment and tailored education emerging after the transition to home education. Yet limited sample diversity and minimal triangulation constrained the transferability of the findings. Table 3 presents the included studies, which range across methodologies and perspectives, along with their core findings. Extending from this, the following discussion critically evaluates these findings across four interrelated themes, highlighting methodological variation, theoretical gaps, and implications for policy and practice.

2.5 Discussion

Across studies, EHE emerged as both a response to systemic constraints and a form of family adaptation (Bower, 2021; Gillie, 2025; Haas et al., 2022; Maxwell et al., 2020; Mitchell, 2020). Thematic synthesis identified four recurring themes and an outlier finding. While all studies offer valuable insight, varying definitions, self-selected samples, and limited triangulation constrain the overall strength of the evidence.

Families often characterise EHE as a reluctant last resort but also report substantial improvements in children's well-being and engagement once outside the school system (Bower, 2021; Gillie, 2025; Maxwell et al., 2020). At the same time, parents face considerable pressures, including financial pressure and the dual roles of educator and carer (Haas et al., 2022; Mitchell, 2020). Overall, EHE reflects both systemic limitations in inclusive provision and parental efforts to protect child well-being.

While findings are consistent, they are constrained by methodological limitations. Several studies prioritised description over theory (Gillie, 2025; Maxwell et al., 2020; Mitchell, 2020) and engaged minimally with frameworks such as inclusive education or parental agency. Papers such as Maxwell et al. (2020) and O'Hagan et al. (2021) embedded findings within policy, enhancing analytical depth.

The following sections explore these recurring themes in greater depth, highlighting how they interconnect to shape parental experiences of EHE.

2.5.1 School-Based Difficulties as the Primary Motivation for EHE

A dominant theme is that parents turned to EHE in response to school failure. For learners with ALN, parents frequently reported that school environments caused psychological strain, exclusion, and in some cases severe deterioration in well-being (Gillie, 2025; O'Hagan et al., 2021). Mitchell (2020) found that many parents identified insufficient provision, ineffective responses to bullying, and deteriorating welfare as key motivators for deregistering their

children from school. Maxwell et al. (2020) established that families often characterise EHE as their only remaining option after exhausting attempts to secure school support. With parents also describing experiences of being subtly or explicitly pushed out of the school system, a process often referred to as off-rolling.

This shows that for many families, EHE was not a proactive, preferred choice but a reactive decision to protect their child's psychological and educational welfare. However, reliance on parental perspectives introduces potential bias, particularly since many participants were self-selected and motivated to share challenging school experiences.

Critically, retrospective parental accounts of children's experiences may also be shaped by recall bias and emotional triggers, particularly when describing traumatic events. This aligns with previous research showing that recollective accounts of distressing experiences can be influenced by memory biases, which may shape the interpretation of past events (Lalande & Bonanno, 2011).

Nonetheless, this theme was a recurring one across studies, suggesting a common experience among learners with ALN. Bower (2021) found that overlapping factors such as autism, bullying, and religious difference intensified psychological strain in school, highlighting how interconnected exclusions can cement EHE as the only feasible option for some families. This example illustrates the cumulative pressures many families face, in which inadequate support and marginalisation within the school environment can lead parents to view EHE as a protective rather than an elective choice.

2.5.2 Family Empowerment and Child Recovery

Parents frequently reported that their children's well-being improved significantly after deregistration. O'Hagan et al. (2021) concluded that, across multiple studies, parents observed reductions in anxiety, problematic behaviours and stress, along with increased

motivation and engagement, through home education compared with school attendance.

Haas et al. (2022) reported that a structured hybrid program reduced children's anxiety and improved their behaviour. Gillie (2025) also highlighted parental reflections that EHE enabled families to escape the uncompromising expectations of mainstream schooling, reducing conflict and restoring a calmer family dynamic. Parents attributed school attendance to stress and deterioration, whilst EHE was described as a pathway to recovery and empowerment for both the child and the entire family unit (Haas et al., 2022; O'Hagan et al., 2021). Collectively, this theme highlights how changes in the learning environment and expectations, rather than the educational setting alone, appear central to supporting emotional recovery and engagement.

2.5.3 Flexible, Individualised Learning and Associated Challenges

Parents consistently reported that a key strength of EHE was its ability to tailor learning to each child. Families in Mitchell's (2020) survey, as well as those reviewed by O'Hagan et al. (2021), described adapting pace, content, and methods to align with their child's strengths and interests. Incorporating therapeutic activities and life skills into daily routines reportedly created a holistic, child-centred education (Mitchell, 2020; O'Hagan et al., 2021).

Simultaneously, parents also acknowledged significant demands despite welcoming the flexibility of EHE. These challenges included balancing educational responsibilities with work and other commitments (Haas et al., 2022).

Socialisation was another area of concern, with parents in several studies recognising the need to actively create opportunities for peer interaction and some reporting difficulties in maintaining a sufficient social network for their children (Gillie, 2025; Haas et al., 2022; O'Hagan et al., 2021). Overall, this theme highlights how personalised learning places both educational and social responsibility onto families.

2.5.4 Tensions Between Families and Education Systems

Participants in the Gillie (2025) study described combative relationships with schools, noting that staff dismissed or minimised parental concerns. Some families also sought compromises such as flexi-schooling, with reported resistance from schools and local authorities (Gillie, 2025; Maxwell et al., 2020). Maxwell et al. (2020) also highlighted parents being left without meaningful support after opting for home education, reinforcing feelings of neglect by the system. Not only did families often feel pushed into EHE by systemic failures, but once they made the decision, institutional support was minimal (O'Hagan et al., 2021).

The inclusion of Bower's (2021) single-case study adds an important distinction to this discussion. It highlights the multifaceted nature of some families' experiences, showing that school-based exclusion can stem not only from neurodivergence but also from overlapping factors such as faith identity and social difference. This finding broadens understanding of the "push factors" (Lee, 1966) behind EHE, revealing that exclusion is rarely the result of a single issue but often stems from cumulative misunderstanding and marginalisation within schools. The case further reinforces that EHE, for many families, represents both a place of recovery and a response to systemic inflexibility.

2.5.5 Outlier Theme

Although several recurring themes dominate the literature, an outlier theme emerged that added distinction to the overall findings, with a less frequently documented motivation for home education and revealing gaps and emerging directions in the evidence base.

2.5.6 Identity, Belonging, and Alternative Educational Pathways

Mitchell (2020) found that while many parents pursued EHE due to unmet ALN needs, a subgroup reported more proactive motivations. These included desires to cultivate creativity, family closeness, and a child-led, holistic learning philosophy, suggesting that home

education can reflect conceptions of identity and values.

The findings of Haas et al. (2022) show that families valued hybrid schooling for its ability to reduce anxiety and better align learning with the child's needs. However, in the UK, this option is at the headteacher's discretion (Gillie, 2025). These approaches reveal how families seek educational structures that reflect both their children's identities and preferred learning styles.

Bower's (2021) qualitative case study illustrates how overlapping identities, such as autism and religious faith, can intensify school-based exclusion. Unlike other cases focused solely on unmet academic needs, this family's decision to home-educate stemmed from cumulative marginalisation. EHE became a means for restoring agency and affirming both personal and familial identity.

Together, these examples underscore that reasons for EHE are not limited to unmet needs and systemic issues. Identity, belonging, and values can also influence families' educational choices. They expand the narrative of EHE from one of crisis response to one that can represent intentional, identity-driven decisions.

This systematic literature review aimed to explore common parental motivations, experiences, and outcomes related to EHE, assess its benefits and challenges for families with ND children, and identify gaps in research specific to Wales.

The findings of the review reveal four consistent themes:

- (1) School-based difficulties as the primary motivation for EHE
- (2) Family empowerment and child recovery
- (3) Flexible, individualised learning and associated challenges
- (4) Tensions between families and education systems.

These patterns reflect broader challenges in inclusive education policy and practice, particularly when institutional support is insufficient to accommodate ND learners.

2.6 Limitations

This review has several limitations that should be acknowledged when interpreting its findings. First, although the review followed a structured search strategy across multiple academic databases, the final sample consisted of only five empirical studies and one thematic review (Bower, 2021; Gillie, 2025; Haas et al., 2022; Maxwell et al., 2020; Mitchell, 2020; O'Hagan et al., 2021). This small evidence base reflects the limited availability of research specifically examining EHE among learners with ALN. Consequently, the findings should be interpreted with caution, as they may not reflect the experiences of other home-educating families.

Additionally, the review is constrained by methodological variability across the included studies, which complicates direct comparison. Most studies relied heavily on self-selected participants, increasing the likelihood of sampling bias toward families who had particularly positive or negative experiences of mainstream schooling or EHE (Gillie, 2025; Maxwell et al., 2020; Mitchell, 2020).

Lack of triangulation further limits the ability to verify parental accounts (Bower, 2021; Gillie, 2025; Maxwell et al., 2020; Mitchell, 2020; O'Hagan et al., 2021). For several studies, reflexivity and ethical transparency were only partially addressed, reducing clarity about the researcher's positionality and potential interpretive bias (Bower, 2021; Mitchell, 2020).

O'Hagan et al. (2021) documented each stage of their thematic synthesis, enhancing the study's dependability. In contrast, survey-based studies, such as Mitchell (2020), lacked detail on coding or discussion between researchers. Socioeconomic diversity within samples

was also rarely reported, reducing the transferability of conclusions about flexibility and accessibility. Many included studies were cross-sectional and relied primarily on parent-reported outcomes, providing limited insight into the long-term trajectories of children's well-being, academic development, and social outcomes (Gillie, 2025; O'Hagan et al., 2021). This limits the understanding of how structural inequalities may shape experiences of home education (Bower, 2021; Mitchell, 2020).

Inconsistencies in definitions across studies also presented an issue (e.g., EHE vs homeschooling; SEN vs ALN) with conceptual clarity (Gillie, 2025; O'Hagan et al., 2021). Variation in national policy contexts also affects comparability, as the legal frameworks governing home education differ substantially (Haas et al., 2022; Maxwell et al., 2020). This means that the support available to families post-deregistration may vary significantly geographically.

Finally, a significant limitation of the evidence base is the lack of Welsh-specific research. Only one study (Maxwell et al., 2020) directly examined EHE among ALN learners in Wales, despite the distinct legislative context created by the ALN and Education Tribunal (Wales) Act 2018 (Welsh Government, 2018) and the Curriculum for Wales (Welsh Government, 2022). As a result, the applicability of the findings to the Welsh context remains uncertain.

Overall, these limitations underscore the need for more robust, diverse, and Wales-specific research, including longitudinal studies and work incorporating children's perspectives, to strengthen understanding of parental motivations, systemic influences, and child outcomes in EHE for ND learners.

2.7 Policy Implications

Findings highlight several policy implications. Firstly, schools and local authorities should strengthen early identification and support for ND learners to reduce the risk of withdrawal from mainstream education. Consistent implementation of the ALN and Education Tribunal (Wales) Act 2018 (Welsh Government, 2018) is essential to ensure that inclusive practices are not merely aspirational but are successfully implemented with adequate resources, staff training, and collaboration with families.

Further, greater flexibility within the Welsh education system towards flexi-schooling could bridge the gap between school and home, offering individualised options without full deregistration. Policies should prioritise proactive engagement between local authorities and home-educating families to rebuild trust, provide guidance, and share responsibility for children's learning and safeguarding.

Finally, policymakers should consider how data on EHE can be used constructively, avoiding approaches that prioritise surveillance while recognising families' legitimate concerns about insufficient provision. Viewing EHE as part of a continuum of provision, rather than an alternate practice, would help create a more inclusive and supportive educational landscape in Wales.

2.8 Future Research Suggestions

Future research should prioritise Wales-specific studies to examine the influence of Welsh Government legislation on family decision-making and educational outcomes. Longitudinal and mixed-methods research could provide more comprehensive trajectories of children's well-being and academic outcomes of EHE. Including children's firsthand perspectives alongside comparative studies across different ALN categories would create more balanced, inclusive data. Future research should not only examine how families navigate this evolving

legislative framework but also integrate empirical insights into policymaking. This could inform more responsive, needs-led education policy and support the development of a system that reduces reliance on EHE as a reactive measure while ensuring access to flexible and inclusive provision for all learners.

2.9 Identified gap

Existing research regularly demonstrates that parents of children with ALN often choose EHE in response to unmet educational needs, negative school experiences, and a desire for greater flexibility and emotional safety. Though many studies report improvements in children's well-being and engagement after home education, the current evidence base is predominantly drawn from England, the United Kingdom, and international contexts and focuses primarily on autism. There remains limited exploration of the broader ND population and minimal attention to Welsh families, despite significant ALN policy reforms (Welsh Government, 2018) that have reshaped support structures. Existing research often overlooks parents' emotional journeys, their interactions with local authorities and socio-demographic circumstances that influence whether families can realistically manage the substantial responsibilities associated with EHE.

None of the reviewed research examined how parental occupation or work patterns may shape families' capacity to undertake home education. Opportunities such as remote and hybrid work have increased since the COVID-19 pandemic, with around 28% of working adults reporting hybrid employment in 2024 (Office for National Statistics, 2024). These alterations in working patterns may affect which families can sustain EHE in practice. This represents a significant conceptual gap, as the feasibility of EHE is likely to be mediated not only by parental motivation but also by the practical flexibility afforded by their employment situation.

2.10 Conclusion

This review demonstrates that EHE for ALN learners is predominantly a reactive response to unmet needs and emotional deterioration within mainstream schooling, rather than a philosophical preference. Across studies, parents repeatedly described withdrawing their children to protect their well-being when schools failed to provide appropriate support, flexibility, or a psychologically safe environment. At the same time, families reported notable improvements in children's emotional stability, engagement, and sense of autonomy following home education, highlighting the potential of personalised, interest-led approaches.

However, the benefits of EHE may coexist with significant challenges, including reduced social interaction, extensive parental responsibility, and limited institutional support. Outcomes appear to depend heavily on family resources, local networks, and whether home education is elected proactively or reactively. Overall, EHE reflects both family protection and systemic shortfalls in inclusive provision.

The current evidence base is small, methodologically and geographically dispersed. Notably, only one study focuses on Wales, limiting insight into how families experience EHE within the context of the ALN legislation and curriculum reforms in Wales (Welsh Government, 2018, 2022). This gap restricts the applicability of the findings to the Welsh policy landscape. Overall, the review highlights a limited, methodologically constrained evidence base, with a notable lack of Wales-specific research on EHE among ND learners.

These gaps provide a clear rationale for the study presented in Chapter Three, which seeks to address key limitations identified within the existing literature. Previous research has often situated home education within broader policy and inclusion frameworks (e.g., Maxwell et al., 2020; O'Hagan et al., 2021), while also identifying factors such as unmet need and school exclusion practices, including off-rolling. However, these approaches may not fully capture

the complexity of parents' lived experiences or the processes through which decisions to home educate are made.

The study in Chapter Three contributes Wales-specific empirical data on EHE among learners with ALN, addressing a key gap in the literature. It incorporates varied family experiences, neurodivergent (ND) profiles, and local authority contexts to enhance the transferability of findings. It also examines socio-demographic factors, including parental work patterns and capacity to sustain EHE, and considers how recent ALN reforms in Wales (Welsh Government, 2018) intersect with educational experiences.

Chapter 3: Research Paper

**Parents' Motivations and Experiences of Elective Home Education for ND Children: A
Qualitative Analysis**

*This manuscript has been prepared in accordance with the author guidelines for submission
to the British Journal of Special Education.*

3.1 Abstract

Elective home education (EHE) has become an increasingly viable educational pathway in Wales, particularly among families of neurodivergent (ND) children who experience unmet needs, anxiety, and school-related distress within mainstream provision. Despite this trend, limited research has explored families' experiences of choosing EHE within the Welsh policy context.

This qualitative study examined parents' reasons for withdrawing their children from mainstream education and their perceptions of the impact of EHE on child well-being and learning. Participants were parents living in South and West Wales who had home-educated at least one ND child. They completed an anonymous qualitative online questionnaire, and responses were analysed using reflexive thematic analysis.

Parents name deregistration from the mainstream school primarily as a protective response to escalating concerns and a perceived lack of appropriate support. Many reported improvements in well-being, confidence, and engagement within more flexible and individualised learning environments. Although EHE also placed practical and emotional demands on families, many parents felt the benefits outweighed these challenges. The findings highlight implications for inclusive practice, implementation of the Additional Learning Needs framework in Wales, and support for families navigating home education.

Keywords: *Elective Home Education, Neurodivergence, Additional Learning Needs, Wales, Thematic Analysis*

3.2 Introduction

Elective home education (EHE) is the parental choice to educate children at home rather than through traditional education. Parents assume full responsibility to provide a suitable education for their child (Department for Education, 2019). Welsh Government data shows that EHE has become an increasingly viable educational pathway across Wales in the last decade. With a rising number of children educated outside the mainstream school system (Welsh Government, 2022; 2025).

Within this context, pupils with ALN are notably overrepresented. In 2024/25, 47.8 per 1,000 pupils educated outside school had identified Additional Learning Needs (ALN) or Special Educational Needs (SEN) provision, compared with 5.8 per 1,000 pupils across the overall pupil population (Welsh Government, 2025). This trend demonstrates that the experiences explored in this study reflect a broader national pattern of ND children receiving different forms of education rather than isolated parental decisions toward alternative education, such as EHE.

Importantly, the statistics of children with ALN receiving alternative education do not include those who are home-educated. This suggests that the proportion of ND learners educated outside mainstream schooling may be considerably higher than official figures indicate (Welsh Government, 2025). Further, while ALN is a statutory classification within the Welsh education system (Welsh Government, 2018), neurodivergence (ND) is a broader conceptual term encompassing neurodevelopmental differences (Kapp, 2020). These include autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD), among others (Kapp, 2020). The two terms should therefore be understood as overlapping rather than interchangeable.

Families choose EHE for a range of reasons, yet parents of ND children frequently report withdrawing their children due to unmet support needs, anxiety, and school-related

distress (Maxwell et al., 2020; Paulauskaite et al., 2022). Decisions to deregister children from mainstream schooling have previously been conceptualised using a push–pull framework (Lee, 1966), in which negative experiences in school environments push families away from mainstream education, while perceived benefits of alternative provision pull them towards EHE (Kendall & Taylor, 2016). Studies of home education also imply that flexible pacing, reduced environmental demands, and individualised approaches can support engagement and well-being for some learners, particularly those with ALN (Parsons & Lewis, 2010; Riley, 2015).

This perspective aligns with the Welsh ALN framework, which emphasises person-centred, needs-led support for learners whose needs cannot be fully met through standard provision. The Additional Learning Needs and Education Tribunal (Wales) Act 2018 and ALN Code established Individual Development Plans (IDPs) to ensure support is tailored to individual needs and developed collaboratively with families (Welsh Government, 2018; 2021). The patterns described in this study highlight the importance of responsive, individualised provision for learners with additional needs.

Government reports indicate that implementing the legislation in practice has presented challenges for schools and local authorities, including difficulties in application, staffing and resource pressures, and a lack of training across settings (Senedd Research, 2024). These challenges can affect how quickly needs are identified, how reliably support is implemented, and how effectively provision is organised with families (Audit Wales, 2023; Estyn, 2024; Senedd Research, 2024). Therefore, understanding ND learners' experiences is essential for informing more inclusive practice and improving consistency across education services (Estyn, 2024; Welsh Government, 2021).

Further, the systematic literature review presented in Chapter Two identified a lack of empirical research exploring parental experiences of EHE within the Welsh policy context.

This study explores parents' reasons for choosing EHE and their experiences of supporting children with ND outside mainstream schooling in Carmarthenshire and neighbouring authorities. Adopting a neurodiversity-affirming perspective (Kapp, 2020), neurodivergence is recognised as a natural variation in human development rather than a deficit, and the importance of environments that accommodate diverse learning and sensory needs is emphasised.

Research suggests that families choose EHE for a range of reasons, including dissatisfaction with school environments, concerns about well-being, and a desire for more individualised or flexible learning (Kendall & Taylor, 2016). While earlier literature has associated EHE with philosophical or lifestyle preferences (Rothermel, 2011), more recent UK studies indicate a growing number of families withdrawing children from mainstream schooling due to difficulties, including insufficient provision and school-related anxiety (Children's Commissioner, 2019; Kendall & Taylor, 2016). Together, this literature concludes that a combination of pressures within mainstream schooling and perceived benefits of alternative educational approaches may shape decisions to home-educate.

The research addresses the following questions:

1. Why do parents of ND children choose EHE?
2. How do parents describe their experiences of EHE and its impact on child well-being and learning?
3. What perceived benefits and challenges do parents identify within a Welsh local authority context?

3.3 Method

3.3.1 Design

A qualitative design, guided by reflexive thematic analysis (Braun & Clarke, 2006, 2021), was employed to explore parents' motivations and experiences of EHE. Reflexive thematic analysis is a flexible theoretical approach to analysing qualitative data, emphasising the researcher's reflexivity and the development of themes through active engagement with the dataset (Braun & Clarke, 2019, 2021). A detailed exploration of how educational, emotional, and systemic factors influenced decisions to home-educate was conducted.

The study examined how parents interpret their children's experiences, navigate systemic barriers, and evaluate the impact of EHE. Parental accounts were interpreted through the context of their children's experiences within educational systems. The researcher engaged in ongoing reflexive practice and supervision throughout the analytic process. Reflexive journalling was used to document analytic decisions, emerging interpretations, and potential assumptions, supporting transparency and critical awareness of how the researcher's perspectives may have shaped the analysis. As the researcher was a home-educating parent, this process enabled careful consideration of bias and supported a reflexive, interpretive approach rather than assuming neutrality.

3.3.2 Participants

Participants lived primarily in Carmarthenshire, with additional respondents from South Wales authorities. Participants ranged in age from 28 to 49 years ($M = 39.2$). The sample consisted predominantly of mothers ($n = 15$), with two fathers participating. Most participants were home educating one child, although several were educating more than one. Children's ages ranged from primary to secondary school age.

Eligibility required parents to currently home-educate at least one ND child (or to have done so within the last 12 months) who had previously attended a mainstream school. Participants were recruited through home-education networks and social media groups, which may have introduced self-selection bias, as individuals with particularly strong experiences were more likely to participate. Participation was voluntary, and no incentives were offered. Participants had been home-educating for varying lengths of time, meaning accounts reflected transitions into home education, early adjustment experiences, and long-term perspectives on EHE. Seventeen responses met the inclusion criteria and were analysed. Three responses were excluded because the children had never attended mainstream school and/or did not have a confirmed diagnosis.

A range of diagnoses and ALN were reported. Most commonly, ASD, ADHD, and co-occurring ASD and ADHD (AuDHD). Additional needs reported by parents included dyslexia, developmental language disorder, sensory processing differences, intellectual disability, and motor or sensory integration difficulties (including gross motor, vestibular, and proprioceptive processing difficulties). Diagnoses were parent-reported and were not independently verified.

3.3.3 Materials and procedure

Data were collected using an open-ended online questionnaire that examined motivations for EHE and parents' experiences of educating ND children outside mainstream school. An online format enabled participation from geographically dispersed families, increased accessibility for parents managing caregiving responsibilities, and allowed responses at times convenient for families. While this format did not allow follow-up prompting and clarification as interviews might, it enabled participation from parents who might not have been able to commit to interviews and provided detailed written accounts suitable for reflexive thematic analysis.

Participants completed the questionnaire anonymously via Microsoft Forms, an encrypted software platform. All participants were provided with an information sheet outlining the purpose of the research, confidentiality, and their rights before participation (see Appendix A). Responses were stored securely on password-protected university systems in accordance with the General Data Protection Regulation (European Union, 2016).

The questionnaire contained multiple open-ended questions and demographic items (e.g., parent age, child age, diagnosis, length of time home educating) (see Appendix B). Questions explored the reasons for withdrawing from mainstream education, children's experiences of attending school, the decision-making process and experiences of EHE, perceived impacts on children's well-being and learning, support received since deregistration, and future educational plans. The questionnaire was designed to elicit reflective, narrative responses rather than brief factual answers, while accommodating participants' time constraints.

Examples of questions included:

- *Can you describe your child's experience of mainstream school before home education?*
- *What factors influenced your decision to begin home educating?*
- *How has home education affected your child's well-being or engagement with learning?*
- *What support have you received since beginning home education?*

Participants were informed that they could respond in as much or as little detail as they wished and could skip any questions they did not want to answer. Completion time ranged from 6 to 193 minutes, with most participants completing the questionnaire within

approximately 15-45 minutes ($M = 43.7$), depending on the length of written responses.

3.3.4 Ethical considerations

The study adhered to the British Psychological Society's (BPS) Code of Human Research Ethics (2021) and received ethical approval prior to data collection (see Appendix C). Participation was voluntary, informed, consensual and anonymous, and participants confirmed their consent before completing the questionnaire (see Appendix D).

Participants were aware that they could withdraw from the study at any time and that their data would be removed, without providing a reason or incurring any penalty. Names in the dataset were removed, and only the Primary Researcher and Research Supervisor could access the raw data. As the questionnaire addressed potentially sensitive experiences, participants received information about locally available support services should they experience distress.

Participants were also informed that any disclosure indicating a risk to child welfare would be managed in line with the university's safeguarding procedures (University of Wales Trinity Saint David, 2022). Following submission, participants were provided with a debrief statement outlining the purpose of the study, how the data would be used, and the researcher's contact details for any questions or to request a summary of findings (see Appendix E).

3.4 Data analysis

Responses were analysed using Braun and Clarke's (2006, 2021) six-phase reflexive thematic analysis. First, the researcher familiarised themselves with the data by repeatedly reading responses and taking notes. Initial codes were then generated across the dataset to capture

features relevant to the research questions and participants' experiences. These codes were subsequently organised into potential themes by identifying patterns of shared meaning. An example of the coding process is provided in Appendix F. Themes were reviewed and refined to ensure coherence before being defined in terms of representative aspects of participants' experiences. Finally, the themes were developed into a written analytical narrative, incorporating data extracts and interpretations to address the research aims. The researcher conducted a reflexive discussion and supervisory consultation to enhance analytic rigour.

As diagnoses and support needs were parent-reported, the analysis focused on parents' interpretations and experiences rather than on their clinical validation. Within a reflexive thematic analysis framework, these accounts were understood as meaningful representations of families' experiences and interactions with educational systems. This approach recognises that parental perceptions play a crucial role in decisions about educational provision, including EHE.

3.5 Results

This study explored parents' motivations for EHE and their experiences of supporting ND children outside the mainstream school system. Seventeen parents participated, representing families across Carmarthenshire and nearby authorities.

Five interconnected themes were identified, some with subthemes (see Table 4) that captured different aspects of parents' experiences:

- (1) Mainstream school as a source of distress
- (2) Withdrawal from school as a protective decision
- (3) Renewed engagement through personalised learning
- (4) The practical and emotional demands of home education

(5) Navigating support, social connection and future pathways

These themes illustrate how sustained difficulties within mainstream education shaped both withdrawal decisions and subsequent experiences of EHE.

Across the dataset, deregistration from mainstream schooling was not initially a preferred option. Instead, participants described increasingly negative experiences over time, with the majority characterising their child's overall school experience as "very negative". Reports of declining emotional well-being and inadequate support were nearly universal across responses and were frequently accompanied by sensory or environmental overwhelm and perceptions that parental concerns were disregarded. Withdrawal typically followed prolonged and unsuccessful attempts to secure support within mainstream provision.

Table 4. Overview of themes and subthemes

Theme	Subthemes
Mainstream School as a Source of Distress	Unmet needs and lack of appropriate support Sensory and emotional strain Breakdown in trust with school systems
Withdrawal from school as a protective decision	
Renewed Engagement Through Personalised Learning	Greater choice and control over learning Growing confidence and sense of capability Feeling safer and more supported Improvements in overall well-being
The practical and emotional demands of home education	

Navigating Support, Social Connection, and Future Pathways

Note. Themes and subthemes were developed through reflexive thematic analysis following Braun and Clarke's (2006, 2021) six-phase approach.

3.5.1 Mainstream School as a Source of Distress

Mainstream schooling was consistently described as unable to accommodate children's learning, sensory, and emotional needs, positioning it as a central source of distress within parental accounts: *"Teachers didn't listen to our concerns and kept saying they were fine in school. They weren't fine, far from it so we had to act"* (P12). Experiences of inflexibility, delayed support, and environmental overwhelm contributed to escalating anxiety and disengagement. Many parents recall attempting to secure adjustments prior to withdrawal but felt that meaningful change did not occur: *"We had to fight so hard for it and we were sharing crucial information which ended up misplaced and the whole thing was so frustrating"* (P16). In many cases, parents perceived that schools did not fully understand or respond to their child's needs. Accounts highlighted inadequate support for ND children, reflecting widespread perception of limited responsiveness. No participants deemed their child "very well" supported or understood within mainstream school.

Unmet needs and lack of appropriate support

This subtheme reflects systemic limitations in recognising and responding to the needs of ND learners. Parents' accounts highlighted persistent difficulties accessing and maintaining effective support, with many reporting that their children appeared "fine" in school despite experiencing significant psychological strain. Participants stated that masking contributed to needs being overlooked or delayed. Masking, or the suppression of ND traits to meet social expectations (Hull et al., 2017; Livingston et al., 2019), may reduce the visibility of distress and limit prioritisation for support. As a result, pupils who appeared outwardly regulated were often not identified for intervention despite escalating internal difficulties.

Support processes did not consistently respond to emerging needs, contributing to a pattern of delayed intervention. Therefore, deregistration was described as arising from cumulative unmet needs rather than isolated incidents. Several parents reported that access to

support was contingent on a formal diagnosis, creating barriers to early intervention: “*We tried to get an IDP at school, but school refused to see any signs and symptoms*” (P10), while another described difficulty with implementation: “*The school didn’t actually do what they were supposed to do in the IDP...*” (P9). These experiences highlight inconsistencies in the application of inclusive education policy within the Welsh ALN framework (Welsh Government, 2018).

Across accounts, delays and inconsistent implementation of IDPs were closely associated with deregistration. Repeated attempts to secure provision without sustained improvement contributed to stress, frustration, and a sense of being unheard, as described by one participant as: “*grinding us down as a family*” (P20). A lack of timely intervention meant that support was often introduced only after distress had escalated beyond the point at which attending school felt possible. These findings point to a broader systemic pattern of delayed recognition and inconsistent provision, shaping decisions to pursue EHE.

Sensory and emotional strain

This section captures the experiences of children within mainstream school environments. School settings were characterised by overwhelming noise, transitions, and social demands, which contributed to heightened stress. One participant reported that their child: “*...really didn’t like the chaotic environment and teachers shouting and then the bullying started*” (P16). Another described the impact on daily functioning: “*Normal activities were becoming difficult, eating and sleeping due to stress of the next day at school*” (P4).

Parents articulated these experiences as leading to anxiety, burnout, and eventual disengagement from attendance and learning. Declining emotional well-being was one of the most prevalent features across accounts and was often described as intensifying over time in response to sustained sensory and environmental pressures. Together, these accounts

highlight how mainstream school environments were experienced as dysregulating, with sustained sensory and emotional strain contributing to disengagement from school.

Breakdown in trust with school systems

This subtheme reflects the relational consequences of prolonged difficulties between families and schools. Parents experienced repeatedly raising concerns without receiving meaningful responses, contributing to the perception that their child's needs were not being recognised or taken seriously: *“Senior staff were rude, dismissive and challenged me often... I felt like no one was on my side or my child's side”* (P9).

These experiences contributed to a deterioration in relationships, with parents describing growing frustration and a loss of confidence in schools' ability to support their child. For many, this breakdown in trust was closely associated with decisions to seek alternative provision: *“I felt gaslit all the time as a parent... School has no comprehension of how ND girls mask”* (P11). This highlights how repeated failures in communication and responsiveness eroded trust, with parents no longer viewing schools as able to meet their child's needs.

3.5.2 Withdrawal from School as a Protective Decision

Withdrawal from school was commonly conceptualised as a necessary response to protect child welfare rather than a proactive educational preference. Parents explained reaching a critical threshold at which remaining in school no longer felt safe or sustainable: *“Nothing is as hard as your child wanting to die because they cant cope at school”* (P12). Deregistration often followed prolonged attempts to secure support and was accompanied by a period of decompression. With an initial focus on recovery rather than academic learning: *“We turned to home education to ensure well-being, which has vastly improved since removing him from*

school as we can support his needs and help him understand them” (P10). Across accounts, the most frequently cited motivations for EHE were declining emotional well-being and inadequate support at school, with sensory overload and perceived lack of responsiveness following closely. Withdrawal formed part of a broader process shaped by escalating distress and parental responsibility to safeguard well-being.

3.5.3 Renewed Engagement Through Personalised Learning

EHE was consistently described as enabling more responsive and individualised learning environments. One participant summarised their approach as: *“Child-led pedagogy, learner centred, responsive, 1-1 support”* (P13). Accounts emphasised the importance of adapting learning to children’s pace, interests, and emotional state. Greater flexibility, reduced pressure, and one-to-one support were associated with renewed engagement and emotional recovery.

These experiences contrasted with mainstream schooling, which was often described as rigid, highly pressurised, and oriented towards standardised performance: *“They put a lot of pressure on my children to fit into the curriculum and their expectations were very high”* (P17). Across accounts, mainstream settings were perceived as prioritising conformity and curriculum targets over individual needs, positioning EHE as a more responsive alternative.

Greater choice and control over learning

This subtheme focuses on how learning processes were restructured through EHE. Children had greater influence over what, when, and how they learned, with flexible pacing enabling parents to respond to emotional and sensory needs: *“Taking time out, taking breaks when it becomes too much, self-care, learning what they want to learn”* (P12).

Interest-led learning was frequently associated with increased motivation and

engagement: *“He’s... been able to delve deeper into all his interests... He’s become curious again and wants to learn”* (P4). Engagement was described as emerging when learning aligned with the child’s readiness and interests, rather than being externally imposed. This demonstrates that autonomy functioned not only as a practical adjustment but as a mechanism for re-engaging children in learning.

Growing confidence and sense of capability

This section reflects how children’s engagement translated into changes in self-perception. As learning became more manageable, parents observed gradual increases in confidence and self-efficacy: *“His view of himself is so much better... the growth in his self-confidence has been incredible”* (P4), while another described improved regulation and self-understanding: *“He’s so much more regulated and feels so much better about himself”* (P10).

Confidence was not described as an immediate outcome of withdrawal but rather as developing over time as children experienced success in learning environments that felt achievable and affirming. Reduced performance pressure and increased control over learning appeared to support the rebuilding of capability.

Feeling safer and more supported

This subtheme examines the emotional context in which learning occurred. Home environments were described as calmer and more responsive than school settings across accounts: *“The environment is much calmer at home... socialising is also on his terms”* (P4). Parents also described stronger relationships, increased understanding of their child’s needs, and opportunities for co-regulation: *“Following his needs and interests, listening to his emotions, lots of movement and breaks”* (P7).

These environments enabled immediate responses to dysregulation and reduced

exposure to school-related stressors. Overall, emotional safety was a key condition underpinning engagement, supporting both regulation and participation in learning.

Improvements in overall well-being

Accounts reflected broader changes in children's emotional and behavioural functioning following the transition to EHE. Parents noted improvements in mood, engagement, and emotional stability, with one noting: *"She's happier, she's engaging more in the things she enjoys"* (P20).

While increased confidence and emotional safety were described as important elements of this process, well-being was often framed as a more holistic outcome encompassing reduced anxiety, improved regulation, and greater day-to-day functioning. For some families, these changes were described as critical to recovery from school-related distress. One participant recalled their child stating: *"I wouldn't be alive today if you hadn't taken me out of school"* (P4).

These accounts suggest that improvements in well-being were not attributed to a single factor, but emerged from the interaction of flexibility, autonomy, and relational support within home education environments.

3.5.4 The Practical and Emotional Demands of Home Education

Despite perceived benefits for children, parents portrayed significant practical and emotional demands associated with home education. Many reported increased workload, financial pressures, and the need to balance educational responsibilities with employment and caregiving. Some families reported reducing working hours to accommodate these demands: *"It's very difficult to fit everything, had to down my hours to part time"* (P1).

Parental workload and time balance were the most frequently cited challenges over

the last six months. While parents frequently viewed the decision as necessary for their child's well-being, they also acknowledged the strain it placed on family routines and employment. One participant explained: *"It's a lot of responsibility to juggle, but we have no regrets. Nothing is as hard as your child wanting to die because they can't cope at school"* (P12). This illustrates the extent to which decisions to pursue EHE are shaped by concerns for child safety and well-being, rather than preference alone. Collectively, these accounts illustrate how EHE is sustained through considerable parental sacrifice, with families absorbing responsibilities that might otherwise be expected of formal education systems.

3.5.5 Navigating Support, Social Connection, and Future Pathways

Parents report varied experiences of support while home educating. Some detailed receiving helpful information from local authorities, while others described limited practical support and reliance on informal networks. These accounts suggest that support for families choosing EHE remains inconsistent.

Participants also reflected on future educational pathways. Many expressed openness to flexible or alternative forms of education in the future, a desire for acceptance for their child, including college, hybrid provision, or specialist settings. However, a substantial proportion felt that no realistic changes within mainstream schooling would have enabled their child to continue attending at the time of withdrawal. These issues are related to a lack of staff knowledge and negative attitudes, as well as the school curriculum and lack of autonomous learning. One parent who said they would not return their child to school explained: *"I think the problem is too far gone for kids with ALN"* (P12), with another stating: *"Schools need to completely revise their curriculum, learning approaches and attitudes towards learners with ALN"* (P13).

EHE was often understood as a necessary response to negative circumstances rather

than a permanent rejection of formal education. Participants frequently emphasised that future pathways would depend on well-being, readiness, and the availability of suitable provision, suggesting that educational trajectories were viewed as flexible and non-linear. These accounts highlight how parents viewed educational pathways as shaped by their child's needs and circumstances rather than predetermined.

3.6 Discussion

This study explored Welsh parents' motivations for EHE and their experiences of supporting ND children outside mainstream schooling. Deregistration was most often described as a response to unmet needs, declining well-being, and limited responsiveness within school environments, with EHE framed as a protective decision rather than an initial preference. These findings align with previous research identifying insufficient provision and school-related anxiety as key parental motivators of removal from mainstream education (Gillie, 2025; Maxwell et al., 2020). They also reinforce evidence that EHE is frequently a reactive response to systemic shortcomings rather than a proactive or philosophical choice (Mitchell, 2020; O'Hagan et al., 2021). Further extending the literature by highlighting the extent to which deregistration is shaped by sustained institutional failings.

While previous research has highlighted off-rolling as a factor in school disengagement (e.g., Maxwell et al., 2020), this was not reflected in the current dataset. This may suggest that withdrawal in this sample was more strongly associated with cumulative unmet needs and declining well-being than with explicit exclusionary practices.

These findings challenge the assumption that inclusive education frameworks are being effectively realised in practice, indicating that systemic constraints continue to limit schools' capacity to respond to ND learners. While there is broad agreement across studies, this convergence may also reflect a reliance on similar methodological approaches,

particularly the predominance of parental self-report data (Gillie, 2025; Maxwell et al., 2020; Mitchell, 2020; O'Hagan et al., 2021). These findings can also be interpreted through a neurodiversity paradigm (Kapp, 2020), which conceptualises emotional dysregulation not as an individual deficit, but as structural incompatibility between learners and inflexible educational environments. From this perspective, the reported difficulties reflect systemic constraints within mainstream provision rather than inherent limitations within the child.

Following deregistration, improvements in children's well-being, confidence, and engagement within more flexible learning environments were reported. These changes appear closely linked to reduced pressure, increased autonomy, and more responsive support. This aligns with Haas et al. (2022) and O'Hagan et al. (2021), who similarly report reductions in anxiety and increased engagement following transitions to more flexible or home-based learning environments.

However, EHE also imposed practical and emotional demands on families and was accompanied by variable support and uncertainty about future pathways. This study contributes to the existing literature by providing Wales-specific insight into parental experiences of EHE, addressing a gap identified in previous research (Maxwell et al., 2020). More importantly, it emphasises that EHE for ND learners is better understood as a response to systemic shortfalls in inclusive provision, rather than primarily a matter of parental choice. The findings highlight the interaction between children's needs, school environments, and wider policy contexts. Decisions to withdraw were rarely ideological; rather, they emerged from insufficient provision, escalating distress, and perceived limitations in schools' responsiveness.

While many accounts described improvements in child well-being following EHE, these outcomes were often achieved through considerable parental demand and sacrifice. Suggesting that the benefits of EHE depend on the resources and flexibility available within

families. Therefore, EHE can be understood not only as an educational choice but also as a reaction to perceived gaps in the responsiveness of mainstream provision

3.6.1 Push-pull Motivation for Elective Home Education

While the results section described parents' experiences, this section considers how those experiences can be interpreted in relation to existing theory. A push-pull framework (Lee, 1966) provides a useful lens for understanding how decisions to home-educate were shaped by both pressures within mainstream schooling and perceived advantages of alternative provision. The framework conceptualises decision-making as a process influenced by factors that move individuals away from existing contexts (push) and those that draw them toward alternatives (pull).

Within education, this model has been used to explain why families withdraw from mainstream schooling and pursue home education (Kendall & Taylor, 2016). This interpretation aligns with existing UK literature, which reinforces that decisions to home-educate are often shaped by a combination of pressures within education systems and perceived benefits of alternative educational approaches (Children's Commissioner for England, 2019; Kendall & Taylor, 2016; Rothermel, 2011). These improvements are consistent with previous research indicating that withdrawal from mainstream schooling is often associated with reduced anxiety and improved emotional regulation (Gillie, 2025; O'Hagan et al., 2021), reinforcing the role of "push" factors related to well-being in decisions to pursue EHE.

In the present study, push factors included unmet support needs, sensory and environmental stressors, and declining well-being within mainstream schools. Pull factors such as flexibility, reduced anxiety, and individualised learning became more prominent through EHE and were associated with renewed engagement and emotional recovery.

Push and pull factors appeared to operate simultaneously rather than consecutively, with parents weighing risks and benefits in relation to their child's well-being. Deregistration was frequently conceptualised as a last resort after repeated attempts to secure appropriate support. Through EHE, flexible pacing and personalised learning were linked to improvements in confidence and well-being, supporting existing research on responsive learning environments (Hatton & Powell, 2022; Riley, 2015).

Overall, the findings reinforce the relevance of a push–pull interpretation in which deregistration is initially reactive but sustained by perceived improvements in responsiveness and well-being. Reflecting dynamic interactions between school contexts and family resources rather than a single causal event.

3.6.2 Limitations

This study has several limitations that should be considered when interpreting the findings. The findings are based primarily on parental accounts, which may reflect retrospective interpretations of school experiences. While consistency across studies strengthens credibility, the absence of triangulation with school or child perspectives means these accounts should be interpreted as context-dependent rather than conclusive, particularly given that parental self-report data may privilege certain interpretations over alternative perspectives. Additionally, the use of an online qualitative questionnaire limited opportunities for follow-up questioning and clarification compared to interview-based methods.

The sample consisted of a relatively small number of Welsh families, meaning the findings are context-specific and may be limited in transferability to other regions or policy contexts. Despite these limitations, the study provides valuable insight into parental experiences of EHE and highlights important considerations for policy and practice.

3.6.3 Contribution of the study

This study contributes to the understanding of EHE in Wales by providing context-specific insights into parents' experiences within the Welsh ALN framework (Welsh Government, 2018). The findings highlight how policy implementation and school responsiveness are experienced by families and how variability in support shapes decisions to withdraw from mainstream schooling.

IDP implementation was often delayed and inconsistent, reflecting wider variation in ALN provision across Wales (Welsh Government, 2023). National evaluations similarly identified ongoing inconsistency in how the ALN framework is enacted in practice (Estyn, 2024). Diagnostic timelines and resource constraints further influenced access to support. While the ALN framework emphasises needs-led provision, these findings indicate that its effectiveness depends on implementation at the school and local authority levels. EHE was framed not as a rejection of mainstream education in principle, but as a response to perceived limitations in inclusive practice. This study extends existing literature highlighting the gap between inclusive policy intentions and children's actual educational experiences (Hallett & Hallett, 2020).

The findings further contribute to current understandings of EHE by demonstrating that deregistration from school is often preceded by prolonged unmet need, rather than reflecting immediate parental preference. This study emphasises the role of delayed intervention, inconsistent implementation of IDPs, and limited adaptation to sensory and emotional needs in shaping parental decisions to pursue EHE. Taken together, these findings position EHE as a systemic outcome of unmet need within mainstream provision, rather than an individualised parental choice.

The study also focuses on variability in the support available to families who elect to home educate. While some parents engaged constructively with local authorities, others

relied primarily on informal networks, including online communities. These findings highlight uneven access to information and support, suggesting that families' experiences of EHE are shaped not only by educational needs but also by the availability of institutional and social resources.

In addition, the study contributes to understanding the practical and emotional demands associated with EHE. Improvements in children's well-being are frequently accompanied by increased parental workload, reduced employment flexibility, and financial strain. These findings indicate that EHE sustainability is closely linked to structural factors, including work patterns, income stability, and access to support, highlighting the role of family capacity in shaping educational pathways.

Finally, the findings emphasise the importance of early identification and responsive support in preventing escalation to crisis points, where deregistration is perceived as the only viable option. Further, the study highlights the significance of recognising less visible forms of need, including masking and school-related anxiety within inclusive education frameworks. These insights contribute to a more nuanced understanding of how educational systems respond to ND learners and the conditions under which alternative pathways such as EHE are pursued.

3.7 Conclusion

This study aimed to explore parents' motivations and experiences of EHE for ND children within the Welsh context. The findings demonstrate that decisions to pursue EHE were rarely driven solely by educational preference, but were more commonly shaped by prolonged unmet need, emotional distress, and difficulties in securing appropriate support within mainstream provision.

Deregistration from school was consistently framed as a protective response, with

parents prioritising their child's well-being in the context of environments experienced as inflexible and insufficiently responsive. While EHE enabled renewed engagement through personalised learning, it also placed significant practical and emotional demands on families, highlighting the reallocation of responsibility from education systems to parents.

EHE was a systemic outcome of limitations within inclusive education, rather than an individualised parental choice. Therefore, the study contributes to a more enhanced understanding of how policy intentions are experienced in practice, particularly within the Welsh ALN framework. Ultimately, the findings underscore the importance of timely, responsive, and flexible support for ND learners. Without structural changes to inclusive provision, EHE is likely to persist as a reactive pathway rather than a genuinely elective choice for this population.

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Conflicts of interest

The author declares no conflicts of interest.

Chapter 4: Reflective Chapter

This chapter reflects on the process of conducting the present research project, which explored parents' motivations and experiences of elective home education (EHE) for neurodivergent (ND) children. Reflective practice is an important component of both psychological research and professional development, as it enables researchers to critically evaluate their experiences, identify learning points, and consider how research practice can be improved in future (Berger, 2015; Finlay, 2002).

While earlier chapters of this dissertation describe the research design and findings, this chapter focuses on the practical and personal experience of conducting the study. It reflects on the decisions made throughout the research process, the challenges encountered, and the lessons learned from undertaking a qualitative research project within a sensitive area of children and young people's educational and mental health research.

Gibbs' reflective cycle (Gibbs, 1988) is used to structure this reflection. In particular, the chapter considers what occurred during the research process, how these experiences were managed, and the insights gained that may inform future research practice.

At the outset of the project, I intended to conduct focus groups with parents who had chosen EHE for their ND children. Focus groups were initially selected because they can encourage shared discussion and allow participants to reflect collectively on their experiences. I anticipated that this format would generate rich data through interaction with participants and would allow me to prompt them and clarify the information they could provide. Another expectation was that coordinating suitable times and locations would prove difficult. To my surprise, many parents agreed to attend the university to take part in the focus groups on certain days and at certain times.

However, as the research progressed, it became clear that organising focus groups would be significantly more challenging than expected. Participants were located across the geographically large and sometimes rural areas of Carmarthenshire, and many parents had substantial caregiving responsibilities. This meant that, despite their willingness to participate, practical barriers prevented them from attending focus groups without their children. Although several parents initially expressed interest in participating in the study, it became clear that this was not feasible for this group. As a result, I adapted the methodology and used an online qualitative questionnaire to increase parent participation. This decision was also made with the project's time constraints in mind.

While this change initially felt frustrating, particularly as I had been interested in facilitating group discussions, it ultimately enabled more participants to contribute to the research. The questionnaire format allowed parents to respond at their own convenience and reduced the practical barriers to attending scheduled research sessions. This experience further highlighted the importance of methodological flexibility when conducting research with populations facing barriers, time constraints, and caregiving responsibilities.

Recruitment proved to be one of the most challenging aspects of the research process. Despite initial interest, parents who home educate were sometimes cautious about participating in research due to privacy concerns, misunderstandings about their lifestyle, or perceived scrutiny by authorities.

Within my experience of the home education community, there is often a strong emphasis on protecting family autonomy and maintaining privacy. As a result, building trust with potential participants required persistence and careful communication about the research's purpose. It was important to emphasise that participation was voluntary, anonymous, and focused on understanding parents' experiences rather than evaluating their educational choices. Ensuring transparency about confidentiality and data protection helped

reassure potential participants.

This process reinforced the importance of sensitivity, understanding, and building trust when conducting research with communities that may feel misunderstood or marginalised. The significance of this is that, despite EHE's growing popularity, it remains largely an alternative educational and lifestyle choice. The topic of this research also held personal significance for me. I home-educate one of my own children following adverse experiences in mainstream education related to neurodivergence and associated mental health difficulties. This personal connection created both strengths and challenges within the research process. On one hand, my experiences deepened my understanding of the issues being discussed and helped me approach the topic with empathy. On the other hand, it required careful awareness of how my own perspectives might influence the interpretation of participants' accounts.

To address this, I engaged in ongoing reflexive practice throughout the research. I maintained a reflective journal to document initial interpretations, emotional responses, and emerging assumptions as I analysed. This process highlighted my tendency to align strongly with parents' accounts of school-based anxiety, prompting me to revisit the data more critically and consider alternative interpretations. Reflexive thematic analysis (Braun & Clarke, 2006, 2021) supported this process by encouraging active engagement with how themes were developed, rather than treating them as purely data-driven. Rather than attempting to eliminate my positionality, I aimed to acknowledge it transparently and hold myself accountable for interpreting participants' accounts in a non-biased manner, setting aside my personal expectations and experiences.

Another important aspect of the research process was managing the emotional impact of engaging with participants' experiences. Many parents experienced difficult situations in which their children had anxiety, trauma, critical mental health conditions and emotional

difficulties when attending mainstream education. Reading these accounts required careful management of my emotional responses, particularly in relation to parents' descriptions of anxiety and distress. While empathy was important, it was necessary to separate emotional reactions from analytical interpretation to ensure the data were examined rigorously. To manage this, I introduced structured breaks during analysis and revisited the data after periods of distance, allowing initial emotional reactions to settle before re-engaging analytically. This helped prevent over-identification with participants' experiences.

A significant challenge during the dissertation process was balancing the demands of conducting and writing the research alongside my personal responsibilities. As a parent who home-educates, managing time effectively became essential to completing the project. Despite wanting to prioritise my research, I needed to undertake it alongside ongoing caregiving and legal education responsibilities at home. Including a full write-up of an annual educational report for the local authority, whilst assembling the full dissertation.

This required careful organisation and time management, particularly during the project's later stages, when analysing data and writing the report. At times, this balancing of roles was challenging and required flexibility in planning work around family commitments. However, this also strengthened my project management skills and highlighted the importance of maintaining realistic timelines when undertaking independent research.

Reflecting on this provided an increased awareness of the practical demands on researchers managing multiple responsibilities. It has also reinforced the importance of resilience, planning, and adaptability when undertaking a large independent research project.

Another challenge encountered during the dissertation process was writing the research paper in a format suitable for submission to an academic journal while also meeting the university's structural and assessment requirements. The manuscript was prepared according to the author guidelines of the British Journal of Special Education, which typically

require articles to be within a word count of approximately 4,000-6,000 words. However, the dissertation chapter containing the research paper was limited to a maximum of 4,500 words under the university's assessment criteria. This created tension between producing a manuscript that aligned with the journal's expectations while also adhering to the dissertation word limit. As a result, careful decisions had to be made regarding which aspects of the research to prioritise within the available word count. This required refining the clarity and conciseness of the writing while retaining the key methodological and analytical components. Although this process was challenging, it provided valuable experience in adapting academic writing to meet different audiences and publication requirements.

Despite the challenges I encountered during the research process, the project also provided several positive learning experiences. Engaging closely with parents' accounts reinforced my belief in the importance of this research area and the need for improved support for ND children within mainstream education.

The findings highlighted how educational systems and policies can influence the well-being and learning experiences of children with ALN. Reflecting on these accounts strengthened my commitment to advocating for more inclusive educational practices and policies that better support ND learners. The study's process also increased my confidence in my ability to conduct independent research. Completing the project required managing multiple stages of the research process, including literature review, ethical approval, recruitment, data collection, analysis, and academic writing. Successfully navigating these stages, despite the challenges encountered, strengthened my confidence in my research skills, project management, and resilience as a developing researcher.

The ethical considerations associated with this study were significant due to the sensitive nature of the topic and the involvement of children's educational and mental health experiences. Awaiting ethical approval was initially anxiety-provoking, as it highlighted the

responsibility associated with conducting research involving potentially vulnerable populations. However, this process reinforced the importance of ethical safeguards within psychological research. Engaging with the ethical approval process strengthened my understanding of the ethical responsibilities associated with psychological research and the importance of gaining ethical approval in a timely and legitimate manner. This allowed me to begin data collection once ethical approval was obtained.

Reflecting on the research process, several elements of the study could be improved if the research were conducted again. One important consideration would be the inclusion of children and young people's perspectives alongside those of parents, where ethically feasible. Although the current study focused on parental experiences, incorporating children's voices could provide a more complete understanding of how educational environments are experienced from the child's perspective. Particularly, the internal processes, thoughts and feelings of ND learners when attending school and what they feel the environmental differences between this and EHE are providing them.

In addition, if I had combined the online questionnaire with interviews or focus groups, it may have produced more detailed qualitative data. While the questionnaire made participation accessible and convenient for parents, interviews would have enabled me to explore participants' responses in greater depth and to ask follow-up questions to clarify or expand on key points. This may have impacted the themes developed from the dataset.

Recruiting a comparative group of families who considered home education but ultimately remained in mainstream schooling could also strengthen the analysis by providing additional contextual insight into the different educational decisions they made. It could highlight which differences in resources or support are effective in enabling ND children to continue attending school.

Finally, earlier planning of recruitment strategies may also benefit the research. It

could build trust with participants more quickly and support the development of a larger, more diverse sample. As recruitment took longer than initially expected in this often cautious population, starting this stage of the research earlier may have increased participation and engagement.

Conducting this research has strengthened my understanding of qualitative research methods, ethical practice, and the practical realities of conducting research with families.

Key learning points from this project include:

- The importance of flexibility in research design
- The need for realistic timelines when recruiting participants
- The value of reflexive practice when researching topics with personal relevance
- The importance of ethical sensitivity when exploring emotionally complex experiences

These lessons will inform my future research practice and professional development.

Undertaking this research project has been a valuable learning experience both academically and professionally. The process highlighted the complexity of conducting qualitative research in real-world contexts and reinforced the importance of adaptability, reflexivity, and ethical awareness.

Through navigating practical challenges, reflecting on my positionality, and engaging critically with the research process, I have developed greater self-efficacy as a researcher. The experience has strengthened my ability to conduct ethically responsible and reflexive research that contributes to understanding the experiences of families home educating ND children.

Appendices

Appendix A - Participant Information Sheet



PG2 / E1 FORM



Participant Information Sheet

Purpose of Study:

To explore why parents in Carmarthenshire choose home education for neurodivergent children and to understand their experiences.

Before you take part in this research, it is important to understand why the research is being carried out and what is involved. Please take the time to read the information below carefully. You may discuss it with others if you wish. If you have any questions, you are welcome to contact the researcher. Once you have read the information, you can choose whether to take part.

This project forms part of an MA in Children and Young People's Mental Health dissertation. It aims to explore parents' experiences of elective home education for neurodivergent children in Wales. In particular, the study will investigate:

- Parents' reasons for choosing to home educate.
- Experiences of how home education has affected children's learning and emotional well-being.
- The challenges families face and the kinds of support they have or need.
- Parents' views on whether changes within schools might make them reconsider traditional schooling in the future.

Although rates of home education in Wales have increased significantly in recent years (Welsh Government, 2025), there is limited research exploring the perspectives of parents who home educate neurodivergent children, despite their strong representation in EHE statistics. This study seeks to address that gap.

Why have I been invited to participate?

You have been invited because you are a parent/carer of a neurodivergent child (for example, with autism, ADHD, dyslexia, or other learning differences) whom you currently home educate or have done so within the last 12 months. Your insight will help us better understand the experiences of home-educating families in Wales.

Do I have to take part?

No. Participation is voluntary. If you decide not to take part, this will not affect you in any way. You may also withdraw at any stage, without providing a reason.

What will happen if I take part?

- You will first provide demographic information in an online questionnaire (e.g., age, gender, number of children, diagnosis, years of home educating).
- You will answer further questions about your experiences of home education.
- No names will be used; data will be protected and anonymised.

- The completed questionnaire will be securely stored online, and once the study is complete, it will be deleted immediately.

What do I have to do?

You simply need to answer questions as openly and honestly as you feel comfortable. You may skip questions that cause you discomfort.

Are there possible disadvantages and/or risks?

Some questions may raise sensitive or emotional issues, particularly regarding your child's past school experiences. If you become uncomfortable, you may pause or withdraw at any time. Support resources will be provided by the Researcher at the end of the questionnaire.

What are the possible benefits?

There may be no direct benefit to you personally. However, your contribution will help give voice to families' experiences and may inform future research and policy relating to education in Wales.

Will my participation be kept confidential?

Yes. All personal data will remain confidential and anonymised and cannot be traced back to you.

- Your name will not appear in the dissertation.
- You will be assigned a participant code (e.g. Participant 1).
- Data will be encrypted and securely stored, accessible only to the researcher.
- Data will be retained for research purposes only, then securely deleted in line with data protection legislation.

However, if you disclose information that suggests a child may be at risk of harm, the researcher has a legal and ethical duty to follow safeguarding procedures.

What will happen to the findings?

Findings will be written up in a dissertation submitted to the University of Wales Trinity Saint David. An anonymised summary may also be made available on request.

Who is organising the research?

This study is conducted by an MA student for a Children and Young People's Mental Health degree and has received ethical approval for the research from the University's Research Ethics Committee.

Contact for further information.

**PG2 / E1 FORM**

For further information about the study or to discuss your queries, please contact Lauren James, the Principal Researcher. Please complete the online consent section of the questionnaire before continuing to the study if you wish to participate.

Sincerely,

Lauren James
Principal Researcher
Email: 2104051@student.uwtsd.ac.uk

Dr Charlotte Greenway
Supervisor
Email: c.greenway@uwtsd.ac.uk

Appendix B – Questionnaire Items

EHE study

Demographic information

2. **Please state your age**

3. **Please state your occupation and work type (e.g. in person, remote, hybrid, flexi)**

4. **What is your gender?**

5. **What is your ethnicity?**

6. **Which local authority do you live in?**

7. **What is your relationship to the child/children that you home educate?**

8. **How many children do you home educate?**

9. **How long have you been home-educating**

☐ Less than 6 months

☐ 6-12 months

☐ 1-2 years

☐ 2-4 years

☐ More than 4 years

10. **Do you the children you home-educate have ALN?** 

Enter your answer

11. **Please state your child/children's age** 

Enter your answer

12. **Please state your child/children's diagnosis** 

Enter your answer

13. **Does your child have an IDP?** 

- ☐ Yes
- ☐ No
- ☐ Unsure

14. **If yes: Please describe your experience of the IDP process, if no: please explain whether you feel an IDP would be helpful.** 

Enter your answer

15. **If you feel comfortable to do so, please continue to the questionnaire.** 

Back

Next



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Questionnaire



16. **How would you describe your child's overall experience in school?** 

- ☐ Mostly positive
- ☐ Both positive and negative
- ☐ Mostly negative
- ☐ Very negative
- ☐ Prefer not to say

17. Please explain in more detail: 

Enter your answer

18. **How well do you feel the school understood and supported your child's needs?** 

- ☐ Very well
- ☐ Quite well
- ☐ Not very well
- ☐ Not at all
- ☐ Unsure

19. Please explain in more detail: 

Enter your answer

20. **What were the main reasons you decided to home educate your child? (Select all that apply)** 

- ☐ My child's needs were not met in school
- ☐ Bullying or negative social experiences
- ☐ Decline in emotional well-being
- ☐ Sensory/environmental overwhelm
- ☐ The school did not listen to parental concerns
- ☐ Off-rolling or pressure to deregister

☐ Positive choice/philosophical reasons

☐ Other

21. If you selected 'other' please specify. 

Enter your answer

22. **How would you describe your decision to begin home education?** 

☐ Sudden (in response to a crisis or incident)

☐ Gradual (after ongoing concerns)

☐ A mix of both

☐ Other

23. If you selected 'other' please explain: 

Enter your answer

24. **How did your child feel about the decision to home educate?** 

Enter your answer

25. **Since beginning home education, how would you describe any changes in your child's well-being, behaviour, or learning engagement?** 

Enter your answer

26. **What elements of your home education approach support your child's progress or well-being?**



Enter your answer

27. **Which of these has been the biggest challenge for you in the last 6 months?** 

☐ Social opportunities

☐ Parental workload/time balance

☐ Access to services

- ☐ Financial pressures
- ☐ Behaviour or emotional challenges
- ☐ Curriculum/exam concerns
- ☐ Other

28. If you selected 'other' please specify: 

Enter your answer

29. **Please describe this challenge in more detail:** e.g. What makes it challenging, how it affects your child's wellbeing/learning, how it affects you or your family 

Enter your answer

30. **What support have you received since home educating?** 

Enter your answer

31. **At any point did you consider flexi-schooling?** 

- ☐ Yes
- ☐ Yes but the school did not support flexi-schooling
- ☐ Maybe
- ☐ No
- ☐ Not sure

32. **Are there any changes the school could have made to allow your child to continue attending?** 

Enter your answer

33. **Thank you for your participation.**

Is there anything else you would like to add about your experiences or hopes for your child's future? 

Enter your answer

Appendix C – Approved Ethics Application Form



PG2 / E1 FORM

APPLICATION FOR ETHICAL APPROVAL |**RESEARCH STUDENTS**

This form is to be completed by the student within **SIX** months for full-time students and **TWELVE** months for part time students, after the commencement of the research degree or following progression to Part Two of your course.

Once complete, submit this form via the **MyTSD Doctoral College Portal** at (<https://mytsd.uwtsd.ac.uk>).

This document is also available in Welsh.

RESEARCH STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk, with the title 'Ethical Approval' followed by your name.

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the "principal researcher".

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

Please read the notes for guidance before completing ALL sections of the form.

This form must be completed and approved prior to undertaking any research activity. Please see Checklist for details of process for different categories of application.

SECTION A: About You (Principal Researcher)

1	Full Name:	Lauren James			
2	Tick all boxes that apply:	Member of staff:	☐	Honorary research fellow:	☐
	Undergraduate Student	☐	Taught Postgraduate Student	☒	Postgraduate Research Student

3	Institute/Academic Discipline/Centre:	Psychology and Counselling.
4	Campus:	Carmarthen.

5	E-mail address:	2104051@student.uwtsd.ac.uk
6	Contact Telephone Number:	07516767506
For students:		
7	Student Number:	2104051
8	Programme of Study:	MA Children and Young People's Mental Health
9	Director of Studies/Supervisor:	Dr. Charlotte Greenway

SECTION B: Approval for Research Activity

1	Has the research activity received approval in principle? (please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)	YES	☒	NO	☐
					Date
2	If <u>Yes</u> , please indicate source of approval (and date where known): Approval in principle must be obtained from the relevant source prior to seeking ethical approval	Research Degrees Committee	☐		
Institute Research Committee		☐			
Other (write in) Dr. Charlotte Greenway (Dissertation Supervisor)		☒	July 2025		

SECTION C: Internal and External Ethical Guidance Materials

Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, location-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines. You may add rows to this table if needed.	
1	UWTSD Research Ethics & Integrity Code of Practice. ☒
2	UWTSD Research Data Management Policy. ☒
3	British Psychological Society Code of Ethics and Conduct. ☒
4	Ethics guidelines for internet-mediated research. ☒
5	British Psychological Society Code of Human Research Ethics. ☒
6	British Psychological Society Practice Guidelines. ☒
7	BERA Ethical Guidelines for Educational Research ☒

SECTION D: External Collaborative Research Activity

If there are external collaborators, then you should gain consent from the contact persons to share their personal data with the university. If there are no external collaborators, then leave this section blank and continue to section E.

1	Institution	N/A.				
2	Contact person name	N/A.				
3	Contact person e-mail address	N/A.				
4	Is your research externally funded?	YES	☐	NO	☒	
5	Are you in receipt of a KESS scholarship?	YES	☐	NO	☒	
6	Are you specifically employed to undertake this research in either a paid or voluntary capacity?	Voluntary	YES	☐	NO	☒
7		Employed	YES	☐	NO	☒
8	Is the research being undertaken within an existing UWTSD Athrofa Professional Learning Partnership (APLP)?	If YES, then the permission question below does not need to be answered.	YES	☐	NO	☒
9	Has permission to undertake the research has been provided by the partner organisation?	(If YES attach copy) If NO the application cannot continue	YES	☐	NO	☒

Where research activity is carried out in collaboration with an external organisation

10	Does this organisation have its own ethics approval system?	YES	☐	NO	☐
If <u>Yes</u>, please attach a copy of any final approval (or interim approval) from the organisation (this may be a copy of an email if appropriate).					

SECTION E: Details of Research Activity

1	Indicative title:	A qualitative exploration into parents' motivations and experiences of Elective Home Education (EHE) in response to neurodivergent (ND) children's needs			
2	Proposed start date:	24 th November 2025	Proposed end date:	May 2026	
Introduction to the Research (maximum 300 words per section) <i>What the research activity will add to the body of knowledge How it addresses an area of importance.</i>					

3	Purpose of Research Activity This project will explore why some parents in Carmarthenshire are choosing EHE for their Neurodivergent (ND) children, with conditions such as attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD), and what their experiences have been in the education system. Many children with neurodivergence find school environments overwhelming or unsupportive (Atkinson et al., 2024; Connolly et al., 2023; Lewis et al., 2023). This study seeks to better understand parents' reasons for withdrawing children from traditional schooling and how they perceive the outcomes of this decision. Over the past 15 years, the number of children being home-educated in Wales has increased significantly from 1.6 per 1,000 pupils in 2009/10 to 15.3 per 1,000 in 2024/25, an increase of approximately 856% (Welsh Government, 2025). Yet, little research has explored the reason for this, especially from the perspective of Welsh parents of ND children (Maxwell et al., 2018). This study is particularly relevant considering the Additional Learning Needs (ALN) and Education Tribunal (Wales) Act 2018 and the Curriculum for Wales reforms, which emphasise inclusion and flexibility. The study is informed by Self-Determination Theory (Deci & Ryan, 2000), which emphasises autonomy, competence, and relatedness as key to motivation and well-being, and the Push–Pull Framework (Lee, 1966), which helps distinguish reactive and proactive parental motivations toward EHE. Participants will complete a short demographic questionnaire (see Appendix A) and then take part in semi-structured focus groups to share their experiences. Parents will be asked why they made the decision to home educate, how it has affected their child's learning and emotional well-being, and what support they currently access, or feel is needed.
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4	Research Question Why do some parents in Carmarthenshire choose EHE for their ND children who have previously attended school, and what have their experiences been since making this decision? The study will use qualitative methods to capture parents' experiences and perspectives. Findings are expected to highlight recurring themes in parental motivations and challenges, but also to provide nuanced accounts of individual family experiences. By focusing on Carmarthenshire, this research will contribute localised insight into why home education is growing among families of ND children in Wales, and how parents evaluate its effectiveness compared to mainstream schooling. These findings may also inform discussions about inclusion under the ALN and Education Tribunal (Wales) Act 2018 and the Curriculum for Wales reforms.
5	Aims of Research Activity The primary aim of this study is to explore why parents in Carmarthenshire are choosing EHE for their ND children and to examine their experiences since making this decision. While rates of home education in Wales have risen significantly over the past 15 years (Welsh Government, 2025), little is known about the specific motivations and experiences of parents, particularly those raising children with neurodivergence. This research has several interrelated aims: 1. To explore parents' motivations for choosing EHE for their children with ALN, including factors such as unmet needs, school-related stress, and systemic pressures within mainstream education. 2. To examine families' experiences of home education, capturing both perceived benefits and challenges for children's learning, wellbeing, and family life. 3. To capture parents' reflections on mainstream schooling, including experiences of inclusion practices, staff understanding, and support for ALN. 4. To identify what changes within the school system might influence parents' decisions about returning their child to traditional schooling in the future. A further aim is to consider these findings alongside Welsh education policy. With the implementation of the ALN and Education Tribunal (Wales) Act 2018 and the Curriculum for Wales reforms, the education system in Wales intends to strengthen inclusion and learner-centred provision.

	This study aims to assess whether parents feel these reforms are addressing these issues effectively, or whether systemic barriers encourage parents with ND children to deregister their child from mainstream schooling. Ultimately, the research aims to give voice to the experiences of parents in Wales, produce data to inform policy, practice, and support for families who home educate ND children.
6	Objectives of Research Activity To highlight parental motivations for EHE. The study will explore why parents in Carmarthenshire are choosing to home educate their ND children, with particular attention to whether decisions are driven by unmet needs in mainstream schooling, exclusionary practices, or proactive educational philosophies. To understand family experiences of home education. The research will investigate how parents perceive the impact of EHE on their child's learning, mental health, and emotional well-being, alongside its effects on family life, stress levels, and relationships. To examine challenges faced within traditional schooling. The study will capture parental reflections on barriers in mainstream schools, such as inadequate ALN provision, negative staff attitudes, or systemic pressures like rigid attendance policies. To identify perceived benefits and challenges of EHE. Parents' accounts will be analysed to understand what they see as the strengths of home education and what difficulties they face. To explore conditions for returning to school. The study will ask parents under what circumstances they might consider returning their child to school, highlighting what systemic changes would need to occur to make mainstream education a suitable option. To apply findings against Welsh education policy reform. By focusing on families in Carmarthenshire, this research will contribute towards insight into how parents perceive the ALN and Education Tribunal (Wales) Act 2018 and the Curriculum for Wales reforms in practice.

References

Additional Learning Needs and Education Tribunal (Wales) Act 2018, c. 2.

<https://www.legislation.gov.uk/anaw/2018/2/contents/enacted>

Atkinson, E., Wood-Downie, H., & Wright, S. (2024). 'Everybody needs to learn more': A thematic synthesis of the first-hand experiences of autistic students in primary schools. *Neurodiversity*, 2. <https://doi.org/10.1177/27546330241275160>

Connolly, S. E., Constable, H. L., & Mullally, S. L. (2023). School distress and the school attendance crisis: A story dominated by neurodivergence and unmet need. *Frontiers in Psychiatry*, 14. <https://doi.org/10.3389/fpsy.2023.1237052>

Deci, E. L., & Ryan, R. M. (2000). *The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior*. *Psychological Inquiry*, 11(4), 227–268. https://doi.org/10.1207/S15327965PLI1104_01

Harper, D. (2002). Talking about pictures: A case for photo elicitation. *Visual Studies*, 17(1), 13–26. <https://doi.org/10.1080/14725860220137345>

Lee, E. S. (1966). *A theory of migration*. *Demography*, 3(1), 47–57. <https://doi.org/10.2307/2060063>

Lewis, K., Hamilton, L. G., & Vincent, J. (2023). Exploring the experiences of autistic pupils through creative research methods: Reflections on a participatory approach. *Infant and Child Development*, 33(3). <https://doi.org/10.1002/icd.2467>

Maxwell, N., Doughty, J., Slater, T., Forrester, D., & Rhodes, K. (2018). Home education for children with additional learning needs – a better choice or the only option? *Educational Review*, 72(4) 427–442. <https://doi.org/10.1080/00131911.2018.1532955>

	Welsh Government. (2022). <i>Curriculum for Wales: A summary of the new curriculum framework</i>. https://hwb.gov.wales/curriculum-for-wales/ Welsh Government. (2025, January 16). <i>Pupils educated other than at school: September 2024 to August 2025</i>. https://www.gov.wales/pupils-educated-other-school-september-2024-august-2025-html
	Proposed methods (maximum 600 words) Provide a summary of all the methods that may be used in the research activity, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate later, additional ethical approval for those methods will be needed. You do not need to justify the methods here but should instead describe how you intend to collect the data necessary for you to complete your project.
7	This research will use a qualitative design, as the aim is to explore parents' experiences of EHE for their ND children in Carmarthenshire. A qualitative approach is best suited to capturing the depth and complexity of parental perspectives, motivations, and reflections. Photo elicitation (Harper, 2002) will also be used within the study and participants asked to provide up to 4 anonymised images/photographs of items/objects that represents their home-education experience that do not include identifiable people or private locations. Participants Participants will be parents or primary carers who have home educated at least one ND child within the last 12 months, that previously attended traditional schooling. Recruitment will be purposive, using local home education networks, parent support groups, and social media platforms to invite participation. Inclusion criteria will be: (1) residence in Carmarthenshire, (2) parent/carer role, and (3) current or recent (within the past year) experience of home educating a ND child. Participants must be parents of children that are school attendance age in Wales (3-16 years) or were within this age range during their home education (within the last 12 months). Sample size It is anticipated that 12 - 18 parents will be recruited for 2 – 3 separate focus groups, sufficient to capture a range of experiences while remaining adequate for analysis. Data collection Data will be collected through semi-structured focus groups allowing flexibility while ensuring coverage of key areas such as: • Parents' reasons for choosing EHE. • Experiences of mainstream schooling for ND children.

	• Perceived effects of EHE on child well-being and learning. • Challenges and benefits of EHE for families. • Views on support available and changes that could encourage a return to school. Each participant will also complete a short demographic questionnaire (see Appendix A) to provide contextual background. Focus groups will be conducted face-to-face in a private, accessible location. Each focus group is expected to last between 30 - 60 minutes. With consent, focus groups will be audio recorded and later transcribed verbatim for analysis. Data management All transcripts and demographic data will be anonymised. Identifiers will be removed, and participants will be allocated an identity with an ID code (e.g. P1, P2, P3). Digital files will be securely stored and encrypted, accessible only to the researcher. Online consent forms (see Appendix B) will be stored separately from data. Data analysis Data will be analysed using thematic analysis (Braun & Clarke, 2006) (see Appendix C). Coding will be inductive, meaning themes will be generated from the data itself rather than from pre-existing categories, while also being informed by the study's aims. Ethical considerations Ethical approval will be sought prior to recruitment. Participants will be fully informed of the study's purpose, procedures, and their rights, including the right to withdraw at any time without reason. Informed consent will be obtained via a Participant Information Sheet (see Appendix D). As the topic may raise sensitive issues (e.g., negative school experiences, stress, bullying), participants will be advised they may skip questions, take breaks or end their participation. A debrief sheet with support resources will be provided (see Appendix E). Participants will also be provided with example questions beforehand, so they know what to expect, along with group participation rules.
	Location of research activity Identify all locations where research activity will take place.
8	The research activity will take place within Carmarthenshire, Wales. Data collection will occur from face-to-face focus groups which will be conducted in a private and neutral location such as a booked meeting room in a community centre, library, or the UWTSD campus Carmarthen. These venues will be chosen to ensure accessibility, privacy, and comfort. Data storage, transcription, and analysis will take place using secure, encrypted systems by the researcher.

	Research activity outside of the UK If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, cultural and/or legal sensitivities or vulnerabilities of participants. If you live in the country where you will do the research, then please state this.
9	N/A.

10	Use of documentation not in the public domain: Are any documents NOT publicly available?	NO ☒	YES ☐
11	If Yes , please provide details here of how you will gain access to specific documentation that is not in the public domain and that this is in accordance with the current data protection law of the country in question and that of England and Wales.		

	Does your research relate to one or more of the seven aims of the Well-being of Future Generations (Wales) Act 2015?	YES	NO
12	A prosperous Wales	☒	☐
13	A resilient Wales	☐	☒
14	A healthier Wales	☒	☐
15	A more equal Wales	☒	☐
16	A Wales of cohesive communities	☒	☐
17	A Wales of vibrant culture and thriving Welsh language	☐	☒
18	A globally responsible Wales	☐	☒
19	If YES to any of the above, please give details:		
	A prosperous Wales: By informing policy and practice on how best to meet the needs of learners with ALN, the research contributes to developing an education system where all learners can achieve their potential. A healthier Wales: By exploring parents' experiences of home-educating children with ALN, the study addresses children's mental health and emotional well-being, highlighting factors that reduce anxiety and distress. A more equal Wales: The study investigates systemic barriers in mainstream education that may disadvantage ND learners, contributing data to promote equity in education. A Wales of cohesive communities: The study examines how families connect with support networks outside mainstream schooling, providing insights into strengthening inclusive, community-based educational provision.		

SECTION F: Scope of Research Activity

	Will the research activity include:	YES	NO
1	Use of a questionnaire or similar research instrument?	☒	☐
2	Use of interviews?	☐	☒
3	Use of focus groups?	☒	☐
4	Use of participant diaries?	☐	☒
5	Use of video or audio recording?	☒	☐
6	Use of computer-generated log files?	☐	☒
7	Participant observation with their knowledge?	☐	☒
8	Participant observation without their knowledge?	☐	☒
9	Access to personal or confidential information without the participants' specific consent?	☐	☒
10	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	☒
11	Performance of any acts which may cause embarrassment or affect self-esteem?	☐	☒
12	Investigation of participants involved in illegal <u>activities?</u>	☐	☒
13	Use of procedures that involve <u>deception?</u>	☐	☒
14	Administration of any substance, agent or placebo?	☐	☒
15	Working with live vertebrate animals?	☐	☒
16	Procedures that may have a negative impact on the environment?	☐	☒
17	Other primary data collection methods. Please indicate the type of data collection method(s) below.	☐	☒
	Details of any other primary data collection method:		

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION G: Intended Participants

If there are no participants then do not complete this section, but go directly to section H.

	Who are the intended participants:	YES	NO
1	Students or staff at the University?	☐	☒
2	Adults (over the age of 18 and competent to give consent)?	☒	☐
3	Vulnerable adults?	☐	☒
4	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	☒

5	Prisoners?	☐	☒
6	Young offenders?	☐	☒
7	Those who could be considered to have a particularly dependent relationship with the investigator or a <u>gatekeeper?</u>	☐	☒
8	People engaged in illegal <u>activities?</u>	☐	☒
9	Others. Please indicate the participants below, and specifically any group who may be unable to give consent.	☐	☒
	Details of any other participant groups: N/A.		

Participant numbers and source Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?		
10	How many participants are expected?	Up to 18 participants may take part, depending on recruitment and availability. Participants will be organised into 2–3 focus groups of up to 6 people per group.
11	Who will the participants be?	Parents or primary carers who currently (or within the past 12 months) provide EHE to at least one ND child. They must be residents of Carmarthenshire, aged 18 years or older, and able to participate in English. Recruitment will seek variation in child age, diagnoses, time in EHE.
12	How will you identify the participants?	Through purposive sampling to identify parents/carers in Carmarthenshire who currently (or within the past 12 months) provide home-education to a ND child. Brief study invitations will be posted in a closed local home-education Facebook group and permission obtained by the moderators before posting. Possible use of snowball sampling by inviting enrolled participants to share the advert with others who may meet criteria. Eligibility screening: Interested parents will complete a demographic form (via Microsoft Forms) capturing parent/carer status, child's age(s), diagnosis, and current EHE status. No school names or detailed medical records will be collected.

Information for participants:		YES	NO	N/A
13	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	☒	☐	☐

14	Will you tell participants that their participation is voluntary?	☒	☐	☐
15	Will you obtain written consent for participation?	☒	☐	☐
16	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?	☐	☐	☒
17	If the research is observational, will you ask participants for their consent to being observed?	☐	☐	☒
18	Will you tell participants that they may withdraw from the research at any time and for any reason?	☒	☐	☐
19	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	☐	☐	☒
20	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	☒	☐	☐
21	Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?	☒	☐	☐
22	If NO to any of above questions, please give an explanation			
	Written consent will be gained online using Microsoft Forms with a click option to provide consent. This is because of potential participants being located and dispersed throughout Carmarthenshire.			

Information for participants:		YES	NO	N/A
24	Will participants be paid?	☐	☒	☐
25	Is specialist electrical or other equipment to be used with participants?	☐	☒	☐
26	Are there any financial or other interests to the investigator or University arising from this study?	☐	☒	☐
27	Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	☒	☐
28	If YES to any question, please provide full details			

SECTION H: Anticipated Risks

Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them. If you have completed a full risk assessment (for example as required by a laboratory, or external research collaborator) you may append that to this form.					
1	Full risk assessment completed and appended? <table border="1"> <tr> <td>Yes</td> <td>☐</td> </tr> <tr> <td>No</td> <td>☒</td> </tr> </table>	Yes	☐	No	☒
Yes	☐				
No	☒				
2	Risks to participants For example: sector-specific health & safety, emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information				

	<i>Risk to participants:</i> Emotional distress: Participants may feel upset when discussing difficult past experiences, such as their child's difficulties in school, exclusion, or conflicts with professionals. Confidentiality and personal data: Parents may disclose sensitive details about their children's diagnosis, schooling, or family life. Group dynamics within the focus groups: In group settings, participants may inadvertently hear sensitive information about others or have disagreements between individuals. Safeguarding: If participants disclose information suggesting a child is at risk of harm, the researcher has a duty to follow the university's safeguarding policy and relevant statutory guidance.	<i>How you will mitigate the risk to participants:</i> To mitigate this, participants will be informed in advance that sensitive topics may arise. They may pause, skip questions, or end participation any time without reason. A signposting sheet will be provided after participation, listing relevant local and national support organisations. No school names, teachers, or other identifiable institutions will be recorded. All data will be pseudonymised at the point of transcription. Audio recordings and transcripts will be stored securely on an encrypted device with access only by the researcher. A confidentiality agreement will be included in the consent process, reminding participants not to share what is discussed outside the group. Sensitive disclosures will be monitored, and the researcher will intervene if necessary to protect participant comfort. Group rules will be identified before participation begins (e.g. respect for others during participation). Participants will be clearly informed in the Participant Information Sheet and during the consent process that while their contributions will remain confidential, confidentiality cannot be maintained if safeguarding concerns arise.
3	If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or <u>actually illegal</u> is discovered <u>in the course of a project</u>, it may need to be disclosed to the proper authorities	
	N/A.	

4	Risks to the investigator For example: personal health & safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest								
	<table border="1"> <tr> <td data-bbox="279 443 831 860"> Personal safety: There is potential risk of being in an unfamiliar environment with participants. </td><td data-bbox="831 443 1374 860"> Sessions will be held in neutral, safe, and accessible venues. Where possible, the researcher will ensure that venue staff are present in the building during sessions whilst maintaining participant privacy. A lone working protocol will be followed, including informing a supervisor of the time and location of data collection. </td></tr> <tr> <td data-bbox="279 860 831 1061"> Emotional distress: Listening to parents' accounts of distressing experiences may cause emotional strain for the researcher. </td><td data-bbox="831 860 1374 1061"> Regular debriefing and supervision meetings will be held with the research supervisor. Breaks will be taken during data collection and analysis if needed. </td></tr> <tr> <td data-bbox="279 1061 831 1330"> Risk of accusation of impropriety. </td><td data-bbox="831 1061 1374 1330"> To protect both participants and the researcher, all communication will remain professional and transparent. Written consent will be obtained, and no one-to-one sessions will take place. </td></tr> <tr> <td data-bbox="279 1330 831 1868"> Conflict of interest/potential bias: The researcher is themselves a home-educating parent. This carries potential risks of bias in interpreting data or being perceived as having a personal agenda. </td><td data-bbox="831 1330 1374 1868"> Data collection will use structured focus group prompts to ensure consistency across sessions. Reflexive journaling will be employed to document and reflect on the researcher's assumptions and perspectives throughout the project. Findings will be discussed with the academic supervisor to check for balance and impartiality in analysis. Participant voices will be highlighted through verbatim quotations, ensuring that interpretations remain grounded in the data rather than personal experience. </td></tr> </table>	Personal safety: There is potential risk of being in an unfamiliar environment with participants.	Sessions will be held in neutral, safe, and accessible venues. Where possible, the researcher will ensure that venue staff are present in the building during sessions whilst maintaining participant privacy. A lone working protocol will be followed, including informing a supervisor of the time and location of data collection.	Emotional distress: Listening to parents' accounts of distressing experiences may cause emotional strain for the researcher.	Regular debriefing and supervision meetings will be held with the research supervisor. Breaks will be taken during data collection and analysis if needed.	Risk of accusation of impropriety.	To protect both participants and the researcher, all communication will remain professional and transparent. Written consent will be obtained, and no one-to-one sessions will take place.	Conflict of interest/potential bias: The researcher is themselves a home-educating parent. This carries potential risks of bias in interpreting data or being perceived as having a personal agenda.	Data collection will use structured focus group prompts to ensure consistency across sessions. Reflexive journaling will be employed to document and reflect on the researcher's assumptions and perspectives throughout the project. Findings will be discussed with the academic supervisor to check for balance and impartiality in analysis. Participant voices will be highlighted through verbatim quotations, ensuring that interpretations remain grounded in the data rather than personal experience.
Personal safety: There is potential risk of being in an unfamiliar environment with participants.	Sessions will be held in neutral, safe, and accessible venues. Where possible, the researcher will ensure that venue staff are present in the building during sessions whilst maintaining participant privacy. A lone working protocol will be followed, including informing a supervisor of the time and location of data collection.								
Emotional distress: Listening to parents' accounts of distressing experiences may cause emotional strain for the researcher.	Regular debriefing and supervision meetings will be held with the research supervisor. Breaks will be taken during data collection and analysis if needed.								
Risk of accusation of impropriety.	To protect both participants and the researcher, all communication will remain professional and transparent. Written consent will be obtained, and no one-to-one sessions will take place.								
Conflict of interest/potential bias: The researcher is themselves a home-educating parent. This carries potential risks of bias in interpreting data or being perceived as having a personal agenda.	Data collection will use structured focus group prompts to ensure consistency across sessions. Reflexive journaling will be employed to document and reflect on the researcher's assumptions and perspectives throughout the project. Findings will be discussed with the academic supervisor to check for balance and impartiality in analysis. Participant voices will be highlighted through verbatim quotations, ensuring that interpretations remain grounded in the data rather than personal experience.								
5	University/institutional risks For example: adverse publicity, financial loss, data protection								

	<i>Risk to the University:</i> Adverse publicity: There is a small risk that participants may share negative views of schools, local authorities, or educational policy, which could be interpreted as controversial if associated with the institution. Data protection: As participants will share potentially sensitive personal experiences, there is a responsibility to ensure compliance with GDPR. Reputational risk: Misrepresentation of the project or findings outside of academic contexts could potentially reflect on the institution.	<i>How you will mitigate the risk to the University:</i> This will be managed by clarifying that all views expressed are those of participants and do not reflect the university's position. All data will be anonymised, securely stored on an encrypted device and accessed only by the researcher. This will be mitigated by ensuring rigorous, transparent methodology and clear communication of ethical safeguards.
6	Environmental risks For example: accidental spillage of pollutants, damage to local ecosystems	
	<i>Risk to the environment:</i> N/A.	<i>How you will mitigate the risk to environment:</i> N/A.

	Disclosure and Barring Service			
	If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.	YES	NO	N/A
7	Does your research require you to hold a current DBS Certificate?	☐	☒	☐
8	If YES, please give the certificate number. If the certificate number is not available, please write "Pending"; in this case any ethical approval will be subject to providing the appropriate certificate number.			

SECTION I: Feedback, Consent and Confidentiality

1	Feedback What debriefing and feedback will be provided to <u>participants</u>, how will this be done and when?
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	At the end of each focus group, participants will be given a short verbal debrief to thank them for their contribution and remind them of the study's purpose. They can also ask questions or raise any concerns at this stage. All participants will be provided with a written debrief sheet via email within one week of the focus group. This will include: • A summary of the study aims. • Information on how their data will be used and stored. • Contact details for the researcher for any follow up queries. • Signposting to relevant support services in case discussing their experiences has caused any emotional distress. Participants will also be offered a summary of the study's findings via email if they wish, once the dissertation has been completed.
2	Informed consent Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.
	Before participation, all potential participants will receive an information sheet (via email beforehand and in print during the focus group) outlining the purpose of the study, what participation involves, potential risks and benefits, confidentiality arrangements, and their rights (e.g., voluntary participation, the option to decline to answer any question, and the right to withdraw their data up to 4 weeks after participation without consequences). During the focus group session, the researcher will verbally explain the study again, check understanding, and allow participants to ask questions. This ensures participants are fully aware of the nature of the research and what is being asked of them before agreeing to take part. Written informed consent will then be obtained from each participant before any data collection begins. Consent forms will specifically cover: • Agreement to take part in the study. • Permission for the focus group to be audio recorded. • Understanding of how anonymised quotes may be used in the dissertation or publication. • Awareness of their right to withdraw.

	Consent forms will be stored securely and separately from the data, in accordance with GDPR and UWTSD data protection policies. No participant will be included in the research without providing full informed consent.
3	Confidentiality / Anonymity Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case. This research will comply with the General Data Protection Regulation (GDPR), the Data Protection Act 2018, and the British Psychological Society (BPS) Code of Human Research Ethics (2021). All procedures will prioritise participants' rights to confidentiality, privacy, and informed participation. Personal identifying details will be stored securely and separately from research data. Focus group discussions will be audio recorded only with explicit participant consent. Recordings will be transcribed by the researcher, and all transcripts will be anonymised to remove names, locations, schools, or other potentially identifying information. Pseudonyms will be used in all analysis and documentation. Electronic files including audio recordings, anonymised transcripts, and consent documents, will be stored on encrypted, password protected laptop. Data will not be transferred to external drives, or third-party platforms. Data will be deleted and destroyed once the write up of the dissertation has been completed. Confidentiality will be upheld throughout, except in circumstances where safeguarding concerns are disclosed. In such cases, the BPS Code of Human Research Ethics (2021) guidelines on safeguarding and duty of care will be followed, and the relevant safeguarding authorities will be informed. Anonymised findings may be published in an academic journal. Direct quotations will be anonymised to ensure individuals cannot be identified and no names of schools or identifying organisations will be published. Data will not be shared with any third parties beyond the research supervisor.

SECTION J: Data Protection and Storage

Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 "GDPR" and the Data Protection Act 2018 "DPA")?	YES	NO
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1	“Personal data” means any information relating to an identified or identifiable natural person (‘data subject’). An identifiable natural person is one who can be identified, directly or indirectly, by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural, or social identity of that natural person. Any video or audio recordings of participants is personal data.	☒	☐
If YES, provide a description of the data and explain why this data needs to be collected:			
2	Yes, this research will involve the collection of personal data in the form of audio recordings of focus group discussions. According to GDPR and the Data Protection Act (2018), audio files constitute personal data as participants’ voices may allow them to be identified. The collection of these recordings is necessary for the following reasons: Accuracy of data: This ensures that participants’ contributions are captured verbatim and avoids the risk of misinterpretation or omission that could occur if relying solely on notetaking. Rigour in analysis: Transcribing recordings provides a complete and accurate dataset, enabling detailed thematic analysis in line with the study’s qualitative design. This supports transparency and reliability, as required by the BPS Code of Human Research Ethics (2021). Respect for participants: Recording allows the researcher to focus on the discussion, actively listening and engaging, rather than being distracted by extensive notetaking. This ensures participants feel heard and valued. All recordings will be treated as personal data under GDPR. They will be stored securely on encrypted university servers, accessible only to the researcher. Transcripts will be anonymised, and once transcription is complete and checked for accuracy, audio recordings will be permanently deleted.		
Does it involve special category data (as defined by the GDPR)?		YES	NO
3	“Special category data” means sensitive personal data consisting of information as to the data subjects’ – (a) racial or ethnic origin, (b) political opinions, (c) religious beliefs or other beliefs of a similar nature, (d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992), (e) physical or mental health or condition, (f) sexual life, (g) genetics, (h) biometric data (as used for ID purposes),	☒	☐
If YES, provide a description of the special category data and explain why this data needs to be collected:			

	The research will collect information about children's diagnosis via their parents, and the impact of these conditions on their experiences of mainstream schooling and EHE. The literature suggests these children may also have experienced anxiety and other mental health conditions when attending school. This data is essential to the project because of its relevance to the research aims. The study specifically explores why parents of ND children choose home education and what they have experienced. Understanding children's diagnoses and needs is integral to interpreting parental motivations and the suitability of EHE. Without recognising the role of physical and mental health and developmental conditions, the research would lack context and risk misrepresenting the experiences of these families. Also, Welsh education policy, particularly the ALN and Education Tribunal (Wales) Act (2018), is designed around supporting children with health and needs related conditions. Therefore, the research must consider such data to evaluate these systems in education.
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	Will data from the research activity (collected data, drafts of the thesis, or materials for publication) be stored in any of the following ways?	YES	NO
5	Manual files (i.e. in paper form)?	☐	☒
6	University computers?	☐	☒
7	Private company computers?	☐	☒
8	Home or other personal computers?	☒	☐
9	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	☒	☐
10	"Cloud" storage or websites?	☒	☐
11	Other – specify:	☐	☒
12	For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of backup procedures, password protection, encryption, anonymisation and pseudonymisation:		
	All data collected in this project will be stored and processed in compliance with the UK GDPR, Data Protection Act (2018), and the BPS Code of Human Research Ethics (2021). Focus groups will be recorded using an encrypted device. Recordings will be immediately stored on a personal laptop which is password protected via the university's OneDrive secure and encrypted domain. Audio recordings will then be deleted from the recording device. Audio data will be transcribed verbatim by the researcher. During transcription, all identifying details (e.g., names of children, schools, or locations) will be anonymised or replaced with pseudonyms.		

	Consent forms will be stored separately from research data on the University's OneDrive with 2 factor security, accessible only to the researcher. This separation ensures that transcripts and analysis cannot be linked back to individuals. Each participant will be allocated a participant ID code. This code will be used on all transcripts, notes, and files. Any identifiable information disclosed in the sessions will be removed or anonymised before analysis. Participants will be informed that their contributions will remain confidential, with only anonymised excerpts used in the write up of the findings. All data will be stored on a secure, password protected laptop with automatic backup. Files will be encrypted to protect against unauthorised access. No data will be stored on unsecured drives. Only the principal researcher, academic supervisor and external examiners (upon request) will have access to raw data. Data will be retained until the write up of the analysis, before being permanently deleted from all storage systems.
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Data Protection			
Will the research activity involve any of the following activities:		YES	NO
13	Electronic transfer of data in any form?	☒	☐
14	Sharing of data with others at the University outside of the immediate research team?	☐	☒
15	Sharing of data with other organisations?	☐	☒
16	Export of data outside the UK or importing of data from outside the UK?	☐	☒
17	Use of personal addresses, postcodes, faxes, emails, or telephone numbers?	☐	☒
18	Publication of data that might allow identification of <u>individuals?</u>	☐	☒
19	Use of data management system?	☐	☒
20	Data archiving?	☐	☒
21	If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and Data Protection Act (2018) (and any international equivalents, where appropriate):		
	The study involves the electronic transfer of audio recordings and documents containing the required participant information. Any electronic data will be password protected on an encrypted laptop and files uploaded securely online via the University's OneDrive with 2 factor security, accessible only by the researcher. Consent forms and demographic information will be stored separately to research		

	data and transcripts will be anonymised. No identifiable data will be stored on personal devices, USBs or non-encrypted platforms.		
22	List all who will have access to the data generated by the research activity:		
	- Principal Researcher - Lauren James - Supervisor - Dr. Charlotte Greenway - External examiners potentially upon request.		
23	List who will have control of, and act as custodian(s) for, data generated by the research activity:		
	Principal Researcher – Lauren James		
24	Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if not <u>why not</u> .		
	Data will be stored to the UWTSD secure network and via Microsoft Forms which is encrypted. The data will only be accessible by the Principal Researcher and will be permanently deleted upon completion of the dissertation. Data will not be archived as retention is not needed.		
25	Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwt.ac.uk/). If so, please explain. (Most relevant to academic staff)		
	No.		
26	Confirm that you have read the UWTSD guidance on data management (see https://www.uwt.ac.uk/library/research-data-management/)	YES	☒
27	Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	YES	☒

SECTION K: Declaration

	The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants. In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website: https://www.uwt.ac.uk/research/research-ethics/		
1	Signature of applicant:	L. JAMES	Date: 07/10/2025

For STUDENT Submissions:

2	Director of Studies/Supervisor:		Date:
3	Signature:		

For STAFF Submissions:

4	Academic Director/ Assistant Dean:		Date:
5	Signature:		

Checklist: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

☒	I have read the guidance notes supplied before completing the form.
☒	I have completed ALL RELEVANT sections of the form in full.
☒	I confirm that the research activity has received approval in principle
☐	I have attached a copy of final/interim approval from external organisation (where appropriate)
☐	I have attached a full risk assessment (where appropriate) ONLY TICK IF YOU HAVE ATTACHED A FULL RISK ASSESSMENT
☒	I understand that it is my responsibility to ensure that the above-named research activity will meet the University's Research Ethics and Integrity Code of Practice.
☒	I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Academic Director.

RESEARCH STUDENTS ONLY

Once complete, submit this form via the **MyTSD Doctoral College Portal** at (<https://mytsd.uwtsd.ac.uk>).

RESEARCH STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk, with the title 'Ethical Approval' followed by your name.

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

Appendix D – Participant Consent Form




EHE study

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

Consent



Please read the following statements:

I confirm that I have read and understood the Information Sheet for the study.

I confirm that I am a home-educating parent/guardian (or have been within the last 12 months).

I confirm that I live in West Wales.

I understand that I can ask questions relating to the study by contacting a member of the Research Team.

I understand that my anonymous data will be used as part of a dissertation project.

I understand that my participation is voluntary, and I am free to withdraw from the study at any time without consequence or explanation.

I understand that some of the elements of the study may cause emotional distress due to the research topic. Therefore, individuals who feel this may affect them should not participate.

I understand that I may skip an answer to any questions that cause discomfort.

I understand that any data collected up to the point of my withdrawal will be anonymised, not traced back to me, destroyed and will not form part of the research data collection.

I understand that my anonymous data will be securely stored in line with confidentiality and will be accessible only by the Principal Researcher.

I understand anonymised quotes may be used in publications.

I give my full consent to take part in this study.

Please confirm you have read, understood, and agree with the statements above by giving your voluntary consent.

1. I agree and give my voluntary consent to participate in the study 

☐ Yes

☐ No

Next


Microsoft 365

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

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The owner of this form has not provided a privacy statement as to how they will use your response data. Do not provide personal or sensitive information. | [Terms of use](#)

Appendix E – Participant Debrief Sheet

EHE study

Support sources

Lauren James
Principal Researcher
Email: 2104051@student.uwtsd.ac.uk

Dr Charlotte Greenway
Supervisor
Email: c.greenway@uwtsd.ac.uk

Thank you for your participation in this study.

We hope you found the study interesting, easy to follow, and that you were comfortable sharing your experiences.

The purpose of this research is to explore why some parents in West Wales are choosing home education for their neurodivergent children and to better understand their experiences. Your insights will provide valuable knowledge that may inform future research, policy, and practice in Wales.

If you would like to receive a summary of the study findings once the project is completed, please contact the researcher using the email provided above.

If you have further questions or concerns about the study, you are welcome to contact the researcher or supervisor directly.

Sources of support

Some participants may find that reflecting on their experiences of school or home education raises unexpected feelings. If you feel upset or wish to speak to someone, please consider talking to a trusted friend, family member, or accessing one of the following support services:

Education Otherwise (UK-wide home education charity)
Helpline: 0300 124 5690
Website: <https://www.educationotherwise.org>
Email: enquiries@educationotherwise.org

Autism Wellbeing CIC
Helpline: 07393 664048
Website: <https://www.autismwellbeing.org.uk>

Hywel Dda University Health Board – Child Autism / Neurodevelopmental Service
Telephone: 01267 283077
Email: ChildASD.referrals@wales.nhs.uk

Neurodivergence Wales – Local Contact (Carmarthenshire)
Contact: Kelvin Barlow (Senior Manager) – 01267 246533

National Autistic Society – Carmarthenshire Branch
Email: carmarthenshire.branch@nas.org.uk
Website: <https://www.autism.org.uk/what-we-do/branches/nas-carmarthenshire-branch>

Carmarthenshire Family Information Service – ALN / EHE / Disability Support
Website: <https://fis.carmarthenshire.gov.wales/disability-support/autism/>

Confidentiality

All information you give will stay anonymous and confidential. It will only be used for this research project and stored securely in line with data protection rules.

You may withdraw your data up to 4 weeks after participation by contacting the researcher.

Thank you.

Back

Submit

Appendix F – Example of Coding (Participant 9)

Data extract	Initial code	Subtheme	Theme
“the school didn't actually do what they were supposed to do in the IDP...”	IDP not implemented properly	Unmet needs and lack of support	Mainstream school as a source of distress
“the classroom was too loud, too demanding...”	Overstimulating classroom environment	Sensory and emotional strain	Mainstream school as a source of distress
“not enough space to take time out”	Lack of regulation space	Sensory and emotional strain	Mainstream school as a source of distress
“teacher was focused on their own targets...”	Prioritisation of targets over child needs	Unmet needs and lack of support	Mainstream school as a source of distress
“senior staff were rude dismissive...”	Dismissive school staff	Breakdown in trust with school systems	Mainstream school as a source of distress
“I felt like no one was on my side...”	Parent feeling unsupported	Breakdown in trust with school systems	Mainstream school as a source of distress
“Much happier...”	Improved wellbeing post-withdrawal	Improvements in overall well-being	Renewed engagement through personalised learning
“slowing the pace... self care or regulation tasks”	Flexible, responsive learning approach	Greater choice and control over learning	Renewed engagement through personalised learning

Data extract	Initial code	Subtheme	Theme
“it is stressful... when you don't have a break”	Lack of respite / parental strain	Practical and emotional demands	The practical and emotional demands of home education
“None... LA meeting was more to check up...”	Lack of external support	Navigating support	Navigating support, social connection, and future pathways
“recover from the trauma from going to school”	School-related trauma	Deterioration in wellbeing	Withdrawal as a protective decision

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