

BRIEFING PAPER

1.	Date:	7th September 2018
2.	Title:	Children Missing Education
3.	Directorate:	CYP

1. Background

- 1.1 The Local Authority has responsibility to ensure that Children Missing from Education (CME) are identified, reported and tracked, so that suitable educational providers can be found.
- 1.2 The term CME refers to children of compulsory school age who are **not on a school roll**, and who are not receiving a suitable alternative education. A suitable education can be approved via alternative provision or appropriate Elected Home Education.
- 1.3 Section 436A of the Education Act requires that local authorities make arrangements to establish the identities of children residing in their area who are not receiving a suitable education. The duty **does not apply to children who are registered at a school and who are not attending regularly**; this is addressed via attendance monitoring and Persistent Absence (PA) Work.
- 1.4 The Early Help Service has a responsibility to ensure that protocols are adhered to when a child is known to have left a Rotherham school and a destination school cannot be tracked. The CME Lead officer as well as Early Help Attendance leads have a responsibility to support schools with the identification of children missing in education.
- 1.5 A key element of the service integration within Early Help over recent years has enabled a refocus the work of the Education Welfare Service to enable a more collaborative and inclusive approach to issues such as poor attendance, exclusion, Persistent Absence (PA) and Children Missing from Education (CME) rather than focusing on single issues such as attendance. This change is now firmly embedded in the service.

2. Key Issues

- 2.1 Until recently, the CME data had gaps and required intensive work to ensure that consistent processes and data inputting were in place across the different systems used to capture CME information.
- 2.2 This has led to a redesign of the reporting function and the development of a new CME Performance Scorecard. This development reduces the ability for rigorous comparative analysis to be drawn on previous years' performance, however puts Rotherham in a stronger position to understand which of our CME cohort cause the most concern. One of the key changes to CME reporting is to include predominant issues captured at the point of referral to CME so that a better understanding of potential vulnerability can be established, alongside a focus on the outcomes for children that were reported as CME.
- 2.3 In Quarter 1 (See CME Performance Scorecard) there were 188 children, from 116 families classified as 'new' CME referrals which highlights an increase of 33 children, when compared with the previous quarter. Of the 188 children identified in quarter 1, 110 (58.5%) have had a

previous episode of CME which emphasises that some children have recurrent issues with CME.

- 2.4 Of the newly identified cases of CME, 78% of children were from the central area of Rotherham. There were an additional 32 cases that remained open from previous reporting periods, bringing the active caseload to 210 at the end of Quarter 1 and 134 cases were resolved in the period. *NB Cases of CME need to remain open until the child is found or until all enquiries have been exhausted. and this can mean that cases remain open for extended periods.*
- 2.5 The Central locality of Rotherham has consistently higher rates of CME and this is largely due to the mobile and transient nature of families living in the area from Eastern Europe and is associated with travelling back and forth from, the country of origin to the UK.
- 2.6 The Ministry of Housing, Communities and Local Government (MHCLG) Controlling Migration Fund has enabled extra resource to assist with key issues that affect the wellbeing of children and their progression in education, such as CME and these workers will spend a considerable amount to their time in local schools in the central locality.
- 2.7 In addition, the fund is facilitating the recruitment of two Community Navigators who is a shared resource between the Council and the voluntary sector and is offering intensive outreach and detached work to 'find' families that are newly migrant and/or arranging to leave the UK. The Community Navigators offer support, guidance and link the families to the appropriate services.
- 2.8 This Controlling Migration Fund additional resource will further support the existing work around CME to enable better communication within communities, to raise awareness of the disruption that transience can create for children's educational progress, attendance and outcomes.
- 2.9 A high proportion (40%) of children identified as CME had no known vulnerability or issues identified within the family at the point of becoming CME, which suggests that the underlying issue with the CME referral is that families have not notified the relevant authorities when moving house. Of the newly identified children in quarter one; we know that 14% were open to Children's Social Care and 6% to Early Help. All children, regardless of identified level of need, become subject to joint investigations by the school and the local authority at the point of becoming CME to ensure that rigorous strategies are employed to try and locate the child. This includes joint visits, discussions with neighbours, information sharing between Rotherham agencies and of course liaising with other Local Authorities,
- 2.10 Of the children that closed to CME in the period (134) the outcomes were as follows:
 - Responsibility was accepted by another Local Authority for 35 children, (26%.)
 - 23 children (17%) were verified to have left to UK.
 - 21 children (15.5%) were tracked and transferred to attendance tracking.
 - 21 children (15.5%) were found on role in a school out of Rotherham.
 - 19 children (14%) were found in a Rotherham school.
 - 8 children (6%) were registered with Elective Home Education.
 - 5 children were closed as all enquiries had been exhausted. (These children still remain on the national database.)
 - 1 child was found in alternative provision.
 - 1 child's outcome was not recorded (this has been explored and the child was located on role at a school in Essex but that data entry was incorrectly recorded).
- 2.11 Regular operational meetings for children missing from home, education and care take place and partners work together to understand what is working well, what is causing concern and agree what needs to happen. This operational group reports to the Strategic Missing Group

which subsequently reports to the LSCB CSE and Missing Sub Group. This provides rigour at all levels to ensure that children that are missing from home, school or care receive coordinated support across agencies and that exceptions are swiftly reported to ensure that they are addressed.

3. Key actions and relevant timelines

- 3.1 CME is proposed to move to Education and Skills as part of the Early Help Review as the work closely aligns with school admissions which is already located in the Education & Skills Department.
- 3.2 Despite this proposal change, processes will remain the same and work will continue across the operational and strategic boards to ensure that practice is scrutinised and that children are supported appropriately.

4. Name and contact details

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