

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Improving Lives Scrutiny
2.	Date:	17th September 2014
3.	Title:	Children Missing Education (CME)
4.	Directorate:	Children and Young People’s Services

5. Summary

The term Children Missing Education (CME) refers to all children of compulsory school age who are not on a school roll, and who are not receiving a suitable education otherwise than being at school, for example, at home (Elective Home Education EHE), privately, or in alternative provision.

Section 436A of the Education Act requires all local authorities to make arrangements to enable them to establish (so far as it is possible to do so) the identities of children residing in their area who are not receiving a suitable education.

The CME duty does not apply in relation to children who are registered at a school who are not attending regularly.

The CME duty complements and reinforces duties that already exist for schools and the Education Welfare Service to monitor poor attendance.

Schools have a duty to monitor absence through the daily attendance register. Maintained and academy schools are required to make regular absence returns to the Education Welfare Service where the attendance of individual pupils gives cause for concern.

6. Recommendations

To review and monitor the impact of providing additional staffing resources to the Children Missing Education (CME) agenda.

7. Proposals and Details

7.1 Background

The Children Missing Education (CME) function moved into the CYPs Education Welfare Service (EWS) in August 2012. At that time there was one CME Officer responsible for the monitoring, tracking and investigation of CME referrals. This officer had no access to business support.

The CME system and work flow appeared overwhelmed with both the volume of current and historical open CME referrals. The recording and tracking process was largely paper based as time and capacity to record details using the Capita One system was limited.

In response to the initial concerns we prioritised and actioned a number of activities

- Streamline the CME process
- Developed and strengthened links with frontline EWOs, schools and academies and Safeguarding Managers. Raising awareness around shared CME responsibilities and reporting duties
- Reviewed the CME referral form and thresholds.
- Introduced a de-registration letter to notify schools of a completed CME investigation.
- In conjunction with the School Admission team contributed to the development of two Fair Access Admission Panels (primary and secondary phases)
- Strengthened links with Social Care and CART, the LA's Runaway Lead, Integrated Youth Support Services (IYSS) and introduced EWS representatives for Child Sexual Exploitation (CSE) and Looked After Children(LAC).
- EWS Team leaders also became the Education representative for Multi-Agency Risk Assessment Conference (MARAC) on a rota basis.
- Reviewed the pathways and information sharing with other agencies
- Worked towards reducing and eradicating any back log in the long term CME unresolved cases

Developed a database that allows us to categorise the status of active current cases

We have also developed short and long term improvement plans with the IT Systems team to further enhance our tracking, recording and reporting capabilities.

7.2 Progress to date

There has been a significant improvement in the CME tracking systems/processes and CapitaOne data recording capabilities. This has allowed us to more accurately identify and target specific vulnerable groups to ensure they have prompt access to suitable educational provision.

Improved IT CME tracking and analysis was achieved by March 2014 (Expected September 2013).

We now have an appropriate escalation process in place for CME referrals to either be stepped up or down – within the Education Welfare Service.

The EWS central management team and CME officer is co-located within Riverside MASH.

All CME processes are now electronic. This allows the wider EWS staff and to some extent CYPS to access CME information on individual children at any point with up-to-date case notes available.

Work with data /information 'source' partners has increased our ability to analyse the total CME list with regard to the recording of ethnicity (Health and schools).This still remains an on-going area for development.

Termly updates and analysis has been provided to Director of Schools and Lifelong Learning and Cabinet member for Education.

The Education Welfare Service Manager is currently line managed by the Director for Schools and Lifelong Learning for this strand of her role to provide a more detailed and immediate overview of the CME agenda.

At any given point we are now able to accurately calculate the number of days a child has been out of education

The Fair Access Admission Panel forum has led to greater awareness amongst Head Teacher representatives of the CME picture across the authority and greater understanding around the CME pressures faced, not just by individual schools, but CME pressures at both primary and secondary level across the Local Authority.

With the support of other CYPS teams (IYSS & School Effectiveness Services) we temporarily increased the number of staff able to focus on the processing, tracking, and investigation, of CME referrals. With the support of DLT we have established one permanent full time CME Monitoring post and a temporary business support post jointly funded across EWS and School Admissions.

During the summer term we organised 14 additional CME initiative days which saw Education Welfare Officers deployed during the school summer holidays conducting home visits across the borough. By the end of August 2014 around five hundred and sixty five referrals had been followed up.

Increased staffing capacity along with an improved tracking and recording system provides us with a clearer, more accurate, picture of the number of children known to be missing education within the borough.

We are more simply able to identify vulnerable groups /specific groups.

7.3 Data Analysis

Academic Year 2012/13

- Opened 973 new investigations
- Closed 726 **

Academic Year 2013/14

- Opened 1211 new investigations
- Closed 1413 **

***Closed case numbers will included CME cases opened in previous academic years /recording periods*

Whilst we do recognise the levels of CME numbers appear high in Rotherham we would agree with the recent National Children's Bureau report 'Not present, what future? Children Missing education in England report' (June 2014) that suggests high levels of recorded CME does not necessarily indicate that a local authority is performing poorly in comparison with lower CME rates. We feel our figures whilst high do recognise we are establishing robust recording and tracking systems.

Summer Term 2014 analysis (March to July 2014)

- **Opened 736 new referrals**
- **Closed 882**

Closed Analysis (882)

- 470 were tracked out of Authority - confirmed on roll of another school and start date confirmed.
- 88 were found elsewhere - passed to other regional CME teams (other LAs) allowing us to safely close.
- 56 believed to have left the UK.
- 59 were Y11 – no longer of compulsory school age.
- 36 – had submitted Admission applications but became missing without taking up the school place offered to the child.
- 7 were found to be duplicates on CapitaOne.
- 150 were closed following successful school transfers within Rotherham
- 27 that became missing were DV/Sensitive - 12 of these were referred in by the Refuge.
- 2 were referred in as CSE – CME.
- Ethnicity breakdown 432 (of the 882) had no ethnicity recorded on the referral, 166 Roma, 46 Pakistani.

Opened Analysis (736)

Of the opened new cases around 500 -were previously known to be in Rotherham but are now no longer at their last registered address in the borough.

As of 12th September 2014 there are 468 current open active CME referrals

8. Finance

As staff and service capacity remains an ongoing issue, a plan has been devised and accepted by DLT to extend the capacity of the CME function. The plan centres

around developing closer workflow links across the Admission and CME staff including the functions of recording and processing.

In addition to increasing the business support capacity across the Education Welfare Service and the Admissions team we are looking to recruit to a CME Monitoring Officer post.

Funding has been identified from within CYPS existing resources at an approximate cost of £40,000 including on costs to fund one CME monitoring post plus a percentage towards shared admin support.

9. Risks and Uncertainties

The temporary EU Migrant Community Education Engagement Officer post was recruited to in July 2013. Additional support was provided to the CME Officer and Admissions team to assist

- non English speaking new arrivals
- help parents and staff to complete and process application forms
- translation support to the Admissions Appeal process.

In January 2014 due to the ill health of the post holder these activities were taken up by the wider Education Welfare team. However, due to capacity these activities were limited.

ESF Funding for this post ceased on 31st July 2014.

Since that time alternative arrangements have been put in place. This has entailed the use of 2 EAL Education Welfare Officers to take on additional CME responsibilities predominantly for the investigation of EU children thought to be missing education. In addition we have deployed a number of generic EWOs in order to support the prompt investigation of CME referrals. There remains some operational language difficulties with this model.

We need to work with partner teams and agencies to reduce the number of children inappropriately referred or identified as CME by ensuring thorough checks and enquires are made before children and young people are transferred on to the CME list.

We need to improve the time taken to investigate and close CME referrals (tracking process). Ensuring all checks are promptly made with internal and external parties. Eventually this should speed up the process of locating a child believed to be missing education and lead to the prompt allocation of appropriate education provision.

10. Policy and Performance Agenda Implications

Local authorities are responsible for meeting the requirements under section 436A. They also need to put in place arrangements for joint working and appropriate information sharing with other local authorities and relevant partner agencies that come into contact with children and families. Implementation of the duty under section 436A should be integrated with, and not in isolation of, the wider range of duties placed on local authorities, and initiatives led locally, that aim to improve outcomes, and safeguard and promote the welfare of children.

The purpose of the duty is to make sure that children not receiving, or at risk of not receiving, a suitable education are identified quickly, and effective tracking systems and support arrangements are put in place. The longer a child misses out on education, the more likely those problems will become entrenched, and the more difficult it can be to respond effectively to their needs. Early intervention will enable the local authority and other partners to ensure that action is taken to provide any child identified with a suitable education, and will also trigger activity between partner agencies that puts in place measures to ensure the safety and well-being of the child.

11. Background Papers and Consultation

2008 CME report to RLSCB

2010 CME report to RLSCB

2011 CME verbal update to the RLSCB. Agreed at this meeting that CME should report into the Exploitation Sub Group

2013 CME report to RLSCB Exploitation Sub Group

2013 CME report to Improving Lives Commission (12/6/2013)

National Children's Bureau report 'Not present, what future? Children Missing education in England report' (June 2014)

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