1. **Purpose of the report**

1.1 Scrutiny are asked to review the annual report on children missing education and agree areas for further improvement and action.

2. **Background**

2.1 The Royal Borough of Greenwich employs a Child Missing Education (CME) Officer, 17.5 hours a week. The CME Officer works within the Attendance Advisory Service (AAS).

2.2 The purpose of this post is to:

   - Identify children missing from education, locate them and offer a school place within identified timescales via the Fair Access Panel (FAP).
   - Identify Children Missing Education, who have ceased to attend schools or cease to be resident within the borough, without forwarding a school and or address details, and track these children as far as reasonably possible, using all resources and investigative tools available, to establish their safety.

3. **Children Missing Education Statutory Guidance 2016**

3.1 The revised statutory guidance (published in January 2015) relating to Children Missing Education (CME) states that this group of children are at significant risk of underachieving, being victims of abuse, and becoming NEET (not in education, employment or training) later on in life:

   *Local authorities should have robust procedures and policies in place to enable them to meet their duty in relation to these children, including appointing a named person that schools and other agencies can make referrals to. Local authorities should undertake regular reviews and evaluate their processes to ensure that these continue to be fit for purpose in identifying and dealing with CMEs in their area.*

   The
purpose of the section 436A of the Education Act 1996 is to ensure that local authorities’ arrangements enables them to establish the identities of children in their area who are not registered pupils at a school, and are not receiving suitable education otherwise than at a school. The LA should consult the parents of the child when establishing whether the child is receiving suitable education. Local authorities should have procedures in place to prevent children at risk of becoming CME. Those children identified as not receiving suitable education should be returned to full time education either at a school or in alternative provision.

3.2 The legislation was introduced by the Department for Education to further strengthen the robustness of local authority procedures in identifying children missing education. The main changes from 1 September 2016 were:

- All schools (including academies and independent schools) must notify their local authority when they are about to remove a pupil’s name from the school admission register under any of the fifteen grounds listed in the regulations. This duty does not apply when a pupil’s name is removed from the admission register at standard transition points, or when the pupil has completed the final year of education normally provided by that school.

- When removing a pupil’s name, the notification to the local authority must include: (a) the full name of the pupil, (b) the full name and address of any parent with whom the pupil normally resides, (c) at least one telephone number of the parent, (d) the pupil’s future address and destination school, if applicable, and (e) the ground in regulation 8 under which the pupil’s name is to be removed from the admission register.

- Schools must make reasonable enquiries to establish the whereabouts of the child jointly with the local authority, before deleting the pupil’s name from the register if the deletion is under regulation 8.

- All schools must also notify the local authority within five days of adding a pupil’s name to the admission register at a non-standard transition point. The notification must include all the details contained in the admission register for the new pupil. This duty does not apply when a pupil’s name is entered in the admission register at a standard transition point – at the start of the first year of education normally provided by that school. When adding a pupil’s name, the notification to the local authority must include all the details contained in the admission register for the new pupil.
4. **Identified groups of young people who are at risk of becoming CME**

4.1 There are many circumstances where a child may become missing from education so it is vital that the CME Officer makes judgements on a case-by-case basis. The CME Officer uses safeguarding and child protection knowledge and training, when in receipt of and investigating a CME referral, adhering to the five priorities of the Greenwich Safeguarding Children Board. These include:

- **Pupils at risk of harm/neglect** - Children may be missing from education because they are suffering from abuse or neglect.

- **Children of Gypsy, Roma and Traveller (GRT) Families** – research has shown that many children from these families can become disengaged from education, particularly during the secondary school phase.

- **Families of Armed Forces** - Families of members of the Armed Forces are likely to move frequently – both in UK and overseas and often at short notice.

- **Missing children/runaways** - Children who go missing or run away from home or care may be in serious danger and are vulnerable to crime, sexual exploitation or abduction as well as missing education.

- **Children and young people supervised by the Youth Justice System** - Children who have offended or are at risk of doing so are also at risk of disengaging from education.

5. **Why Children become Children Missing Education**

5.1 Children are categorised as CME when they are of statutory school age, but are not in an educational provision or are educated otherwise (Elective Home Education).

5.2 There are many reasons why a child might not be in education or stops attending the school they are on roll to, typically;
• They may move into or out of the local authority without an identified school place.

• They may cease to attend the school they are on roll to, without informing the school of where they are moving to and/or what school their child is transferring to.

• They may inform the school that the family are moving abroad, without providing proof.

• The parent may refuse the allocation of a school place.

5.3 In any circumstance, where a child is found/believed not to be in receipt of an education, investigations, in line with Child Missing Education Statutory Guidance, must be undertaken, in order to ascertain the education provision of the child, or ensure the child is returned to/receiving suitable education.

6. The Stages for processing CME cases in Greenwich

6.1 There are 5 distinct stages of a referral:

1. Where a child ceases to attend their educational provision. The education provider is expected to follow school absence procedures in line with identified guidelines. If the absence continues, without communication from the parent, the education provider must undertake action in line with safeguarding procedures following ‘keeping children safe in education’ and ‘working together to safeguard children’ and undertake reasonable enquiries to try to establish the whereabouts of the child under CME procedures.

2. Pre-referral - At this stage the source referrer should engage in consultation with the schools Attendance Advisory Officer, as appropriate and/or the CME Officer to identify what actions have been undertaken, to seek advice and support, and see if a CME referral should be made and when. Joint reasonable enquiries and preventative work is implemented to identify the needs of the child and support the referrer to take steps to prevent the child becoming CME.

3. Referrals – Once a referral has been received it becomes ‘Active’. At this stage investigation and casework is undertaken to establish the whereabouts of the child(ren) with emphasis placed on working collaboratively with schools and other partner agencies.
4. Closing Referrals - If a child has been located and returned to suitable education (school/EHE, Alternative Provision) then the case can be closed.

5. Unable to Locate - If the CME Officer has been unable to locate a child, despite exhaustive efforts and following a risk assessment, then a referral will be closed and logged as ‘Unable to locate’. The details of the child are held on file and reported to the MASH Education Officer, who will update Frameworki with an alert to contact the CME Officer if the child subsequently becomes known to the borough. The child’s information will be uploaded to S2S Lost Pupil database either in Local Authority, National or Global User groups and Immigration Services.

7. **Partner Agencies for investigative purposes:**
   - NHS
   - Corporate & Anti-Fraud Team (which would have access to all databases including housing; council tax; benefits etc.)
   - RBG Housing
   - RBG Council Tax
   - RBG Troubled Families
   - Performance Analysis Service (PAS) Team
   - Education Officer – Multi Agency Safeguarding Hub (MASH)
   - CME officers in other Local Authorities
   - School Admissions
   - Schools
   - Special Educational Needs Department (SEND) and Special Educational Needs & Disability Information, Advise and Support Service (SENDIASS)
   - Youth Offending Service (YOS)
   - Children’s Services Social Care;
   - UK Visas and Immigration - formally UK Border Agency (UKBA)
   - Police Services (for joint home visits with safeguarding concerns)

8. **Partner Agencies referred to for supporting CME children and their families:**
   - Early Help
   - Youth Offending Service
   - MASH
   - Fair Access Panel (FAP)
   - SEND Information, Advice Support Service (SENDIASS)
   - Child & Adolescent Mental Health Services (CAMHS)
9. **Data Sharing:**

9.1 The CME data is provided to the PAS Team on a monthly basis.

9.2 Data is shared between applicable services to identify any links between children who go missing, children not attending school, children linked to gang activity and/or at risk of sexual exploitation and is used to identify patterns and trends and any links between individual children and the individual services.

9.3 The data is used by operational leaders in Children’s Social Care to maintain a strategic overview, to check what action is taken for individual children and its impact on reducing the risk of children becoming missing from education again.

10. **The Referral Sources for CME cases**

![Source of referral graph](image)

**CME Data - Children’s Services**

The total number of CME referrals for 2017-2018 academic year was **192**

10.1 As at the end of the academic year 2017-18 there were **74 ‘active’ CME cases**. At the time of this report there were **31 ‘active’ CME cases**.
10.2 The CME Officer undertakes a vast amount of pre-referral work with potential referrers, assisting with undertaking ‘joint reasonable enquiries’, in line with legislation, in order to avoid young people becoming CME’s. This reducing the overall number of CME referrals.

10.3 Primary and Secondary schools are the highest referrals for CME cases, due to children ceasing to attend and/or moving out of the Borough with no forwarding address/school details. All Schools, including academies and independent schools are required to follow the CME guidelines.

10.4 Training and detailed guidance, in line with legislation and statutory guidance has been provided to all schools has contributed to a lower level of CME referrals. RBG Schools, including academies and independent schools are clearer about the actions they are required to undertake to establish the whereabouts of children, prior to undertaking CME referrals.

10.5 Out of borough CME referrals have increased, whereby children have moved into the RBG, without the provision of a school place. Temporary housing and increased mobility being significant factors.

10.6 There were 10 CME referrals received from Admissions during the academic year 2017-18. This is significantly reduced from previous academic years. This is mainly contributory to new procedures outlined below;

- In previous academic years, the level of CME referrals from Admissions was higher as;

  1) Some parents would make the decision to keep their children out of school, pending their appeal against the Local Authority, when their children were not offered their first choice of school in Reception or Year 7. Admissions Officers would refer these children as CME.

  2) Children who arrive in the borough and who may have been out of school for some time would be referred. An example of this would be; often families move into temporary accommodation or with relatives and apply for a school place, sometimes using friends/family and other/online translators, to make school place applications. Unfortunately, when they are then contacted by Greenwich Admissions, they would have possibly moved on, or would be unable to provide or understand the need for ‘Proof of Address’ requests/communication from Admissions. Admissions Officers would refer these children as CME.
10.7 At the end of the academic year 2016-17, in preparation for the academic year 2017-18, it was agreed that further action by Admissions Officers, could reasonably take place at the stage of application, including the use of the legislative powers of the Local Authority, to deal with the non-school attendance;

- The issues were addressed and a new protocol was agreed between the Team Manager, Attendance Advisory Service and the Head of Admissions.

- CME guidance clearly indicates the actions that need to be undertaken by ‘schools’ prior to a referral being made to the CME officer. For the academic year 2017-18, a protocol for Admissions, was established, identifying clear actions to be undertaken by Admissions Officers, prior to making a CME referral and in order to where possible, ‘prevent’ the classification of CME, and/or delaying the offer of a school place. (Flowchart attached for information).

- Whilst following their Admissions processes, Admissions Officers follow CME Guidance, using all resources available, in order to enable equal access to services to vulnerable client groups where their first language may not necessarily be English or if there are other communication difficulties.

- During the process of investigative action, liaison with the CME Officer seeking advice at an early stage of a child being out of education is encouraged.

- The Legislative powers of the Local Authority in the form of ‘School Attendance Orders’ are in place and used where necessary now, by the Admissions Officers dealing with the parents/carers who refuse school places offered, without judicious reason.

- These pro-active interventions now in place, undertaken specifically by schools and Admissions, have had a significant impact on preventing CME referrals and ensuring school places are secured as swiftly as possible.
11. **The Profile of CME children referred:**

11.1 **Gender**

![Referral by gender chart]

*CME Data 2- Children’s Services*

Whilst referrals for male children remain higher, there is no significant gender split.

11.2 **Ethnicity**

![Ethnicity breakdown of children referred chart]

*CME Data 3- Children’s Services*
11.3 In previous years, there were a high level of “Unknowns” identified within the ethnicity analysis. This was in part due to Admissions Services being unable to ask for ethnicity information and/or the referrer, just not providing such information. However, the CME officer now follows up all referrals with the referrer or returns them prior to acceptance, if not sufficiently completed. This has resulted in the data being more accurate.

11.4 Having detailed information of the ethnic origin of the client groups we are dealing with, enables us to intervene and support more effectively. Using resources available to the CME Officer in ensuring the timely location of CME and their return to education.

11.5 Being aware of any changes in the demographic of the local authority population, enables the targeting of resources and assists on planning for future needs.

11.6 **Profile by Year group**

![Referral by year group - 2017/18](image)

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<thead>
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<th>Year</th>
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<td>Year 9</td>
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12. Joint Targeted Area Inspection - February 2018 – Evidence of Effectiveness

12.1 Children Missing Education practice in Royal Borough of Greenwich.

“Strong arrangements are in place to ensure that children missing from education (CME) are identified and, where possible, located. Good liaison is in place with the MASH when children are missing from education. The CME Team is diligent in their efforts to locate children, for example by checking with Housing colleagues, health colleagues and other local authorities“.

13. Improvement and Actions Identified during 2016-2017 and Implemented during 2017-2018:

13.1 Admissions play a key role in the prevention of CME cases. They have been second highest referrer during 2015-16 and 2016-17 (20% and 25% of all CME cases).

13.2 The CME Officer, Admissions Team and Attendance Advisory Service are working on the new approach in dealing with children missing education (As referred to in Section 11.8 and 11.9), using the legislative powers of the LA, when it is clearly the parent/carer not undertaking their parental responsibility (under section 444 of the Education Act 1996) by not ensuring their child’s access to sufficient full time education. Through refusal to accept the school place offered by the Admissions Service, a School Attendance Order (SAO) is now a route pursued to getting a child into education as opposed to making a CME referral.

Using the legislative power to issue a SAO is not to criminalise, but to ensure the parents/carers are aware of their legal responsibilities in relation to their children’s education and the implications of non-compliance.

- Number of SAO referrals received from Admissions - 9
- Number of SAO’s withdrawn as school places taken up - 7
- Number of SAO’s presented to Magistrates Court – 2

13.3 Schools follow their safeguarding procedures (‘Keeping Children safe in Education’ and Working Together to Safeguard Children’) when encountering children missing from education.

13.4 The CME legislation, ‘Children Missing Education Statutory Guidance 2016’ has been implemented and schools, including academies and independent schools are aware of their obligations to comply with the statutory guidance and of the expectation to inform the Local Authority when adding or
removing a pupil from the school’s roll. We continue to use the dedicated email system to do this –

- ‘School-Register-Reporting@royalgreenwich.gov.uk’,
- Attendance Advisory Officers work with schools on ensuring adherence to legislation and statutory guidance.
- Continued liaison and a sample of independent school websites in the borough indicates that they are aware of the legislation and have incorporated it into their policies and procedures.

13.5 Partnership working is improving and ensures more accuracy of data recording, specifically ethnicity data, as sensitivity to individual/cultural needs is paramount when dealing with all families. Admissions cannot request ‘ethnicity’ information from families, so census data and other sources are sought to ensure our cohort profile data is as complete as possible.

13.6 The Attendance Advisory Service officers and the CME Officer have made themselves available to all their schools for consultation on possible CME matters.

13.7 Collaboration with other local authorities is in place.

14. **Actions Identified for further improvement during 2018-2019**

14.1 Use of Interpreting Services may increase as further work is undertaken to liaise with vulnerable families and families where English is not the first language.

14.2 The Statutory Guidance is to be reviewed by the DfE in September 2019. In preparation for this the CME procedures have been reviewed. This will be an ongoing process. Guidelines provided to schools and Admissions remain relevant and suit purpose, sufficiently and effectively. The CME referral form has been revamped in order to improve the administration and data collection for the referrer and the CME Officer.

14.3 Developing working relations with internal/external partners continues.

14.4 Further CME Training will be offered to schools on request and to new schools opening in Greenwich. Further training will be arranged this academic year, specifically focusing on independent schools within the borough, and those who do not have a dedicated AAO.
14.5 The CME Officer has been granted (as of October 2018) direct access to the ‘Advise and Benefits Service Information Systems’.

- This access will mean the CME Officer is not wholly reliant on other officers/departments when investigating a CME referral. They will be autonomous and able to speed up the process of locating a child missing from education.

14.6 The new IT system, Synergy, is still in the process of being implemented. Once implemented, the CME Officer and Admissions Officers, will be able to share and access information simultaneously.

14.7 General Data Protection Regulation 2016 and Data Protection Act 2018

- The CME Officer and Officers of the Attendance Advisory Service are compliant with the GDPR and DPA. Necessary information is obtained and processed within the legal obligation imposed on the authority under the Education Acts, for the administration of justice or for the exercise of statutory functions, to ensure that children of compulsory school age receive suitable full-time education.

- The impact on CME and the length of time children are out of school, due to changes to the FAP protocols in line with GDPR, will have to be evaluated.

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