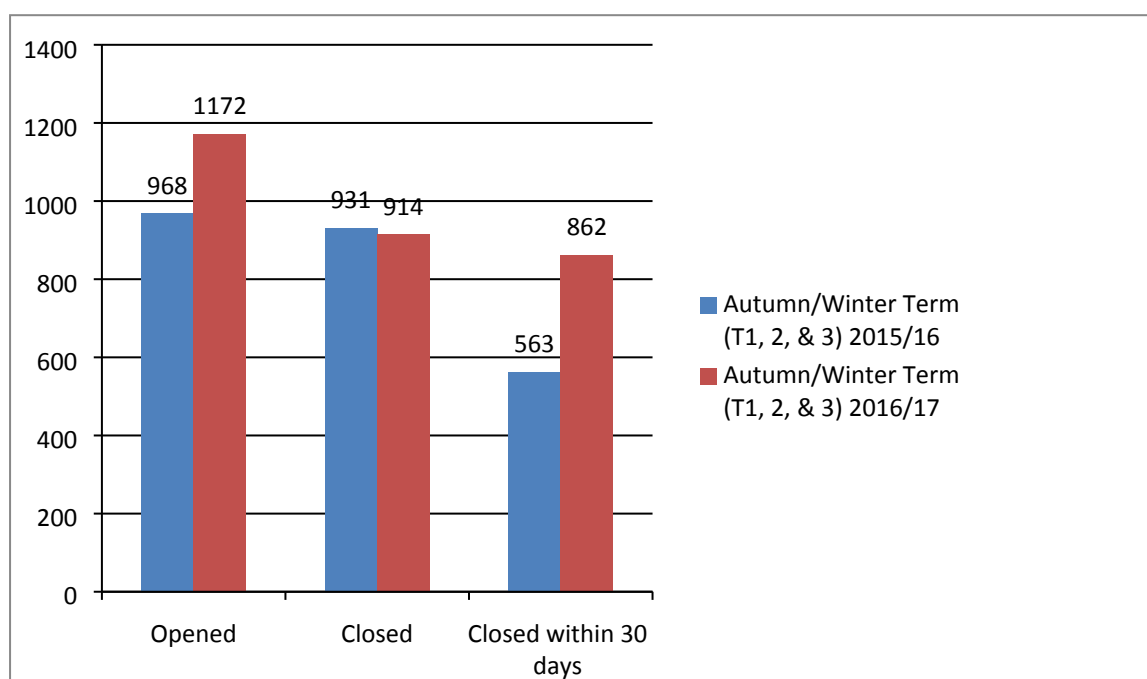


Children Missing Education Report
Autumn/Winter Term 2016/17

Figures for referrals during this period	
Total CME Referrals	1172
Inappropriate CME Referrals (Education identified at time of referral or CYP not statutory school age)	111
Number of the referrals remaining open from the 1172 above	258
Total closed within 30 days	862
Percentage closed within 30 days	73.5%
Total closed or received school offer within 30 days	923
Percentage closed or received an offer within 30 days	78.8%
Figures for all ongoing referrals	
Total CME cases dormant	72
Total CME cases open at 20/02/2017	370

Figure 1 - CME referrals opened and closed in the Autumn/Winter Term



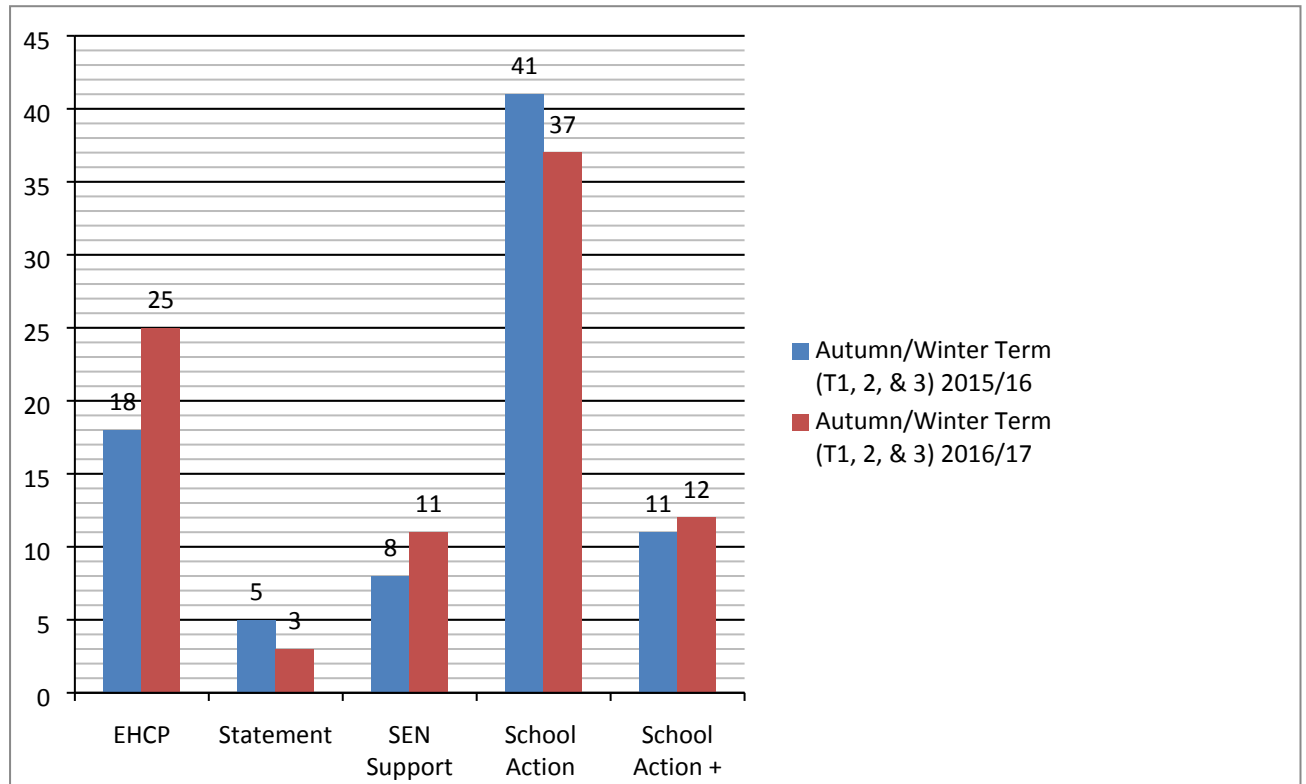
There has been an increase of 17.4% in CME referrals this academic year, whilst managing this increased caseload the CME team have closed more cases overall and 34.7% more cases within the 30 day time period.

According to Special Educational Needs Data compiled in July 2016 there was a 1.1% rise in the total number of pupils in Kent. This shows that despite general population increases the proportion of Children Missing Education is still rising.

In the Autumn/Winter term 2015/16 the percentage of CME cases closed within 30 days was 58.2%. This academic year the team have closed 73.5% of cases within the same time period (78.8%

including those learners who have also received a school offer). This percentage will also continue to rise as cases continue to be investigated within this time period and will be back dated to the point of accessing education/being traced.

Figure 2 – CME referrals with an SEN need

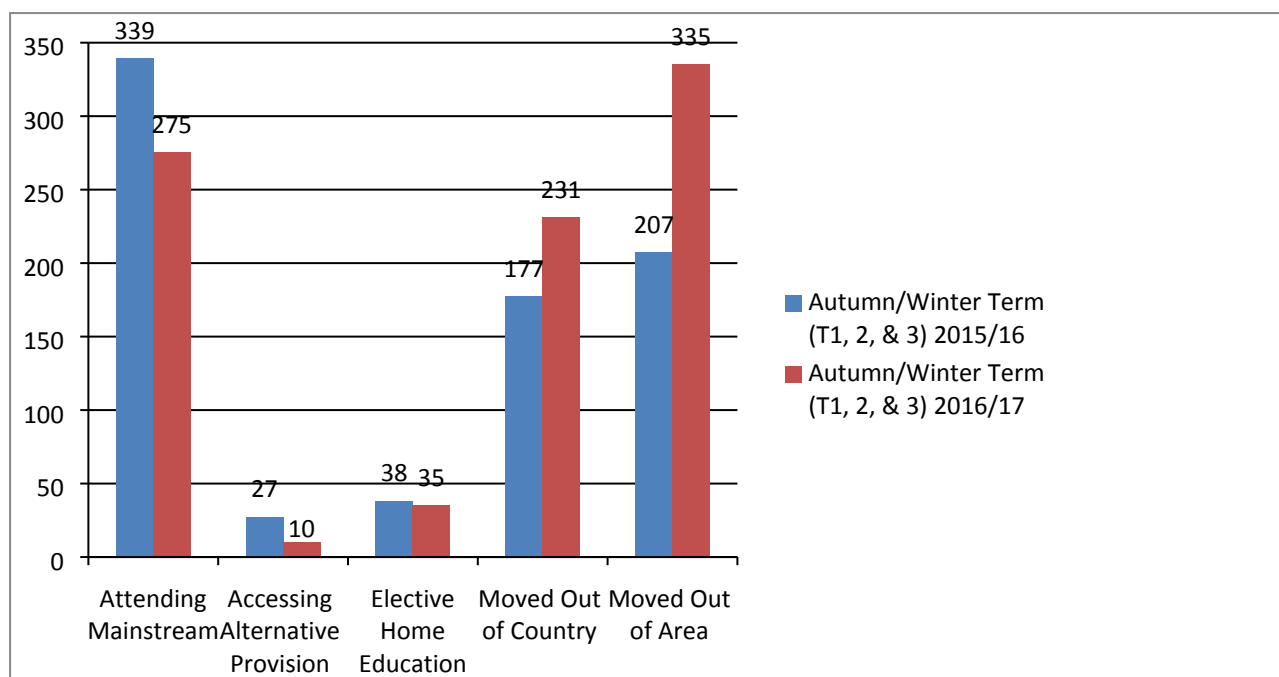


Whilst there has been an increase in CME referrals for CYP with an identified SEN need; in total there has been a 5.7% increase in referrals of this nature, this is below the total rise of 17.4% for all CME referrals.

In comparison with the total number of CME referrals opened in this period, those with an identified SEN need account for only 7.5% of the total referrals, well below the average percentage with an identified SEN need in the Kent school population (12.8% according to SEN data released in January) and less than last academic year (8.6%).

Despite their low percentage within the total figures, CYP with an EHCP or a Statement more frequently exceed the target of offering a school place within 30 days (only 67.9% were closed within 30 days this year, and 50.0% last year). This is a result of the CME Team being unable to name schools as cases must be referred to the SEN team to secure places through the formal EHCP channels as defined in legislation.

Figure 3 –CME referral closure reasons

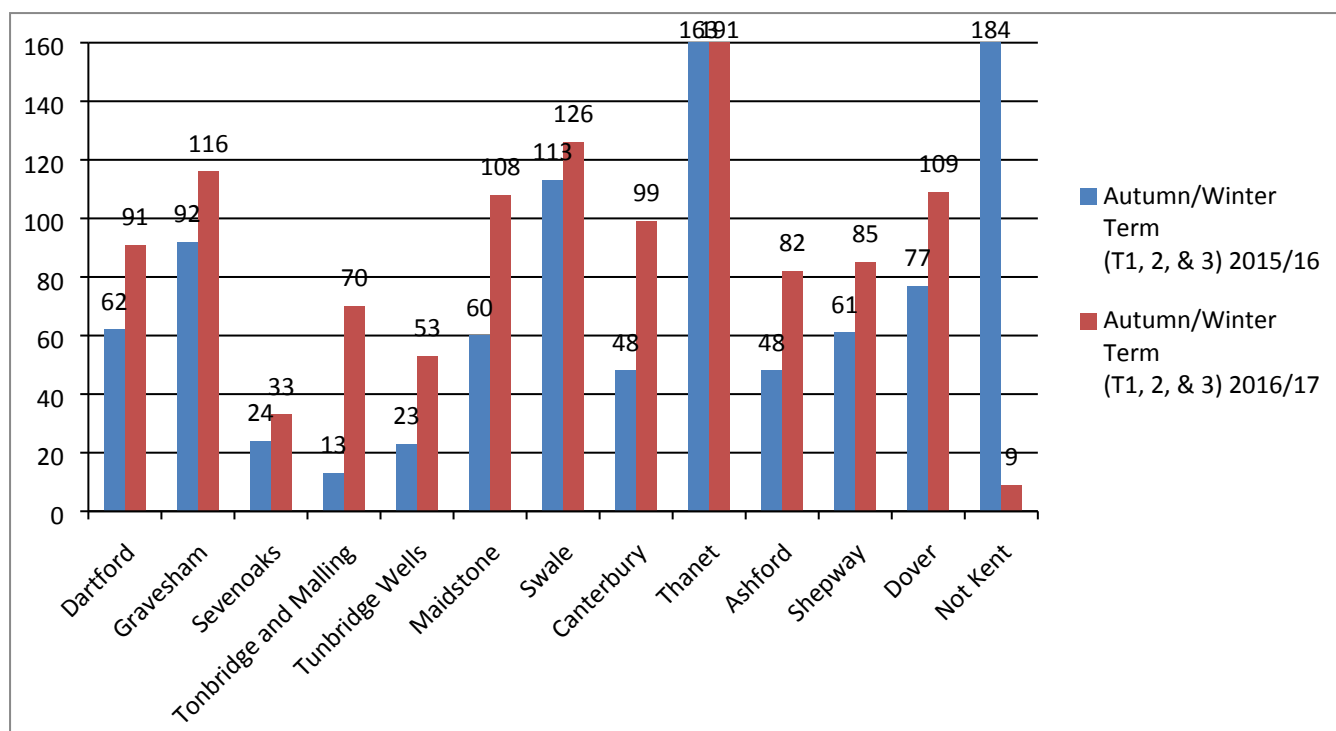


The number of CME referrals closed because the CYP is attending a mainstream school in Kent has reduced by 18.9%, however the number of referrals closed due to the CYP moving out of the area has increased by 32.2%. This change suggests that there has been increased movement of families out of Kent compared with the same period last year, this may also reflect more intensive investigative measures.

The rise in referrals of CYP who are identified as no longer residing in Kent is likely to be related to the change in Pupil Registration Legislation in September 2016 which now requires all schools to inform the local authority of any pupil who is removed from their roll. This has opened up a range of new notifications from private schools that have previously gone unrecorded. These changes have enabled the team to improve tracking and monitoring of pupils who leave Kent schools, by following up referrals immediately.

The changes that have been brought about by the restructure of the CME team and the subsequent review of processes that followed will undoubtedly have impacted on the figures.

Figure 4 - Distribution of CME referrals by district



It is believed that a significant factor that has driven up referrals across the board, is the introduction of the Digital Front Door facilitating schools to make referrals to the LA in line with the changes to the Registration regulations.

Referrals in East Kent, particularly Swale and Thanet remain high due to the transient nature of the population. However there has been a marked increase in the number of referrals in Canterbury which has experienced a 51.5% rise. This is likely to be due to a combination of factors including, independent schools now completing CME referrals, the arrival of families from Redbridge and a presence of GRT families.

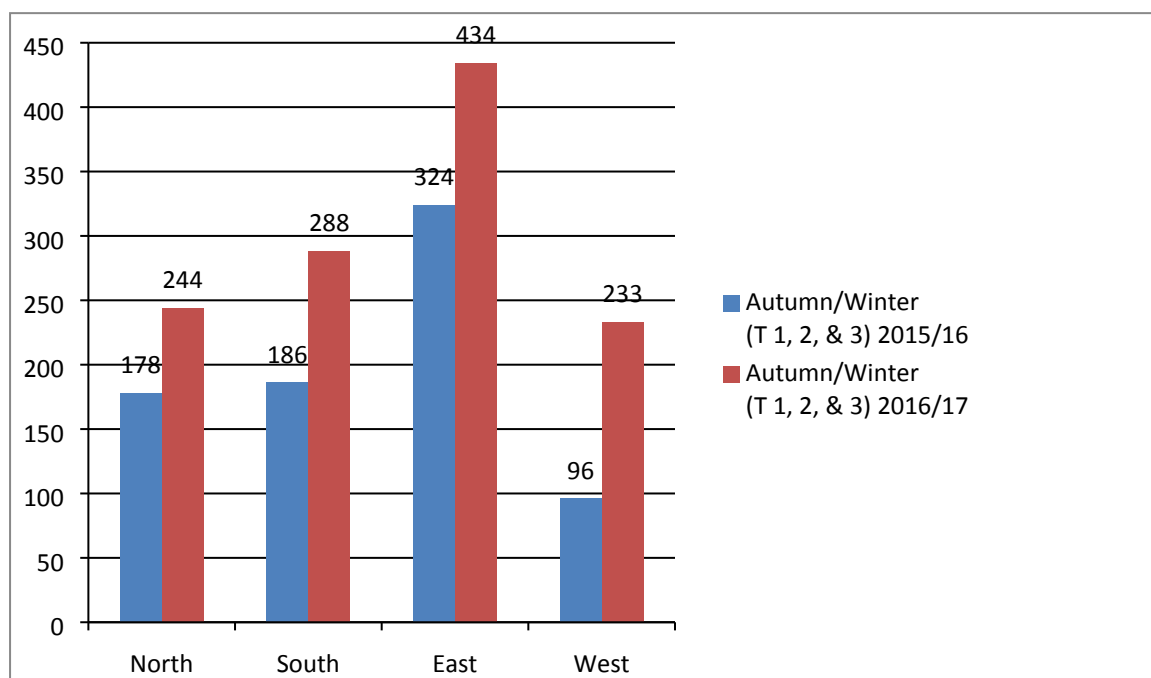
One possible explanation of the consistently high number of referrals in Thanet, Swale, and Gravesham is the high levels of deprivation and poverty in these areas. These three districts account for over a third of all CME referrals. The figures below are taken from the Strategic Business Development & Intelligence District Profiles (January 2017)

- Thanet is the most deprived district in Kent, it is ranked 28th of 326 districts in England.
- Swale is the second most deprived district in Kent, ranked 77th of 326 districts in England.
- Gravesham is the fourth most deprived district in Kent, it is ranked 124th of the 326 districts in England.
- The average percentage of children under 16 in poverty in these four districts is 23.5%, for comparison Kent as a whole is 18.4%, and nationally is 20.1%

The dramatic decrease in CME referrals for 'Not in Kent' is due to a change in processes following the restructure of the CME team. Previously if a CYP was believed to have moved out of Kent this category was recorded in the first instance. To ensure the team can properly track movements, the

district in Kent where the CYP previously lived and attended school is recorded, until such time as the record is closed.

Figure 5 - Distribution of CME referrals by Area



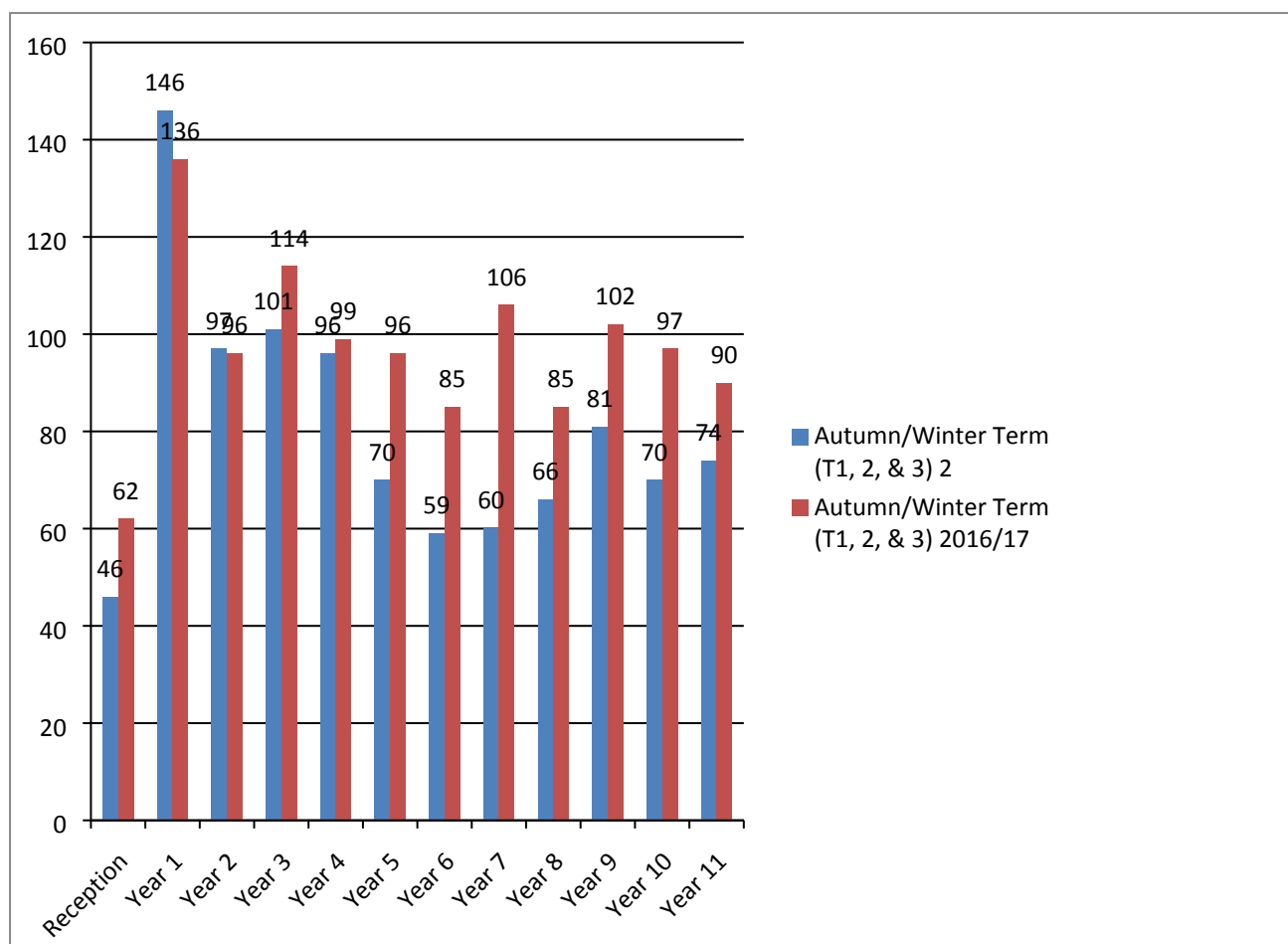
There has been a large increase in CME referrals in West Kent, most notably Tonbridge and Malling (81.4%) and Tunbridge Wells (56.6%). When combined the increase in referrals from West Kent has risen by 58.4% in comparison with last academic year.

It is considered that in the case of Tunbridge Wells the increase is due to changes to the off-rolling legislation which has resulted in independent schools now being required to report pupils that they remove from their roll, many of whom are now referred to CME.

The increase in CME referrals in Tonbridge, Malling and Maidstone is considered to be reflective of the large GRT community and the fact that older children are often removed from education to support the family business. We suspect this has been exacerbated further by the increase in “affordable” housing developments which has led to increased demand for school places.

School Attendance Officers in areas which have experienced a marked increase in referrals (East and West Kent) have benefitted from a presentation and training from the EHE & CME Coordinator regarding both CME and EHE processes. Better understanding of reporting mechanisms may also be a factor which explains the rise in referrals.

Figure 6 – CME Referrals by year group



Whilst there are small increases in comparisons with last academic year throughout all year groups except Year 1 and Year 2 (where referrals have decreased), the only increases significantly above the general trend are as follows:

- 25.8% increase in Year R
- 27.1% increase in Year 5
- 30.6% increase in Year 6
- 43.4% increase in Year 7
- 27.8% increase in Year 10

The increase in referrals for Reception may be due to the new team’s process of recording all CME referrals on our database when received. Previously if a referral was received for a child under statutory school age then their name was placed on a spreadsheet and recorded on a central database once they were of age. This change is to ensure we have as robust a system as possible to identify potential CMEs and can contact families on the list once the child reaches statutory school age.

We believe CME referrals for Year 7 may have risen due to some parents being unhappy with the school place offered by the LA. Pressures on school places may have had some impact on these increases but numbers remain low in the context of an 18,000 learner cohort.

The increase in Year 10 referrals may stem from the implementation of new GCSE curriculum as this is a difficult step for some CYP resulting in poor attendance and ultimately resulting in CYP leaving the school.

Data Summary

The presented data is based upon CME referrals received within Kent County Council's term dates and therefore may be marginally different to the figures in Management Information's monthly reports.

The number of CME referrals closed continues to improve and the percentage closed within 30 days is constantly growing as the team's investigations progress. A number of the referrals received in January and February are still within the 30 day time period, as such once this period has passed the figure will improve.

Management Summary

Following the restructure of the CME team, our processes and procedures were reviewed and changes affected. The impact of these changes is evident from the comparable data which shows that the team have dramatically improved the number of referrals that are closed within 30 days whilst managing an increased caseload.

Our improved access to databases, the introduction of the Digital Front Door and the close working relationships the team has developed within the wider Fair Access service and the PRU Inclusion and Attendance Service (PIAS) have been significant factors.

This joined up approach means that CYP are identified earlier and are offered school places through In Year Fair Access Protocols. There has been an increase in the number of CYP referred to the Enforcement Team to action School Attendance Orders when families do not take up the school places offered and we can be confident that we are making a significant difference to those often vulnerable learners by ensuring access to education.