



Department
for Education

Improving support for children missing education

Analysis report of the call for evidence

December 2024

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Introduction

This government wants to champion the life chances of all children, where background is no barrier to getting on, and where the next generation does better than the last. We all must recognise the shared responsibilities of schools, local authorities, government and families to give children the best start in life

A good education gives children strong foundations and sets them up for work and for life. When things are working well and children have the right support - ambition, opportunities and belonging all come from being in school. However, a small number of children of compulsory school age are not registered pupils at a school and are not receiving suitable education elsewhere (such as suitable elective home education). They are known as children missing education (CME). Importantly, CME are separate to children registered at a school but not attending regularly, such as persistently and severely absent pupils.¹ They include some of our most vulnerable children and we need to ensure they are safe and have access to education and opportunities. It is vital they are supported back into education quickly and successfully.

The Department for Education (DfE) conducted a call for evidence from 18 May to 20 July 2023 on 'Improving support for children missing education' to understand the sector's current approach to identifying and supporting CME, and to inform any changes which will help us to improve this support. This document analyses the responses we received.

The government is committed to ensuring that all children, especially the most vulnerable in our society, are safe and have access to an excellent education. CME make up a very small minority of school-aged children. Additionally, many are missing education for a short period, for example while they move between schools during the academic year. Of the total CME on census day, 29% had been missing education for 4 weeks or less.

Children who are CME for longer periods are of greater concern; 9% had been missing for 4-8 weeks, 7% had been missing for 8-12 weeks; 15% had been missing for 12 - 26 weeks, 11% had been missing for 26-52 weeks and 13% had been missing for longer than 52 weeks (with the length of time for the remaining 16% unknown). Being CME for over 4 weeks is the equivalent to being considered persistently absent if a child who is registered at a school is absent for that length of time and missing over 19.5 weeks would fall into the severely absent category. It is important that these children can be

¹ A pupil is persistently absent if they miss 10% or more of school sessions. A pupil is severely absent if they miss 50% or more.

effectively identified and supported into education as quickly as possible, to minimise the negative impact of missing education.

Parents have a duty to ensure that their children of compulsory school age are receiving efficient and suitable full-time education, either by regular attendance at school or otherwise (for example, through EHE).²

Local authorities have a duty to make arrangements to enable them to establish, as far as possible, the identities of CME in their area.³ In 2016, the DfE issued statutory [children missing education](#) guidance for local authorities. This statutory guidance sets out key principles to enable local authorities in England to carry out their legal duty. Schools need to make reasonable enquiries, jointly⁴ with the local authority, to establish the whereabouts of a child who has been absent for a prolonged period.⁵ If the child has not returned to school for ten consecutive school days after a leave of absence or is absent from school for reasons statistically recorded as unauthorised absence for twenty consecutive school days, the school can remove the pupil's name from the admissions register if they have failed to locate the child following these joint reasonable enquiries.

The CME call for evidence built on a 2019 review of updates to the Education (Pupil Registration) (England) (Amendment) Regulations 2016. The review found that providing clearer CME guidance could ensure local authorities are better able to comply with their duty to make arrangements to establish the identities of CME in their area – and reduce burdens on local authorities.

It also followed engagement with local authorities, schools and other agencies that found that, while there are robust and innovative practices to identify and support CME in local areas, nationally there is wide variation in how the sector identifies and supports CME. Additionally, a lack of access to relevant data is, in some cases, hindering the ability of the sector to identify CME in a timely manner and can prolong the period that these children are not receiving an education.

To address current challenges in identifying and supporting CME, the Department has:

² [Education Act 1996 \(legislation.gov.uk\)](#)

³ [Section 436A of the Education Act 1996](#)

⁴ Under regulation 8 of the Education (Pupil Registration) (England) Regulations 2006 as amended by regulation 4 of the Education (Pupil Registration) (England) (Amendment) Regulations 2016

⁵ Either ten school days after an authorised absence (under regulation 8(1)(f)(iii) of the Education (Pupil Registration) (England) Regulations 2006) or twenty consecutive school days without authorised absence (under regulation 8(1)(h)(iii) of the Education (Pupil Registration) (England) Regulations 2006)

- Established an aggregate termly local authority data collection on CME to improve our understanding of the CME cohort nationally and locally
- Held workshops and information sessions for local authorities to improve the consistency of recording of CME data
- Held best practice webinars on CME for schools and local authorities.

The call for evidence sought to build on this work to better understand current best practice, and how local authorities, schools and other agencies can be supported and empowered to go further to identify and support CME, ensuring that every child has an opportunity to an education wherever they live and whatever their background.

Who the consultation was for

- Parents and children, including those with experience of missing education
- Schools and teachers, and their representative organisations
- Multi-academy trusts
- Local authorities
- Children’s social care agencies and representative organisations
- Charities, organisations and think tanks which support CME
- Those undertaking research into CME

Summary of responses received

The Department invited responses to the call for evidence through a form hosted on the Government’s online Citizen Space portal, by email, or by post. The Department received 3,991 responses to the call for evidence. Of these 1,294 were received through Citizen Space online, 134 by direct email, and 2558 paper copies by post (all copies received by post were the same template response).

Based on participant name and IP address, five respondents were identified as having submitted more than one response. After duplicate responses were removed, there were 3,986 responses. The 3,986 [3,991-5] responses included:

- 112 local authority representatives
- 150 school representatives
- 3,313 parents
- 411 others, including:
 - 290 members of the public

- 60 other relatives including grandparents
- 22 citizens
- 21 frontline professionals
- 18 charity representatives

See Annex A for a full breakdown of respondent type.

Participation in the call for evidence was on a self-selecting basis, meaning that those responding may not be representative of the whole population of potential respondents.

In addition, the Department received 1,882 of the same template email expressing views on the topic of children missing education but not answering the call for evidence questions directly. The template email expresses the view that local authority and school responsibilities for CME infringe on parent rights and that assessment of suitability of education should be the primary responsibility of parents. These respondents believe there should be greater recognition of diverse educational approaches beyond mainstream schooling. Seven organisations and individuals also emailed supplementary information on the topic of CME.

As this report summarises the findings of the individual questions asked in the call for evidence, views and evidence from these emails and supplementary information have not been analysed here. However, these findings and views will be considered in the Department's next steps (see page 12).

Main findings from the call for evidence

Section 1: Defining children missing education

The term 'children missing education' sometimes causes confusion, including among parents, schools and local authorities who often believe the term includes more children than it does (e.g., children on a school roll but regularly absent) or fewer children (e.g., only children missing education for long periods of time). Respondents were asked if the statutory definition of CME⁶ applies to the right children. While the majority of local authority and school respondents think it does (80% and 67%, respectively), less than a quarter of parents (23%) and other respondents (16%) agree.

⁶ Any children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at school.

Local authorities and schools who agreed tended to believe that there are already adequate processes in place to safeguard children not included in the definition (e.g., EHE children) and that expanding the definition would place greater burden on local authorities and schools. These respondents preferred to see the current definition applied more consistently.

Section 2: Children missing education activity within schools

There was a general view amongst local authorities and schools that the other was not effectively carrying out their responsibilities towards CME. School representatives tended to believe that local authorities place too much responsibility on schools to conduct reasonable enquiries and do not provide clear guidance or support on identifying children that the school believes are a child missing education. Local authorities tended to believe that there should be an increased expectation on schools to share information about children on the school roll, exclusions, school places or unexplained absences, with some suggesting schools should share the statutory responsibility for CME. Local authorities also tended to believe that there should be an increased expectation on schools to admit CME.

Both agreed that a lack of resources in schools and local authorities was a barrier to carrying out CME activities.

Section 3: Children missing education activity within local authorities

Responses to the questions in this section demonstrate variation in the activities local authorities undertake to identify CME.

The varied practice likely contributes to different CME rates between local authorities. For example, a local authority that applies stricter criteria before a child is removed from their CME list will likely have higher CME figures, and children being recorded as CME for longer, than a local authority with less strict criteria.

Section 4: Identifying children missing education: Working with other agencies

As a result of information sharing barriers, local authorities are not consistently able to access the information they believe they need to locate children in a timely manner.

While some local authorities had established formal information sharing process with agencies such as the police, HMRC and health practitioners (e.g., GPs and A&E departments), others typically contacted landlords, associates of the parents, the child's peers or carried out social media checks. Varying success in multi-agency collaboration further contributes towards varied practice and different CME rates between local authorities.

Local authorities most commonly reported the lack of real-time data, data protection concerns of other agencies, and a lack of local authority resource as barriers to information sharing and multi-agency working.

Section 5: Elective home education

Local authorities tended to have separate teams dedicated to carrying out duties for elective home education and CME. Respondents who did have experience assessing the suitability of elective home education shared that they most commonly did so by phoning the parent or meeting them in their homes. Some local authorities also facilitate events for parents choosing to home educate and engage in multi-agency working with other services involved with the family.

Respondents were asked what would assist with assessing the suitability of home education. Local authorities most frequently asked for there to be a duty on parents to notify local authorities of the decision to electively home educate (85%) and for further clarity regarding 'suitable education' (81%). Local authorities also suggested that they should have greater powers to visit children in receipt of home education. Some respondents shared that registers of Children Not in School and strengthening the School Attendance Order (SAO) process would assist them in carrying out their duties for home education.

Section 6: Supporting children missing education into education

When asked what barriers they face in seeking suitable education for CME, 77% of local authority respondents cited lack of engagement from parents, 74% cited available school places not meeting family preferences, 73% cited shortage of suitable places for specific needs and 70% cited lack of special or alternative provision school places.

Other barriers included limited resource for supporting individual children, alleged reluctance from schools to accept specific cohorts of CME (e.g., children in year 11 and children likely to only be at the school for a short period, such as those from asylum seeking families in temporary accommodation) and the time taken by other local authorities to offer a school place to CME who have moved into their area.

Local authority, school and parent respondents agreed that multi-agency working to deliver individual support to meet the child's needs was important for integrating CME into education. All respondent types believe that working closely with and listening to parents and the child also works well.

Section 7: Conclusion

This section summarises the key conclusions that can be drawn from this survey.

Overall, four key problems were raised by school and local authority respondents. The first of these is around the current definition of CME. While most respondents believe that the definition applies to the right children, responses highlighted inconsistencies across areas in the application of the definition. Others also highlighted concerns that there is a misconception that all children captured under the term are vulnerable or that, by not including children who are on a school roll, there are still cohorts of children who are not in receipt of an education who could be at risk of not receiving additional support (i.e. children unable to attend regularly due to unmet needs).

Inconsistency of practice was also evident from local authority and school responses throughout the survey. When asked about activities undertaken to fulfil their responsibilities for CME, there was not a single type of activity undertaken as part of reasonable enquiries to locate CME that was undertaken by all local authorities and approaches to joint school and local authority working differed across areas.

Information sharing and access to information was frequently raised as a barrier for local authorities and schools when carrying out their responsibilities for CME. Local authorities where there was a high level of involvement and engagement from other services felt that this worked well for enabling them to access the information they require. However, respondents cited perceived information sharing barriers by other agencies, such as high safeguarding thresholds, as a barrier to multi-agency working. Inconsistent sharing and delays in sharing information across different local authorities is also a challenge.

Local authority and school respondents also raised challenges in integrating CME into education provision. Local authorities said that lack of school spaces, particularly for specialist places, prolonged the period of CME. Some said they were unable to secure a place for CME due to schools being reluctant to accept certain cohorts, such as those with behaviour challenges or entering year 11. Some local authorities and schools faced additional challenges due to families being unwilling to engage in the process of integrating their child into education.

Amongst parents and others, responses indicated disagreement with the current application of the term CME and the processes for supporting them. These responses could generally be split into two groups. First some parents of children with Special Educational Needs and Disabilities (SEND), long term medical conditions and mental health challenges who expressed disagreement that their children are not included in the definition of CME. These parents believe their children are not receiving a suitable and/or full-time education – and felt that if the label applied to their child, more support would be provided. Second, among EHE parents who do not believe their children should be considered CME and do not believe the government should be involved in the education of their children or that CME should be tracked.

Next steps

Key findings from the call for evidence will be used to inform policy development at the Department for Education, and this includes looking at ways in which the statutory guidance for children missing education could be strengthened.

Consideration will be given to evidence gathered around consistency of practice and how current guidance and webinars for local authorities can be used to enable better consistency in support for CME. The Department will also continue to run a termly CME data collection where local authorities are asked to share information on numbers, length of time and primary reasons for CME in their areas. The data collection began on a voluntary basis in Autumn 2022 and has since been made mandatory for all local authorities from Autumn 2024 onwards to improve data quality and enable local authorities to plan in advance of the collection.

The government is committed to developing a Single Unique Identifier for all children in England to improve information sharing across agencies. The government is also engaging in cross-government working to ensure awareness of CME across sectors, improving multi-agency working and strengthening multi-agency working for CME.

Evidence gathered on local authority practice around EHE, and the views of EHE parents, have been used to inform updates to EHE guidance – a revised version will be published in due course. Furthermore, the government is committed to the introduction of Children Not in School registers which will support local authorities to identify all home educating children in their areas, including those suspected to be CME.

Methodology

Quantitative analysis

The online survey included 32 closed questions, where respondents selected applicable answers from a list of options.

The quantitative analysis streamlined and categorised responses from the call for evidence into the main respondent groups: "Parent", "School" and "Local Authority".

Subsequently, summary tables for each of the 32 closed questions were generated, particularly focusing on responses related to respondent type. These tables provide insights into the distribution and percentages of different responses, aiding in understanding the 'closed' questions more comprehensively.

Qualitative analysis

The call for evidence included 28 open-format questions, where respondents could provide free text.

Coding of these responses was undertaken manually. A random sample of free text responses were taken for each open question, before being manually reviewed and coded into themes to develop a coding framework that could be applied across all responses. The random sample size covered 10% of all responses broken down by respondent type. These were then double coded to ensure at least 90% agreement. As part of the quality assurance process, the initial coding framework was reviewed by a third coder before being finalised for use.

The authors have treated all responses equally, regardless of submission mechanism, and have assumed that all respondents are sincere in the belief and individual viewpoint that they have expressed. The call for evidence evoked for those who completed it a broad range of emotions, views, and perceptions.

The authors acknowledge that many of the responses received did not always directly address or relate to the questions set out in the call for evidence. The purpose of the call for evidence, as set out in the call for evidence document, is to gather views on how local authorities, schools and other agencies currently identify and support CME, as well as suggestions for how this can be improved. The qualitative analysis in this report, therefore, focuses on those themes which directly address or relate to the questions asked in the call for evidence.

Main findings

1. Defining children missing education

The first section of the call for evidence sought views on the current definition of CME and whether respondents believe that current duties apply to the right children. The questions in this section were asked to all respondents.

Question 1: Do you believe that the statutory duty relating to children missing education applies to the right children (any children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at school)?

	Local Authorities	Schools	Parents	Other
Yes	75%	66%	5%	14%
No	23%	34%	95%	85%
No answer	2%	0%	0	1%

All respondents provided an answer to this question, with a high proportion of local authority (75%) and school (66%) representatives agreeing that the statutory duty for CME currently applies to the right children. This differed to the views of parents and other respondents with only 5% of parents and 14% of other respondents selecting 'Yes' to this question.

Question 2: Are there any children currently excluded from the statutory duty relating to children missing education that you think should be included?

	Local Authorities	Schools	Parents	Other
No, the current scope is suitable	47%	19%	86%	31%
Part-time timetables	19%	27%	4%	7%
Flexi-schooled	13%	24%	2%	5%
Ever been permanently excluded	7%	21%	4%	6%
Permanently excluded, for a certain time period	12%	13%	4%	7%
Suspended children	7%	12%	3%	6%
Under age 16 and attending colleges	16%	13%	1%	4%
Attending illegal settings	44%	35%	2%	9%
Attending unregistered settings	40%	31%	2%	8%
Low attendance	14%	57%	5%	12%
Non-compulsory school aged children	16%	13%	1%	3%
Other	13%	15%	8%	59%

Local authorities

In addition to the response options provided, some local authority representatives believe the following children should also be included in the statutory duty relating to CME:

- Children receiving education not in school, including those who are electively home educated.
- Children who are on a school roll for whom a school and local authority are conducting joint reasonable enquiries to locate (e.g., those who leave without providing a forwarding address); who are not attending due to medical reasons;

who have unexplained absences; or at risk of disguised low attendance (e.g. those dual registered).

- Children not of compulsory school age at risk of CME, for example children not registered at an early years setting.

The reasons provided by local authorities for including additional children under CME duties varied. Representatives suggested that children on a school roll but not in receipt of full-time education, e.g. those on part-time timetables or with high medical absences, should be considered CME as they are missing a proportion of their education. Some also believe that including additional vulnerable cohorts of children, such as children known to Children's Social Care, would help them to better manage safeguarding risks, while including those with low attendance or not yet of compulsory school age would help them to intervene early and better prevent CME.

Amongst those who believe the definition should include children for whom reasonable enquiries are being conducted, the reason provided was to accurately reflect the caseload of local authority CME teams. Before a child is removed from roll following a prolonged period of absence, a school must make a referral to their local authority CME team who is expected to carry out joint reasonable enquires, such as home visits and enquiring with local and national agencies, with the school. Some believe that including these children would better reflect staff time and resource, including where efforts have successfully resulted in a child being identified and supported to attend school rather than becoming CME.

However, most local authorities do not believe additional children should be included in the statutory definition. Reasons cited included existing processes to oversee provision and safeguard all children on a school register or receiving suitable education otherwise, including those electively home educated. Representatives also raised concerns that expanding the definition of CME would create additional burdens on local authorities, with some adding that the definition is already too broad and should be reduced to focus exclusively on high-risk cases. Others shared that the current definition is suitable, and efforts should focus on its consistent application across local authority areas before considering expanding the definition.

“I feel the varied way in which LA's record/define needs tightening up before we add other categories, which will be useful but (*not*) until we have clearer definitions and timeframes for example some accept that moving overseas as a closure for CME while others keep open until statutory school age ceases”. (Local authority response)

Schools

In addition to the response options provided, school representatives indicated that the following children should be included in the statutory duty relating to children missing education:

- Children on a school roll but unable to attend due to lack of SEND provision.
- Children on a school roll and not regularly attending who are known to children's social care.
- Refugee and asylum-seeking children.
- Children from Gypsy, Roma and Traveller communities.
- Children on a school roll but at risk of disguised low attendance e.g. dual-registered.
- Children who have moved out of area whether whereabouts known or not.

The most common argument for including additional children was to manage safeguarding risks and to prevent harm. Other reasons included the need to streamline services and interventions for vulnerable cohorts; to place greater responsibility on local authorities for these children; and to have oversight of all compulsory school age children to ensure no children fall through the cracks. Schools also indicated that additional cohorts of children should be included to ensure children are in receipt of both suitable *and* full-time education.

For the third of school representatives who do not believe additional children should be included in the statutory duty, reasons provided included a lack of resources and capacity to fulfil duties for those already CME. There was also a belief that adequate processes are in place to oversee provision and safeguard all children on a register, including those in school and those who are electively home educated. A small number of school representatives also think that more consistency in the application of the current definition is needed first.

Parents

Parent respondents fell into two broad categories: those who believe the definition of CME is too limited and should therefore be expanded, and in many other cases those who believe that the definition should not be expanded but narrowed.

Parent respondents who believe that additional children should be included in the statutory definition suggested the following groups:

- Children receiving an education otherwise than at school, including those who are electively home educated.

- Children on a school roll but not attending because not receiving suitable SEND provision or needs not being met.
- Children on a school roll receiving 'inadequate provision' e.g., needs not met due to medical reasons.
- Children on a school roll but not attending due to bullying.
- Children who have been excluded after a certain period of time.
- Children on a school roll with unexplained or severe absence.
- Children on a school roll but unable to attend due to physical or mental illness.
- Children known to social services.
- Secondary school age children only.
- All children under the age of 18 years.
- Summer born children with a deferred start date.

The most common reasons provided by parents for including additional children under the definition of CME were to ensure children received the support and resources needed to receive a suitable education and to increase accountability for schools and local authorities. Other arguments included to manage safeguarding risks and to prevent CME.

Some also believed that including children on part-time tables would ensure they receive more support to engage in education. Children not attending school regularly due to SEND, long-term medical conditions and mental health challenges were cited as examples. This view was held by some home educating parents who felt unable to access the support they believe their child needed in a school setting. This view appeared to stem from a belief that the term 'children missing education' accurately describes these children, with some parents upset their children are not captured by the term.

Amongst the other broad group of parents, the most frequently cited reason for not including additional children under the definition of CME was that doing so would infringe on parental rights to make decisions about their own child's education. Other reasons included that resource would be better placed elsewhere. For example, on strengthening safeguarding measures and supporting children on a school roll to ensure individual needs are met. These parents also believe resource would be better used for collaboration between local authorities and families and to provide support for children not in school, including those receiving suitable home education.

Parents also raised concerns that defining children as CME increases stigma regarding home education and that local authorities should instead focus on promoting collaboration between them and home educators. Amongst this group, parents argued that CME should be narrowed to children for whom there is safeguarding risk alone. Some electively home educating parents mistakenly believed that electively home

educating children are included in the definition of CME and answered the questions accordingly, arguing that their children should not be counted as CME and they should be left to choose how to educate their children without government involvement.

Other

Other respondents, including those who preferred not to say the capacity in which they were responding, charity representatives, other educational representatives and children and young people themselves believed that children who have been excluded for a certain period of time should be included as CME. Charity representatives in particular believed that children on a school roll receiving 'inadequate provision', such as those with unmet medical needs, and children receiving an education not at school because their parents feel they have no choice due to SEND needs of the child should also be considered CME.

The most common reason provided by these respondents for why additional children should be included was that it would help to manage safeguarding risks. Other arguments included that children on part-time tables are missing a proportion of their education, to ensure all children get the resources and support they need to engage in education and to improve accountability to ensure all children access their right to an education.

Some respondents believe that additional children should not be included. The most frequently given reasons were that adding additional children risks steering focus away from the children who need it the most and that resource should instead be focused on strengthening safeguarding more generally. Others also believe that including children as CME could infringe on parental rights to make decisions about their child's education and that what is meant by a 'suitable education' should instead be redefined.

2. Children missing education activity within schools

The second section of the call for evidence asked for insights on the current activities undertaken by schools to identify and support CME, and any barriers schools face in carrying out their responsibilities. Only those who indicated they were responding on behalf of a local authority or school were asked the questions in this section.

Question 3: What activities are undertaken as part of reasonable enquiries to establish a child's whereabouts?

	Local Authorities	Schools
Check Get Information about Pupils (GIAP) or school2schools (s2s) systems	74%	23%
Check local databases within the local authority – please specify which (max. 30 words)	96%	19%
Check with agencies known to be involved with the family	96%	78%
Check with any local authority and school to which the child may have moved	96%	75%
Check with the local authority and school from which the child moved originally	90%	68%
Check with the local authority where the child lives (if different from where school is)	94%	54%
Check with the Ministry of Defence (MoD) Children's Education Advisory Service (CEAS) (in the case of children of Service Personnel)	19%	8%
Check with UK Visas and Immigration (UKVI) and/or Border Force	36%	8%
Conduct a home visit	97%	85%
Contact neighbours	80%	50%
Contact parents or other relatives	98%	100%
Follow local information sharing arrangements and make enquiries via other local databases and agencies – please specify which (max. 30 words)	18%	18%
Other – please specify below	27%	5%

The above table shows variation in the reasonable enquiries undertaken across different local authorities and schools. The responses show that nearly all local authorities who participated will contact parents or other relatives of the child to ascertain their whereabouts. Fewer local authority representatives indicated that they would check with MOD or UKVI.

Local authorities

Open-text responses explaining the 'other' activities local authorities undertake showed wide variation in local authority practice. While some local authorities had established formal information sharing process with agencies such as the police, HMRC and health practitioners (e.g., GPs and A&E departments), others typically contacted landlords, associates of the parents, the child's peers or carried out social media checks.

Schools

Few schools provided additional open-text responses to this question. However, those who did shared that they would carry out additional checks, including with other involved agencies, family members, the child's peers and checking social media accounts.

Question 4: How confident are you in your ability to identify what reasonable enquiries are on a case-by-case basis?

	Local Authorities	Schools
Very confident	53%	27%
Confident	38%	53%
Neither confident nor unconfident	5%	12%
Unconfident	3%	6%
Don't know	1%	0%
Very unconfident	0%	1%
Not Answered	0%	0%

When local authority and school representatives were asked to rate their confidence in their ability to identify what reasonable enquiries should be undertaken, the majority of respondents indicated they were confident, with 91% of local authority representatives either 'Very confident' or 'confident' and 76% of school representatives.

Question 5: What works well in supporting schools and local authorities to jointly undertake reasonable enquiries?*

	Local Authorities	Schools
Division of tasks between schools and LAs to identify pupils who have not returned to schools for ten days after an authorised absence or are absent from school without authorisation for twenty consecutive school days	71%	30%
Regular conversations between schools and LAs about pupils who have not returned to schools for ten days after an authorised absence or are absent from school without authorisation for twenty consecutive school days	91%	70%
Regular meetings between CME-leads in neighbouring local authorities	65%	11%
We do not jointly undertake reasonable enquiries	4%	26%
Other – please specific below	32%	12%

*respondents were asked to 'select all' that apply

Having regular conversations between schools and local authorities about pupils who have not returned to school for a prolonged period was selected most commonly by local authority representatives (91%). Around a quarter (26%) of schools reported that they did not jointly undertake reasonable enquiries with local authorities. Under regulation 8 of the Education (Pupil Registration) (England) Regulations 2006 as amended a child cannot be removed from a school roll following a prolonged period of absence⁷ unless the school and local authority have jointly made reasonable efforts to find out the pupil's location but not succeeded.

Local authorities

In order to undertake these checks, local authority representatives raised that, in addition to the box answers provided, having robust referral processes and reporting systems in place for schools; local authorities providing training, guidance and support to schools; and regular multi-agency meetings work well for supporting joint reasonable enquiries.

⁷ Ten days after an authorised absence (a leave of absence) or are absent from school without authorisation for twenty consecutive school days.

While mentioned by fewer local authorities, some did also suggest that clear channels of communication between local authorities and schools, having agreed protocols with schools for information sharing and local authorities building positive relationships with schools also work well.

Schools

Open text responses from schools explaining what ‘Other’ activities work well indicated that joint reasonable enquiries with clear channels of communication and responsibilities between local authorities and schools were helpful. While mentioned by fewer schools, some also indicated that having robust referral processes and reporting systems in place for themselves works well.

However, some schools indicated that there is currently no part of the process that works well (challenges set out below in responses to Question 6).

Question 6: What, if any, barriers are schools facing in meeting their responsibilities regarding CME as outlined in DfE’s CME guidance?

	Local Authorities	Schools
Lack of understanding of CME requirements	61%	21%
Lack of resource	67%	53%
Data and information sharing challenges	50%	36%
None – schools are meeting these expectations	5%	25%
Don’t know	1%	4%
Other – please specify below	33%	23%

67% of local authority respondents perceived lack of resource as a barrier for schools in meeting their responsibilities. Fewer school representatives answered this question in comparison to local authorities, but of those who did, 53% also reported lack of resource as a barrier.

Local authorities

In addition to the answers provided, local authority representatives most commonly perceived a lack of knowledge and experience of CME amongst school staff as being a barrier schools face in meeting their CME requirements. Local authorities believe this is

in part driven by high turnover amongst school staff. Some respondents also highlighted that schools having a high number of transient families in their area, such as asylum-seeking children or Gypsy, Roma and Traveller families presented additional barriers. They also flagged a lack of information accessible to schools about individual children such as family circumstances, health data or whether there are any other involved agencies; and having challenging relationships with families as obstacles.

A small number of local authorities also indicated that a lack of CME leadership in schools, limited parental understanding of their responsibilities for their child's education or inconsistent approaches across schools presented additional barriers for schools.

“Some schools are not reporting to the local authority when a pupil's name is removed from, or added to, the school admission register at a non-standard transition points. Some schools are slow to enrol a pupil at school at non-standard transition stages. These may be due to capacity issues”. (Local authority response)

Schools

The most commonly cited barriers by schools were: a lack of school resource or local authority resource for identifying and supporting CME; delays in response and actions from local authorities when CME referrals are made (up to months at a time); and perceived lack of accountability for local authorities to carry out their duties. Some also perceived inconsistency between the actions and advice local authorities take and government guidance regarding when children can be removed from a school roll following a period of absence. As a result, there was a high degree of variation reported by schools in terms of when local authorities permitted them to remove children suspected of being CME from roll. For example, some local authorities require evidence that a child has moved to another country before a child can be removed whereas others allow a child to be removed from roll and placed on the local authority's CME list once reasonable enquiries have failed to identify the location of a child.

Less frequently reported barriers included a lack of knowledge, experience and confidence amongst school staff in how to identify and support CME. In addition to a lack of school understanding, schools cited a lack of parental understanding of what CME is and awareness of the responsibilities of schools for addressing CME.

Question 7: What changes, if any, would help to address the barriers identified in the previous question?

	Local Authorities	Schools
Best practice and case studies exemplifying data and information sharing practices	66%	38%
Best practice and case studies exemplifying what is expected of schools	72%	46%
Best practice and case studies exemplifying 'reasonable enquiries'	75%	48%
Clearer expectations on local authorities	50%	67%
Clearer expectations on schools	74%	43%
Standardised process to notify local authorities of CME	75%	57%
Other – please specify below	29%	11%

The table above shows that standardising the process to notify local authorities of CME, having clearer expectations on the role of schools, and best practice and case study sharing were the most popular solutions to perceived barriers by local authorities. While most school respondents did not answer this question, the most frequently selected solution by school representatives who did was introducing clearer expectations on the duties that should be undertaken by local authorities.

Local authorities

To address the barriers schools face, local authority representatives suggested: more training and clearing guidance on CME for school staff; increasing school resources, including establishing a specific role with responsibility for CME within schools; providing integrated data systems across agencies so that school can better locate CME; ensuring consistency in practice across schools in different local authorities; and increasing accountability for schools to carry out their responsibilities.

Schools

To overcome the barriers schools are currently facing, school representatives most frequently suggested that local authorities should provide timelier responses to CME referrals and queries that school staff make. Schools also asked that local authorities provide training to school staff to improve knowledge of what their responsibilities are and how to fulfil them. School representatives asked for more resources to enable them to carry out their responsibilities and for a greater sharing of responsibility to conduct reasonable enquiries between schools and local authorities. Responses also indicated that integrated datasets and systems to access information on CME would also address the barriers identified for schools in meeting their CME responsibilities.

“Less expectations on schools more on outside agencies. In terms of CME, schools should be focused on those in the building. Agencies should be supporting those beyond”. (School response)

3. Children missing education activity within local authorities

The third section of the call for evidence sought evidence on local authorities' experience of undertaking their statutory duty for CME. The following questions were only asked to those who indicated that they were responding on behalf of a local authority.

Question 8: What, if any, barriers do you face in meeting the expectations on local authorities under section 436A of the Education Act 1996 and DfE's CME guidance?

	Local Authorities
Difficult to acquire information regarding who is CME	26%
Difficultly engaging parents and children	62%
Difficulty collaborating with other agencies and professionals	37%
Difficulty collaborating with other local authorities	28%
Difficulty collaborating with schools	21%
Lack of mainstream school places	60%
Lack of special or alternative provision school places	75%
Lack of unregistered alternative provision	16%
Time delays in receiving information and responses to referrals about CME	54%
Resource pressures within the local authority	71%
We do not face any barriers	0%
Other	38%

The majority of local authorities indicated that lack of special or alternative provision school places (75%), resource pressures within the local authority (71%), difficulty engaging parents and children (62%) and lack of mainstream school places (60%) were barriers to meeting their expectations for CME.

The most common other barriers raised by local authorities related to barriers due to limitations in multi-agency information sharing, limiting their ability to undertake reasonable enquiries to establish the whereabouts of the child. This barrier was most challenging when trying to obtain information on a child that is suspected to be abroad in another country. Other barriers included schools not adhering to the policies and processes for carrying out their responsibilities for CME, a lack of awareness and understanding of CME by schools and other agencies, or schools and/or trusts acting as their own admissions authority. Local authorities also faced specific challenges with finding a school place for CME in year 11, CME with complex needs, and CME with English as an Additional Language (EAL).

Question 9: Of the total time you spend identifying children missing education, how much time do you spend on children who you believe are missing but after investigation, you discover are on a school roll or receiving suitable education (e.g., are attending school in a different local authority area, are attending an independent school, or are being electively home educated)?

	Local Authorities
Approximately 100% of the time – after investigation, no child is CME	0%
Approximately 75% of the time	11%
Approximately 50% of the time	26%
Approximately 25% of the time	43%
Approximately no time – after investigation, every child is CME	5%
Don't Know	15%
Not Answered	0%

The table above shows that nearly half of local authorities that responded are spending approximately 25% of the time identifying CME who are actually in receipt of a suitable education (43%), just over a quarter are spending approximately 50% of their time on these cases (26%).

Question 10: What action do you take if a child missing education cannot be located through reasonable enquiries?

	Local Authorities
Continue checks	75%
Refer to Children's Social Care	41%
Refer to police	25%
Remove from CME register	26%
Other	36%

The majority of local authority representatives said that they continue checks (75%) even once a child missing education cannot be located through reasonable enquiries. The next most popular action amongst local authorities was to refer the case to Children's Social Care (41%).

In addition to the options provided, local authority representatives shared that when they are unable to locate a child, they will first refer the case to other agencies who may be able to provide support. Some local authorities also liaise with other LAs to further their enquiries. Responses showed variation in practices once all enquiries had been complete, most commonly, some local authorities added the child to the S2S database or to their own internal 'lost child' database. Other local authorities indicated that they keep the child on their CME register (see question 13 for further details).

Question 11: What children, if any, do you record on your children missing education list?

	Local Authorities
Children attending illegal settings	17%
Children attending unregistered settings	15%
Children being flexi-schooled	5%
Children in elective home education, in receipt of suitable education	5%
Children in elective home education, in receipt of unsuitable education	61%
Children not on a school roll or in suitable education, not awaiting a school place or going through the Fair Access Protocol (FAP) process	87%
Children not on a school roll, awaiting a school place	72%
Children not on a school roll, going through the FAP process	71%
Children on part-time timetables	5%
Children who are persistently absent (missing 10% to 49% of school)	2%
Children who are severely absent (missing 50% or more of school)	4%
Non-compulsory school aged children (before a child's fifth birthday and after the last Friday of June in the school year that they reach sixteen)	21%
Permanently excluded children	14%
Suspended children	2%
NA – we do not maintain a CME list	2%
Don't know	3%
Other – please specify below	32%

The table above lists the percentage of local authority representatives that indicated they include each child on their CME list.

Local authority representatives also responded to say they record the following children on their CME lists:

- Children on a school roll with low attendance, who do not meet the severe or persistent absence thresholds.
- Children on a school roll with over 20 days consecutive unauthorised absences.
- Children on a school roll but who are uncontactable or whose whereabouts is unknown.
- All children with school attendance orders.
- Gypsy, Roma and Traveller children whose parents travel for work.

Question 12: What information do you gather on children missing education?

	Local Authorities
Name	97%
Age	95%
Child in need/child protection plan/looked after child status	90%
Date of birth	97%
Ethnicity	83%
Ever attended alternative provision	24%
Free school meal eligibility	36%
Home address	96%
Parent's address and phone number	94%
School year	95%
Sex	95%
Special educational need support/Education, Health and Care plan status	88%
Other – please specify below	35%

The table above indicates the percentage of local authority representatives that collect each item of information for CME.

Respondents shared that their local authority also gathered the following information, these are listed in order that they were most frequently mentioned:

- Information on the child's family e.g. their siblings' whereabouts and education
- School attendance history
- Specifics and details of the CME referrals
- Other agencies who are involved with the child and/or their family.

- Health and wellbeing information
- Unique Pupil Number (UPN)
- Detailed commentary on the child’s wider circumstances.
- Refugee or asylum seeker status.
- Language
- Any safeguarding risks relevant to the child
- Social media accounts, as well as those of their parents
- Religion

Question 13: Under what circumstances do you remove children from your children missing education list?

	Local Authorities
Child has been assigned a school place, but hasn’t yet started	22%
Child has been located in another country, including when the local and/or national government of this country is not aware of their presence	63%
Child has been located in another country, and the local and/or national government of this country is aware of their presence	78%
Child has been located in another local authority’s area, including when this local authority is not aware of their presence	13%
Child has been located in another local authority’s area and this local authority is aware of their presence	96%
Child is on a school roll	95%
Child is receiving suitable education otherwise than at a school (e.g., home educated or non-school alternative provision)	89%
Reasonable enquiries have been made but child has not been located	48%
Other	23%

While almost all local authority representatives indicated they remove children from their CME list if the child is located in another local authority area (96%), the child is on a school roll (95%) or the child is receiving a suitable education otherwise than at school (89%), there is wide variation in other circumstances in which local authorities remove children from their CME list.

Additional circumstances include:

- Once the child is no longer compulsory school age
- If there are no known safeguarding risk for the child
- If the child has received a school attendance order
- Once the original local authority receives confirmation from the new local authority that they are responsible for the child
- When it is confirmed that the child is receiving a bespoke package of support whilst they await a school place.

Question 14: What, if any, further guidance and/or clarity around when to remove a child from your children missing education list would you like the department to provide?

Local authority respondents most frequently requested clarity on what children should and shouldn't be included on their CME lists, as well as what the responsibility of local authorities should be for locating and supporting transient children, such as those who go abroad for an extended period of time or Gypsy, Roma and Traveller children travelling with parents for work; as well as what constitutes reasonable enquiries, evidence and timeframes.

In addition to this, some local authorities also asked for further guidance regarding:

- Implementing a consistent approach across local authorities
- Expectations for multi-agency information sharing on CME to support the identification of CME
- How to address non-compliance by schools and parents regarding their CME responsibilities
- How to address disagreements with schools around when a child can be removed from roll
- What information local authorities should be recording and how
- More guidance on how to support specific cohorts of CME
- The application and process for School Attendance Orders (SAOs)
- Clear guidance on what constitutes a reasonable distance to a school and when a child is considered to no longer be within this and can be removed from a school roll.
- Local authority best practice sharing

- When a parent can re-apply for elective home education following a school attendance order.

Question 15: How effective do you believe your actions, processes and systems are at identifying children missing education?

	Local Authorities
Very effective	26%
Somewhat effective	66%
Neither effective nor ineffective	2%
Somewhat ineffective	2%
Very ineffective	1%
Do not know	4%
Not answered	0%

The table above demonstrates that 26% of local authority representatives believe their actions, systems and processes for identifying CME are 'very effective', with LAs most commonly believing they are 'somewhat effective' (66%). Only 1% of local authority representatives believed these to be 'Very ineffective'.

Question 16: How do you measure the effectiveness of your actions to identify children missing education?

	Local Authorities
Track and monitor the duration of time children remain CME	64%
Seek feedback from schools, families and other agencies on CME activity	26%
Track and monitor the duration of time it takes to conduct reasonable enquiries to locate a child	58%
Use child population estimates to estimate how many children reside in the local area	3%
We do not monitor effectiveness	8%
Other	45%

When asked how local authorities measure the effectiveness of their actions in relation to CME, there were clear inconsistencies in practices across local authorities. Nearly two-thirds of local authority representatives measured the effectiveness of their actions tracking and monitoring the duration of the time children remain CME (64%) and tracking and monitoring the amount of time it takes to conduct reasonable enquiries to locate a child (58%).

For those that selected 'other', most commonly, representatives said they:

- track and monitor the number of CME recorded in their area
- they track and monitor the number of resolved CME cases in their area
- have governance panels and boards that local authorities reported to on their CME duties.
- track and monitor the types of checks that their local authority is carrying out on CME as well as the outcomes of these actions.

Other local authority representative responses included comparing CME rates across years or with the rates in other local authorities and tracking and monitoring the number of CME that the local authority has been unable to locate. Some relied on feedback from schools, or measured whether schools were complying with the local authority's processes. One local authority representative also said they monitor their early years data to understand the effectiveness of their prevention and support actions for CME.

4. Identifying children missing education: working with other agencies

The fourth section of the call for evidence sought evidence on local authorities' and schools' experience of working with other agencies to identify CME. Questions 17 and 18 were asked only to local authorities, while questions 19 and 20 were asked to both local authorities and schools.

Question 17: Which agencies/professionals do you engage with to identify children missing education?

	Local Authorities
Border Force	35%
Colleges	71%
Devolved administrations (Northern Ireland, Scotland, Wales)	63%
Health services (including health workers, GPs, A&E)	86%
HMRC	49%
Independent schools	95%
LA-provided services and agencies in other local authorities	88%
Ministry of Defence Children's Education Advisory Service (for children of Service Personnel)	20%
Multi-academy trusts	96%
Other countries outside of the UK	59%
Other local authorities	98%
Other services and agencies within the local authority	90%
Police	75%
Refuges	71%
Social workers within the local authority	98%
State-schools	98%
UK Visas and Immigration	28%
Virtual School Head within the local authority	95%
Youth Justice Services	81%
Charities and third sector organisations	47%
Other	17%

The table above indicates the percentage of local authority representatives that engaged with each of the various types of agencies and professionals when undertaking reasonable enquiries. There is no agency or professional that all local authorities engage with, including schools (98% said they engaged with state-schools and 95% said independent schools) and MATs (96%). Engagement with other groups varies. While a degree of variation is expected due to variation in types of CME case, this is also likely, in part, to be due to inconsistency in the use of formal multi-agency working arrangements across local authorities.

Other agencies and professional local authorities engaged with included:

- Department for Work and Pensions
- Home Office
- Social Workers external to the local authority
- Virtual school heads external to the local authority
- Children's homes
- Housing providers e.g. private landlords, housing associations and estate agents.
- Community groups e.g. religious groups and Gypsy, Roma, and Traveller community groups.

Question 18: Which agencies/professionals, if any, hold potentially useful information on CME but you are currently unable to access information from them?

	Local Authorities
Border Force	70%
Colleges	6%
Devolved administrations (Northern Ireland, Scotland, Wales)	12%
Health services (including health workers, GPs, A&E)	27%
HMRC	51%
Independent schools	13%
LA-provided services and agencies in other local authorities	9%
Ministry of Defence Children's Education Advisory Service (for children of Service Personnel)	36%
Multi-academy trusts	6%
Other countries outside of the UK	26%
Other local authorities	12%
Other services and agencies within the local authority	9%
Police	25%
Refuges	16%
Social workers within the local authority	6%
State-schools	6%
UK Visas and Immigration	73%
Virtual school heads within the local authority	5%
Youth Justice Services	8%
Charities and third sector organisations	13%
None - we can access all the CME information we need	5%
Other – please specify below	26%

The table above indicates the percentage of local authority representatives that were unable to engage with each type of agency or professional but would benefit from their information sharing. Local authorities would most like to be able to access information from UK visas and immigration (73%) and Border Force (70%).

In addition to those listed in the table above local authorities cited the Department for Work and Pensions, children's homes and housing providers, such as private landlords, housing associations and estate agents.

Question 19: What barriers, if any, do you face in accessing the information you need to identify children missing education?

	Local Authorities	Schools
Agencies don't routinely collect information on whether children are receiving education, so don't know when information should be shared and to who	40%	26%
Agencies unwilling to share information due to privacy concerns, including concerns about GDPR (General Data Protection Regulation)	59%	28%
Agencies unwilling to share information for other reasons	15%	5%
Resource pressures within local authority/school	58%	52%
Unsure where to access the information needed	5%	21%
Parents unwilling to share information on their children	84%	70%
Difficult to share or receive information due to incompatible technology	30%	16%
Difficult to access information from countries outside the UK	85%	40%
Difficult to access information from devolved administrations (Northern Ireland, Scotland, Wales)	27%	5%
Unaware of unregistered alternative provision arranged by the school	16%	7%
Uncertainty about which children are in scope of CME activity	13%	33%
Difficult to identify a specific child across different datasets	27%	14%
Information is often not shared in a timely manner	61%	50%

	Local Authorities	Schools
Difficult to access information from other local authorities	21%	29%
Other	20%	6%

The most frequently cited barriers to multi-agency information sharing by local authority representatives were parents being unwilling to share information on their children (84%), difficulty access information from countries outside of the UK if the pupil is suspected to have moved abroad (85%), information not being shared in a timely manner (61%) and resource pressures within the local authority or school to seek and share information (58%).

Amongst schools, the frequent barriers were parents being unwilling to share information on their children (70%), resource pressures within local authorities and schools (52%), difficulties accessing information from countries outside the UK (40%) and uncertainty about which children are in scope of CME activity (33%).

Local authority representatives

Other common barriers to multi-agency information sharing cited by local authority representatives included agencies requiring evidence that a child is facing a significant safeguarding concern, apart from being CME, before providing information on the child. Reasons provided also included barriers to communicating with the parents directly, such as language barriers with specific communities and a lack of financial resource for translators, as well as not having access to platforms such as WhatsApp which are most frequently used by parents.

Respondents also face barriers stemming from a lack of consistent practice for information sharing across local authorities and the reliance on census data with a three-month lag to know whether a child is on a school roll over real time data, creating delays in locating CME.

Local authority representatives of councils that do not coordinate in-year admissions, particularly those with a large number of academies, perceived this as a barrier to timely information sharing due to delays in receiving the information externally; representatives provided examples of cases where they were searching for a child without being aware that they had applied for a school place at a school in the area, as well as cases where they were unaware that a child was living in their area and awaiting a school place (and therefore CME) until other local services became aware they were waiting for a prolonged period of time.

School representatives

Fewer school representatives responded to this question. However those who did believe that local authorities were slow in sharing the information they require and a lack of resources and funding to pursue what they need to identify CME were both significant barriers in accessing the information they require. Lack of parental engagement with the school and the thresholds for which children are considered CME were also mentioned as barriers.

Question 20: What would make it easier for you to access information regarding potential children missing education?

	Local Authorities	Schools
Standardised information sharing expectations	91%	79%
Clearer expectations of response times for agencies involved in the process	85%	65%
Clearer expectations on schools regarding CME	71%	48%
Schools notifying local authorities when they arrange unregistered AP	45%	22%
Clearer expectations on local authorities	62%	57%
Clearer expectations on other local agencies	71%	42%
Clearer guidance regarding information sharing with devolved administrations (Northern Ireland, Scotland and Wales)	50%	9%
Clearer guidance regarding information sharing with countries outside of the UK	86%	26%
Template data sharing agreements	76%	33%
Clearer guidance regarding information sharing and GDPR	71%	26%
A standardised case system for local authorities to record CME cases	67%	45%
A consistent identifier used by agencies working with children to identify and match children	62%	33%
Access to data on where all children living within the local authority area attend school (e.g., including children attending a school in another local authority area or an independent school within the local authority area)	70%	0%
Other – please specify below	17%	8%

To make it easier to access information regarding CME, local authorities most frequently asked for standardised information sharing expectations (91%), clearer guidance regarding information sharing with countries outside the UK (86%) and clearer expectations of response times for agencies involved in the CME process (85%).

Similarly, schools also most frequently said standardised information sharing (79%) and clearer expectations on response times for agencies involved in the CME process (65%) would help to make it easier for them to access the information needed.

Local authority representatives

A national dataset detailing both children on a school roll and those who are not was the most frequently cited change that would improve access to information for local authorities. This was closely followed by more regular uploads to and quicker availability of school census data and data regarding a child's location. Other changes included: greater resources; improved access to data held by other agencies on CME, such as health and more detailed census data to include where the child has moved to; a national database detailing all agencies and professional involved with a child; a national CME tracking system across all local authorities; real-time data sharing between local authorities; and more training on how to use the school census data or the S2S database.

School representatives

Few school representatives answered this question – perceiving responsibility for information sharing on CME as belonging to local authorities. Those that did requested more timely information sharing by both local authorities and other agencies to support them in concluding whether a child should be removed from roll.

5. Elective home education

This section sought to understand how elective home education (EHE) is managed by local authorities and how they determine whether a child is receiving suitable education. The two questions in this section were only asked to those who indicated that they were responding on behalf of a local authority.

Question 21: Once you are aware that a child of compulsory school age is being electively home educated, what checks do you undertake to determine that this child is being suitably educated and isn't missing education?

	Local Authorities
Conversation with parent over email	78%
Conversation with parent over phone	83%
Meet with parent and child in home	77%
Meet with parent and child outside of home	62%
Meet with parent only in home	41%
Meet with parent only outside of home	39%
Conversation with education provider (where they are not the parent of the child being electively home educated e.g. private tutor)	53%
Request evidence of child's education from parent	81%
Other	36%

The table above indicates that local authorities most frequently have a conversation with parents over the phone (83%) or via email (78%), or request evidence of the child's education from the parent(s) (81%) to determine whether an electively home educated child is being suitably educated. Many local authority representatives also said that they meet with the parent and child in the home (77%).

Of those that selected 'other' and provided open text responses, most local authority representatives indicated that there was a separate team within the authority of EHE officers dedicated to assessing the suitability of EHE and were therefore unable to comment on the activity they undertake. However, those who did have experience of undertaking checks for home education shared that they do so by facilitating events for parents choosing to home educate, and engaging in multi-agency working with other services involved with the family to assess the education that is being provided.

Question 22: What would help you to identify unsuitable EHE more effectively?

	Local Authorities
Clarity regarding “suitable education”	83%
Duty on parents to notify local authority of decision to EHE	86%
Duty on parents to notify school of decision to EHE	70%
Further training on EHE	39%
More resources/funding	77%
Revised EHE guidance for local authorities and parents	77%
We do not need additional help	3%
Other	32%

Local authority representative most frequently asked for there to be a duty on parents to notify local authorities of the decision to electively home educate (86%) and for further clarity regarding what is meant by the term ‘suitable education’ (83%).

While in the free text responses many local authority representatives indicated they felt unable to answer the question due to lack of experience assessing the suitability of EHE, those who did have experience believed that local authorities required greater powers to investigate home education, or that there should be increased expectations on home educating parents to engage with the local authority. This included suggesting that local authorities should have greater powers to visit the child in their home, a requirement for the education provided by the parent to be checked before the child is removed from a school roll, and a duty on parents to share evidence of the education they are providing more regularly.

Other local authority representatives indicated that it would be helpful to have more clarity and guidance on the checks they should be undertaking to identify unsuitable elective home education. This included:

- clarity regarding what evidence and information they can ask for from home educating parents
- clarity regarding what is considered ‘full-time’ provision of education

- guidance on engaging with education providers where it is not the parent educating the child themselves at home
- guidance on how to measure educational progress.

Some representatives also shared that registers of Children Not in School and strengthening the School Attendance Order (SAO) process (see question 27 for further information) would assist them in carrying out their duties to identify children who are not in school and not in receipt of a suitable education.

“Currently there is no obligation on parents to notify the LA, meet with us or allow their child to and this can lead to situations where the LA is making a decision based purely on paper-based submissions. Without this duty on parents there is a risk that children may not be in receipt of the education as per information provided to the LA”. (Local authority response)

6. Supporting children missing education into education

The sixth section sought evidence on the activity local authorities and others undertake to effectively support CME into education and what preventative measures work to reduce the likelihood of children becoming CME. Questions 23 and 24 were asked to local authority representatives only and question 28 was asked to local authority and school representatives. The remaining questions were asked to all respondents.

Question 23: What barriers do you face, if any, when seeking suitable education for CME?

	Local Authorities
Available school places don't meet family's preferences	74%
CME aren't explicitly prioritised under the Fair Access Protocol, unless they have been out of school for 4 weeks or meet another criterion	36%
Exceptional circumstances creating high demand for school places (e.g., arrival of large numbers of asylum seeking and refugee children)	41%
Lack of engagement from parents	77%
Lack of mainstream school places	61%
Lack of school place in family's local area	69%
Lack of special or alternative provision school places	70%
Lack of suitable place for specific need (e.g., special educational needs support or Education, Health and Care plan)	73%
Lack of understanding within the local authority regarding which schools have places available	21%
Lack of unregistered alternative provision	14%
The Fair Access Protocol does not always secure a school place for a child	28%
Time taken by school admission authorities to process applications	47%
Other	24%

The table above shows the percentage of local authorities that experience different barriers to seeking suitable education for CME. The most commonly faced barriers, each faced by around three-quarters (74%) of local authorities, were available school places not meeting family preferences, lack of engagement from parents, lack of special or alternative provision school places, and lack of suitable places for specific needs.

For those that selected 'other', a variety of factors both related to the process of seeking and obtaining suitable education for CME itself and challenges with their relationships with the families involved were raised. The most frequent response highlighted reluctance from schools to accept all CME, or certain cohorts of CME (e.g., children in year 11 and children likely to only be at the school for a short period, such as those from asylum seeking families in temporary accommodation).

Local authority representatives also indicated that delays in obtaining SAOs and SAOs not always securing a school place for a child both presented barriers to them integrating children back into education. Limited staff and financial resource for supporting each child, and the time taken by other local authorities to offer a school place to CME who have moved into their area were all cited as barriers.

Local authority representatives also shared that they struggled to ensure suitable education for CME due to a lack of engagement or understanding of the process by both the child and their parents. Highly mobile families, such as asylum seekers, refugees and those in the Gypsy, Roma or Traveller communities, were particularly challenging to engage with.

Question 24: What activity do you undertake while a child is missing education to ensure that they are safe?

	Local Authorities
Always refer to the police	1%
Refer to the police in specific circumstances	65%
Always refer to children's social care	9%
Refer to children's social care in specific circumstances	77%
Regular check-ins with the family	65%
Other	24%

Local authority representatives most frequently indicated that they refer to both Children's Social Care (77%) and/or the police (65%) in specific circumstances to ensure that CME are safe. Representatives referred to Children's Social Care when they have safeguarding concerns, other concerns like housing insecurity, or where CME are previously known to Children's Social Care. Local authorities refer to the police when they have suspected safeguarding concerns or if they have reason to believe the child is at risk of offending or being victim to a crime.

Beyond this, other activities undertaken by local authorities include:

- making referrals to other services, such as early help
- carrying out assessments of any unmet needs that the child might have
- tracking activity and involvement from other professionals and agencies
- agreeing an action plan with other professionals and the family
- conducting regular home visits to engage with the family
- supporting the school the child is to be enrolled at to also engage with the family early on.

Some local authority representatives also tracked and recorded the activity of other professionals involved with the child and family to ensure the safety of the child and had regular case reviews and meetings to discuss any concerns that might have been identified.

Question 25: Once a school place has been secured, what works well to integrate a former CME into full-time education?

	Local Authorities	Schools	Parents	Other
Part time timetables	50%	57%	5%	10%
Flexi-schooling	6%	17%	6%	12%
Use of alternative provision settings	37%	33%	5%	14%
In-school integration plan	83%	73%	4%	12%
In-school mentoring support	69%	63%	5%	12%
Working closely with the child and family	51%	75%	7%	19%
Other	29%	9%	92%	77%

Local authorities and schools

Both school and local authority representatives predominantly indicated in their free text responses that working closely with the child and family worked well to integrate former CME into full-time education. Local authorities do this through providing support to families to ensure availability of school transport and school uniforms, facilitating school visits and meetings between the school and family, conducting individual needs assessments, and signposting or referring the family to additional support services. Some local authorities also provide a single point of contact in the local authority for the family to build relationships and ensure parents and the child are kept informed of the status of any school application. Other local authority representatives indicated that they undertake regular visits to the child's home and community to support the process of integrating the child into full-time education.

Other means for integrating CME into education included multi-agency working to ensure the delivery of support for the child. Some schools and local authorities also said enabling phased returns through the use of part-time timetables, the provision of catch-up tuition, and enabling the child to repeat a school year if needed assisted integration. Local authorities also said they find it helpful when the child's previous school has shared information on the child with the new school and when they work with the school to provide advice on how to support and encourage attendance. School representatives also indicated that ensuring lessons are engaging is important to encouraging former CME to see the value in integrating back into education.

Parents

Similarly to responses provided by local authority and school representatives, parents most frequently stated that listening to parents and children works well to integrate the child into full-time education. This was the most common response followed by providing former CME with individualised support plans. Parent respondents indicated that working closely with families to ensure the right school for the individual child is assigned in the first place, having regular meetings with the parents and the child, and having a single point of contact also worked well.

Other parents said there should be a safe and supportive school culture, additional support provided by schools for mental health, reduced class sizes, a more inclusive curriculum and options to opt out of lessons that do not align with religious, philosophical or cultural beliefs. Parents also asked for increased reassurance that the school will safeguard all children. In addition to this, some parents felt that more educational options outside of the mainstream sector should be offered, such as places at 'Forest Schools' and increased online learning options.

There was a group of parents that did not believe that CME should be integrated into full-time education, as well as a group that championed the right of parents to decide how to educate their children. These parents requested that local authorities promote best practice for home education.

Other respondents

Other respondents, including charity representatives and other educational professionals, overwhelmingly believed that listening to the parent and child works well to integrate former CME into education. Some of these respondents also believed that regular meetings with parents and the child; additional support for SEND, mental health or other additional needs; a safe and supportive school culture; and allowing parents to opt their child out of certain classes due to religious, philosophic and cultural beliefs.

Question 26: What, if anything, would make it easier to integrate CME into fulltime education?

Local authorities

Representatives suggested the following would make it easier to integrate CME into full-time education:

- Placing greater expectations on schools regarding admissions for CME to reduce the time CME await a school place
- Ensuring schools are able to provide more pastoral support for former CME, such as providing mentoring and mental health support where needed to address barriers to attendance
- Prioritising admissions for CME who going through the in year fair access protocol.
- Placing greater expectations on schools to engage with the families of CME to facilitate more supportive school-family relationships
- Schools offering part-time timetables and phased returns for former CME to ease the integration process
- Increasing both local authority and school resource for carrying out their CME responsibilities
- Improved multi-agency working and information sharing to support greater understanding of the barriers face to education
- Removing the stigma from CME
- Local authorities being notified ahead of the relocation of asylum seeking and refugee families to ensure resources are in place
- Listening to the child and family to ensure support is in place
- Providing legal measures local authorities can use prior to a SAOs, as well as changing SAOs to reduce the complexity of the process and enable them to ensure a school place for the child.

Schools

School representatives suggested the following:

- More support and collaborative working from local authorities
- Greater school resource, including funding, specialist school places and staffing to be able to better meet the needs of children.
- Understanding of a child's educational history (including reasons for CME)
- Reintegration plans, including part-time tables and alternative provision arrangements.
- Support from multi-agency services for the child and their family.

- Increased cooperation and understanding from the family regarding their expectation and responsibilities.
- Listening to the child and their family and providing more one to one support.
- More guidance and clarity regarding blended learning arrangements and integrating children back into education more generally to make it clearer what schools can offer to children and families.
- Providing clearer pathways for assessing the child's needs.

“I think that more clarity and joined up thinking in regard to multiagency working would make it easier to integrate CME into full time education”.
(School response)

Parents

Parent respondents advised that the following would make it easier to integrate CME into full-time education:

- Listening to the child and family and providing one to one support.
- Comprehensive support for children with SEND, medical conditions and mental health conditions to meet their individual needs.
- Schools implementing reasonable adjustments.
- More resource, staff and funding for schools.
- A general improvement of the education system as a whole.
- Changes to the use of School Attendance Orders.
- Increased support for home education and other forms of non-school based education (such as flexi-schooling).

The parents that suggested these changes tended to be parents of children with SEND, medical conditions or mental health challenges. Generally, they believed that their children's needs were not being adequately met in schools and that these changes would make schools more inclusive and better able to meet the needs of children.

“The needs of CME children can be so different. I feel like it can be hugely complex. As discussed above, a plan made with professionals, parents and children working together and involved would be best”. (Parent response)

Other respondents

Other respondents shared similar views, with many of the responses indicating that they believe comprehensive support for children with medical conditions, SEND and mental health challenges should be provided to meet additional needs. These respondents believe that schools should put reasonable adjustments and other forms of support in place to make it easier for children to attend school. Some respondents also believe that schools should listen to children and their families and put tailored 1:1 support in place and local authorities should provide more support for home education and alternative education to support children and families who do not want to attend mainstream settings to access suitable education.

Question 27: How effective do you think the use of School Attendance Orders are in supporting CME into education?

	Local Authorities	Schools	Parents	Other
Very effective	6%	7%	0%	6%
Effective	27%	11%	0%	2%
Neither effective nor ineffective	32%	21%	1%	5%
Ineffective	16%	14%	85%	23%
Very ineffective	13%	13%	12%	53%
Don't know	4%	33%	2%	10%
Not answered	1%	0%	0%	0%

As shown in the table above, while 33% of local authorities thought that School Attendance Orders (SAOs) are either very effective or effective, 29% thought they were either very ineffective or ineffective. Amongst parents, there was greater consensus, with 85% responding that they are ineffective.

Local authorities

The top reasons that SAOs are viewed as ineffective were similar across all respondent groups. The most commonly sighted reasons for local authorities were:

- the process takes too long and is too complex
- the school named on the order can refuse to add the child to their roll
- they do not ensure that a child will attend once they are placed on a school roll
- parents often do not adhere to the order
- sanctions are too weak when the order is breached.

Other reasons they are perceived to be ineffective by local authorities included them not being effective when large cohorts of children are not attending, they do not overcome the challenge of a lack of school places, and they are limited to providing the child with mainstream education provision which might not meet the child's needs. Local authority representatives also raised concerns that SAOs are ineffective in addressing the underlying issues for CME.

Local authorities that did believe that SAOs can be effective for supporting CME back into education highlighted that they can trigger parental engagement with local authorities and/or trigger the process for a child to be added to a school roll and for a start date to be agreed. Some local authorities also indicated that SAOs were helpful for providing a legal route to escalate CME cases and secure education for the child.

Schools

The most commonly sighted reasons for schools were:

- parents often choose not to adhere
- they do not address the underlying reasons for CME
- the process takes too long and is too complex
- they do not ensure that the child will attend once they are placed on a school roll.

Parents

The most commonly cited reasons by parents were:

- they do not address the underlying reasons for CME.
- they infringe on parental rights to make their own decisions about their child's education
- they discourage parents from engaging with the school system

Parent respondents and other respondents, such as some charity representatives and other education professionals, in particular viewed SAOs as an infringement on parental rights to choose how to educate their children and others indicated that using them to force children into school could be emotionally damaging.

Question 28: What preventative measures do you take to stop children from becoming CME?

	Local Authorities	Schools
Engagement with families of pre-school children (children below age five)	43%	39%
Targeted support for children in groups/cohorts at risk of being or becoming CME	37%	43%
Targeted support for children on school rolls with persistent absence (absent 10% or more of the time)	44%	80%
Targeted support for children on school rolls with severe absence (absent 50% or more of the time)	49%	81%
EHE outreach and/or stakeholder engagement	46%	23%
We do not take preventative action	29%	9%

The table above shows the measures local authorities and schools take to prevent children becoming CME. Amongst local authorities the most frequent activity was providing targeted support for children on school rolls with severe absence and schools' most frequently used preventative measure was support for children on school rolls with persistent or severe absence (81%), with the use of other measures more varied across the country.

Local authority representatives

The specific cohorts of children at-risk of CME that local authorities provide targeted support to include children who are:

- Known to Children's Social Care
- Young offenders
- At risk of child criminal exploitation or child sexual exploitation

- Unable to access education due to medical needs
- Fair access protocol admission cases
- Transferring between schools within year
- Not attending due to emotional based school avoidance (EBSA)
- In receipt of an EHC plan or SEN support.
- Young carers
- From Gypsy, Roma and Traveller communities

In addition to targeting support at specific cohorts of children, local authority representatives also try to prevent children from becoming CME by working with other teams within the local authority, such as early years and housing, to monitor at-risk children and partnering with other agencies and professionals to support families as soon as concerns are identified.

Local authority representatives also work with schools to track school applications, admissions and transitions and to ensure support is in place for vulnerable groups from the moment they start school. In addition, some offer guidance and training to schools on how best to support those at-risk of CME to attend, closely monitor notifications of in year admissions and challenging schools on their decision to remove pupils from roll also helped to prevent CME. Other preventative measures included tracking and reporting suspected illegal schools, ensuring clear communication with parents on their responsibility to ensure their child receives a suitable education and applying enforcement measures to prevent children from taking extended leave from school.

School representatives

Open text responses from school representatives highlighted that schools also provide targeted support for specific cohorts of children at-risk of CME. This included targeted support for children who are:

- Experiencing mental health challenges
- Known to Children's Social Care
- Unable to access education due to medical needs
- Fair access protocol admission cases
- Transferring between schools in-year
- Not attending due to Emotionally Based School Avoidance (EBSA)

- In receipt of an EHC plan or have SEN support.
- Young carers
- From Gypsy, Roma and Traveller communities
- In receipt of Pupil Premium
- EAL children
- Originally from outside of the UK and go abroad for a prolonged period of time.

In addition to providing targeted support, school representatives also make efforts to prevent CME through other means. The most frequently mentioned measure was working in partnership with other agencies that are supporting the family, including local authorities. Local authorities also have clear policies and measures in place to prevent pupils from taking extended leave, providing early pastoral support when a pupil's attendance begins to decline, offering remote education options, and promoting parental responsibility for ensuring a suitable education for their child.

Question 29: What are the top five issues that you face in identifying and supporting CME?

	Local Authorities	Schools	Parents	Other
Children who live in one local authority area and attend school in another local authority area	31%	37%	1%	6%
Difficulty placing asylum seeking children and refugees in nearby schools	24%	7%	1%	5%
Difficulty coordinating and collaborating with other local authorities to receive information	15%	31%	2%	5%
Difficulty placing CME into education	31%	24%	2%	7%
Difficulty placing children with SEN (either SEN Support or an Education, Health and Care plan) into education	60%	35%	7%	13%
Tracking children who have moved to another local authority area	22%	49%	1%	5%
Tracking children who have moved to another country within the UK (Northern Ireland, Scotland, Wales)	22%	15%	1%	3%
Tracking children who have moved to another country outside of the UK	82%	42%	1%	6%
Accessing information from other services and agencies within the local authority on CME	8%	32%	1%	5%
Accessing information from other services and agencies outside the local authority on CME	41%	19%	1%	6%
Resourcing and capacity	62%	56%	4%	11%
Unknown unknowns – children unknown to local authorities, schools and other services	86%	51%	2%	9%
Other	16%	11%	92%	82%

The above table shows the most commonly experienced issues in identifying and supporting CME across all respondent types.

As shown, local authority representatives most commonly identified tracking other children who have moved to another country outside of the UK (82%) and 'unknown unknowns' (children unknown to local authorities, schools and other services) (86%) as the most challenging to identify and support when carrying out their duties.

There was less consensus among schools but in addition to agreeing that unknown unknowns were a challenge (51%), the most commonly cited other issue was resourcing and capacity.

The majority of parent and other respondents identified 'Other' options as the most common (92% and 74%, respectively). These respondents tended to say that they did not believe it was their responsibility to identify CME and tended to believe that parents should be left to decide how to educate their child.

Question 30: How, if at all, do you believe the processes of identifying children missing education could be improved?

	Local Authorities	Schools	Parents	Other
Don't think they could be improved	1%	3%	2%	12%
More expectations on schools and multi-academy trusts (MATs)	51%	5%	2%	5%
Clearer expectations for response times to CME referrals	58%	50%	2%	8
Information on children most at risk of becoming CME	41%	42%	3%	8%
Best practice and case studies regarding identification of CME following standard transition points	57%	41%	2%	7%
Best practice and case regarding identification of children moving between local authorities/countries	62%	35%	1%	7%
Opportunities for training and to share good practice between local authorities	62%	50%	4%	10%
Standardised process of referrals	70%	57%	2%	8%
A system of registration for children not in school	75%	56%	3%	9%
Other	19%	9%	92%	74%

The table above indicates the percentage of each type of respondent that selected each of the tick box answers provided on how the process of identifying CME can be improved. Amongst local authorities, the most commonly selected option was a system of registration for children not in school (75%). Amongst schools the most commonly selected answer was a standardised system of referrals (57%). For the two other respondent groups, 'Other' was the most commonly selected option (parents: 92%; other: 74%).

Local authorities

Local authority representatives were asked to provide more detail regarding the additional expectations they believe should be placed on schools and multi-academy trusts in relation to CME. Some representatives indicated that their statutory duty to identify and support CME should be shared with schools. Others believed there should be an increased expectation on schools to provide places for CME and share information about children on the school roll, exclusions, school places or unexplained absences. Local authorities also suggested clearer guidance for schools on what information they should gather during the admissions process and the actions they should take for suspected CME.

Local authority representatives suggested that the process for identifying CME could be further improved through increased access to databases and better information sharing. This included a centralised database detailing all children in the country. Increased expectations on service providers to alert the local authority of suspected CME was also suggested.

More general asks were also made to reform the education system as a whole and to provide greater resources for both local authorities and schools were also made.

Schools

Not many school representatives responded to this question. Those that did indicated that the process of identifying CME could be improved through increased school and local authority resources; less of a focus on targets; more communication and action from local authorities; and to prevent CME in the first place by making school a worthwhile place for children to be. Others suggested that a centralised database of all children or the introduction of child identifiers would better enable joint reasonable enquiries to include checks across systems nationwide.

Parents

Parents who responded to the call for evidence expressed that the process would be best improved by local authorities recognising and respecting the value of alternative education, including home education. Parents also suggested that local authorities and schools should work more collaboratively with families, consider redefining what is meant by 'suitable education' and focus only on cases where safeguarding and wellbeing are concerns. In addition to this some parents also thought other issues with the education system should be solved and prioritised ahead of addressing CME.

A separate cohort of parents indicated that more timely support for children with SEND or mental health challenges would help to improve CME processes.

Others

Many of those categorised as 'other' respondents did not answer this question. However, those who did believe that focussing only on cases where there is a safeguarding or wellbeing concern would improve the process of identifying CME. A small number of children and young people who responded also believe the process would be improved by better local authority- support for specialist needs and redefining what is considered a 'suitable education'.

Annex A: Analysis of respondents

There were a total of 3,986 responses to the call for evidence online, by email and by post (3,991 including duplicates). The table below shows the breakdown by respondent type.

Type of respondent	Count	Percentage
Parent/carer of a child registered at a school or college (e.g., mainstream school or college, alternative provision schools, or independent schools)	3066	73%
Parent/carer of a child not registered at a school or college (e.g., home educated, non-school AP settings, etc.)	244	6%
Parent/carer of a child with experience of missing education	191	5%
Child/young person	19	<1%
On behalf of a school or college	142	4%
On behalf of unregistered alternative provision	17	<1%
On behalf of governors	5	<1%
On behalf of a nursery or childminder	0	0%
On behalf of a local authority	109	3%
On behalf of a representative body	10	<1%
On behalf of a charity	28	<1%
Other education professional	76	1%
On behalf of a voluntary or community organisation	33	<1%
Prefer not to say	127	3%
Other	227	5%
Total	3986	100%

School respondents

Respondents that said they were responding on behalf of a school were asked to specify the type of school. Responses are outlined in the table below.

Type of school	Count	Percentage
Mainstream school maintained by a local authority	91	35%
Mainstream academy or free school	96	37%
Alternative provision school	10	4%
Independent school	32	12%
Special school	8	3%
Post 16 College	7	3%
Other	15	6%

Respondents from 'Other' types of schools included those responding on behalf of:

- A hospital school
- A Church of England school

Organisations that responded to the call for evidence

The respondents that responded to the call for evidence, and submitted additional evidence, on behalf of a representative body, charity or voluntary or community organisation represented the following organisations:

- Association of Directors of Children's Services
- Association of School & College Leaders
- Defending Traditional Education
- Education Otherwise
- Friends, Families & Travellers
- GL Assessment
- Humanists UK
- Local Government Association
- Local Government & Social Care Ombudsman

- London Councils
- Long Covid Kids
- National Association of Headteachers
- Ofsted
- Roma Support Group
- Royal College of Paediatrics and Child Health
- Special Educational Consortium
- Square Peg
- The Children’s Commissioner
- The Children’s Society
- The Traveller Movement
- The Youth Justice Board

Other respondents

Those who said they were responding in an ‘Other’ capacity included those who said they responded as family members other than a parent or members of the public:

- A grandparent, aunt or uncle, or other family member
- A concerned citizen or individual
- A member of the public

‘Other’ also included additional frontline professionals:

- A healthcare practitioner, including psychologist and therapist
- A social worker
- A Virtual School Head
- A special educational needs coordinator (SENCO)
- A police constabulary



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