

Children Not In School

Scrutiny Committee 17.12.25

Locality Team

Local authorities have a duty to identify; Children not registered at a school and children not in receipt of education

The Locality team main responsibility is the monitoring, and interpreting of absence trends from all schools and education providers in Stockton including alternative provision providers, children listed as EOTAS and children who are electively home educated and not in receipt of their education

Also included are the Children who have an Education Health and Care Plan and are educated outside of the borough

Identify and monitor children missing education, act promptly to provide support and intervention, and apply parental responsibility measures where necessary for unauthorised absence.

Elective Home Education

Data

The number of children electively home educated has risen each year.

Academic year	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Year to date Sept' - Dec
Number of pupils	210	158	194	259	418	433	655	514

The numbers in the table show the number of children who were electively home educated at any point in the academic year

Numbers were steadily increasing year on year up until Covid '19. it is evident numbers surged when school attendance once again became mandatory and the steady increase continues following the national and local lockdowns.

DfE collect and publish the data on electively home educated children on a termly basis via the Children not in school (CNIS) COLLECT.

Monitoring children who are Electively Home Educated

Safeguarding checks in isolation are not routine

This reflects current legislative limits, but it underscores the importance of vigilance during educational monitoring. While checks cannot be made without cause, caseworkers have all accessed safeguarding training and can recognise signs of harm and escalate appropriately.

Home visits made by caseworkers are within the remit of monitoring the child's education

While the primary purpose is educational monitoring, caseworkers remain alert to safeguarding indicators during visits. Professional curiosity is vital—if anything observed raises concern (e.g., unsafe home conditions, signs of neglect), on education-focused visits escalation to a manager discussion and Childrens HUB referral and safeguarding procedures are triggered even though the visit is not a formal safeguarding check.

This limitation highlights the importance of inter-agency communication and professional curiosity. While proactive safeguarding checks cannot be made without evidence, caseworkers use every interaction (e.g., education monitoring) to identify potential risks and escalate concerns promptly.

Overview of process

STEP	ACTION	SAFEGUARDING FOCUS
Notification	School submits removal form	Identifies professionals involved.
Round-robin	Email to Children's Services & Health	Flags current/previous concerns
12-week visit	Offer home visit, record child's views	Observe environment, listen to child
MIS check	Review professional involvement	Ensure holistic context
Escalation	Refer to CHUB if concerns arise	Multi-agency safeguarding response
CME visit	Verify education provision	Address risk of missing education
12-month visit	Confirm continued education	Monitor long-term well-being

Steps

What we do	Why
Require a notification form from schools requesting information on professionals currently involved	This step is crucial for safeguarding because it helps identify whether the child is already known to services such as social care, health, or early help. Knowing which professionals are involved ensures continuity of care and allows for immediate escalation if there are existing safeguarding concerns. It also helps prevent gaps in support when a child is removed from roll.
On receipt of the notification of removal from roll IVL send a “round robin” email for information on current or previous involvement to children service managers and 0-19 health	This communication acts as an early safeguarding alert. By contacting children’s services and health teams, IVL ensures that any historical or current concerns are flagged promptly. This collaborative approach reduces the risk of a child becoming invisible to professionals and enables timely intervention if safeguarding risks are identified.
An information pack is sent to the parent	This includes, information for parents, checklist, signpost to resources other parents have found useful, elective home education policy, and information on when to expect the first monitoring visit.
A contact is made at 12 weeks from removal from roll	a home visit is offered, and at this visit the views of the child are sought and recorded Seeking and recording the child’s voice is a key safeguarding principle. It ensures that the child’s perspective on their education and well-being is heard and documented. The home visit provides an opportunity to observe the child’s living environment, which may reveal indicators of neglect or other risks that would not be apparent through remote checks.

Steps

What we do	Why
A contact is made at 12 weeks from removal from roll. *A further visit is made at 12 months to ensure the child continues to be in receipt of education, and the child's views are gathered.	a home visit is offered, and at this visit the views of the child are sought and recorded, Seeking and recording the child's voice is a key safeguarding principle. It ensures that the child's perspective on their education and well-being is heard and documented. A home visit can provide an opportunity to observe the child's learning environment.
When information becomes available that a child may be missing education. A home visit is scheduled and can be made under the children missing education statutory guidance to seek evidence an education is in fact taking place.	This long-term monitoring helps safeguard against chronic educational neglect or failure. By revisiting after 12 months, the caseworker can identify whether the child's circumstances have deteriorated or improved and whether additional support or safeguarding action is required
	Missing education is itself a safeguarding risk. Home visits under CME guidance provide an opportunity to verify education and assess whether the child's circumstances suggest neglect, exploitation, or other vulnerabilities.

Steps

What we do	Why
The home visits made by the caseworkers are solely within the remit of monitoring the child's education as legislation dictates	While the primary purpose is educational monitoring, caseworkers should remain alert to safeguarding indicators during visits. Professional curiosity is vital—if anything observed raises concern (e.g., unsafe home conditions, signs of neglect), this should trigger safeguarding procedures even though the visit is not a formal safeguarding check.
Prior to each visit the Caseworker checks the MIS system to establish if any other children's services professionals are involved	Checking the MIS system ensures that caseworkers are aware of any concurrent safeguarding interventions or concerns. This prevents duplication and ensures that any visit is informed by the child's wider context, which is essential for a holistic safeguarding approach.

Building relationships

Introduced Parent network for EHE parents to inform of the services and facilities available to children and their families

Health and immunisation

Health information newsletters circulated

Careers information

KS4 college access

Library and museum facilities

Wellbeing information

Feedback from parents resulted in a rewrite of initial contact letters and reports with a more relational approach

Feeding families food parcels through the HAF Programme

Considerations

Legislative limitations

Limited opportunities for professionals oversight

Free school meal children

SEND children

School place availability

Next steps

Broader legislative changes are being debated

Childrens Wellbeing and Schools Bill currently going through the House of Lords and will bring provision for a compulsory register of children not in school and stronger local authority intervention powers

Private Members Bill to establish a register of home education children at committee stage in the House of Lords

Children Missing Education

CME

Children Missing Education. CME are at significant risk of underachievement, poorer health outcomes, harm, exploitation, radicalisation, and becoming NEET (not in education, employment, or training) later in life.

National research Education Policy Institute “*Estimates, trends and characteristics*” December ‘24

[CME-report_final-1.pdf](#)

Referrals

The number of children referred as CME has decreased in recent years

Period	Referrals
Autumn 23/24	212
Autumn 24/25	182
Autumn – to date	132

Internal Factors

Better access to data and uptake on MIS systems

Improved integration of Management Information Systems (MIS) allows schools and local authorities to track attendance and pupil movements more accurately.

Real-time data sharing reduces delays in identifying pupils at risk of becoming missing from education.

More timely discussions on pupils absent/missing education

Regular multi-agency meetings ensure early intervention for pupils with persistent absence.

Enhanced communication between schools and local authority teams helps prevent escalation.

Training for school colleagues on expectations and responsibilities

Clear guidance on statutory duties for both schools and local authorities.

Training sessions improve understanding of safeguarding implications linked to absence and off-rolling.

Off-roll audits to identify errors or immature practice

Systematic reviews of pupil off-roll cases to ensure compliance with regulations.

Identification of patterns that may indicate inappropriate practices or gaps in safeguarding.

External Factors

Introduction of Working Together to Improve Attendance

National framework promoting consistent attendance strategies across schools.
Emphasis on partnership working between education providers and local authorities.

Updated Children Missing from Education Guidance

Strengthened statutory guidance clarifying roles and responsibilities.
Increased accountability for timely reporting and follow-up.

National data availability

Access to comparative data enables benchmarking and identification of trends.
Supports evidence-based decision-making at local and national levels.

CNIS COLLECT data

Centralised data collection improves monitoring of pupil movements.
Facilitates early identification of vulnerable learners.

Focus on links to child exploitation and media exposure

Greater awareness of safeguarding risks associated with missing education.
Media coverage drives public and professional attention to the issue.

Safeguarding information requested

Previous Risks

Has the child been subject to a Child Protection Plan? (Yes/No)

Previous involvement with social care (dates and reasons)

Historical incidents (e.g., neglect, physical harm, emotional harm)

Present Risks

Current safeguarding concerns (nature and severity)

Any ongoing investigations or plans

Agencies currently involved (social care, police, health)

Risk Management

Assurance reports to HSSCP on an annual basis

Liaison with other agencies including schools

Links within the local authority, teams within childrens services and the wider council including housing and revenues and benefits,

External agencies, health, other local authorities, Border Force, Police, voluntary agencies

Access to DfE sites such as GIAS and S2S

Home and Hospital Team

- Work with pupils of school age unable to attend school due to physical health problems
- Pupils with mental health problems are referred to SENDMAP for support
- Robust admissions process involving school, parents, agencies and home and hospital lead teacher
- **Short term** provision whilst pupils are receiving support from health professional (e.g. hospital consultants) and specialist services
- Must have been out of school for at least 3 weeks (exception can be made in some situations for accidents/ planned surgeries)

What we do

- **Conduct baseline assessments** in English and Maths to identify starting points and learning gaps.
- **Deliver targeted intervention teaching** based on assessment outcomes to address specific needs.
- **Liaise with the pupil's school** to obtain current work and incorporate it where appropriate, ensuring alignment with baseline results.
- **Include additional subjects** as needed, with a focus on Science for KS4 pupils to support curriculum coverage and accreditation.
- **Use project-based learning** approaches to build engagement and motivation through creative, real-world tasks.
- **Provide teaching through 1:1 sessions or hub-based delivery**, selecting the most suitable model for the pupil's circumstances and reintegration plan.

Home and Hospital Pupils

	Medical	SEMH/EBSA	Total	Back into education
22-23	10	15	25	9
23-24	16	27	43	7
24/25	17	18	35	13
25-26 (Sep-Nov)	8	14	22	6

Welfare and Safeguarding

Attendance

Daily attendance tracking

All lessons logged

Home and Hospital teachers attempt to see the child even when not engaging in education

Schools advised of absence to initiate their safeguarding procedure.

Review meetings are held at least once every half term all professionals involved attend along with the parent and pupil

Welfare and Safeguarding

Admission

- The team follow the **medical experts' advice** when it comes to lesson duration. For example:
 - Students with Chronic Fatigue may only be able to endure short lessons a few times a week.
 - Other students' medical needs may require teachers to wear PPE or to teach online
 - The range of subjects may be limited to take into consideration the load on the young person
 - The timetable is arranged around the needs of the young person. For example: lessons later in the morning due to
 - sleeping issues or not teaching on days when there are CAMHS appointments as this can be emotionally draining.

The team are flexible in their approach to every child offering a service that is tailored to their educational needs and their welfare.

Outcomes

GCSE

Pupils are offered a mix of Functional Skills and GCSE qualifications in English and Maths depending on personal circumstances.

GCSE 23-24	Number who sat exam	Percentage graded 4 and above	Highest grade
Maths	9	89%	5
English Language	10	90%	7
Combined Science	5	100%	6:6
GCSE 24-25	Number who sat exam	Percentage graded 4 and above	Highest grade
Maths	6	67%	6
English Language	7	57%	5
Combined Science	3	100%	5:5

Outcomes

FUNCTIONAL SKILLS

Pupils are offered a mix of Functional Skills and GCSE qualifications in English and Maths depending on personal circumstances.

Functional Skills 23-24	EL1	EL2	EL3	Level 1	Level 2
Maths	1	1	7	3	2
English	1	1		1	0
Functional Skills 24-25	EL1	EL2	EL3	Level 1	Level 2
Maths			6		
English				2	

Moving on

At the end of a Home Hospital placement:

- Completed exit report sent to the school
- Completed work returned to school
- Support to return to an alternate provision if appropriate
- If a year 11 pupil – support with transition to post 16 – link with careers team progression advisors

SEMH support

- HH half termly themed coffee mornings

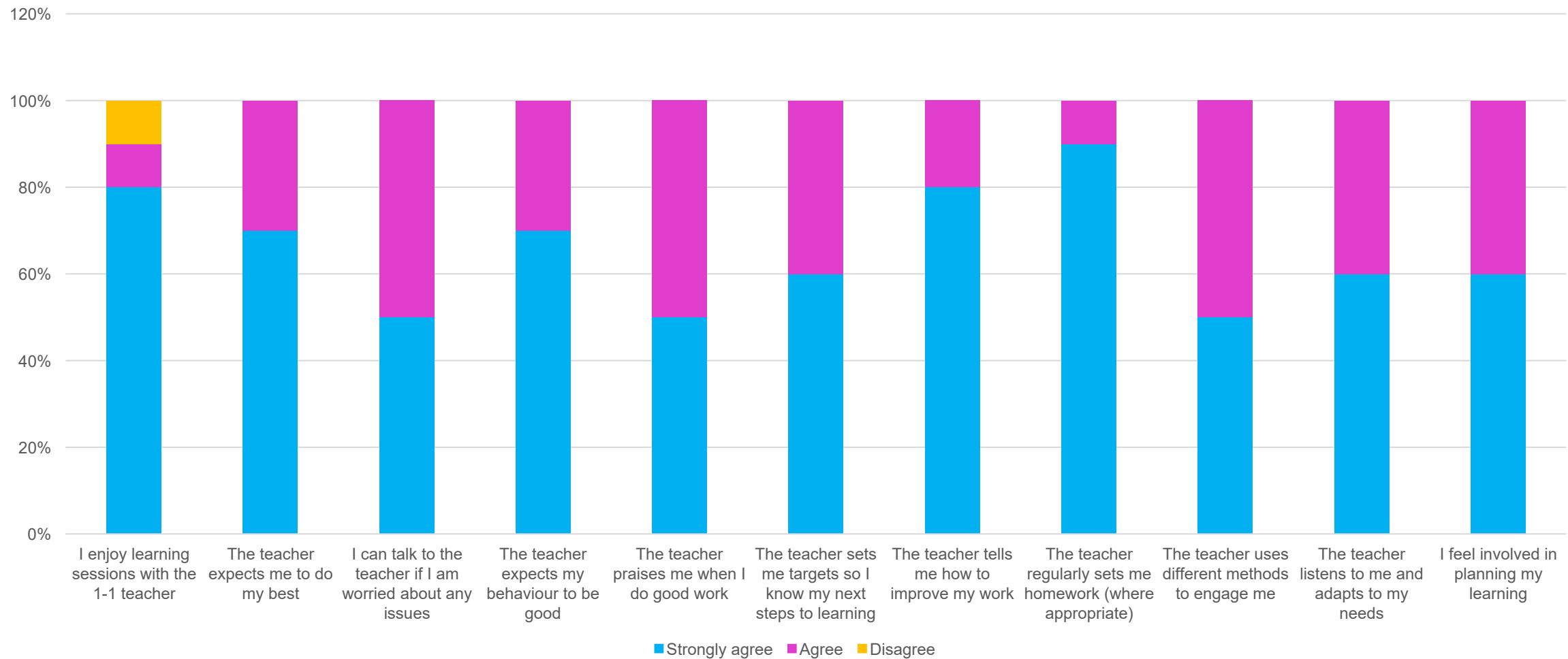


Feedback and quality assurance

Quality assurance

- Termly satisfaction data collected from pupils and parents
- Respond to any suggestions for change
- Regular meetings with school contacts to monitor effectiveness of processes and support
- Teachers have lesson observations and book scrutiny
- Teachers have access to the CPD offer from the Education Inclusion and Achievement Service

Student Feedback Summer 2025



Parent Feedback - Summer 2025

