Children Missing from Education in Nottingham

Dr. Yu-Ling Liu-Smith[1] yu-ling.liu-smith@ntu.ac.uk

Dr. David Candon[2] david.candon@ntu.ac.uk

Professor Peter Murphy[3] peter.murphy@ntu.acuk

[1]Research Fellow (Health and Social Care). Nottingham Business School, Nottingham Trent University

[2]Senior Lecturer (Economics). Nottingham Business School Nottingham Trent University

[3]Professor of Public Policy and Practice. Nottingham Business School Nottingham Trent University

Type of submission: Research working paper.

Abstract

A 2020 report from the Local Government Association found that there was a scarcity of reliable and comprehensive data regarding the numbers of children missing from formal full-time education. There is also a growing concern that the number of children missing education (CME) in Nottingham is increasing – a phenomenon exacerbated by the pandemic. However, without a clear understanding of the CME numbers in England, it is very difficult to be precise about the scale or nature of intervention that might be needed either locally or nationally to address the issue. This paper addresses that information deficit for the city of Nottingham and investigates the experience of the CME Team in the City Council using the databases available for the period 2016-2021. The study first looks at the geographical and demographical pattern of CME cases in Nottingham. It also analyses the characteristics of CME cases and identifies the main patterns and 'triggers' that have resulted in referrals of CME. The determinants of whether a CME case is resolved, and how long it takes if it has been resolved are also examined. Finally, some recommendations are provided to enhance the service and suggestions for future research.

Key words: Children Missing Education (CME), local authorities (LAs), geographical pattern, demographical pattern, regression

Introduction

Section 436A of the Education Act 1996 places a duty on the local authority (LA) to identify children of compulsory school age in their area who are not registered pupils at a school and are not receiving suitable education other than at a school. Previous (Pre-COVID) studies (May-Chahal and Broadhurst 2006; Botham 2011; LGA 2020) have shown that children missing education (CME) are difficult to identify since they are not from homogenous backgrounds and are often vulnerable with complex social, behavioural, educational, medical, or mental health needs. Ofsted (2013) previously reported that many LAs had little understanding of how much education vulnerable children with complex needs actually received. Moreover, many failed to arrange suitable education, monitor the effectiveness of their education, collect relevant information, and analyse this to gain knowledge and understanding of this group of children in pursuance of the direct, institutional and statutory duty of care. Consequently, there are potentially serious implications for the safeguarding of these children and a danger of them becoming 'invisible' or slipping under the LAs' radar (Children's Commissioner 2019).

The lack of information on CME was recently highlighted in a report on the national picture by the Local Government Association (LGA) which found that "there is a distinct paucity of any comprehensive,

reliable data outlining the numbers of children who are missing extended periods of formal, full-time education" (LGA 2019, p. 1). Without a clear sense of how many children in England might be missing out on their entitlement to a formal full-time education, it is very difficult to be precise about the scale or nature of intervention that might be needed either locally or nationally to address the issue.

There is also a growing concern that the number of children missing education in Nottingham is increasing and has been exacerbated by the pandemic. This reflects similar concerns from the LGA findings (2020) which reported an increasing number of children missing formal, full-time education nationally. This situation is highly problematic for LAs. Although, Nottingham City Council (NCC) has the responsibility to ensure school age children receive suitable education, the capacity to carry out its duty at a detailed and lengthy individual case level is extremely challenging.

In collaboration with the CME Team at NCC, this paper examines the situation regarding "children missing education" in the city between 2016 and 2021. It starts by addressing the information deficit for the CME team and the city. In doing so, it also highlights several areas where future research or inquiry might assist the CME team in further understanding the situation in the city.

This study investigates the local experience of the CME Team in the City Council. It examines the current and past record of CME in the city for the purposes of:

- Understanding the changing characteristics and demographics of the CME group.
- Identifying the main patterns and 'triggers' that have resulted in referrals of CME from schools and elsewhere to the service.
- Identifying the determinants of whether a CME case is resolved, and how long it took if it was resolved.

Research design and Methods

Ethical approval for this study was obtained from the Nottingham Trent University research ethics committee in accordance with the Public Administration code of ethics. Building on a short literature review of the guidance, policies, and practice relating to CME, and adopting a quantitative research approach which utilizes existing data extracted from the databases compiled and used by the CME team in NCC, this study examines and analyses:

- The demographics of the CME group including its distribution across the city, level of deprivation, gender, national curriculum year group, and ethnicity.
- Trends and changes within the demographic over a 6-year period.
- Trends within the CME workload (number of cases, days taken to resolve cases, patterns, and trigger points to referral from schools' overtime).
- The relationships between whether a CME case is unsolved and how long it took if it was solved against factors such as gender, type of education, ethnicity, location and deprivation.

Additional data relating to the populations in different age groups, the index of multiple deprivation data for the city and pupils' ethnicity data from the school census at LA level were also applied to facilitate meaningful comparisons. This data was supplemented by qualitive information from five meetings with the CME team and examination of notes from previous team meetings.

Regarding statistical methods, the data were analysed with the use of MS Excel, the Statistical Package for the Social Sciences (SPSS), and Stata. We used a combination of descriptive statistics and multiple linear regression to analyse the data.

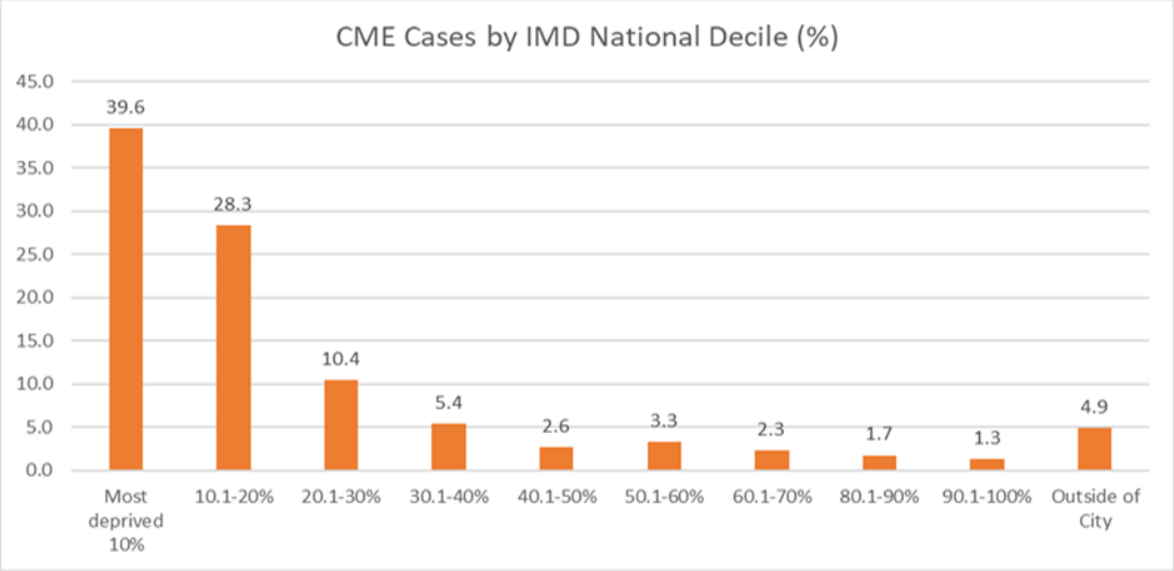
With the assistance of the Geographical Information System at the Council, we were able to identify the locations of the CME within the NCC boundary and mapped these against the level of deprivation and the authority estates letting areas.

Results

We begin by looking at the geographical and demographical pattern of CME cases in Nottingham. We found a remarkably stable in-year pattern of cases notified to the team, particularly a sharp increase each year in the month of September (during the 'transition' period) which represents approximately 20% on average of the cases within the year but a smoother in-year pattern for their resolution. The CME team works to resolve the cases continuously throughout the year, regardless of whether there has been an influx of cases or a dip in referrals in a particular month.

Geographically, there are three 'tiers' of CME cases with two areas (NG7 and NG8) each accounting for more than 20% of cases, four postcodes (NG2, NG3, NG5, and NG6) each accounting for more than 10%, and the remaining postcodes all having less than 3%. We briefly explored whether this might be related to housing tenure as NG7 and NG8 contain a high percentage of rentable properties as indicated by the councils' 'Estates Lettings Areas' records, and recent changing patterns of migration or historical and more stable patterns of multiple deprivation in the city.

Figure 1: CME Cases by IMD National Decile



While a high percentage of the CME cases living in the most deprived areas (Figure 1) was not a surprising finding, it reinforces the fact that children living in the most deprived households are the ones who most need to be in education but are also the most likely to have children missing from education.

We also analysed the characteristics of CME Cases in Nottingham city. We found a stable pattern over time, with little difference in their distribution by gender. By relating cases to the national curriculum year, we found that the distribution of CME cases follows a bell curve, with the majority of cases occurring in the years from Year 5 to Year 8 (10.8% - 10.6%), and relatively few cases in the reception year (0.7%) and Year 12 (6%) as the former relates to the transition period from primary to secondary school in the city at this age.

When examining the distribution of the CME cases among different ethnicity groups, our study, found that 40% of the CME cases fell into the category of *Information not yet obtained* and when compared to the results of the School Census in 2021, the gap was substantial. To understand the reasons for this gap, more research and information are needed on children's ethnicities from the families of CME. However, this was outside the scope of the current study.

The study also looked briefly at the origin of referrals and the results reveal a wide range of referrals from all types of schools, particularly academies (as the predominant providers in the city), internal council teams, wider NCC partners and agencies as well as the external partners most notably other LAs providing similar services. . This shows the CME team has established an extensive network of contacts with internal and external partners. This level and quality of collaborative working is essential to providing an efficient and effective services to both the council and to the clients of the service.

We also examined case outcomes both in terms of the process and in terms of the success in resolving cases. There are 5,615 cases in our sample, with 71% having been resolved by the CME team and 29% open ongoing cases. Between 2016 and 2018, there was a steady increase in the percentage of cases with the outcome *returned to education* and then a dip in 2020 and an upturn in 2021 to 59%. The trend for *case closed* remained steady from 2016 to 2018 but declined in 2019 and then sharply increased to 39.2% in 2020 and back down to 25.7% in 2021.

There is a great deal of variability in the time that takes for the CME to solve a case. Some cases could be resolved on the same day as when the CME team started the investigation. In stark contrast, it took 2,307 days (more than 6 years) to solve one extreme case. The percentages for resolved case gradually decreased and the percentages for open case gradually increased over time. In 2021, more than half of the cases were resolved, and this included 44% that were the accumulations of previous unsolved cases. Nearly a quarter of the cases were resolved within 7 days. We further investigated what outcomes were achieved by acting promptly and examined the outcomes of the cases in the most deprived areas. We found almost no difference in these outcomes.

The findings relating to the CME workforce reveal that there were approximately 1000 CME cases for 2.5 full-time equivalent CME officers to investigate on average yearly. The size and constitution of the workforce and the number of cases have clear implications for the amount of time officers are able to spend on each case.

Table1: Determinants of unsolved cases and case length

	Case unsolved		Days taken (if solved)	
	Coefficient	Standard error	Coefficient	Standard error
Female	0.020	(0.012)	-3.901	(11.265)
(Compared to male)				
Secondary school	-0.025**	(0.012)	26.708**	(11.312)
(Compared to primary)				
White	-0.113***	(0.017)	-84.924***	(14.902)
Asian	-0.075***	(0.019)	-77.125***	(18.073)
Mixed	-0.129***	(0.025)	-65.004***	(21.483)
Black	-0.048*	(0.027)	-86.110***	(24.102)
Gypsy, Roma and Traveller	-0.036	(0.029)	-41.734	(28.031)
Other	0.092***	(0.029)	11.049	(30.916)
(Compared to no information)				
NG2	-0.035	(0.043)	-106.963**	(42.022)
NG3	-0.104**	(0.042)	-150.513***	(41.442)
NG5	-0.095**	(0.042)	-124.636***	(41.427)
NG6	-0.092**	(0.043)	-141.656***	(41.726)
NG7	0.078**	(0.040)	-66.872*	(39.740)
NG8	-0.080**	(0.040)	-97.249**	(39.679)
NG9	-0.267**	(0.106)	-163.065*	(89.165)
NG10-14	-0.155***	(0.051)	-78.008	(47.449)
(Compared to NG1)				
IMD	0.029***	(0.003)	3.166	(3.343)
Constant	0.309***	(0.041)	342.296***	(40.695)
Observations	5295		3727	

R^2	0.069	0.027

Note: Standard errors in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$

We used regression analysis to examine the predictors of unsolved cases and case length. Whether the student is male or female had no effect on whether the case is unsolved, or how long it takes to solve the case. Interestingly, secondary school cases were less likely to be unsolved compared to primary school cases, but they did take 27 days longer on average to solve when compared to primary school cases. Unfortunately, in 40% of the cases, no information was recorded regarding ethnic background and this group served as our ethnicity reference group. Where data is available, cases where the students are White, Black, Asian, or from Mixed heritage were more likely to be solved, and took fewer days to solve, when compared to group to this reference group. In terms of locality, every postcode had cases that were either less like to be unsolved, or quicker to solve, when compared to NG1 (which served as our reference group for the locality variable) , with most postcodes being superior to NG1 on both metrics. Finally, deprivation appears to be a predicator of whether the case is unsolved, but not of how long it takes to solve.

Conclusions

The geographical and demographical analysis suggests very clear and relatively stable geographic patterns and trends within the CME cases referred to the team across the city. We found a bell shape distribution reaching its highest between national curriculum Years 5 and 8, which reflects the years either side of the transition years from primary to secondary school in the city are peak years for referrals. According to the CME team, this result reflects the likelihood of the family's relocation at the end of their children's primary education and the possibility of children from Gypsy, Roma and Traveller ethnic groups missing secondary education once they have finished primary education. There is an equally marked pattern of cases across the city where we identify three 'tiers' of case prevalence. Whilst these patterns and numbers are likely to change in the future (not least because of changing migration into and out of the city), they do provide useful evidence for service enhancement, service deployment (or redeployment), resource allocation, and workforce planning.

The analysis of the characteristics of cases in the city indicates there are no significant differences between genders nor the pattern of ethnicity, and although the number of cases of *information not obtained* relating to ethnicity have constantly reduced, there is some way to go on this issue. When looked at referrals by types of school, although initial gross numbers indicate that the number of referrals were increasing from academies and reducing from schools maintained by the LA, this reflects the rising number of academies and the decreasing numbers in LA maintained schools within the city. We would suggest this could most usefully be further investigated at the level of the individual school.

When we looked at the status of cases in the caseload and focused on the outcomes of cases, we found 71% of the cases had been resolved by the CME team, with 29% open ongoing cases. This finding indicates there is a huge variation in the length of time that it takes to resolve individual cases. While this is well known to the team, the study also reveals and highlights two factors which are probably less appreciated by those not directly involved in CME teams. They are the importance of the quality and access to internal and external databases and the importance of developing, maintaining and improving networking and collaboration within the city council and across the 'community of interest' that provides the service in LAs. As almost a quarter of the cases were resolved by the CME team within 7 days, we investigated what kinds of outcomes were achieved to see if they differed from the general caseload. We also looked at the outcomes and duration of resolved cases in the most deprived areas of the city. In both instances we found they reflected the trends for general population of all cases.

The CME is a relatively small team, as it will be in most LAs, and works on a very clearly defined on-going task. The nature of its work highlights the importance of local knowledge and experience in this work and the importance of the often 'hidden' skills of trust, reciprocity, perseverance, diligence, and empathy with clients that are essential for the efficient and effective delivery of the service.

Finally, we looked at the relationships between cases unsolved, along with the length of time to resolve cases, and the impact of gender, type of education, ethnicity, location and deprivation. The implication is that the factors of the type of education (primary school or secondary school), ethnicity information,

location, and deprivation are possibly associated with the probability of whether the case being solved or unsolved as well as the length of time for the case being solved. In particular, we found that not only is the likelihood of an unsolved case with ethnicity information (White, Asian, Mixed, or Black background) lower than a case without the ethnicity information, but it also takes fewer days for the CME team to resolve the case when the ethnicity information is provided. It is important to note that obtaining ethnicity information in and of itself is unlikely to affect the ability to solve cases. However, understanding the mechanism behind why this information is either withheld, or unable to be obtained is important, as this factor is likely to be correlated with the ability to solve cases. An example would be families withholding ethnicity information for fear of discrimination, and this fear of discrimination also leading to a looser attachment to the education system. This finding also emphasises the importance of collecting this information in the correct way in order to help the CME team provide the right support to specific groups and help them back into education.

The needs for collecting more reliable ethnicity information and comprehensive data for benchmarking at local and national level regarding CME to facilitate further research have been mentioned in the paper. However, in order to significantly advance the strategic knowledge and understanding of the service in the city and facilitate mutual support and the sharing of good practice among other LAs, we suggest that a comparative study of the work of the CME teams in other authorities should be commissioned and undertaken.

References

Amin-Smith, N., 2019. *Oral evidence to the Housing, Communities and Local Government Committee's Local Government Finance and the 2019 Spending Review inquiry.* London: Parliament TV.

BBC News, 2019. *Is Nottingham really the UK's 'poorest city'?* Available at https://www.bbc.co.uk/news/uk-england-nottinghamshire-48465112

Botham, J., 2011. The complexities of children missing from education: a local project to address the health needs of school-aged children. *Community Practice*. 2011 May; 84(5):31-4. PMID: 21667712.

Children's Commissioner, 2019. *Skipping School: Invisible Children- How children disappear from England's schools*

Fraenkel, J. R. and Wallen N. E., 2008. *How to Design and Evaluate Research in Education* (Seven Edition). McGraw-Hill Higher Education

Local Government Association, 2020. *Children Missing Education*. ISOS PARTNERSHIP

May-Chahal, C. and Broadhurst, K., 2006. Integrating Objects of Intervention and Organizational Relevance: The Case of Safeguarding Children Missing from Education Systems. *Child Abuse Review* volume 15, issue 6, P440-455 2006 DOI: 10.1002/car.96

Ofsted, 2013. *Pupils missing out on education Low aspirations, little access, limited achievement*. Available at www.ofsted.gov.uk/resources/130048.

Ogden, K., and Phillips, D., 2020. *The financial risk and resilience of English local authorities in the coronavirus crisis*. Institute for Fiscal Studies Briefing Note BN296 London: IFS.

Osborne, J. edited, 2008. *Best Practices in Quantitative Methods*. SAGE Publications

Sandford, M., 2018. *The Fair Funding Review: What does it mean for local government?* House of Commons Briefing Insight 31st May 2018. London TSO.

Sandford, M., 2021. *Reviewing and reforming local government finance.* House of Commons report Number 07538. London TSO.