

SESLIP

South East Children Missing Education Group

Notes: 4th November 2021

Attending: Brian Pope (Hants), Mike Stoneman (Portsmouth), Neil Stevenson (Portsmouth), Debbie Bell (Oxfordshire), Mark Keiller (Surrey), Melissa Perry and Carole Vernon (Wokingham), Gill Dunlop (Reading), Jon Wilcocks (Hants), Beth Armstrong (E Sussex), Linda Curtis (W Berks), Rosie Gossage and Claire Raffaelli (RBWM), Gavin Thomas (B&H), James Fowler (Bucks), Katy Daly (Bracknell), Chris Owen.

Apologies: Simon Sims (Milton Keynes), Hilary Alford and Paul Manning (Kent).

	Item	Actions
1.	Welcome & introductions	
2.	<p>Notes of last meeting and matters arising</p> <ul style="list-style-type: none"> Notes from the Sept 7th meeting were formally reviewed and confirmed as accurate. Data dashboard: request for autumn term 2021 data to be sent to Daryl Perilli from – Bucks, E Sussex, Milton Keynes, Portsmouth, Southampton, Surrey, Windsor & Maidenhead. No judgement published yet in the EHE judicial review case involving Portsmouth. 	
3.	<p>2020 Development activities.</p> <p>EHE model policy will be worked on further once anticipated changes to guidance are made by the DfE. GD confirmed that the balance of the budget was saved to enable this to happen.</p> <p>Medical needs: GT confirmed the request for as many LAs as possible to complete the medical needs audit that had been circulated. The focus of the data should be outreach education, not education provided in hospital and in-patient settings. Please return to CO by 25th November.</p> <p>Recognition that provision of education for those with medical needs is challenging and continues to pass ‘under the radar’. Advice to have a clear policy that sets out expectations and the offer. Even so, the number of LA Ombudsman cases on education for medical needs shows how unsatisfactory it can be. Is there a value in summarising findings from recent Ombudsman cases as part of the project? Could be a helpful summary for DCSs.</p>	All
4.	<p>Proposed activities from the Building Back Better funding</p> <p>DfE had agreed to the allocation of £15,000 to the projects proposed by the CME Group. Reminder that the focus was on vulnerable children and young people and EHE, because it felt the best fit with the scope.</p> <p>Reading, Oxfordshire and E Sussex shared the experience of protocols and procedures they have set up with children’s social care (for CP / CIN / TAF children) and with SEND teams for those moving to EHE from mainstream schools who have an EHCP.</p> <p>Considerable success with those with an EHCP in triggering an annual review to update the plan, ensure arranged health and care support can continue and to maintain ARs when EHE.</p> <p>For social care colleagues, establishing a culture vulnerable children who are EHE are everyone’s responsibility is key, plus information about who to notify in the MASH or social care team. Other key ingredient is oversight by the LSCB: monitoring numbers, receiving</p>	

	Item	Actions
	<p>reports and follow-up if there are problems. In Oxfordshire the LSCB recognises school attendance as a key protective factor.</p> <p>Suggested areas to explore for the activities:</p> <ul style="list-style-type: none"> • A more neutral place / research to gauge the views of parents of EHE – reasons why made the move and how they find the support available. • Social media is used a lot by parents' groups and there is a sense it is often negative to the LA. Is there mileage in supporting strategies to encourage more positive discussions / partnerships with parents via social media? • Training materials for EHE champions in other children's services teams • Paired work between LAs to engage LSCBs and focus on vulnerable CYP who move to EHE. <p>Mike, Brian and Chris to draw up a list of possible pieces of work and circulate before the next meeting.</p>	MS / BP / CO
5.	<p>How has the autumn term been so far?</p> <p>Some of the themes across LAs include:</p> <ul style="list-style-type: none"> • A mixed picture of LAs where EHE numbers continue to rise and where numbers have plateau'd. The bigger issue is the 'churn': there is a lot of move back into school as well as deregistration. Covid features significantly in reasons given for deregistration; though an increase in mental health-related reasons too. • Enabling access to flu jabs and covid jabs for children who are EHE can be a challenge. Question to ask of school health partners. • Some report an uptick in CME numbers due to pressure on school places, especially secondary. • Some inconsistencies between schools on their management of covid absence as authorised or unauthorised. • Several LAs finding that suspensions have increased significantly, whilst PEx are lower than usual for the autumn term. • A perception that some entrenched CME cases are increasingly complex and the needs high. Managing the capabilities of staff as well as support for their wellbeing are important. • Enforcement action: the courts have a large backlog. Some legal teams are actively discouraging going down the legal route, whilst other LAs are finding months of delay for hearings when required. 	
	<p>Dates of future meetings</p> <p><u>19th January, 10am:</u> to include a focus on suspensions and exclusions; prepare a breakdown of your 2020-21 data broken down by key sub-groups: M/F, ethnicity, FSM6, LAC, CIN, CPP, EHCP, SEN support. Bring breakdown to the meeting & then share via CME webpage afterwards. All these data will be covered by the SESLIP data-sharing agreement.</p> <p>9th March, 2pm – 4pm</p> <p>27th April, 10am – midday</p> <p>23rd June, 2pm – 4pm</p> <p>22nd Sept, 10am - midday</p>	All

