Review of the National Panel EHE Briefing

Recommendation 3:

The Panel recommends that safeguarding partnerships assure themselves about the effectiveness of their local systems pertaining to the safeguarding practice for children electively home educated.

This should include considering whether:

Recommendation/Action Point	Our Feedback	Any Actions
1. Children are clearly identified	It was noted that parents do not	
as Electively Home Educated	have to inform the Local	
(EHE) or Children Missing	Authorities about their decision to	
from Education (CME), and	home school children, and the	
that safeguarding partners	Local Authority usually hear	
receive regular data about the	about this decision when the	
numbers, characteristics and	school are removing the children	
issues of concern about	from the school role (which	
children who are being EHE or	means opportunities to attend	
missing education.	pre-meets to try and understand the reasons and possibly	
	persuade the parents otherwise	
	have been missed).	
	nave been missed).	
	Within Central Bedfordshire a	
	child's EHE status is recorded on	
	the Social Care system Mosaic,	
	which the Education Team also	
	have access to. CME is recorded	
	on Synergy. Information about	
	EHE children is shared with	
	health partners to help with	
	vaccinations etc.	
	Characteristics such as	
	CP/CIN/EHE and any history is	
	recorded on Synergy.	
	The state of the s	
	The CBSCP receive an Annual	
	Report in relation to CME and	
	EHE – includes information	
	relating to ethnicity, age, CP, CIN	
	etc.	
	Podford Porough Council	
	Bedford Borough Council – Senior Education Welfare Officer	
	shares information with the Early	
	Help Manager. Reports/Data	
	would only be provided to the	
	Board Meetings if that theme is	
	being discussed – but access to	
	the data is readily available.	

Regular audits completed on children who are CP/CIN and EHE.

Luton – in relation to EHE data on numbers and characteristics are available and the Education Team try to attend as many CP/CIN Meetings as possible. There is a Database called 'Eyes' – The Social Care Team also have access to Eyes, this system flags EHE and also records any social care history. CME is monitored by the Family Partnership Team. The Safeguarding Education Team only receive only receive info re CME if it's requested.

EHE/CME Data is recorded on the LSCP Data Scorecard.

Section 175 Audits – Schools provide a score on EHE, but no data.

 Children's voices, needs and perspectives have been considered in the decision by the parent/carer to home educate them. As mentioned above in 99% of the cases, the Local Authority is informed once the decision has been made and the child has left the school.

Central Bedfordshire – once the Local Authority has been notified, they do contact the family via letter (the numbers would make face to face visits to all families difficult). The Letter does include a section asking the children for their views, but it cannot be guaranteed that the parents share this with the child.

CBC have a risk matrix which we will help determine if reviews/contact takes place 3, 6, 9, 12 monthly (contact maybe be by letter/email)

Luton – The team do try to have face to face meetings with families once they are notified of

Could we have an information leaflet/space on our Safeguarding Bedfordshire Website for young people, with contact details of the teams if they wished to make contact.

	an EHE child. They also carry out	
	annual reviews face to face.	
	Bedford Borough – They do not	
	have any specific process that	
	collect the children's views – they	
	receive online notifications that	
	usually say 'we'.	
	In	
	It was noted by all areas that if/when families are see face to	
	face, children/young people are	
	always seen in the presence of	
	their parents.	
	their parente.	
	Sometime a difficult situation, if	
	families change their mind and	
	the schools place is no longer left	
	– difficulty with waiting lists for	
	school places.	
3. Roles and responsibilities in	Good understanding within the	On-going awareness with
relation to EHE are	Local Authorities.	partners is needed.
understood by all statutory agencies, including local	Generally, referrals are received	
authority education teams,	to all Local Authorities from	
and that they know what to do	Health, and in particular from	
if they are concerned that	GP's (but this is from certain	
children who are EHE may be	GP's).	
at risk of harm and may be	,	
being deliberately hidden	Some Housing and Police	
from the sight of statutory	referrals received – but more	
agencies.	awareness is still needed.	
	On-going awareness with	
	partners is needed (particularly	
	as staff turn in some agencies can be high).	
	Can be mgm.	
4. The role and contribution of	As mentioned above some EHE	Assurance from Health
different health professionals	referrals are received from some	colleagues required.
is well understood that they	Health colleagues – but a full	
have a good understanding of	response is needed from Health	
EHE as they may at times be	Colleagues regarding this	
the only professionals with	recommendation.	
regular contact with this		
group of children. This should		
include consideration of the		
role of GPs and school nurses, and particularly for		
those who have an EHCP.		
those who have all El IOI.		

5.	Children's vulnerabilities and safeguarding needs are understood at the point of being removed from school rolls, including if there have been concerns about not being brought to health appointments.	The Local Authority EHE Teams would know any safeguarding information via Mosaic and Liquid Logic but would not have access to health information such 'Was not Brought' information. All 3 teams receive information regarding Domestic Abuse notifications (encompass) through their MASH's. Luton – When the face-to-face visits are completed, they do enquire about physical development. In Central Bedfordshire this is also enquired about through the letters. Bedford – specifically ask about medical needs, SEND and any other professionals involved.	Could we enquire about how medical appointment arrangements/vaccinations through our regular contact visits/letters?
6.	Where and when necessary, a suitable multi-agency plan has been developed and implemented to enable the child and family to receive the help and protection they may need.	If CP, CIN, TAF Plans are in place the EHE Officers try to attend as many as possible to feed into the plans, if they are invited. Regular Audits are completed to check if EHE children are/have become CP or CIN.	
7.	Particular attention, if appropriate, is given to children where there have been previous safeguarding concerns.	This information is checked on the Mosaic and liquid logic systems and would feed into the plan/arrangements about how often these families are seen/contacted/priority visits.	