

Dadansoddi ar gyfer Polisi



Analysis for Policy



Llywodraeth Cymru
Welsh Government

Social research number: 56/2026

Publication date: 24/03/2026

Evaluation of the children missing education database pilot

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

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Evaluation of the children missing education database pilot

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Full Research Report: Bryer, N & Bebb, H. (2026). Evaluation of the children missing education database pilot. Cardiff: Welsh Government, GSR report number xx/2026.

This report can be found on the Statistics and research pages of the Welsh Government website: <https://www.gov.wales/statistics-and-research>

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Glossary

Additional Learning Needs (ALN)

A person has additional learning needs if they have a learning difficulty or disability (whether the learning difficulty or disability arises from a medical condition or otherwise) which calls for additional learning provision.

Children Missing Education (CME)

These are children of compulsory school age who are not registered pupils at a school, are not being educated at home and are not receiving any alternative provision.

Education Welfare Officer (EWO)

A professional employed by a local authority or school to promote regular school attendance and address issues related to pupil welfare.

Education otherwise than at school (EOTAS)

This is any education provided in various settings other than traditional school environments that is provided by local authorities (i.e., the local authority has financial responsibility for it). It can include hospital schools, pupil referral units, independent special schools, e-learning and provision through third-sector organisations.

Elective Home Education (EHE)

A term to describe where parents or guardians have decided to provide education at home instead of sending their child/children to school full-time.

General Medical Services (GMS)

The core NHS contract under which general practitioners (GPs) provide primary care services.

Individual Development Plan (IDP)

This sets out a child or young person's Additional Learning Needs (ALN) and the Additional Learning Provision (ALP). It is a legal document, and the ALP must be documented within an IDP. It is a legal entitlement under the new ALN system in Wales. It is a person-centred document which is developed with input from the child and their parents/carers or professionals. It must be reviewed at least annually.

Learning Records Service (LRS)

This is a service managed by the UK Department for Education which is provided for England, Wales and Northern Ireland. It consists of a portal which includes details of learners aged 14 and over.

Local authority (LA)

This refers to the relevant council that is responsible for providing local government services within a certain area e.g. social care, education.

Management Information System (MIS)

Data and records used by organisations to monitor performance, inform decision-making, and support effective management.

National Health Service (NHS)

A publicly funded healthcare system in the United Kingdom which provides medical and health services free at the point of use.

NHS Wales Shared Services Partnership (NWSSP)

An organisation within NHS Wales that delivers shared corporate, employment, and procurement services to support healthcare bodies across Wales.

Out of County (OOC)

A pupil who is placed or receives services, including education provision, outside the local authority of residence.

Office for National Statistics (ONS)

An official agency which collects, analysis, and publishes statistics on the economy, population, and society.

Pupil level annual school census (PLASC)

A yearly collection via an electronic census, typically conducted in January, of individual pupil data in Wales.

United Nations Convention on the Rights of the Child (UNCRC)

An international treaty outlining the civil, political, economic, social, and cultural rights of children, adopted by the United Nations in 1989.

Unique Learner Number (ULN)

A reference number assigned to an individual learner to track their educational records

Unique Pupil Number (UPN)

A unique identified assigned to each pupil to support data collection and monitoring throughout their school years.

Unique Property Reference Number (UPRN)

A unique numeric identifier assigned to every address location in the UK, used for linking geographic and administrative datasets.

Welsh Demographic Service Dataset (WDSD)

A database containing demographic information on residents in Wales, primarily used for healthcare planning and service delivery.

Welsh Independent Schools Council (WISC)

A membership organisation representing the interests of independent schools in Wales.

1. Introduction

OB3 Research was appointed by the Welsh Government in March 2025 to undertake an evaluation of the children missing education (CME) database pilot. The aim of the evaluation was to assess the effectiveness of this pilot and identify lessons to inform a possible roll-out of the database arrangements across Wales in the future.

The objectives of the evaluation were to:

- identify the number of potential CME found as a result of the CME database pilot
- compare the number of CME known before and the potential known after the CME database pilot
- establish the extent to which the process of receiving the data from the health board was both effective and efficient from a local authority and local health board perspective. This included validating the data received from local health boards
- determine how effective the pilot local authorities' existing systems and processes were for determining potential CME prior to the pilot
- determine whether any amendments are needed to the regulations or the process of receiving data.

This report sets out the policy background and theory of change for the pilot as well as findings of fieldwork undertaken with participating local authorities and other stakeholders including the independent school sector.

2. Methodology

2.1. Approach

The work programme for this evaluation was conducted across 4 stages.

The first stage involved an inception meeting with the client to agree the approach, timetable and gain access to relevant documentation and contact data.

The second stage comprised a desk-based review of documentation. It also involved the development of a scoping interview guide and supporting privacy notice. A small number of interviews were conducted with Welsh Government policy officials and a representative from the NHS Shared Services Partnership (NWSSP) to clarify the aims, intended outcomes and implementation approach of the pilot project.

Findings from this stage informed the development of a draft theory of change and accompanying logic model for the pilot project. The draft logic model was presented during a workshop session with the study steering group and refined in light of the feedback received. The finalised theory of change logic model is set out at chapter 3 of this report.

The third stage of the methodology involved the development of discussion guides to inform semi-structured interviews with staff from the 7 local authorities involved in the pilot project, as well as interviews with representatives from the independent school sector across Wales. These are set out at Annex A. A short data sharing form was also prepared for completion by the local authorities. Bilingual privacy notices were prepared and hosted online. A hyperlink to these notices was shared with all fieldwork contributors within the initial invitation to interview.

The fourth stage of the study involved the fieldwork. Semi-structured interviews were conducted with local authority staff from the 7 pilot areas. These interviews set out to gain an understanding of the successes, challenges, barriers and early impacts of the pilot activity in each area. They were all conducted via Teams during September and early October 2025. In total, 17 individuals contributed their views. Participants included heads of services (covering attendance, safeguarding and wellbeing), officers within those services, and staff responsible for education data and local authority management information systems (MIS). In addition, 5 local authorities completed the data sharing form.

This stage of the study also involved gathering feedback from 6 independent schools.^[footnote 1] This represents 7.5% of all [80 independent schools in Wales](#). Three schools were interviewed and the remaining 3 provided a written response to the evaluation. Independent schools who contributed to the study were identified in two ways. The Welsh Independent Schools Council (WISC) distributed an invitation to contribute to their members on behalf of the study team, resulting in 3 schools being recruited. In addition, to address some gaps in geographical coverage, and to ensure representation from private sector schools, the

¹ Independent schools include private paid-for schools as well as local authority commissioned specialist schools.

research team selected a further 6 schools at random to approach using information available on WISC's website. Of these, 3 agreed to contribute.

In terms of the profile of the 6 independent schools that contributed to the evaluation:

- 2 schools were located in the same local authority, while the remaining 4 were in different areas. Five were based within the pilot local authority areas and 1 was outside
- 2 schools catered for primary-aged children, 1 for secondary-aged pupils, and 3 for pupils from pre-school through to sixth form
- 5 schools were private independent schools funded entirely by fees, and 1 was an independent specialist ALN provider where all placements were funded by local authorities under maintained Individual Development Plans (IDPs). One of the private independent schools also had pupils with a local authority maintained IDP
- pupil numbers varied considerably, and ranged from very small settings with up to 10 pupils, to one medium-sized school with up to 100 pupils, and 3 larger schools with between 300 and 800 pupils
- 1 school had boarding pupils, who accounted for 16% of its total roll
- 2 schools enrolled pupils only from the local authority in which they were based, while the others drew from a wider catchment area. Two had enrolled pupils from outside Wales.

Following completion of the fieldwork, stage 5 of the evaluation involved analysis of the fieldwork data. Responses to each question in the discussion guide were added to an Excel analysis framework, with each question analysed, and relevant findings added under the appropriate headings throughout. The thematic coding in a question-led framework enabled direct comparison of answers to the specific research questions and helped to extract examples.

The draft report was subject to an internal peer review prior to submitting it to the client.

2.2. Methodological considerations

Whilst a mixed-methods approach was adopted for this research, combining qualitative semi-structured interviews with a structured quantitative snapshot from local authorities, it mainly relies on qualitative responses provided during interviews and written evidence.

Wherever possible claims are quantified to the number of authorities and the number of independent schools that provided evidence.

The inclusion of a mix of participants was helpful to capture the insight of strategic and operation staff with oversight of CME within local authorities, as well as data and MIS focused staff responsible for data matching activities.

It became apparent during the inception stage of the study, that only one health organisation, the NWSSP, had been actively engaged in the pilot. Consequently, it was agreed that there would be little value in engaging with local health boards individually.

It was also agreed that it would be helpful to capture the views of a small number of independent schools who engaged with the pilot. Whilst this had not been set out as a requirement in the specification, resources were reallocated to incorporate this into the study.

2.3. Structure of this report

The rest of this report is structured as follows:

- Chapter 3 sets out the legislative and policy context and provides an overview of the pilot project. This chapter also sets out a theory of change logic model for the children missing education database pilot
- Chapter 4 sets out arrangements in place across pilot local authorities to identify CME, track pupil transitions and maintain CME databases
- Chapter 5 considers the transfer of NHS and independent school data, and the steps taken by local authorities to validate and match those data
- Chapter 6 sets out the steps taken by local authorities to identify and engage potential CMEs identified via the pilot project
- Chapter 7 considers the improvements or amendments which could be made to the regulations, and wider feedback about the future
- Chapter 8 sets out conclusions and recommendations for the future.

3. Background and theory of change

This chapter sets out the legislative and policy context which informed the development of the Children Missing Education (CME) database pilot. It also sets out an overview of progress made in establishing CME database pilots across 7 local authority areas. Finally, it sets out a theory of change logic model for the pilot, which articulates the inputs, activities, outputs and outcomes expected from the intervention.

3.1. Legislative and policy context

Education is a fundamental right for every child, essential for their development, well-being, and future opportunities. This is underpinned by the principles of the [United Nations Convention on the Rights of the Child](#) (UNCRC) which were adopted by the United National General Assembly in 1989 and ratified by the UK in 1991. Article 28 of the UNCRC declares the right of all children to receive an education and Article 29 declares that education should develop each child's personality and talents to the full.

Local authorities and parents have a statutory duty to ensure that children receive an education. Section 7 of the [Education Act 1996](#) states that parents are legally required to cause their child to receive an 'efficient full-time education', suitable to the 'age, ability and aptitude' of the child.

Section 436A of the Education Act 1996 places a duty on local authorities to make arrangements to establish the identities of all statutory school age children living within their areas who are not registered at a school and to act if it appears that they are not in receipt of a suitable education otherwise than at school. The [Education \(Wales\) Act 2014](#) outlines the responsibilities of both local authorities and parents regarding children's education.

Since its establishment, the Welsh Government has committed to ensuring that all children receive a suitable education in Wales: [Our National Mission](#) reinforced this commitment. The commitment was further emphasised in [Our national mission: high standards and aspirations for all](#) which sets out to achieve high standards and aspirations for all 'by supporting every learner'. The principles set out in Our National Mission apply to all children, including those who are home-educated.

The [Well-being of Future Generations \(Wales\) Act 2015](#) promotes a more equal Wales by supporting an inclusive, equitable education system where all children are supported to overcome barriers to learning and participation.

3.1.1. Statutory guidance to help prevent children and young people from missing education

CME are defined as those children of compulsory school age who are not on a school roll, who are not receiving a suitable education otherwise than at school, or where the local authority have determined that any education provided by a home educating parent is not

suitable or efficient, or children who have been out of any educational provision for a substantial period of time, usually agreed as 4 weeks or more. ^[footnote 2]

The Welsh Government issued [statutory guidance](#) in 2010, with a [revised version](#) published in 2017 for local authorities to help prevent children and young people from missing education. The guidance notes that it is 'imperative that local authorities have robust measures in place to quickly identify when a child or young person is missing education and to follow through with effective tracking and enquiry systems to relocate them'.

The statutory guidance sets out the responsibilities for local authorities in relation to their duty to identify children and young people in their area not registered at a school and not receiving a suitable education. The guidance notes that local authorities should:

- nominate a named person(s) to be notified when a child or young person is identified as not receiving a suitable education and who will ensure that they re-engage with the education as quickly as possible
- identify vulnerable groups and individuals who are recognised as being at greater risk, to ensure that they receive appropriate and tailored support
- have written policies for partner agencies so that they are fully informed about how they can inform the local authority about children and young people who are missing or in danger of going missing.

Furthermore, the guidance sets out additional measures which local authorities are expected to undertake to identify and locate missing children and young people. These include the responsibilities of school admissions services, the responsibilities of schools as children transition from primary to secondary settings, working in partnership with police to run truancy sweeps, and responsibilities in relation to elective home education.

A comprehensive toolkit is set out as an annex to the guidance to provide practical advice and guidance to local authorities to assist them in delivering their duty. The forms can be adopted by local authorities and schools as part of their children missing education policies and procedures. One of these tools is a self-evaluation questionnaire for local authorities (Appendix 3) to identify how well placed they are to deliver on the duty to identify children and young people missing education in their area.

3.2. Children missing education database regulations

The Welsh Government consulted on [draft regulations](#) in early 2020 which proposed the introduction of a requirement for every local authority to establish a database of all children of compulsory school age in their area, which could be populated by information received from independent schools and local health boards. The feedback gathered as part of the [consultation exercise](#) found that there was not much support for establishing local authority

² Welsh Government (2017) Statutory guidance to help prevent children and young people from missing education Available at: [statutory-guidance-help-prevent-children-young-people-missing-education.pdf \(gov.wales\)](#) p.5

databases of all compulsory school age children as this would not necessarily help with the identification of children not known to local authorities or missing education in their area.

In light of the feedback gathered as part of the consultation exercise, the Welsh Government revised its proposals for the regulations and proposed, via The [Children Act 2004 \(Children Missing Education Database\) \(Pilot\) \(Wales\) Regulations 2025](#), that local authorities establish a [database of children who are potentially missing education](#), rather than all children of compulsory school age.

The Welsh Government undertook a [consultation](#) in early 2024 to gather views on the draft Children Act 2004 Children Missing Education Database (Wales) Regulations.

The regulations required local health boards to share 3 pieces of non-clinical information about children usually resident in their area with the relevant local authority on an annual basis. This would enable local authorities to cross reference this data with the datasets that local authorities hold on children in both maintained and independent schools, in receipt of education otherwise than at school (EOTAS) provision and those learners who are home educated where the local authority have determined that the education is suitable.

The database would hold only basic information about children who are not on roll at school, not in EOTAS provision, or not known to be in receipt of a suitable education at home. The draft regulations consulted upon also proposed that they would be piloted and evaluated across a small number of local authority and local health board areas, before being considered for implementation across the whole of Wales.

The [feedback](#) gathered as part of the consultation exercise revealed a divided response. The majority of home educators and home education groups strongly opposed the introduction of any legislation and expressed concerns about their legality and ethicality. However, the majority of local authorities and organisations with responsibility for children and children's rights were supportive of the proposal to establish a database of children who are potentially missing education as they thought this would help local authorities identify children not currently known to them and assist them with their task of undertaking their education functions as set out at section 175 of the Education Act 2002. Health stakeholder organisations were also broadly supportive of the proposals and suggested that the information about children could be shared using a national health source, such as the Welsh Demographic Service Dataset (WSDS), rather than by each individual local health board.

In September 2024, the Cabinet Secretary for Education Lynne Neagle MS/AS provided a [written statement](#) to confirm the decision to progress with the plans consulted upon. In order to determine the effectiveness of the proposed regulations and identify any practical issues that might arise, it was announced that the database arrangements would be piloted across a small number of local authorities during the first year of implementation. The statement also announced that an [evaluation of the pilot would be commissioned](#), which would focus on the effectiveness of the database regulations in helping local authorities to identify children who may be missing education with any recommendations for changes or additional measures considered prior to full roll-out across Wales. Later that month, the

Cabinet Secretary confirmed that the [pilot would last for one year](#) and named the local authorities participating in the pilot.

3.3. Overview of progress made

3.3.1. The Children Act 2004 (Children Missing Education Database) (Pilot) (Wales) Regulations 2025

Section 29 of the [Children Act 2004](#) was brought into force on March 10, 2025, via The Children Act 2004 (Commencement No. 10) (Wales) Order 2025. Section 29 provides for the establishment and operation of databases for the purpose of arrangements under section 25 or 28 of the Children Act 2004 or under section 175 of the Education Act 2002. The Children Act 2004 (Children Missing Education Database) (Pilot) (Wales) Regulations 2025 came into force on 8 April 2025 to apply until 8 April 2026.

The regulations placed a duty on local health boards and General Medical Services (GMS) contractors to disclose 3 pieces of information about children who are usually resident in the 7 pilot local authority areas by 20 May 2025. These were:

- the child's name
- the child's address and postcode and
- the child's date of birth.

Whilst the draft regulations stipulated that the child's gender would be shared with local authorities this data field was removed from the published regulations, as there was no consensus between local authorities and health boards as to whether the child's sex or gender was the most appropriate information to share.

The regulations also stipulated that pilot local authorities must take reasonable steps to correct any inaccuracies and complete the record it holds for these children. In those cases where a child whose name is included in the CME database has moved to another local authority area, the local authority must inform the receiving local authority about this case. The local authority must also remove a CME record if it is known that a child has left their area, has died, has ceased to be of compulsory school age, if a child becomes a registered pupil at a school or the education provided by the parent is now regarded as suitable and efficient.

The regulations named the 7 pilot local authority areas (Cardiff County Council, Carmarthenshire County Council, Gwynedd County Council, Isle of Anglesey County Council, Monmouthshire County Council, Powys County Council, and Rhondda Cynon Taff County Borough Council). They also stipulated that staff who access the CME database must be undertaking functions relating to school admissions, education welfare services, duties relating to the welfare of children, and duties relating to additional learning needs. Furthermore, the regulations listed the information which pilot local authorities must include in the CME database:

- the child's name (including any former name)
- the child's address (or last known address) including postcode

- the child's date of birth
- the name, address and postcode, telephone number and email address of all parents of the child
- the name and address of the person providing all or part of the education
- any additional learning needs that the child may have and any additional learning provision that is called for.

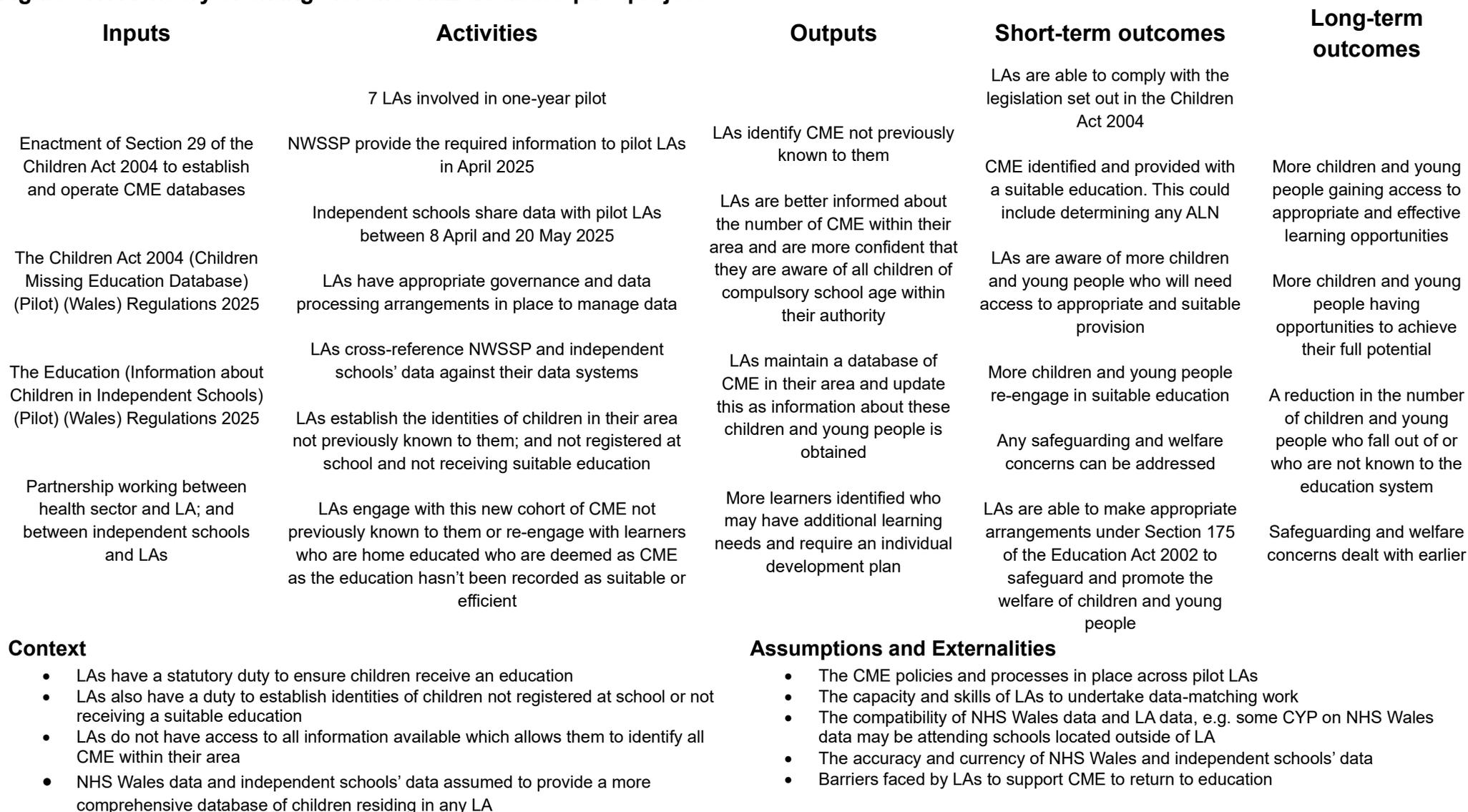
3.3.2. The Education (Information about Children in Independent Schools) (Pilot) (Wales) Regulations 2025

These [regulations](#) which came into force on 8 April 2025 and ceased to have effect on 20 May 2025, required independent schools to disclose information about registered children to the relevant local authority involved in the piloting of the CME database. Independent schools were required to share the same 3 pieces of data with the relevant local authority as required for local health boards and GMS (i.e. the child's name, address including postcode, and date of birth). They were required to disclose the information by 20 May 2025.

3.4. Theory of change

A theory of change logic model for the CME database pilot is set out at Figure 3.1, and articulates the actual inputs, activities, and outputs which the pilot is expected to deliver, together with the outcomes which can be expected to be achieved as a result.

Figure 3.1: A theory of change for the CME database pilot project



4. Local authorities' arrangements around CME

This chapter sets out arrangements in place across pilot local authorities to identify CME, track pupil transitions and maintain CME databases.

4.1. Approach to identifying CME

The pilot local authorities varied in how well established their existing arrangements were for identifying and monitoring children missing education. Three authorities believed they were strongly positioned to fulfil their statutory duty, with mature systems, clear accountability structures, and embedded multi-agency networks. In contrast, the other local authorities described themselves as either being in earlier stages of development, with policies and processes still being formalised or having sound internal systems but facing some limitations due to the quality and timeliness of external data.

The feedback from local authorities also highlights how local contexts matter. Urban authorities often reported facing complex safeguarding-related CME cases (including forced marriage and exploitation), while more rural areas highlighted the operational challenges of working across dispersed communities.

4.1.1. Strategic management and leadership

Strong strategic leadership was reported upon in 4 local authorities where CME sits within clear governance frameworks and senior oversight ensures accountability. By contrast, leadership arrangements and consistent approaches for pupil transitions and partner engagement were reported to be maturing at the time of the pilot in the other local authorities.

4.1.2. Networks and points of contact

Local authorities with well-established inter-agency networks tended to report greater confidence in their CME systems. Three described strong and mature networks with schools, health services, border agencies and neighbouring authorities, with regular multi-agency meetings to review CME cases. Other areas identified this as a development need with no systematic, authority-wide reporting mechanisms in place.

4.1.3. Information systems

Data systems underpinning CME identification was another area where the current situation differed from one pilot area to another. Three local authorities benefited from centralised data platforms and tracking systems. Other local authorities described challenges linked to data flow and completeness with a need to tighten attendance monitoring and improve the timeliness of receiving external data from partners (such as health partners and youth justice teams who are usually on the front line and come to hear about children who are not at school) so that local authorities can be informed about potential CME.

4.1.4. Securing education provision

Several authorities thought they had good methods to secure education for identified CME cases. CME officers coordinated closely with admissions teams, ensuring rapid referrals, home visits where required, and prompt placement once a child is located.

In contrast, other local authorities acknowledged that while identification processes are improving, formal pathways to secure provision for CME cases are less consistently applied. The pilot has encouraged these areas to consider how CME work aligns with admissions and fair access processes.

4.1.5. Effective pupil monitoring systems

Two pilot local authorities emerged as exemplars in maintaining systematic, proactive monitoring routines, enabling complex cases (such as those involving safeguarding or cross-border movement) to be closely followed up.

Other local authorities tracked individual CME cases through multi-agency review meetings, or operational spreadsheets for monitoring CME. Two pilot areas identified the absence of systematic transition checks as a major weakness and improving these monitoring systems was deemed a priority for them.

For all the pilot areas, the process had identified opportunities and prompted action to strengthen current procedures, improve efficiencies and close gaps including:

- strengthening the interface between the CME and Elective Home Education (EHE) teams, an area previously described as a “grey zone” where children could be overlooked
- drafting of a formal CME policy, endorsed by the Directorate Management Team and circulated across departments, thereby raising organisational awareness of CME
- exposing the absence of formalised mechanisms for partners such as health visitors and youth justice services to flag CME cases.

4.2. Tracking transitions and off-rolling

Across the 7 pilot areas, there was widespread recognition that tracking pupil transitions is central to preventing children from becoming CME. Most local authorities reported that they had systems for monitoring key transition points, particularly from Year 6 to Year 7, though the consistency and automation of processes varied considerably. Checks for monitoring earlier (nursery-to-reception) or cross-border transitions were more varied across pilot areas.

4.2.1. Tracking transitions from nursery to reception

Five of the 7 pilot authorities reported some form of process for tracking the transition of pupils from nursery to reception, though approaches differ in sophistication and automation.

Two local authorities described particularly strong practice. In one example, early-years transitions are coordinated by a dedicated officer and the team maintains a *Rising Fives* list to monitor children approaching statutory school age, including those identified as vulnerable through processes such as [Operation Encompass](#). In the other, applications for reception are cross-checked against known nursery cohorts. Where no application is recorded, the Admissions team investigates and follows up directly with families.

Three other local authorities operate a similar though more manual system. At one such local authority, children withdrawn early from nursery are retained on a watch list until they reach statutory school age, at which point the CME team checks with Admissions to confirm whether a school application has been made. Cases with no recorded destination are allocated for follow-up. In another, schools are required to notify the authority when a child leaves roll, and CME officers confirm that the pupil has a confirmed place in reception. Cross-checks are made between lists of pupils expected to transfer and those admitted, with discrepancies investigated promptly. In the third example, the Access team produce lists of children who have not applied or are known to be moving, and Education Welfare Officers (EWOs) review and follow up.

By contrast, the two remaining local authorities acknowledged that they do not yet have routine nursery-to-reception transition checks, identifying this as a major gap.

4.2.2. Tracking transitions from Year 6 to Year 7

Transition from primary to secondary school was the most consistently tracked stage across the pilot authorities with five pilot areas describing detailed and rigorous processes currently in place.

Two local authorities described how reports on Year 6 leavers are regularly generated with follow-up contact with families or schools to confirm attendance at the stated secondary schools. Independent school transfers were also followed up, and no child removed from roll until a confirmed start date was received.

Data is shared across teams at 3 other pilot local authorities too. At one, the data team automatically flags cases with no destination recorded at the start of term and the CME team spends the first two weeks of term verifying placements, including checks against independent schools and, where relevant, at neighbouring authorities. Another local authority undertakes similar cross-checking, comparing expected transition lists with receiving-school admissions data. Pupils who fail to appear are investigated, with CME, EHE and safeguarding colleagues brought together if necessary. In a third example, the local authority monitors Year 6 to 7 transitions through regular data sharing between the Inclusion service and EWOs. Cluster meetings are held half-termly to review starters and leavers and lists of pupils without confirmed secondary placements are followed up.

Two pilot areas reported limited formal processes at this stage, though officers do cross-reference with each other to verify where children have enrolled.

4.2.3. Tracking pupils enrolling in schools in neighbouring local authorities

Cross-border transfers remain one of the most persistent blind spots, with all pilot authorities describing difficulties arising from inconsistent or delayed data-sharing between local authorities.

Local authorities experience complications where they have multiple borders with other local authorities, and pupils frequently moving to and from those neighbouring areas. Although their data management system flags when a child resident in their local authority is not on roll locally, it cannot automatically confirm enrolment elsewhere. Manual checks and inter-authority communication are required, and delays are common. They also recalled cases where they had been contacted by another authority about a pupil who'd already attended their schools for a few years, illustrating the inconsistency of national practice.

One local authority reported more success than most in verifying cross-border destinations, aided by established networks and persistence in contacting other authorities and schools directly. However, officers also identified a structural weakness: the [regulations about information management for schools](#) do not mandate completion of destination information, and schools may use MIS from different suppliers (e.g. ESS or Arbor), which means that schools can simply record "Other" when pupils leave. This, they argued, could be mitigated through national policy change.

Another local authority highlighted the same issue but reported that while their internal tracking is strong, other LAs did not always share information about movers, creating unavoidable gaps.

4.2.4. Preventing inappropriate off-rolling

Preventing inappropriate off-rolling, where a school is persuading the parent to deregister their child because of an issue, is an area of growing attention and all participating local authorities described how they now operate policies that restrict schools from deregistering pupils without explicit local authority authorisation.

The clearest model of systematic prevention of off-rolling was seen at a particular local authority where schools are explicitly instructed not to remove pupils from roll until a confirmed destination is verified. Schools are reminded regularly of their obligations, and EWOs embedded in schools challenge any premature removals and reinforce compliance. CME referrals remain open until confirmation of a start date is received either from a school within its own, or other authority.

Another local authority adopts a similar stance, using monthly reports to identify potential off-rolling cases (i.e. where it appears the decision was not made by the family) and following up directly with schools and families. Officers carry out council-tax and travel checks where necessary, ensuring that removals reflect genuine moves rather than unverified withdrawals.

The other pilot local authorities demonstrated commitment but less formalised protocols. Three local authorities each rely on CME teams and Admissions staff to spot discrepancies and follow up manually. These systems were considered to work effectively in small-scale contexts but depend heavily on individual officers' vigilance.

4.2.5. Follow up action when learners do not appear on roll as expected

The pilot authorities described a combination of automated data checks and direct intervention follow up actions they take, when it becomes apparent that a learner has not appeared on roll as expected at key transition points or following school departure. Each approach that was described is outlined below:

- at one local authority, schools must complete an electronic exit form whenever a child leaves roll, which is routed to the local authority's MIS team and CME officers for review. The local authority requires schools to confirm that excluded pupils have physically arrived at their new setting, with all permanent exclusions reported to a central exclusion panel. The local authority also uses MI-generated flags to identify missing pupils at the start of term. These are allocated to the CME team for follow-up. The process is particularly intensive in the first few weeks of the academic year
- another local authority follows a similarly structured process. Schools are required to notify the local authority when a child is deregistered, after which the CME officer cross-references expected transition lists with actual enrolments. Where no destination is confirmed, cases are discussed in multi-agency meetings involving education welfare, safeguarding and social care
- a third pilot local authority operates a similarly systematic but streamlined model. When schools suspect a pupil is missing, they complete a referral form, triggering local authority checks.
- in two local authorities welfare officers conduct checks, contact other authorities, and, if necessary, undertake home visits to trace families or liaise with agencies already supporting the family. The child remains on the CME database until a confirmed destination is established
- in another local authority, schools are required to notify the CME officer immediately when a pupil is absent without explanation, parents are uncontactable, or a planned move fails to result in enrolment elsewhere. Alongside this, the data team runs regular reports from their data management system identifying any resident child of statutory school age who does not have an active school record. The CME officer checks these lists manually, verifying each case. Once a CME case is identified, officers establish the child's circumstances and cases are escalated to safeguarding colleagues if concerns arise
- the final local authority in the pilot takes a similar multi-layered approach. The authority undertakes all reasonable enquiries, mobilising education welfare officers and partner agencies to verify destinations. Where a child cannot be immediately traced, officers cross-check with other databases and external agencies. Again, the case will remain open until the destination is verified and the case resolved.

4.2.6. Protocols for tracking transitions to the independent school sector

Across the 7 pilot areas, there was widespread agreement that arrangements for sharing information about pupil movements to and from the independent school sector are limited, inconsistent, and largely informal.

While most local authorities can identify when a child leaves a maintained school for an independent setting, few have formal protocols to govern ongoing information exchange with independent schools. Where information is available, local authorities generally take proactive steps to confirm that children leaving for the independent sector have genuinely taken up a place.

Among the pilot areas, the 2 local authorities that demonstrated the strongest arrangements depended heavily on local relationships rather than formal data-sharing agreements.

In one of these areas, officers make direct contact with independent schools to confirm that pupils have arrived and continue to attend. The council's established relationships mean that schools share timely updates, enabling the local authority to intervene when attendance or safeguarding concerns arise.

In another local authority, a consistent data-recording process is applied when children move into the independent sector. All maintained schools are required to complete the destination field within the MIS when a pupil leaves, entering the name of the new provision. Schools are instructed to verify start dates directly with the receiving independent institution, and the CME officer then confirms with the receiving independent school that the pupil is attending.

Arrangements were less formalised in a third pilot area. Whilst some independent schools notified the local authority when pupils leave, others do not. The CME officer follows up missing information from independent schools via phone and email, though response rates vary.

The remaining 4 pilot areas reported that no formal protocols currently exist. Officers in one local authority for instance noted that independent schools are not required to report off-rolling and that they do not routinely check whether pupils progress within the independent sector (for example, from Year 6 to Year 7). Feedback from these local authorities suggested that staff were not convinced that independent schools understood the protocols for information sharing.

Two pilot areas noted that until participation in the pilot, they had received no information at all from independent schools. There were no formalised procedures for ongoing communication or for monitoring progress once a pupil was enrolled in the independent sector.

4.2.7. Independent schools' feedback on information requested upon enrolment

When asked what information is requested from them by the local authority when a pupil enrolls, all independent schools who contributed to the review noted that no information is requested.

Most schools also stated that local authorities do not contact them to confirm pupil transitions at any key stages, including from nursery/reception to statutory school age and from Year 6 to 7. They also noted that this was the case for all local authorities they dealt with, and that no local authorities in Wales which they dealt with ask for the data at any stage.

One independent primary school stated that local secondary schools request 'end of KS2' assessment data when a pupil transitions over. They also noted that safeguarding transfer requests differ depending on school and locality, but some schools do not request this information.

Where pupils stop attending the independent school, 3 independent schools said that there is no contact between them and their local authority, adding that they did not believe that there are any procedures that they are expected to follow in terms of notifying local authorities when children stop attending their school.

One independent secondary school noted that they immediately inform the local authority in writing when a pupil leaves roll, including the reason, date and any safeguarding concerns. They then close the placement when confirmation from the local authority is received that the pupil is re-registered or otherwise accounted for. Another independent school noted that no information is requested but that they do inform a local authority if they have concerns and will follow up themselves.

Another independent primary school noted that if a family is moving to a different school, area or country, they will gather as much information as possible but that they are not asked to share anything with the local authority. They mentioned that the local authority will occasionally contact the school to ask if a particular child is registered with them.

4.3. Local authority CME databases

All 7 pilot areas reported that they held some form of database or register of CME prior to the pilot. However, systems vary markedly in their sophistication, scope, and level of integration with wider education management processes.

At one end of the spectrum, some local authorities operate established, multi-service databases integrated with their central MIS, capable of tracking cases across education services and over time. At the other end, some local authorities have local systems in place but rely more on standalone or semi-manual processes such as a structured spreadsheet rather than a formal database. There was also considerable variation in whether these systems include children receiving unsuitable EHE, those who have disappeared without a

known destination, or information about the length of time a child has been missing from education.

In one local authority, the CME database is fully embedded in its central system. Data from schools' management systems are automatically uploaded each night, allowing near real-time updates. The data team act as the gatekeeper for data quality, ensuring that changes are verified before entering the central record.

Another local authority maintained an established system prior to the pilot, operating both a central digital record and a complementary Excel spreadsheet used operationally by officers. This dual approach was said to provide flexibility while maintaining oversight within the wider MIS environment.

The CME database at a third local authority sits within their local data system, managed by the MIS team. Any child identified as CME is logged there, with entries recording the date of referral and closure, and the system can produce summary reports of current CME cases. Two other local authorities maintain a separate CME register that also includes children deregistered from school for EHE where suitability is in doubt.

One local authority reported that a database is in place, though the authority does not maintain a standing count of CME children because cases are often closed quickly once enquiries confirm destinations. Another local authority by contrast, relies on a structured spreadsheet maintained by the CME officer. While not a formal database, the spreadsheet contains all core fields required by the guidance.

4.3.1. Types of data recorded

The CME regulations list the information which pilot local authorities must include in the CME database. They include:

- the child's name (including any former name)
- the child's address (or last known address) including postcode
- the child's date of birth
- the name, address and postcode, telephone number and email address of all parents of the child
- the name and address of the person providing all or part of the education.
- any additional learning needs that the child may have and any additional learning provision that is called for.

All pilot authorities noted that they captured core identifying information (name, address, date of birth, parent/carer details) prior to the pilot, but there is variation in the additional data fields used which impacts the depth of data that is successfully captured.

4.3.2. Inclusion of families providing unsuitable education

Approaches to including families who provide unsuitable EHE varied. Three local authorities confirmed that their CME database includes EHE pupils whose education has been deemed unsuitable. One local authority operates parallel systems for CME and EHE. Two local authorities did not explicitly reference inclusion of unsuitable EHE cases within their CME

databases, though officers acknowledged that such cases would likely be captured through welfare or EHE referrals if concerns were raised.

4.3.3. Inclusion of children with no known destination

All authorities confirmed that children who disappear without a known educational destination are recorded on their CME systems, though the degree of automation and data visibility differs.

Three local authorities maintain active lists of CME pupils that include those with no confirmed destination. In two local authorities, such children remain on the CME database until the local authority can verify their new education setting. In one local authority, these cases remain open on their CME dashboard until a destination is confirmed. Another local authority similarly records pupils with unknown destinations in its CME spreadsheet and central record.

4.3.4. Capturing the duration of missing education

Capturing how long a child has been missing education is an area of mixed practice. One local authority's system automatically records start and closure dates for each CME involvement, allowing staff to calculate the duration easily. In another local authority, every action is date-stamped, meaning duration can be calculated retrospectively, though the system does not produce this figure automatically. Another pilot area records both referral and closure dates, again enabling manual calculation of duration. As a result of the pilot, one local authority had since added this field to their CME spreadsheet to log. Another local authority did not specify whether its records capture duration, reflecting the relatively informal nature of its database. The other 3 local authority databases do not yet capture how long a pupil remains CME.

5. Pupil data transfer and matching

This chapter considers the transfer of NHS and independent school data, and the steps taken by local authorities to validate and match those data.

5.1. Receiving pilot data

5.1.1. Data from NHS

The CME database pilot commenced on 8 April 2025 across the 7 local authority areas, with a combined approach adopted across two authorities. The NHS Wales Shared Services Partnership (NWSSP) provided pilot local authorities with access to the data for a 6-week period. The data transfer process ran smoothly and local authority staff reported that the process was straightforward.

One consideration for NWSSP in preparing the data was identifying the cohort of children who lived within a particular local authority area from their database. To address this, NWSSP used Office for National Statistics (ONS) postcode locality data to allocate postcodes accurately to local authority areas.

5.1.2. Quality of NHS data

A few issues were raised by local authority staff regarding the format, quality, and accuracy of the NHS data received. These related to:

- spelling errors and typos in some data records
- incorrect or inconsistently formatted dates of birth
- incomplete data fields
- inconsistencies in the use of a child's legal or preferred name
- outdated and incorrect information.

Concern was expressed that some of the information shared by health boards with local authorities was erroneous.

5.1.3. Transfer of data from independent schools

The Welsh Government wrote to 84 independent schools across Wales requesting that they share relevant data with pilot local authorities within a six-week window by 20 May 2025. Each independent school was required to share data for those children on their register who usually reside within pilot local authority areas. The data was expected to be transferred directly from independent schools to each local authority and they were advised by the Welsh Government to do so securely. Not all independent schools complied with the regulations within the timeframes set for sharing information with local authorities, and at the time of our fieldwork there remained known cases of schools which had not complied.

Of the 6 independent schools that contributed to the review, most recalled first becoming aware of the requirement to share data with local authorities involved in the pilot in early 2025. While both WISC and the Welsh Government had notified schools about the

requirement, schools were more likely to recall the communication from WISC. Three of the 6 schools had attended the Welsh Government's information session held in March 2025 and had found it useful.

All independent schools had engaged with their respective local authorities over the course of the data transfer and had broadly found their engagement with local authorities to be positive and helpful.

All 6 independent schools that contributed to the evaluation had shared pupil data with the relevant local authorities as part of the pilot. Four submitted their data within the required timescales while 2 had done so after the set deadline. One school had initially assumed it was exempt for sharing pupil data, as all its pupils already had maintained IDPs and the data would therefore duplicate information already held by the local authority.

Schools generally found it straightforward to identify the pupil records they needed to share with local authorities. Most transferred the data via an Excel spreadsheet, while examples were given of sharing data via Word documents and including the relevant details in the body of an email. In some cases schools were asked to upload data via a secure portal and this was considered by them to be good practice. In other cases, schools were asked to email the data in a password protected file to a named officer or email address, which they were not comfortable with. In some cases, schools did submit data, but it was not received by the correct person within the local authority.

5.1.4. Receiving data from independent schools

The 7 local authorities expressed very different experiences of receiving data from independent schools.

For instance, in one area the process was thought to have worked well. They reported that all of the independent schools operating within their local authority and in neighbouring authorities had submitted their data quickly and accurately. The positive experience in this county was attributed to strong, long-standing relationships already in place between the local authority and the independent schools.

Two local authorities reported a more mixed experience. Some schools submitted data whilst others failed to respond. Officers noted that weaker relationships and local tensions may account for this. The provision of an Excel reporting template by these authorities, introduced on Welsh Government advice, was seen as a positive step and helped standardise the returns received from the sector.

The data transfer for the remaining local authorities proved more challenging. Few independent schools from within these authority areas provided data by the deadline, and many sent data several weeks later. Submissions arrived in inconsistent formats, with different levels of security and some schools omitted essential details for pupils. In some cases, schools had included details for pupils who were either under or over the statutory school ages.

Some local authorities were not confident that they had captured data from all relevant schools, as they were uncertain about the total number of independent schools educating children from their area. In these cases, it was suggested that a lack of a comprehensive, up-to-date register of all independent schools across Wales was a barrier to verifying full coverage.

Local authorities also reported that all the contacts received from some independent schools were already known to them, as these pupils had been placed by the authority in these special school settings.

A final issue raised by local authorities was that some independent schools only shared information for pupils with a permanent address in that authority's area, excluding boarding pupils who lived in the county during term time.

5.2. Validating and matching data

There was some trepidation amongst local authorities about undertaking the data-matching exercise once the NHS and independent school data were received, particularly given the expected volume of records. The validation and data-matching tasks were typically assigned to MIS teams or data officers responsible for managing education databases within the local authorities.

The pilot local authorities used different approaches to match the NHS and independent school data with their own records.

5.2.1. Automated and semi-automated matching methods

Three local authorities reported using automated methods such as Excel's Fuzzy Lookup and Power Query to support the matching and verification of the data. These tools were thought to have been effective, relatively quick to adopt and use, and provided local authorities with an accuracy score for the matched record. A fourth local authority had attempted to use an automated data matching method but had faced difficulties doing so.

Most pilot authorities used semi-automated data matching approaches, combining Excel and Access functions with an element of manual input and oversight to undertake the data matching.

However, in one authority it was reported that none of the records could be matched in an automated or semi-automated manner because of the lack of compatibility between the NHS and their own datasets. In this case, all NHS records received were manually checked by staff.

Some of the main issues raised by local authorities when attempting to match NHS records included:

- the data structures of the NHS dataset being different to local authority dataset structures
- inconsistencies in the formatting of data
- dealing with frequently used common names

- handling data for twins
- handling duplicate names
- the lack of a unique identifier for each record, NHS number or otherwise, which the local authority could use.

5.2.2. Manual matching

Pilot local authorities undertook extensive manual data matching after using automated methods, with the workload varying significantly depending on data volume and automation success. In some areas, the task required weeks or even months of effort, often by small teams or individual officers working beyond normal hours.

Local authorities that had received large volumes of data reported that manual data matching was time-consuming, with the scale of the task largely depending on the effectiveness of the automated and semi-automated methods used. These authorities spent several weeks completing manual validation checks.

For example, in one authority the manual matching process took place over several weeks and involved checking over a quarter of the NHS data received. In another authority it was estimated that checking all unmatched records would require nearly 500 hours, and it was therefore decided not to pursue full manual matching.

In some cases, the manual matching task was still underway at the time of our fieldwork. In one case, the local authority was waiting for data from neighbouring local authorities in order to complete this task before moving on to the next stage of the work.

Around half of the authorities thought that the time spent on manual matching unmatched records had been a valid use of staff time. The rest questioned whether this was the best use of staff time, with one of the view that the task had been a distraction for staff who would otherwise be better off spending their time on responding to genuine cases of CME.

Overall, there were fewer issues matching the independent schools data, given that across the pilot local authorities the volume of records received were manageable.

5.2.3. Records matched

Table 5.1 sets out how many NHS and independent school records were received in total across the participating pilot areas, and of these how many records were fully or partially matched. Based on the data submitted by 5 local authorities, a total of 93,024 records were received from the NHS and independent school sector. In line with different child population levels across the areas, these varied from a low of just under 9,000 records to a high of just over 33,000 records.

Overall, 94% of these NHS and independent school records received were matched with local authority records, either on a perfect match basis (68%) or as a partial match (26%). The proportion of all records matched at an individual local authority level varied from 89% to 98%.

The number of NWSSP and independent school data records that could not be matched with local authority databases ranged from a low of 180 to a high of 3,517. As a proportion of all records received, this equated to just over 2% in some authorities, rising to around 11% in another. The higher number of unmatched records in this authority was attributed to the large proportion of pupils attending schools in neighbouring authorities. Although data from these areas had been requested by the local authority, it had not been received at the time of our fieldwork.

Table 5.1: Total children’s records received and matched during the pilot project [data based on 5 LAs]

	NWSSP	Independent schools	Total
Number of children’s records received	67,768	756	93,024
Perfect match with local authority databases (PLASC, EHE, EOTAS, OOC)	54,393	808	63,039
Partial match with local authority databases	17,113	95	24,208
Records not matched	4,523	237	5,700

Note: The data was not broken down for NWSSP and independent schools’ data for one local authority hence the total column does not tally with the NWSSP and independent schools columns.

Source: Data provided by 5 local authorities involved in the pilot project

6. Identifying and engaging potential CMEs

This chapter considers the extent to which the pilot project has helped to identify more potential CME across participating local authorities. It also sets out the steps taken by local authorities to identify and engage potential CMEs identified via the pilot project following the data matching exercise.

6.1. Identification of more potential CME

Table 6.1 presents the number of CME known to participating local authorities before and after the pilot, along with the number of potential CME cases identified through the exercise. The data supplied by 5 local authorities suggests that the pilot has resulted in a marked increase in the number of potential CME cases recorded by participating authorities. However, feedback indicates that the effectiveness of the pilot in identifying confirmed CME has been mixed. Some authorities reported that the exercise was valuable for improving data quality and awareness of CME, while others found it time-consuming, resource-intensive, and of limited practical benefit in identifying new cases. One local authority was unable to provide a definitive view, as follow-up work was still ongoing at the time of reporting.

Table 6.1: Number of potential CME identified as a result of the pilot

	Number of cases
Number of CME known to the local authority prior to the pilot	348
Number of CME known to the local authority after the pilot	2,631
How many potential CMEs has the pilot helped to identify	5,386

Source: Data provided by 5 local authorities

Three local authorities reported that the pilot had helped them improve the quality and reliability of their data and therefore help identify potential CME cases. Staff at these authorities noted that the process provided greater assurance that their own CME lists were accurate and up to date. For these areas, the pilot strengthened existing systems and increased confidence in the information that they held.

One local authority was unable to determine whether the pilot had identified additional CME as data validation and matching work was still ongoing.

The remaining 3 local authorities questioned the pilot's added value, reporting that it had not identified any additional cases of CME. In one case, it was reported that all unmatched records followed up by staff to date related to children attending schools outside the county therefore not CME and in another, the exercise was criticised as a burdensome paper process that had diverted staff time from frontline CME work.

6.2. Follow on steps taken by local authority to identify CME

Four local authorities had already begun working through unmatched children's records, though the success of these efforts varied due to factors such as the volume of unmatched records, missing contact details, lack of a permanent home address, families moving out of county and the need for information from neighbouring authorities.

In one case, an unmatched list of approximately 600 records was allocated to an officer for follow-up. Many records lacked contact information such as a phone number or address, making the task very challenging. Only a small number of cases were followed up, and the exercise was put on hold until the list could be reduced by cross-checking with neighbouring authority data.

In another case, an unmatched list of 940 records was shared among the welfare and home education teams. The follow-up process was approached systematically. First, records near the boundaries of neighbouring counties were shared with those authorities to establish if the children were attending out-of-county schools. This proved efficient and over half of the records were resolved in this way. Following this, the teams began contacting families by telephone when numbers could be sourced from other departments such as social services or children's services, as well as home visits. For some cases, a telephone contact confirmed that families had moved abroad, which was corroborated with council tax records. In other cases, the work helped identify previously unknown home-educated children.

Similarly across 2 other local authorities, welfare officers were following up unmatched records at the time of fieldwork, working with manageable batches of about 20 contacts at a time. The follow-up process involved sending letters to families using NWSSP database addresses to inform them of the authority's duty to verify education arrangements, followed by home visits to confirm residency. Most cases were expected to involve families no longer at the recorded address, while some children likely attended independent schools that had not submitted data. Some records included children registered with GP surgery addresses, possibly due to lacking a permanent home, complicating identification.

The other local authorities either did not have plans to undertake follow up activities or were preparing to commence work after receiving outstanding neighbouring authority and independent schools data, mainly because the volume of the unmatched records was considered too unmanageable within available staff capacity.

7. Reflections from the pilot project

This chapter considers local authorities' reflections on the pilot project. It also considers improvements or amendments which could be made to the regulations, and wider feedback about the future.

7.1. Extent to which the pilot has identified CME previously unknown

Across the 7 pilot areas, local authorities reported mixed experiences of the CME database regulations and the extent to which they have supported them to identify CME previously unknown to them. While all recognised the underlying logic of the pilot and its ambition to strengthen visibility of CME, their assessments of its practical value and impact on identification of previously unknown CME varied.

Three key themes emerged from discussions with the pilot areas around the perceived value of the process undertaken as part of the pilot.

First, despite the challenges, most authorities regarded the pilot as worthwhile in principle, if not yet in practice. It had been a clear step forward in identifying and tracking potential CME at 3 local authorities. Officers in these authorities were confident that continued follow-up work would narrow down the list to genuine cases of CME. Importantly, they saw scope to strengthen outcomes through wider partner participation, for instance by encouraging data sharing with voluntary agencies such as those supporting domestic-abuse victims.

Two local authorities also valued their involvement in the pilot for different reasons, one for exposing systemic data flaws, and the other for providing reassurance and validation that their existing systems were already robust.

In this sense, the pilot has arguably advanced collective understanding of what an effective CME data-sharing system would need to look like, even if its immediate impact on CME identification was limited.

Two other local authorities did not feel any better informed and the ongoing difficulty of identifying CME arising from transient populations, such as traveller families or those relocated due to domestic violence would remain.

Second, that data quality was the main barrier, with almost all authorities highlighting the poor or outdated NHS data as the main limitation. There was broad consensus that, while the database offered potential to improve data sharing between health and education, its immediate contribution to identifying new CME was limited due to the quality and timeliness of the information being provided.

Pilot local authorities questioned whether year-on-year repeats of the exercise would yield meaningful improvement unless the NHS cleansed and standardised its records.

Thirdly, it was argued that there was a very heavy administrative burden associated with the pilot. The resource-intensive nature of the data matching process was made even more

difficult due to the limited capacity of local authority teams to manage it. Unless changes to the regulations and requirements the process would be difficult to sustain without additional staff or technical capacity.

Several authorities reported that the exercise had required disproportionate effort relative to the value of the results obtained, consuming staff time and being heavily dependent on specialist staff with data handling expertise.

7.2. Improvements and lessons learned in relation to sharing of health data

Across all pilot areas, several suggestions in relation to improving health data sharing emerged. Feedback from local authorities emphasised that outdated or incomplete data undermined the purpose of the CME database. They called for more current datasets, ideally containing only new or changed records, and with clear timestamps or indicators.

Local authorities advocated for the Welsh Government to play a more active role in cleaning, filtering, and cross-referencing NHS data before distribution. Local authorities felt a central pre-processing of the data, deduplicating and cross-referencing it against the full existing education dataset of PLASC before it is passed to local authorities would be a much more efficient way of dealing with the data. By performing this initial data-matching centrally and distributing only the unresolved cases to local authorities for further investigation would reduce duplication of effort, ensure consistency of method and make the process more sustainable, particularly if the database were to become an annual or ongoing requirement.

The question of including the NHS number featured prominently in the feedback. Most authorities agreed that the NHS number could, in theory, greatly improve data matching by providing a stable, universal identifier.

Three pilot areas mentioned that it may also be worth exploring if local authorities would benefit from accessing Unique Property Reference Number (UPRN) ^[footnote 3] data for each record in any future data transfers, particularly since NWSSP has recently started to incorporate UPRN data into their data management systems. They believed that a UPRN might serve as an alternative common key for matching, since it would be consistent across public sector datasets, avoid data protection complexities associated with personal health identifiers and improve matching accuracy and efficiency.

7.3. Improvements and lessons learned in relation to sharing of independent schools data

Concerns about accuracy, data protection, and compliance were raised across several pilot authorities. Officers described variation in how independent schools handled data. They

³ Unique Property Reference Number which relates to an unique address in GB [Identifying property and street information - GOV.UK](#)

reinforced the need for both secure transfer mechanisms and greater accountability among independent schools for the quality and security of their submissions.

In addition to technical improvements, local authorities highlighted the need for stronger compliance mechanisms and questioned what the consequences and implications for independent schools would be if they did not comply. They emphasised that data submission is a legislative requirement and that schools should be made aware of their obligations.

Pilot local authorities were largely satisfied with the categories of information requested in principle but stressed the need for those categories to be applied consistently and accurately. Pilot authorities were unanimous that standardisation of data format and fields would substantially improve usability and accuracy of the data received from independent schools if they were required to send to local authorities.

Two local authorities made suggestions about data that independent schools should provide to include a core set of identifiers to include forename, surname, date of birth, and ideally Unique Pupil Number (UPN) alongside structured address data with separate fields for house number, street, and postcode. They also proposed that age or eligibility criteria be standardised so that only pupils of compulsory school age, and those resident in the relevant local authority were reported. The inclusion of UPNs in particular would greatly assist with matching.

Two local authorities further suggested that Welsh Government provide clear definitions of what constitutes “attendance” or “enrolment” for reporting purposes, to avoid discrepancies between schools’ interpretations. This would help ensure that data about pupils who have recently left, moved, or are dual-registered was captured consistently. They also noted that data should be supplied in a single, complete batch as staggered submissions made tracking and reconciliation more difficult.

Pilot local authorities called for greater central coordination and standardisation ideally, suggesting that the Welsh Government could take a stronger coordination role, and issue uniform guidance, standardised templates and clear timelines directly to independent schools. Pilot areas felt that there was a lack of consistent national direction to independent schools about their data sharing responsibilities and that the expectations upon them were unclear – both in terms of what information should be sent and how it should be transferred. One pilot authority suggested that the Welsh Government might develop a dedicated portal, or that independent schools use the NHS Informatics platform (or similar) for safe and secure data transmission.

All pilot areas questioned the practicality of requiring schools to send data separately to each of Wales’s 22 local authorities describing it as inefficient and unrealistic. Instead, they enquired whether a centralised model could be explored, whereby independent schools could submit their data once to the Welsh Government, which would then distribute the relevant information to the appropriate local authorities once validated.

Interviewed independent schools made the following suggestions for improvement that could be made to the data transfer process:

- a more refined process that automatically excluded LA-placed pupils who are already on the local authority's statutory monitoring systems (IDPs or EOTAS) or a data flag from the local authority confirming that the pupil is already placed/monitored
- a central secure portal/encrypted platform such as Egress – as without significant changes the process did not maximise its potential for keeping children safe
- more data to be provided including the name and address of both parents, attendance rate as a % and any safeguarding concerns.

One independent school highlighted that pupil data, particularly for mobile populations such as service families, is constantly changing, making timely updates critical. They proposed that accuracy and currency could be improved through a more automated data-sharing system linking each school's dynamic register directly to local authority datasets. This would allow for real-time updates without resending full files, ensuring that changes (such as pupil movements) are immediately communicated and reducing the risk of children missing education (CME) going undetected.

In the absence of automation, schools suggested a mandatory time limit for informing LAs of pupil movements. Some already go beyond current requirements, maintaining contact until a child's transfer to another school is confirmed, reflecting strong safeguarding practice.

However, they noted that identifying each pupil's home LA is currently a manual, one-at-a-time process, which is time-consuming, error-prone, and administratively burdensome. A batch-processing solution, such as linking to a Unique Learner Number (ULN) via the existing Learning Records Service (LRS) portal, would improve efficiency and consistency.

Independent schools also called for clearer national guidance on:

- which pupils are covered (e.g., those of compulsory school age)
- how boarders should be recorded, given the mismatch between their residence, GP registration, and home LA boundaries.

It was suggested by one independent school that the data transfer should be done at least annually and as and when pupils leave the school roll.

Finally, schools warned that poorly designed regulations could have unintended consequences, for example, parents seeking to avoid CME oversight may also avoid healthcare registration, posing a safeguarding risk to the child.

7.4. Further suggested amendments or improvements to the regulations

A few additional suggestions and comments were made by the pilot local authorities for further amendments or improvements to the regulations.

First, a consistent issue across authorities was the difficulty of tracking children who move between local authority areas, both within Wales and across the border into England,

particularly where children may be registered with a GP in one area but attend school in another. Collectively, they felt that these examples point to the need for explicit regulatory provisions to facilitate cross-border and inter-authority data sharing.

Second, several authorities felt that current data-sharing intervals, particularly annual transfers, were insufficiently responsive to children's movements and the pace of real-life changes. They proposed more regular, possibly quarterly transfers, which would also make the workload more manageable by allowing smaller, timelier batches to be followed up.

Third, several authorities noted technical and definitional issues that complicate CME identification. One highlighted problems with geo-coding and administrative boundary definitions, observing that properties may be listed under one local authority in the national property gazetteer but pay council tax to another.

Finally, some authorities highlighted the need for careful handling of sensitive cases, to maintain public confidence and uphold data protection principles.

Respondents from independent schools suggested several practical refinements to future CME regulations to improve identification and tracking of children missing education. They proposed that regulations should differentiate between independent mainstream or fee-paying schools with privately enrolled pupils, and independent ALN schools operating exclusively under local authority placement. Since the latter group is already under statutory local authority oversight, a simplified exemption or automatic data link for these schools would make reporting more proportionate and efficient.

More broadly, respondents emphasised the need for standardised and streamlined processes, including:

- having a named contact, and their contact details, at each local authority to discuss any issues
- considering a standardised, simple form to record pupil transitions, particularly from pre-school to reception across different settings, to ensure continuity and visibility at key transition points
- automated or simplified systems for updating pupil information to reduce manual effort and errors.

8. Conclusions and recommendations

In this chapter we return to consider the research questions set for the evaluation and offer a set of recommendations for the Welsh Government, local authorities, health sector and independent school sector to consider for the future. Although our conclusions and recommendations are based on evidence gathered from local authorities involved in the database pilot, many of them are likely to be relevant to other local authorities as well. We therefore believe they should be considered as broader recommendations for future implementation.

8.1. The effectiveness of pilot local authorities existing systems and processes for determining potential CME

The review found that about half of the pilot local authorities believed they had strong systems and processes for identifying CME at the point they got involved with the pilot exercise, while the other half felt they were in a weaker position.

At the time of our fieldwork progress was being made by pilot local authorities, with support from the Welsh Government, to address areas of weakness. For example, work was underway to develop more consistent approaches, strengthen collaboration and introduce more formal arrangements with a wider range of services that could report cases of CME. However, less progress had been made in other identified areas of weakness, particularly around improving information systems, although local authorities recognised the need to prioritise such improvements in the future.

Most pilot local authorities reported that they had systems to monitor key transition points, especially the move from Year 6 to Year 7. However, the consistency and automation of these processes varied, which affected how effectively authorities could identify potential CME. Monitoring of earlier transitions, such as from nursery to reception was more varied, suggesting that this is an area for further development.

Tracking pupils who move between local authority areas remains a challenge. Data-sharing between authorities is often slow and inconsistent. Differences in how schools record pupil destinations add further complications, meaning local authority staff often have to follow up manually. This increases the risk that some children may be missed, undermining efforts to ensure continuity of education and effective safeguarding.

All pilot local authorities reported having policies that prevent schools from deregistering pupils without explicit authorisation from the local authority. There were also examples of good practice worth replicating more widely, such as requiring schools to confirm a pupil's next educational destination before removing them from the roll.

All pilot areas already had a CME register in place before the pilot began, but the systems varied. Some local authorities had advanced, integrated databases, while others relied on basic spreadsheets. The effectiveness of these systems in tracking CME also differed. Approaches to recording families providing unsuitable EHE were inconsistent. All authorities confirmed that children who go missing without a known educational destination are

included in their CME systems, although the level of automation and data visibility differs. Recording how long a child has been missing education was also inconsistent, with some authorities lacking this information altogether.

- **Recommendation 1:** Pilot local authorities should continue to address areas of weaknesses identified within their existing CME processes, with ongoing support from the Welsh Government and by learning from good practice in other areas, in order to comply with the national guidance.
- **Recommendation 2:** The Welsh Government should provide advice and guidance to local authorities to ensure that responsibility for CME is not placed on education welfare services alone, and that all relevant departments, including admissions and ALN teams, are fully aware of their responsibilities. Similarly, local authorities should be supported to ensure that other front-line agencies such as health, police, youth offending and leisure services are aware of their responsibilities in terms of identifying and referring potential CME to local authorities.
- **Recommendation 3:** Pilot local authorities should improve the consistency and automation of the systems used to monitor pupil transition, particularly from Year 6 to 7 and from nursery to primary school settings.
- **Recommendation 4:** Pilot local authorities should require schools to complete the destination field in their MIS before a pupil is taken off the roll. Schools should not be allowed to remove a pupil from roll until a confirmed next destination has been verified.
- **Recommendation 5:** Pilot local authorities should record how long each child has been out of school on their CME registers to help monitor and respond to cases more effectively.
- **Recommendation 6:** Cross-border data-sharing protocols between local authorities should be strengthened and formalised as a matter of priority, particularly for pupils who never enrolled at a school in their host local authority area.
- **Recommendation 7:** The Welsh Government should issue a reminder to all local authorities on how to record EHE learners when the education provided is considered unsuitable. Local authorities should adhere to Welsh Government guidance on recording of this information and any follow up action taken.

Arrangements for sharing information about pupil movements to and from the independent school sector prior to the pilot were found to be limited, inconsistent and largely informal. Where these arrangements worked well, they relied on local relationships rather than formal data-sharing agreements.

Independent schools who took part in this evaluation generally reported that they do not share information with local authorities about children who enrol at their setting, nor are they required to notify local authorities when they stop attending the school. This lack of systemic information exchange should be a priority to address, as it poses risks for identifying CME in a timely manner. Rather than relying on a single, annual data-sharing exercise, this issue would be better addressed through ongoing protocols and regular information sharing.

- **Recommendation 8:** The Welsh Government should explore the introduction of data-sharing agreements between local authorities and the independent school sector – or consider making this a statutory requirement. This would ensure that independent schools share information with local authorities about all pupils on their roll at the start of the academic year and notify local authorities promptly when a pupil leaves their roll.
- **Recommendation 9:** Pilot local authorities and the independent school sector should reflect on the lessons learned from the pilot about how data is shared between independent schools and local authorities (see section 8.3 for details). In particular, consider whether a centrally coordinated approach would make these arrangements more effective.
- **Recommendation 10:** The Welsh Government should provide clearer guidance for independent schools about which boarding pupils to include in their data returns, for example, whether to include those boarding within the host authority area or those whose usual home address is within that area.

8.2. The efficiency and effectiveness of the process of receiving data from the health sector

The process of receiving health board data was efficient and the transfer of data from NWSSP to pilot local authorities ran smoothly. In total, in excess of 167,000 records were transferred securely and efficiently to 7 local authorities.

There were issues around the format, quality and accuracy of the NHS data received which had bearing upon local authorities' ability to match the data received with their own records.

Local authorities would have benefited from accessing more information for each health record received. Accessing records which contained a unique identifier used by both local authorities and the health sector would have supported more effective automated matching.

Recommendations offered in the event that the health sector data requirements be replicated or rolled out in the future

- **Recommendation 11:** Pilot local authorities should share information with NWSSP about children they have identified as no longer attending their schools and no longer showing as active on their LA databases to allow the NHS Wales to update their records.
- **Recommendation 12:** NHS Wales should consider including additional data fields within the records shared with local authorities in order to support more accurate matching with local authority datasets. Ideally, data records should include UPRN data, and, where possible, parents' names. Local authorities who do not currently hold UPRN data should explore its adoption.

8.3. The efficiency and effectiveness of receiving data from independent schools

The process of receiving data from independent schools was inconsistent. Not all schools complied with the regulations or submitted data within the required timeframes. Some local authorities also found it difficult to know whether they had received data from all relevant schools, as they reported not having access to a single register of independent schools in Wales. In some cases, schools did submit data, but it was not sent to the email address provided by the local authority, indicating issues with communication and secure data transfer.

The quality of data from independent schools was also mixed. While generally considered up to date, the data sometimes included pupils who were out of scope in terms of age or geographical location. Schools submitted data in a variety of formats and with different levels of security, highlighting the need to improve data transfer processes. There is a strong case for adopting the good practice observed during the pilot, whereby an Excel reporting template was provided to schools and schools were required to upload the data to a secure portal hosted by the local authority.

Although managing this exercise was feasible for independent schools during the pilot, which involved only 7 local authorities, expanding it to a Wales-wide level could create challenges. This is particularly true for schools that enrol children from multiple local authority areas. One potential solution would be for schools to submit data once to a central portal, indicating the local authority where each child resides, and for this information to be shared with the relevant authorities.

It also appeared that some data records shared by independent schools were already known to local authorities, notably pupils maintained by the authority through IDPs and placed in these settings by the authority. This raises questions about the usefulness of such data transfers, and we suggest this issue be reconsidered if the pilot is repeated or rolled out more widely.

Recommendations offered in the event that the independent schools data requirements be replicated or rolled out in the future

- **Recommendation 13:** The Welsh Government should exclude pupils already maintained by local authorities who are placed in independent schools due to their ALN from any future data-sharing exercises, as these records are already held by local authorities.
- **Recommendation 14:** The Welsh Government should provide clearer guidance to independent schools about the data they need to provide and what should be excluded. This should include a reporting template and clear instructions on the expected format of the data. Local authorities should also make a secure portal available for schools to submit the data securely.
- **Recommendation 15:** The Welsh Government should share a database of all independent schools in Wales with contact details (name and email address) to local authorities to help them monitor responses and ensure that datasets are complete.

- **Recommendation 16:** Consideration should be given to the development of a central portal where independent schools can submit their data once, simplifying reporting and communication. Local authorities should explore how such a central portal could be established and managed.

8.4. Identify the number of potential CME found as a result of the CME database pilot

Receiving data from the health sector proved valuable for identifying potential CME in around half of the pilot local authorities, but less useful in the remaining half.

The pilot data proved particularly helpful for smaller, rural local authorities with less transient populations, where the task of data matching was more manageable and semi-automated partial matching techniques could be applied effectively. In contrast, larger urban-based authorities with more transient populations, despite having more sophisticated CME processes and MIS, struggled to make full use of the health sector data due to the scale of the data and issues with its quality. Considerable time was spent on manual matching in these areas, and in some cases, authorities did not attempt this task because of the onerous workload involved. This resulted in variation in the number of unmatched records across these pilot authorities.

It was evident from our fieldwork that identifying potential CME was also hindered by the lack of information about children attending schools in neighbouring local authority areas. Addressing this gap in data should be a priority for the future, as many potential CME identified via the health sector database were thought to be enrolled in schools outside their home authority.

In terms of good practice, tools such as Excel's Fuzzy LookUp and Power Query proved useful for some local authorities for partial matching of data records. Sharing these techniques and knowledge with other authorities would be beneficial, especially if the pilot were to be extended across Wales.

Recommendations offered in the event that the health sector data requirements be replicated or rolled out in the future

- **Recommendation 17:** Local authorities should automatically inform the child's residing local authority when a pupil enrolls in a school in their area. Addressing this gap would make future health sector data more useful and easier to match, helping authorities identify potential CME more effectively.
- **Recommendation 18:** Pilot local authorities should share experiences and techniques for automated and semi-automated data matching, including tools such as Excel Fuzzy LookUp and Power Query. This would support more efficient and consistent matching processes, particularly if the pilot is expanded across Wales.

8.5. Compare the number of CME known before and the potential known after the CME database pilot

The pilot has led to a substantial increase in the number of potential CME known to participating authorities - over 5,000 across the 5 local authorities that provided data. However, initial research would suggest that many of these records relate to children who had either moved out of the area or were enrolled at neighbouring local authority schools. Several authorities were unable to determine whether the pilot had helped them identify previously unknown potential CME cases, as they had not yet completed the necessary data matching or follow-up work. Three local authorities reported that the pilot had helped them improve the quality and reliability of their data and therefore help identify potential CME cases.

There is a marked difference in the ability, readiness, and capacity of pilot authorities to follow up on their remaining unmatched records, which has affected the value they have gained from the pilot so far. In many cases, follow-up depends on first accessing data from neighbouring local authorities to rule out known contacts. Some authorities also wish to access complete independent school data before proceeding. In other cases, there is reluctance to pursue follow-up due to concerns about the quality and currency of the NHS data, and because the large volume of remaining unmatched records makes the task very resource intensive.

Despite these challenges, the pilot has contributed to improvements in the quality and reliability of data across participating local authorities.

8.6. Determine whether any amendments are needed to the regulations or the process of receiving data

We concur with the views of local authorities that the pilot has been a worthwhile exercise in principle, if not yet in practice, not least because it has either encouraged improvements to local authorities' processes and practices or provided reassurance and validation that their existing systems were robust. The pilot has helped to develop a collective understanding of what an effective CME data-sharing system would need to look like, even if its immediate impact on CME identification was limited.

We are not convinced that expanding the pilot in its current form would be an effective use of resources. This is due to the need to ensure consistency and use of existing CME processes across pilot local authorities so that they operate in line with existing statutory requirements and ongoing data quality issues with health sector records. Collectively addressing these two issues should be the next priority, rather than asking local authorities to repeat the exercise or extend it to additional areas. Once these issues have been resolved, a wider roll-out of the health data-sharing pilot could then be considered.

Annex A: Research instruments

Discussion guide 1: Interviews with local authority officers

Introduction

1. Can you tell me about your role and involvement with identifying children missing education (CME) within your local authority.
 - In what ways have you been involved with the CME database pilot?

Approach to identifying CME

2. How well placed is your local authority to fulfil its duty to identify CME in your area?
 - What insights did your local authority's self-evaluation questionnaire provide? [Ask for copy if not already received]
 - How well placed is the local authority to deliver on the five criteria set out in the self-evaluation questionnaire:
 - strategic management and leadership
 - networks and points of contact
 - information systems
 - securing education provision
 - effective pupil monitoring systems

Tracking transitions and off-rolling

3. Does the local authority routinely track and confirm pupil transitions at key stages including...
 - From nursery to reception?
 - From Year 6 to Year 7?
 - Pupils who enrol at schools in neighbouring local authorities?
4. How does the local authority go about tracing children and young people who cease to attend school?
 - What follow-up actions are taken by the local authority if expected learners do not appear on roll?
 - How does the local authority ensure that schools do not take learners off roll?
5. What protocols does the local authority have on sharing information about pupil movements to the independent school sector?
 - How does the local authority follow up with learners leaving to attend private/independent schools?

Local authority CME database

6. Did the local authority have an existing CME database which was in place prior to the pilot?

- What types of data are recorded on this database?⁴
- Are families who are not providing a suitable education included on the CME database?
- Are children and young people who have disappeared without a known destination included on the database?
- Does the database capture the duration for which a child has been missing education?

Receiving pilot data

7. Can you tell me about the process of receiving the NHS data from NHS Wales Shared Services Partnership as part of the pilot.
 - How would you describe the experience of receiving and using this data?
 - Who was responsible for downloading the NHS data from the portal?
 - How many children were listed on the database?
 - What aspects of the process worked well?
 - What challenges or issues did you encounter?
8. Can you tell me about the process of receiving data from independent schools as part of the pilot.
 - How many schools provided their data to your local authority by the 20 May 2025 deadline?
 - How many schools provided data after 20 May 2025?
 - How many schools have yet to provide data to your local authority?
 - In what format was the data submitted (e.g. Word, Excel)?
 - How many children's names were supplied in total by independent schools?
 - How was the data transferred to the local authority? Was this done securely?
 - What aspects of the process worked well?
 - What challenges or issues were experienced?

Validating and matching the data

9. How did the local authority go about validating and matching the data received from the health board and independent schools?

⁴ the regulations list the information which pilot local authorities must include in the CME database:

- the child's name (including any former name)
- the child's address (or last known address) including postcode
- the child's date of birth
- the name, address and postcode, telephone number and email address of all parents of the child
- the name and address of the person providing all or part of the education.
- any additional learning needs that the child may have and any additional learning provision that is called for.

- What steps did you take to cross reference the NHS data against your internal databases (PLASC, EHE, EOTAS and OOC)?
 - What steps were taken to cross reference the independent schools' data against your internal database (PLASC, EHE, EOTAS and OOC)?
 - Who was responsible for carrying out these tasks?
10. [Ask if not returned the data collection template, otherwise confirm the data] How many (a) perfect and (b) partial matches have you been able to secure for the records received from (a) the NHS and (b) from independent schools?
11. [Ask if not returned the data collection template, otherwise confirm the data] How many records could not be matched? Why could these records not be matched?
12. Did you use any data-matching tools/software to cross-reference the data automatically?
- If so, which tools/software did you use?
 - How well did it work?
 - What proportion of the data received were you able to match exactly in this way?
13. Have you performed any of the data matching tasks manually?
- What proportion of the data received were you able to match manually?
14. How much staff time was used (or would be used) to undertake the data validation and cross referencing tasks for all of the data received?
- Did/does the local authority have the capacity to undertake these tasks?
15. What challenges or issues did you experience when matching the data received from NHS and independent schools with your own LA databases?
16. What plans (if any) do you have for matching these remaining records?

Identifying and engaging CME

17. Has participating in the CME database pilot helped your local authority to identify more potential CME?
- Ask if not returned the data collection template, otherwise confirm the data:
 - Prior to the pilot, how many CME were known to the local authority?
 - After the pilot, how many CME were known to the local authority?
 - How many potential CME has the pilot helped you to identify?
18. What steps has your local authority taken to follow up on the additional potential CMEs identified via the database pilot?
- Has the local authority engaged with this new cohort of CME or re-engaged with home educated learners deemed to be CME?

- What has been the outcome of this engagement?

The regulations

19. To what extent have the CME database regulations supported your local authority to identify CME previously unknown to you?

- Has the pilot been a worthwhile exercise?
- How much better informed do you feel about the number of CME within your area?
- How confident are you that the local authority is being made aware of all children of compulsory school age within your area now?

20. Thinking about the health board data sharing process

- What improvements could be made to the NHS data transfer process?
- Are there any changes you would recommend to the categories of information transferred?⁵ If so, what?
- What additional data might help you to better identify CME?
- Would including the child's NHS number on the data transferred be useful in identifying CME?
- What could be improved about the content of the data transferred e.g. accuracy or how up-to-date the data is?

21. Thinking about the independent schools data sharing process

- What improvements could be made to the data transfer process from independent schools?
- Are there any changes you would recommend to the categories of information transferred? If so, what?
- What could be improved about the accuracy and currency of the data transferred?

22. Are there any further amendments or improvements, not already mentioned, that are needed to the regulations to help identify more CME?

⁵ The regulations place a duty on local health boards to disclose 3 pieces of information – the child's name, the child's address and postcode, and the child's date of birth.

Discussion guide 2: Interviews with independent schools

Introduction

1. Can you tell me a little about your school and your role?
 - How many pupils are currently on the school roll?
 - Typically, from which local authorities do your pupils come from?
 - Do you have any pupils boarding at the school? If so, how many?

Tracking transitions and off-rolling

2. What information, if any, do local authorities request from you when a pupil enrolls at your school? [Ask about own and any relevant neighbouring local authorities]
 - How frequently are you required to provide this information?
 - In what format is the information requested?
 - What categories of information are you expected to provide?
3. Do local authorities usually contact you for information to confirm pupil transitions at key stages including...
 - From nursery/reception to statutory school age?
 - From Year 6 to Year 7?
 - Does this vary between different local authorities, and if so, how does it vary?
4. How do local authorities attempt to track pupils aged 5 to 16 who stop attending your school? [Ask about any differences in approaches between local authorities]
 - What procedures, if any, are you expected to follow to notify local authorities about children who stop attending your school?
 - What information, if any, are you expected to share about children who stop attending your school?
 - Do local authorities inform you of the outcome of their enquires when a learner has left the roll of your school?

Awareness of regulations and pilot

5. Are you aware of the Education (Information about Children in Independent Schools) Pilot Wales Regulations 2025 which require independent schools to disclose information about registered pupils to the relevant local authority involved in the CME database pilot?
 - What do you understand to be the purpose of these regulations?
6. When did you become aware of the requirement to share data with local authorities involved in the pilot?
 - Do you recall being notified by WISC about the pilot and the requirements?
 - Do you recall being notified by the Welsh Government about this?
 - Did you / a representative from your school attend the information session with the Welsh Government on 6 March 2025? If so, how useful was this?

- How have you engaged with the local authorities involved in the pilot?

Sharing pilot data

7. Did your school share pupil data with local authorities as part of the pilot?
 - If yes:
 - How many local authorities did you share pupil data with? Which one/s?
 - Did you submit the data within the timescales specified (20 May 2025 deadline)?
 - If not, when did you share the data?
 - If not, why was the data shared late?
 - In what format was the data submitted (e.g. Word, Excel)?
 - How many names were provided in total by your school?
 - [Where relevant] Did this include data on boarding pupils?
 - What categories of information did you supply?⁶
 - How was the data transferred to the local authority? What steps were taken to transfer the data in a secure way?
 - If no,
 - Why were you unable to share the data?
8. What aspects of the data transfer process worked well?
9. What challenges or issues were experienced in transferring the data?
10. How could the data sharing process be improved in future?
 - What improvements could be made to the data transfer process?
 - Are there any changes you would recommend to the categories of information transferred? If so, what?
 - How could the accuracy and currency (timeliness) of the data transfer be improved?
11. Are there any further changes to the regulations, not already mentioned, that could help identify more CME?

⁶ Independent schools were required to share three pieces of data with the relevant local authority: the child's name, address including postcode, and date of birth.