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THIS PAGE WAS WRITTEN IN 2024 BEFORE THE RELEVANT LAW WAS COMMENCED AND THE SMALL SCALE PILOT BEGAN IN APRIL 2025. SEE <https://edyourself.org/pilot-areas-wales-cme-database/> SEE ALSO WELLBEING BILL NOW APPLYING TO WALES <https://edyourself.org/wellbeing-bill-applying-to-wales/> AS OF MARCH 2025

The Welsh government wants local authorities [LAs] in Wales to maintain a database called the **Children Missing Education or CME database**. The plan is for LAs to receive details of **all school-age children** in the local area from Local Health Boards [LHBs] and from family doctors. (My **introductory page** about the database proposals is here <https://edyourself.org/wales-cme-database-consultation/> The consultation closes on **April 25th 2024**)

List vs Database

The Welsh government's position is that the CME database proposals are **proportionate** because although the local authority will initially be given **the names and addresses of ALL children**, the names will **only be on "a list"** rather than a database. Read more here <https://edyourself.org/gp-data-half-a-million-children-wales/>

The consultation document *says* *"The data already held by LAs coupled with that submitted to LAs will result in a reasonably complete **list** of all compulsory school age children"* adding *"once the LA has a complete list of children who are **potentially CME**, these names will be included within their database."*

The LA would go through **the list** of names and addresses from health services and **compare children registered with a school** (including an independent school) **or registered for Education Otherwise Than At School (EOTAS)**. It is not made clear in the consultation and **needs to be clarified** but it seems possible that the LA would also **compare names of children known to be home educated**.

From List to Database

Only the names not matched from other lists would be entered onto the database. Regardless of how much school they have missed **no school child will be put onto the database**. The current proposal is for children who are entered onto the database **to remain on the database** until certain conditions have been met as explained below.

The proposals as currently drafted will have **a significant impact on home educated children already known** to the local authority, read more here <https://edyourself.org/wales-database-impact-children-already-known/>

Draft Database Regulations

A good place to view what is currently proposed is the **Draft CME Database Regulations (Wales)**

<https://www.gov.wales/sites/default/files/consultations/2024-01/children-act-2004-information-database-wales-regulations.pdf> The title page says *"Draft Regulations laid before Senedd Cymru ... **for approval by resolution of Senedd Cymru.**"* This means that the regulations are subject to what is called **the affirmative procedure** which is an

additional layer of scrutiny as explained here <https://senedd.wales/senedd-business/legislation/subordinate-legislation/> This is not the final version of the Regulations; if the proposals were taken forward then **the Regulations might be amended or revised** (narrowed **OR** widened) as a result of the present consultation before being laid before Senedd.

The title page of the draft Regulations goes on to say “*The Welsh Ministers in exercise of the powers conferred by sections 29 and 66 of the Children Act 2004 [and with the consent of the Secretary of State], make the following Regulations*”. This explains how the proposals **make use of existing powers in law** (although it would be necessary to **bring the law into force** since at present section 29 is only “**Prospective**” for Wales – read more here <https://edyourself.org/legal-powers-for-childrens-database-wales/>)

Regulation 2 of the Draft CME Database Regulations explains amongst other things that any reference to “**child**” in these regulations “**means a person of compulsory school age**”. Further definitions in Regulation 2 include “**CME record**” which “*means the information relating to that child contained in the CME database*”; **GMS contract** which “*means a general medical services contract under section 42 of the National Health Service (Wales) Act 2006*” (read more [here](#)); “**suitable education**” which “*has the same meaning as in section 436A(3) of the 1996 Act*” (ie “efficient full-time education suitable to the child’s age, ability and aptitude and to any additional learning needs the child may have (in the case of a local authority in Wales)” read more [here](#))

Regulation 3 says that local authorities “*must establish and operate a CME database*” containing prescribed information about children in the area who are not registered pupils and where “*it appears to the local authority that the child is not, or may not be, receiving suitable education.*” The reference to children who “**may not**” be receiving suitable education indicates that the database will function as a **holding place until the LA has approved the educational arrangements**. For more on this see **Regulation 9** below. Regulation 3 also says the CME database “*must include the information set out in the Schedule that is available to the local authority in relation to that child*” but see also **Regulation 5 about records being incomplete**. (Scroll down for the Schedule)

Regulation 4 says “*A Local Health Board and GMS contractor must disclose to a local authority, within a period of 28 days beginning with 1 February each year, the information specified in paragraphs 1 to 4 of the Schedule that is held by it and relating to a child who is usually resident in that local authority’s area.*” (Scroll down for the Schedule)

Regulation 4 shows that the data disclosure is **currently** envisaged as taking place **once a year** which is what the government means when it says this is **not a live database**.

The [consultation document](#) gives a quick partial explanation of **GMS contractor** when it says “**The general medical services contractor (for example, a GP surgery)**” Despite the consultation document referring almost exclusively to health boards, it is clear that **family GPs would also pass information directly to the LA**. We are given GP surgeries as an **one example of a GMS contractor** but there is no information about other GMS contractors who would also be within scope. Interestingly, the [children’s rights impact assessment](#) **makes no reference to GMS contractors** at all, only to health boards. This is a significant omission because the CRIA authors don’t appear to have considered the impact on children where the family GP is compelled to pass their information to the LA.

Regulation 5 says “*Where it appears to a local authority that a CME record for which it is responsible is, or may be inaccurate or incomplete, the local authority must take reasonable steps to correct the inaccuracy or to complete the record.*” This suggests that it is not just information already “*available to the LA*” as per Regulation 3 above and that the local authority would be **expected to chase** if there were any gaps. (Scroll down for the Schedule setting out the required information)

Regulation 6 deals with the situation of a **child on the CME database moving out of the area** to a different local authority in England or Wales and says the LA must “*inform the receiving local authority of the child’s CME record within 28 days of the date that it became aware, and remove that child’s CME record from the CME database as soon as reasonably practicable after the child has left its area.*”

Regulation 7 says “Where a local authority becomes aware that a child whose name is included in the CME database has left its area and **it does not know where the child has become ordinarily resident**, the local authority must **remove that child’s CME record from the CME database** as soon as is reasonably practicable.” This is because the local database is only for local children.

Regulation 8 says “Where a local authority becomes aware that a child whose name is included in the CME database *has become a registered pupil*, the local authority must **remove that child’s CME record** from the CME database as soon as is reasonably practicable.”

Regulation 9 will be of particular interest to home educators since it implies that **home education has to be approved by the LA**. It says “Where a local authority *is satisfied* that a child whose name is included in the CME database *is receiving a suitable education*, the local authority must **remove that child’s CME record** from the CME database as soon as is reasonably practicable.” Read more here <https://edyourself.org/limit-of-cme-law-wales/>

It is difficult to see how Regulation 9 fits with existing statutory guidance on children missing education which indicates that names should be **added** to the “missing education” database if “*it was considered that home education provision was **not suitable***” (Page 92 statutory [CME guidance](#)) Under the new proposals, the names of children in **unsuitable home education** would sit alongside children whose provision **had NOT been deemed unsuitable**. In passing, Regulation 9 does not have to take this stance; it could equally say something on the lines of “*where a local authority has confirmed with the parent that educational arrangements have been made for the child*” although of course this would not resolve patient confidentiality issues created by health services being compelled to share children’s details.

Regulation 10 says the LA must remove the name of **a child who has died**. (There are several consultation questions about children who may have died so this is clearly an area of concern for the government, see <https://edyourself.org/wales-cme-database-consultation/>)

Regulation 11 deals with **children who have ceased to be of compulsory school age**. These names are to be removed from the CME database.

Regulation 12 says “(1) Only a person employed in relation to the exercise by, or on behalf of a local authority of the functions specified in paragraph (2) may have **access to the CME database for the purpose of adding or reading information**. (2) The functions referred to in paragraph (1) are functions under— (a) Part 6 (school admissions, attendance and charges) of the 1996 Act”, (b) section 175 of the Education Act 2002 (duties of local authorities and governing bodies in relation to welfare of children), or (c) Part 2 (additional learning needs) of the 2018 Act.”

It is not clear how many people within a local authority could gain access to the database under these rules. In theory under s175 anyone working in an education-related field for the LA would be allowed access on the basis of **safeguarding and welfare**. S175 also refers to “**the governing body of a maintained school**”. Maintained means run on behalf of the LA and [guidance here](#) explains that governing bodies can delegate to head teachers, which suggests that **head teachers might have read/write access** to the database.

Schedule to Draft Regulations

Information to be included in the CME database

1. The child’s name (including any former name).
2. The child’s address (or last known address) including postcode.
3. The child’s date of birth.
4. The child’s gender or if the child’s gender has not been specified a statement to that effect.
5. The name, address and postcode, telephone number and email address of all parents of the child.
6. The name and address of the person providing all or part of the education.
7. Any additional learning needs that the child may have and any additional learning provision that is called for.

Regulation 5 says local health boards and family doctors would be required to disclose the information contained in paragraphs 1-4 of the Schedule for **ALL** school age children. If a child subsequently went onto the database, the local authority would be responsible for chasing up the rest of the information listed in the Schedule. Regulation 5 says where the database entry “is, or may be **inaccurate or incomplete**, the local authority must take reasonable steps to correct the inaccuracy or to complete the record.”

