**WHAT IS CME**

A child **‘Missing Education’** is a child of compulsory school age who is NOT a registered pupil at a school and is NOT receiving suitable education otherwise than at a school (e.g. home educated or receiving paid for tuition) [Bitesize Safeguarding Training Videos and Accompanying Slides – Cognus](https://www.cognus.org.uk/services-for-professionals/safeguarding/bitesize-safeguarding-training-videos-and-accompanying-slides/)

**WHEN TO COMPLETE**

To be completed by ANY PERSON concerned that a Sutton child is ‘**Missing Education’** as described above. A child who is from another local authority must be referred to the local authority where they live.

**SCHOOLS must do the following prior to this referral:**

* Complete basic reasonable checks have been completed to establish whereabouts or destination.
* Ensure details of telephone and email contacts, home visits, contact with schools of known siblings and contact with any other agencies involved with the child are recorded.
* Inform the Designated Safeguarding Lead of this referral.
* Discuss with the Social Worker (where there is one)
* **Note** - Schools do not need to complete if the child left the UK permanently with no additional safeguarding concerns AND if satisfied with travel details / new school and proof of address**.**

**WHEN NOT TO COMPLETE**

* A child on a school roll with no reason to off roll as detailed in Children Missing Education 2016 Appendix A is not CME.
* If an attendance concern - consider a referral to**attendance@cognus.org.uk**
* If the pupil is Electively Home Educated - contact**ehe@cognus.org.uk**

In any case if the child may be at risk of significant harm and if you have immediate concerns for a child, please contact the police.

If you wish to speak to a Social Worker for general advice or make a referral to **Children's First Contact Service** please contact them on:

* Mon-Fri 09:00-17:00 on 0208 770 6001
* (Mon-Fri outside of the above hours please contact the police and then the After-Hours Duty Service on 020 8770 5000
* Weekends/Bank Holidays please contact the police
* Non secure email (please password protect documents): CFCS@sutton.gov.uk
1. **CHILDS DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First name  |  |
| Date of Birth |  | Gender |  |
| Sutton Address  |  |
| New Address |  |
| School |  |
| Date Last Attended | Click or tap to enter a date. | Date Last Seen | Click or tap to enter a date. |
| Date on roll |  | Attendance this term % |  |

1. **SIBLINGS** (If Known)

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Date of Birth |  |
| First Names |  | Gender |  |
| School |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Date of Birth |  |
| First Names |  | Gender |  |
| School |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Date of Birth |  |
| First Names |  | Gender |  |
| School |  |

1. **PARENT/CARERS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Date of Birth |  |
| First Names |  | Gender |  |
| Address (If different to child) |  |
| Email |  | Mobile |  |
| Home Tel |  | Work Tel |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Date of Birth |  |
| First Names |  | Gender |  |
| Address (If different to child) |  |
| Email |  | Mobile |  |
| Home Tel |  | Work Tel |  |

1. **OTHER SIGNIFICANT CONTACTS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship |  |
| Email |  | Telephone |  |
| Name |  | Relationship |  |
| Email |  | Telephone |  |
| Name |  | Relationship |  |
| Email |  | Telephone |  |
| Name |  | Relationship |  |
| Email |  | Telephone |  |

1. **SAFEGUARDING CHECKLIST (Assessing a child’s vulnerability)**

Assessing vulnerability requires a combination of professional knowledge and experience of safeguarding and local circumstances.  Agencies should follow their own safeguarding procedures and have regard to the London Continuum of Need

**Please tick where relevant and show full details in Reason for Referral box below**

[ ]  A history of domestic violence, parental mental health, parental substance or alcohol misuse

[ ]  Child mixing with known offenders putting themselves at risk

[ ]  A good reason to believe that the child may be a victim of a crime

[ ]  Child at risk of sexual exploitation (please refer to CSE risk assessment)

[ ]  Child has health requirements that place the child at risk

[ ]  Child noted to be depressed/self harming prior to the absence

[ ]  A person present in or visiting the family that has convictions for an offence against a child

[ ]  Wider concerns about this child or their family with regards to possible radicalisation (please refer to PREVENT guidance)

Are there religious or cultural reasons to believe that the child is at risk:

[ ]  Rites of passage or forced marriage planned for this child or for a sibling

[ ]  Female genital mutilation suspected

**LSCB Protocols**

**https://www.suttonlscp.org.uk/lscp-protocols.php**

|  |  |  |  |
| --- | --- | --- | --- |
| DSL Name |  | Date Notified |  |
| Email |  | Telephone |  |

[ ]  Currently open to social care. If yes, attach worker details and date informed of this referral.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Date informed |  | Email |  |

1. **REASON FOR REFERRAL.** Complete in full detailing why you believe this is CME
2. **ACTIONS** What have you done prior to this referral ? (Must be completed)

|  |
| --- |
| List all actions taken prior to this referral to establish whereabouts of this child.Include phone calls, letters, home visits, referrals to CFCS and Police involvement.  |
|  | Click or tap to enter a date. |
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1. **Your details (refer)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Organisation |  |
| Email |  | Telephone |  |

**Completed forms to be emailed to:** **cme@cognus.org.uk**