

**Warwickshire County Council**  
**Children Absent and Missing from Early Education Referral Form**  
**CONFIDENTIAL**

Please complete this form when you have followed all the appropriate steps in this guidance, and you have been unable to make contact with the child and family.

**If you have concerns that the child may be at risk of harm or significant harm, please contact Children and Families Front Door 01926 414144 or Police 999 without further delay.**

Child's Details			
First Name:		Last name:	DOB:
Early Years Pupil Premium: Yes / No	Gender Male / Female	Ethnicity:	NHS Number if known:
Last known address.		Health visitor:	
Postcode:		GP:	
Telephone number:			

Family Information:			
Name of Parent/carer name(s).	Relationship to child.	Parental responsibility.	Contact telephone numbers and email address if known.
		Yes / No	
Name(s) (Siblings):		School / Setting (Siblings):	

Other agencies/services involved. Please tick any that apply.						
Social Worker.	Health Visitor.	Front Door.	IDS.	Ethnic Minority Traveller Service.	Virtual School.	Early Help.
Please tick any that apply:						
Child in Care (CIC).	Child Protection Plan (CP).	Child in Need (CIN).	SEND (Special Educational Needs and Disabilities).	EHCP (Education and Health Care Plan).		

Early Years Provision:
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Early Year Provision attended (contact details).	Date started.
	Date of last attendance.
	Please comment upon attendance.

## Section B

Initial actions taken by the Early Years Provider/Referrer:	
Please ensure that all these actions are completed before making this referral	
Action.	Outcome (Include date completed).
<ul style="list-style-type: none"> <li>• Call parent(s)/carer(s).</li> <li>• Call emergency contacts.</li> <li>• Email above contacts if relevant.</li> <li>• Post a letter/note through the door of the property. (check! Does the property appear to be occupied?)</li> </ul>	

## Section C Agency Checks

Agency checks taken by early years provider/referrer:		
Please ensure that any relevant agencies have been contacted before making this referral		
Agency.	Date of check.	Outcome.
Social workers (linked with family).		
Siblings School(s).		
Other early years provision (e.g., PVI (Private, Voluntary, and Independent) provider, childminder.		
Health Visiting team, Family GP.		
IDS, Speech and Language and others.		
Children's Centre.		
Early Years Funding.		
Services for mothers/fathers/carers.		
Other e.g., housing.		

## Section D Vulnerability Assessment:

Vulnerability Assessment: <b>Please complete the table below to support you in assessing vulnerability</b>					
	<b>Vulnerabilities, Warning Signs &amp; Risk Indicators.</b>	Yes, No or Unknown <b>(Y/N/U)?</b>	Current, Historic or Unknown <b>(C/H/U)?</b>	Child, Family or Both <b>(C/F/B?)</b>	Comment.
1.	Subject to a Child Protection Plan.				
2.	Breakdown of living and/or family relationships.				
3.	Bereavement or loss.				
4.	Social and/or learning difficulties.				
5.	History of abuse / neglect.				
6.	History of sexual, physical and/or emotional abuse.				
7.	History of Mental Health difficulties.				
8.	History of Domestic Abuse / Violence.				
9.	Evidence of poverty and/or deprivation.				
10.	Goes missing from School, Home, or Care.				
11.	Exclusion and/or unexplained absences from setting / school or not engaged in education/ employment/ training.				
12.	Migrant / Refugee / Asylum seeker.				
13.	Low self-esteem / Emotional Health issues (including anxiety related issues, suicidal ideations self-harming, or eating disorders).				
14.	Isolated from peers / social networks (not mixing with their usual friends).				
15.	Displaying inappropriate sexualised behaviours.				
16.	Aggressive behaviour towards others.				
17.	History of being bullied or being a bully.				
18.	Involvement in criminal activities (Possible offending patterns in the family).				
19.	At risk of Child Sexual Exploitation (CSE) (known or suspected).				
20.	Drug / alcohol and/or substance misuse.				
21.	Gang member or association.				

Based on the above indicators, if there are any safeguarding concerns or worries, have you:

- Made a referral to Social Care? Yes / No.
- If so, did you gain consent from parents? Yes / No.

**Refer to the completed Vulnerability Assessment table (Section D).**

Now use your professional judgement to reflect upon the indicators you have ticked and consider the health, welfare, and safety of the child in question.

Rating scale: On a scale of 0-10 how concerned are you about this child?

No concerns

Very concerned

0

10

*Please indicate this on the line above.*

**If you have reason to believe a child is at risk of significant harm, you should contact The Children and Families Front Door on 01926 414144 in accordance with the Warwickshire's safeguarding procedures.**

## **Section E Professional Judgement – Re: vulnerability of child**

<b>Referrer Details:</b>	
Name or referrer:	Position / Job title:
Setting name:	Leader / Manager's name and details if different to above:
Address:	Ofsted Registration:
Phone number:	
Email address:	
Date of referral:	Signature:

**Due to the highly sensitive nature of this documentation, it should only be returned to Warwickshire Early Years Advisors via email. Please ensure the document is password protected and that the password is sent in a separate email.**

**[earlyyearsadvisors@warwickshire.gov.uk](mailto:earlyyearsadvisors@warwickshire.gov.uk)**