

Response to a Child Missing in Education (CME)

Approval Date: January 2025

This policy will be reviewed on a regular basis and updated as necessary.

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The School's Response to a Child Missing in Education (CME)

Prior to using Haringey's *Missing Pupil Alert* form (appendix A), the school will:

1. Call and email the parents.
2. If there is no response then we would call the named persons on the contact list.
3. After 3 days refer to the school's Education Welfare Provider: Visions for Schools & Education (VSE)
4. Home visit by VSE

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate.

Haringey's Protocol

Haringey's local protocol requires schools to notify the Education Welfare Service (EWS) of any pupil who has been absent for ten consecutive school days or more without permission using the Missing Pupil Alert. In such cases, the pupil must be kept on roll until EWS authorises their deletion from the school's register.

- ★ If a child leaves our school to move to another borough and they are taking too long to apply/accept a new school place, we would refer them to Children Missing in Education in the borough that they have moved to.
- ★ If a child comes to the school's attention that is not enrolled in a school but should be, we would refer them to Haringey CME.
- ★ If a child is abroad and they do not know when they will return, we would send them the school place in a jeopardy letter. If they do not return within 20 school days we can off roll them and send the off rolled letter. They would also be referred to Haringey EWS. The best thing would be to encourage the parents to enroll them in a school abroad. We would then follow the usual procedure to ensure that the child has started at a new school. We would request travel tickets to ensure they have left the country, ask for the address of where they are living abroad and ask for the new school details. We would then try to get confirmation from the new school that the child has started in order to off roll them.
- ★ If this fails we would refer to Haringey EWS.



Appendix A: Missing Pupil Alert

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate.

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Please ensure this form is typed (not handwritten) and all sections are completed.

1. PUPIL'S DETAILS		
Name:	Photo: <i>(In colour if available)</i>	
Known as:		
DOB:		Male <input type="checkbox"/>
		Female <input type="checkbox"/>
Address:		
School:		
UPN:		NCY:
Nationality:		
Ethnicity:		
Religion:		
Pupil's contact details (if available):	When pupil was last seen:	
Mobile:	Date:	
E-Mail:	Location:	
Social Media:	By Whom:	
GP Details:	If travel card or bus pass details are available please provide the reference number:	
GP Name:		
Surgery Address:		
Contact Number:		
Child's NHS Number:		

Attendance Figure for This Academic Year:		Attendance Figure for Last Academic Year:	
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2. PARENT/CARER DETAILS	
PARENT/CARER 1	PARENT/CARER 2
Name:	Name:
Address:	Address:
Contact Number(s):	Contact Number(s):
E-Mail:	E-Mail:
Relationship:	Relationship:
Parental Responsibility: Yes <input type="checkbox"/> No <input type="checkbox"/>	Parental Responsibility: Yes <input type="checkbox"/> No <input type="checkbox"/>
Lives with Child: Yes <input type="checkbox"/> No <input type="checkbox"/>	Lives with Child: Yes <input type="checkbox"/> No <input type="checkbox"/>

KNOWN SIBLINGS		
NAME	DOB	SCHOOL

4. OTHER KNOWN CONTACTS		
NAME	CONTACT DETAILS	RELATIONSHIP

5. EMERGENCY CONTACT		
NAME	CONTACT DETAILS	RELATIONSHIP

6. AGENCY INVOLVEMENT
(E.g. Children's Social Care; Families First; Mental Health services; Youth Offending service etc.)

NAME	CONTACT DETAILS	AGENCY	TICK IF CURRENTLY INVOLVED
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

7. DECLARATION

<p>I confirm the pupil remains on the school roll in line with Haringey's procedure for Missing Pupils.</p>	<p>Headteacher's signature</p>
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Missing Pupil Risk Assessment Record

R I S K N U M B E R	Risk Factor	Please tick			
		C U R R E N T	P R E V I O U S	N E V E R	N O T K N O W N
1.	Has a Child Protection Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is a Child in Need (CIN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is a Looked After Child (LAC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Needs essential medication/treatment (e.g. asthma inhaler, insulin etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	May not have the physical ability to interact safely with others or in an unknown environment (e.g. visually impaired, history of abuse or inappropriate adult/stranger relationships, SEN etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Lacks reasonable awareness of the risks associated with running away (e.g. learning difficulty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Known to associate with adults or children who present a risk of harm e.g. Sexual Offenders, Offenders against children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Mental illness or psychological disorder that may increase risk of harm to themselves or others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Drugs and/or alcohol dependency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Suspicion of abduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Suspected suicide or self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Involved in violent and/or racial incident or confrontation immediately prior to disappearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13.	Concerns about state of mind e.g. unusual behaviour prior to disappearance or disappeared with no prior indication, or seemed troubled etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Inclement weather conditions where exposure would seriously increase risk to health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Family/relationship problems or recent history of family conflict/abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Family employment problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Family financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	School or college problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Ongoing victim of bullying, harassment, or exploitation e.g. racial, sexual etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Previously disappeared and suffered or was exposed to harm whilst missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Victim or potential victim, of forced marriage, FGM or trafficking, incl. for sexual exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Any known gang affiliations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	At risk of radicalisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	At risk of sexual exploitation (CSE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identified Risks	RISK NUMBER	DETAILS
Please provide additional details (if any) for the risks identified above.		
Other Risks		
Please comment on any other risks not covered above.		

9. HOME VISITS

(Referrals will not be accepted without a Home Visit due to new process with HMRC)

DATE	WHO CARRIED OUT HOME VISIT?	OUTCOME

10. CHRONOLOGY

DATE	CONTACT TYPE	WHO WAS CONTACTED	OUTCOME
<i>Example: 00/00/0000</i>	<i>Telephone Call (01234 567 890)</i>	<i>Mr Joe Blogs (Dad)</i>	<i>Attendance Officer has attempted to call Mr Blogs on 01234 567 890. The phone rings with an abroad tone. Voice message has been left requesting a phone call back. – NO RESPONSE RECEIVED</i>

11. BACKGROUND INFORMATION

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12. REFERRER DETAILS

Completed by (full name)		
Signature:		Date:
Direct telephone number		
Email		

Please return the completed form to:

EWS@haringey.gov.uk and the school's allocated EWO