

MAC (Multi Agency Checklist) Tool

Voice of the Child – Could this be Neglect?

Age - Unborn to 2

Please help me share my voice. Please complete every time you see me even if you are not able to answer all the questions.

Is my home clean and free from clutter?	Yes/No	Are there easily accessible toys available, with no obvious choking hazards?	Yes/No
Do I have my own safe sleeping area free from clutter? *	Yes/No	Do I feel love and affection?	Yes/No
Are there age appropriate safety measures for me?	Yes/No	*****	
Am I safe from pets?	Yes/No	Do I have lots of accidents?	Yes/No
Do I look physically healthy? i.e weight, skin condition	Yes/No	Am I exposed to domestic abuse?	Yes/No
Are my clothes clean, dry, well-fitting and suit the weather?	Yes/No	Am I around people who abuse substances?	Yes/No
Am I taken to my medical appointments?	Yes/No	Is anyone concerned about me being neglected?	Yes/No
Is medical advice for my care followed?	Yes/No	Are there any adults in my life who may be unsafe?	Yes/No

If any red answers you must consider use of Graded Care Profile and clearly document rationale for not completing. Please follow your organisational policy for guidance on process or if a referral elsewhere is required.

*A safe sleeping area is their own cot/crib/Moses basket. No bed sharing. No objects in or around the sleeping area i.e. teddy bears, cot bumpers, drapes, washing etc and baby should be sleeping with feet at the bottom of the cot. Smoke free environment.



Name:

Address:

Date of Birth or estimated due date:

MAC (Multi Agency Checklist) Tool

Voice of the Child – Could this be Neglect?

Age - 3 – 11

Please help me share my voice. I may be able to answer some questions myself if you talk to me. Please complete every time you see me even if you are not able to answer all the questions.

Is my home clean and free from clutter?	Yes/No	Am I taken to my medical appointments?	Yes/No
Do I have my own sleeping area free from clutter?	Yes/No	Is medical advice for my care followed?	Yes/No
Am I given appropriate boundaries/discipline?	Yes/No	Would I feel loved and cared for?	Yes/No
Do I attend education regularly with everything I need?	Yes/No	*****	
Do I look physically healthy? i.e. weight, skin condition	Yes/No	Do I have caring responsibilities?	Yes/No
Are my clothes clean, dry, well-fitting and suit the weather?	Yes/No	Am I exposed to domestic abuse?	Yes/No
Am I happy to talk about life at home and my carers?	Yes/No	Am I around people who abuse substances?	Yes/No
Do I have adequate supervision?	Yes/No	Is anyone concerned about me being Neglected?	Yes/No
Do I have a range of toys and books to play with?	Yes/No	Are there any adults in my life who may be unsafe?	Yes/No

If any red answers you must consider use of Graded Care Profile and clearly document rationale for not completing. Please follow your organisational policy for guidance on process or if a referral elsewhere is required.



Name:

Address:

Date of Birth:

MAC (Multi Agency Checklist) Tool

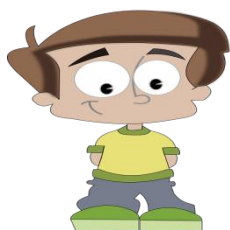
Voice of the Child – Could this be Neglect?

Age – 12-18

Please help me share my voice. I may be able to answer some questions myself if you talk to me. I am still a child until I am 18 and neglect may be harder to see. Please complete every time you see me even if you are not able to answer all the questions.

Is my home clean and safe for me?	Yes/No	Am I supported to attend all my medical appointments?	Yes/No
Do I have my own sleeping area free from clutter?	Yes/No	Do I or my carers follow medical advice for me?	Yes/No
Am I given appropriate boundaries/discipline?	Yes/No	*****	
Do I attend education regularly with everything I need?	Yes/No	Am I spending lots of time sleeping at other people's homes	Yes/No
Do I look physically healthy? i.e weight, skin condition	Yes/No	Do I have caring responsibilities?	Yes/No
Are my clothes clean, dry, well-fitting and suit the weather?	Yes/No	Am I exposed to domestic abuse?	Yes/No
Am I happy to talk about life at home and my carers?	Yes/No	Am I around people who abuse substances?	Yes/No
Do I feel loved and cared for?	Yes/No	Is anyone concerned about me being neglected?	Yes/No
Do I have access to a range of social activities?	Yes/No	Are there any adults in my life who may be unsafe?	Yes/No

If any red answers you must consider use of Graded Care Profile and clearly document rationale for not completing. Please follow your organisational policy for guidance on process or if a referral elsewhere is required.



Name:

Address:

Date of Birth: