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**Child Neglect Toolkit Checklist**

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| **Child’s Name:** |  | **Date of Birth:** |  **/ /** |
| **Name and role of professional completing the checklist:** |  | **Team/Service/Agency:** |  |
| **Date of Completion:** |  | **Is there a Common Assessment Framework (CAF) or statutory assessment for the child/young person?** |  **YES/NO** |

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|  **Development Need\*** |   **Score** | **Examples/evidence of impact on the child/young person** |
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\*A development need can be left blank if it has not been possible to gain insight into that area e.g., ‘not seen’ or ‘not applicable’, or ‘not known’.

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| **Voice of the Child***Please include here any comments made by the child/young person which may provide evidence of impact of any neglect.* |
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|  **What actions are being taken following completion of this checklist?***e.g., raise at safeguarding supervision; refer to the Families Together Hub (FTH); complete a Multi-Agency Referral Form (MARF); etc.*  |
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