**IMR Template**

**Safeguarding Adults Review: Individual Management Review**

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| **Name of subject** |  |
| **Address of subject** |  |
| **Date of birth of subject** |  |
| **Date of death of subject (if applicable)** |  |

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| **Name of person completing IMR** |  |
| **Role and organisation** |  |
| **IMR signed off by** |  |
| **Date:** |  |

This IMR is produced as part of the Safeguarding Adults Review. It provides an opportunity for each agency to identify the services that they offered to <Adult X>. The report author should provide a summary of the case from their agency perspective and provide an analysis of practice.

**Agency involvement and analysis**

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| **Factual/contextual summary** |
| *Provide a brief factual and contextual summary of your agency’s involvement with <Adult(s) X>.This does not need to be a repetition of the chronology and should be a summary only.*  *In addition to the chronology timeframe, please also include any information you have about your agency’s contact between <insert relevant dates>, in particular to: <insert any specific areas of enquiry the Safeguarding Adults Review Committee/Overview Report Writer wish to pursue>.* |
| **Chronology of agency involvement** |
| *To be completed on the chronology template provided. What was your agency’s involvement with <Adult(s) X> and/or alleged perpetrator?*  *Construct a comprehensive chronology of your involvement by your agency and/or professional(s) in contact with <Adult(s) X> and/or alleged perpetrator between <insert relevant dates>. Where abbreviations are used, please provide a glossary at the end of the chronology to explain them.*    *Names of staff members should not be used but use anonymised initials and job roles eg AA – nurse or BB – police officer.* |
| **Addressing the key lines of enquiry/terms of reference questions** |
| Add in here the agreed key lines of enquiry/terms of reference questions. E.g.    Were practitioners sensitive to the needs of the adult at risk in their work, knowledgeable about potential indicators of abuse or neglect, and about what to do if they had concerns about an adult at risk? |
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| Did your agency have in place policies and procedures for safeguarding adults and acting on concerns about their welfare? |
|  |
| Etc, adding further rows to the table as required. |
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**Recommendations for action**

Agencies should not wait until the completion of the Safeguarding Adults Review before carrying out any actions. These should be carried out as soon as possible.

  (Please add further rows to the table as required)

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| **What action should be taken by your agency?** | **By whom** | **Timescale** | **What outcomes should these actions bring about?** | **How will the agency review whether they have been achieved?** |
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| **Any other comments or information that you wish to be considered in respect of this case?** |
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**Individuals involved in the case**

Please identify the details of the professionals from within your agency who were involved with <Adult(s) X> and/or alleged perpetrators, and whether they were interviewed or not for the purposes of this Individual Management Review.

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| **Designation/ role** | **Initials** | **Dates/ Period of Involvement** | **Type of involvement** | **Interview**  **Yes/ no** | **Interview dates** |
|  | Anonymised |  |  |  |  |
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