

Appendix 6– Standard format for an Individual Management Review (IMR) – Format – IMR.v1/2010

Report of (*name of agency*)

On

(*Child's name*)

To the Serious Case Review Panel

Date of request:

IMR Author: Please state the role of the IMR author within the organisation and whether they have been directly concerned with the child / family or have been the immediate manager of the practitioners involved.

Date agency records secured: _____

Terms of Reference:

Contextual Information

In considering this aspect of the case, the Report writer needs to decide whether the context in which the case was conducted impacted on decisions made and if so such information need only be included in so far as it is relevant to the actions of the organisations concerned.

The Panel will examine contextual information supplied by IMR authors in order to fully understand the circumstances of the case to make the appropriate recommendations for change. The author should be able to evidence any assertions made possibly through policies, operational practice at that time, professional/management judgement or research.

Most weight should be given to primary information, although secondary and anecdotal information can be considered, but clearly identified as such and given less weight.

The type of information that would be useful is as follows:

- Volume of work
- Staff turnover, sickness and leave cover
- Administrative support
- Organisational change
- Unallocated cases

- The social and community context
- Management and Supervision
- Risk Management and support policies
- Services and support available to family
- Budgetary constraints and allocation of resources
- Training
- Legal Advice

This is not an exhaustive list and there may be other contextual factors that Reviewing Officers would wish to include.

Methodology

To include:

- a) How the agency carried out the review
- b) Details of documents seen
- c) List of interviews and dates
- d) Details of information not available/not considered (with reasons)
- e) Details of how agency staff were kept informed of the purpose and process of the Individual Agency Review
- f) Details of staff involved by name and job title for the benefit of the Panel only. The overview report will be completely anonymised.
- g) Were you given sufficient time to complete the task?

Genogram

Summary of Facts

To include:

- a) Relevant chronological history (in narrative form) on child, family and any significant others which could have bearing on the case under review e.g.:
 - Data on present and past relationships;
 - Marriages;
 - Children and home circumstances;
 - Adults own childhood;
 - Existence and definition of violence within family;
 - Existence of/definitions of violence towards people outside family;
 - Relationships with extended family and the local community.
- b) Further amplification of relevant facts in terms of contextual information
- c) Other relevant information to be appended:-

- Child Protection Conference Minutes
 - Planning or Review Meeting Minutes
 - Criminal Antecedents
 - Growth Assessment Charts
- d) Details of the agencies internal child protection procedures. Copies attached.

Detailed factual chronology *(in tabular form- see appendix 8)*

To include inter-agency contact following the specified format that will be provided electronically. The chronology should also cover contact with the alleged perpetrator and whether everything was done that might reasonably have been expected to manage effectively the risk of harm posed by the alleged perpetrator to the child.

Analysis of Involvement

Consider the events that occurred, the decisions made, and the actions taken or not taken. Where judgements were made, or actions taken, which indicate that practice or management could be improved, try to get an understanding not only of what happened, but why something either did or did not happen. Consider specifically the following:

- Were practitioners aware of and sensitive to the needs of the children in their work, and knowledgeable both about potential indicators of abuse or neglect and about what to do if they had concerns about a child's welfare?
- When, and in what way were the child(ren)'s wishes and feelings ascertained and taken account of when making decisions about the provisions of children's services? Was this information recorded?
- Did the organisation have in place policies and procedures for safeguarding and promoting the welfare of children and acting on concerns about their welfare?
- What were the key relevant points/opportunities and decision making in this case in relation to the child and family? Do assessments and decisions appear to have been reached in an informed and professional way?
- Did actions accord with assessments and decisions made? Were appropriate services offered/provided, or relevant enquiries made, in the light of assessments?

- Were there any issues, in communication, information sharing or service delivery, between those with responsibilities for work during normal office hours and others providing out of office services?
- Where relevant, were appropriate child protection or care plans in place, and child protection and/or looked after reviewing processes complied with?
- Was practice sensitive to the racial, cultural, linguistic and religious identity and any issues with disability of the child and family, and were they explored and recorded?
- Were senior managers or other organisations and professionals involved at points in the case where they should have been?
- Was the work in this case consistent with each organisation's and the LSCB's policy and procedures for safeguarding and promoting the welfare of children, and with wider professional standards?
- Were there organisational difficulties being experienced within or between agencies? Were these due to a lack of capacity in one or more organisations? Was there an adequate number of staff in post? Did any resourcing issues such as vacant posts or staff sick leave have an impact on the case?
- Was there sufficient management accountability for decision making?

What do we learn from this case?

- Are there lessons from this case for the way in which this organisation works to safeguard and promote the welfare of children?
- Is there good practice to highlight, as well as ways in which practice can be improved?
- Are there implications for ways of working; training (single and inter-agency); management and supervision; working in partnership with other organisations; resources?
- Are there implications for current police and practice?

SMART Recommendations for action

These should include:

- a) What changes (if any) could be made to the agency's child protection procedures?
- b) What changes (if any) could be made in inter-agency working in the

light of this case?

- c) What areas of good practice are there? Could these be expanded?
- d) What action should be taken by whom and by when?
- e) What outcomes should these actions bring about and in what timescales?
- f) How will the organisation evaluate whether they have been achieved?
- g) Are there any immediate statutory requirements for the notification of concerns and are there likely to be any media handling issues?

Action Plan

SMART recommendations should be formulated into an individual agency action plan (Appendix 13 provides the agreed action plan template).

Signatures required on completed report

Author of IMR

Head of Agency

Date

Date