**CONTAINS CONFIDENTIAL INFORMATION**

Restricted use only

**AGENCY SUMMARY TEMPLATE**

* An agency Summary is completed by an agency rather than an IMR when it has been decided collectively by the DHR Panel that not enough involvement has occurred with the victim, perpetrator, or children.
* However, the Panel believes that whilst a full IMR is not warranted, the agency may hold information of relevance to the Review.
* Please complete all parts or state n/a.

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| 1. INTRODUCTION |
| Brief factual/contextual summary of the situation leading to the DHR including an outline of the Overall Terms of Reference and date for completion:   * Identification of person subject to review * Date of Birth: * Date of death / serious injury / offence * Name, job title and contact details of person completing this IMR (include confirmation regarding independence from the line management of this case).   Include family tree, genogram or pen portrait of the victim and/or perpetrator if relevant. |
| Victim, perpetrator, family details if relevant   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name: | Date of birth | Relationship | Ethnic origin | Address | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| 2. CONFIRM DATE/S AND NATURE OF CONTACT WITH THE PARTY/PARTIES INVOLVED IN THIS REVIEW. |
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| 3. QUESTION/S REQUIRED TO BE ANSWERED CONCERNING YOUR AGENCY’S INVOLVEMENT, IN LINE WITH THE TERMS OF REFERENCE FOR THIS DHR & ANY ANALYSIS REQUIRED IF APPROPRIATE |
| [Input any specific question/s required before sending to agency, these could be different for each agency asked to complete a Summary rather than an IMR] |
| 4. PLEASE STATE ANY LEARNING OR RECOMMENDATIONS ARISING FROM THE ASSESSMENT OF YOUR AGENCY’S INVOLVEMENT |
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| 5. IF ANY LEARNING OR RECOMMENDATIONS HAVE BEEN IDENTIFIED. PLEASE STATE IF ACTION HAS ALREADY BEEN TAKEN, AND DATE ACTION TAKEN |
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