Barnet MARAC Information Sharing without Consent Form

**Client information: Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­**

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| Name/address of client:Names and D.O.B. of children: |

**Concern**

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|  Risk identified through Immediate risk/crisis Risk Identification ChecklistChild(ren) at risk/Danger to child(ren)   Danger to client   Client poses a risk to self or others   Check that consent form does not cover this situation &/or you do not have consent.Risk Identification Checklist Outcome \_\_\_\_\_\_\_\_ (No. of ticks out of 24)(You may have the opportunity to complete a formal RIC in an emergency. If you have, please attach it.)Details of incident/information causing concern: (include source of information) |

**Legal Authority to Share**

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| Protocol relevant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ORLegal grounds (please tick 1 or more grounds below)Prevention and detection of crimePrevention/detection or crime and/or apprehension or prosecution of offenders (DPA, s. 29)To protect vital interests of the data subject; serious harm or matter of life or death (DPA, Sch. 2 & 3)For the administration of justice (usually bringing perpetrators to justice (DPA, Sch. 2 & 3)For the exercise of functions conferred on any person by or under any enactment (police/social services)  (DPA, Sch. 2 & 3)In accordance with a Court orderOverriding public interest (Common law)Child protection – disclosure to social services or police for the exercise of functions under the Children Act,  where the public interest in safeguarding the child’s welfare overrides the need to keep the information confidential  (DPA, Sch. 2 & 3)Right to life (Human Rights Act, Art. 2 & 3)Right to be free from torture of inhuman or degrading treatment (Human Rights Act, Art. 2 & 3) |

**RESTRICTED WHEN COMPLETED**

**Balancing Considerations**

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| Pressing needRespective risks to those affectedRisk of not disclosingInterest of other agency/person in receiving itPublic interest of disclosureHuman rightsDuty of confidentialityComments:Internal consultations: (Names, dates and advice/decisions)External consultations: (Home Office guidance, Information-sharing Helpline) |

 **Client notification**

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| Client notified of disclosure(s)? Yes/No Date: If not, why not?  |

 **Review**

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| Date for review of this situation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Review to include feedback from the agencies informed as to their response.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is responsible for ensuring the situation is reviewed by this date. |

**Record following details of information-sharing in case file:**

* **Date info shared**
* **Agency and named person informed**
* **Method of contact (by email, letter, phone call)**
* **Legal authority for each agency**

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Signed and dated by Caseworker Signed and dated by Manage