

Practice guidance - GP letter

All EH staff that are providing help to a family are expected to complete network checks with all professionals/agencies that are known to be helping the child/family. From 2 October, EH staff are expected to complete network checks with the family's GP and/or inform the GP of EH involvement.

Ensuring regular communication between GPs and early help is something Camden is particularly committed to, following multi-agency audits into neglect which found that primary care staff aren't always aware of early help involvement.

1. All EH staff are expected to discuss information sharing with families during the first telephone contact (EHC) or during their first home visit (FWs). Families should also be provided a copy of Early Help's [Privacy notice](#).

You should explain

- What information will be shared?
- Why this information is needed?
- What it will be used for?
- To whom it will be disclosed

Please read the practice guidance for [Information sharing changes](#) for more details

2. Write to the GP, using the [GP letter template](#) at the start of your assessment to inform them of your involvement with the family and to seek any information regarding their health that should be considered
3. Upload the letter that has been sent to the GP as an attachment to the family's Mosaic file
4. Team Managers to check the letter has been sent as part of the mid-point assessment review

If a family has concerns about the service sharing information with their GP this should be explored with them to understand what the barriers may be for them. The family should be reassured that only **relevant and proportional** information is being shared with agencies that **need to know** in order to promote the wellbeing of the child. Management oversight should be recorded on the casefile clearly outlining decision making if they proceed with network checks,

Early Help services are still voluntary; if a family decides that they do not wish to work with us. EH staff should discuss this with their line manager at the earliest opportunity for management direction/decision making re. case progression.

The same considerations that would be given to case progression/trajectory when a family declines Early Help support are applicable here:

- How can the existing needs be supported by the existing network?
- Who will you need to inform of EH closure?
- Does the family declining early help escalate concerns for the child/ren? Is a threshold discussion required?