



GP SEND Handbook

Worcestershire 2024

Supporting children and young people aged 0-25yrs
with Special Educational Needs and Disabilities (SEND)

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Disclaimer

- This handbook is intended as a quick reference guide for GP's and cannot replace your professional judgment. If you are unsure about any advice in this handbook or need specific advice related to a particular case, please contact the Designated Clinical Officer (DCO) for SEND in Worcestershire hw.senddco@nhs.net
- Every effort has been made to ensure the information in this handbook is free from errors. However, if you notice any errors, please contact us so we can make corrections.
- If you have a lead GP for Learning Disabilities and/or a lead for Safeguarding Children and Young People (0-25 years) in your surgery these clinicians could be ideally placed to also lead on SEND and can contact us for further training.
- We would appreciate any comments or feedback you have regarding the GP SEND Handbook so that we can make improvements for future editions.
- The Handbook will be situated on the teamnet GP portal and health section of the Worcestershire local offer website and reviewed annually.

Consent

GP's are reminded of the [GMC's professional standards](#) regarding consent, particularly when sharing information and liaising with education settings:

- *Respecting patient confidentiality is an essential part of good care; this applies when the patient is a child, young person, or an adult.*
- *The same duties of confidentiality apply when using, sharing or disclosing information about children and young people as about adults.*
- *Sharing information with the right people can help to protect children and young people from harm and ensure that they get the help they need. It can also reduce the number of times they are asked the same questions by different professionals. By asking for their consent to share relevant information, you are showing them respect and involving them in decisions about their care.*
- *If a child lacks the capacity to consent, you should ask for their parent's consent.*



Purpose of the handbook

- Provide advice on how GP's can help children and young people (0-25 years) with SEND and their families with their concerns and how to access support.
- Outline how SEND support works in schools.
- Quick reference signposting guide including SENDIASS, Families in Partnership and the local offer website.
- Explore the role of GP's in supporting school attendance.
- Outline the GP's role with respect to Annual Health Checks for young people with learning disabilities from the age of 14 onwards.

Underpinning all of this guidance is the desire to promote a collaborative approach between health and education in supporting children, young people and their families.

What is SEND?

A child or young person of compulsory school age is said to have SEND if they:

- have a significantly greater difficulty in learning than the majority of others of the same age
- have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions
- Children with SEND may need extra help or support, or special provision to allow them to have the same opportunities as other children of the same age.
- The [SEND code of practice](#) (which covers children and young people from 0-25 yrs of age) explains the legal duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs and disabilities under [part 3 of the Children and Families Act 2014](#).
- The expectation is that the Local Mainstream School can provide the SEND support required to meet the needs of the child or young person.
- Schools receive a level of funding for ALL pupils. This funding is expected to meet the costs of mainstream education.
- There is an additional Notional SEN budget which will fund most of the special educational provision that pupils require.
- From this budget, schools are required to pay for the first £6,000 of special educational provision per year for pupils with additional needs.

- Schools can also access Pupil Premium for certain groups of children such as those on free school meals, looked after children or children of armed forces parents.
- [The SEND Graduated Response](#) details the Local Authority's expectations for the ways in which all schools and settings should meet the needs of children and young people with SEND. It is important for GP's to know that schools will be following this "assess > plan > do > review" graduated process, assessing the child/young person's needs, planning support, implementing the support and then reviewing the child/young person's progress, in order to make decisions about when to involve outside professionals, and to help in identifying those pupils whose need for long term support is at a level where an Education Health and Care Plan might be needed.
- It may not be appropriate therefore, for a GP to *direct* a school to involve a professional such as an Educational Psychologist, or to make an Umbrella pathway referral, or suggest extra time in exams, or tell the school to apply for an Education Health and Care Plan, if the GP does not have any additional information about the school's progress with the evidence of the graduated response for that child/young person.



Remember: It can be challenging for schools to gather evidence of the graduated response if the child/young person masks their difficulties at school or is not attending.

What is an Education Health and Care Plan (EHCP)?

- The majority of children and young people with SEND can be supported with additional support in their educational setting without the need for an EHCP, as per the graduated response. However, if the child/young person's educational setting can't meet their needs using the support they usually offer to children/young people who need extra help, the County Council may carry out an Education Health and Care needs assessment which will determine if an EHCP is needed. This is a 20 week statutory process.
- The educational setting **or** the family can apply for an Education, Health and Care needs assessment so GP's should be cautious in suggesting this, but instead signpost the family to the [SEND Local Offer Website](#) or [SENDIASS](#) (see section 5 signposting) for the family to find out more information. A school application will need to be based on evidence and cohesive collaboration with the family.
- The DCO will coordinate the health response to any Education Health and Care Needs assessment, and this will not usually require GP advice. On very rare occasions the GP is the only health professional involved with a child or young person and has key information about them, and in these unique cases the GP may be asked to complete a health advice form. GP's can contact the DCO for assistance in completing the form hw.senddco@nhs.net

Role of the school Special Educational Needs and Disability Co-ordinator (SENDCo)

- Every mainstream school must ensure that there is a qualified teacher designated as SENDCo for the school.
- The SENDCo has an important role to play with the headteacher and governing body, in determining the strategic development of SEND policy and provision in the school.
- The SENDCo has day-to-day responsibility for the operation of SEND policy and coordination of specific provision made to support individual pupils with SEND, including those who have EHCP's.
- The SENDCo provides professional guidance to colleagues and will work closely with staff, parents and other agencies.
- The SENDCo should be aware of the provision in the Local Offer and be able to work with professionals providing a support role to families to ensure that pupils with SEND receive appropriate support and high quality adaptive teaching.
- There is a SENDCo network in Worcestershire which helps to keep SENDCo's up to date with local and national developments.

Remember: consent is needed for GP/school communication and should be proportionate. If, with consent, you are contacting a school to discuss a child or young person's SEND support, the SENDCo would be your point of contact.

Some SENDCo's have teaching duties so it is likely you will need to email the school office to request contact (school email address will be on the school website).

Example of wording to school office – “The parent/carer of X has given me consent to contact you regarding their difficulties with..... which is affecting their attendance at school/engagement at school. Please could you let me know if you require any medical advice to assist you in arranging the support for this pupil. Please could you share your current plans for supporting this pupil.”

Avoid: asking parent/carer to relay information to school, writing a sick note for a child or young person 'signing them off' from school without discussion with school about the support in place, sending a letter directing school to a course of action (e.g refer to Umbrella, seek an Educational Psychology assessment, apply for an EHCP) without discussing it with school.



Signposting for 0-25 years

GP's have an important role as a frontline service in providing advice, signposting and making referrals to specialist services if enough information is available to do so.

SENDIASS: www.hwsendiass.co.uk

- For impartial information, advice and support on all matters relating to Children and Young People with SEND, signpost families to SENDIASS, the [Herefordshire and Worcestershire Special Educational Needs Disabilities \(SEND\) Information Advice and Support service \(SENDIASS\)](#)
 - It's a statutory service, which means it must be provided by law. Every local authority in England has this type of service.
 - This service is free, accessible, confidential, impartial, and provided at arm's length from the Local Authority.
 - SENDIASS is a self-referral service that aims to empower young people with SEND aged 0-25 and their parents/carers and professionals.
 - SENDIASS can advise about: EHCP assessments, reviews, and funding, Annual reviews, mediation, and tribunal, National and local policies, The Herefordshire and Worcestershire local offers, Rights and choices, Other places that people may find help and advice, Preparing for meetings with schools and other professionals and Support for parents/carers and young people to get their views across.
 - Their support can be accessed: Over the phone, Via email or Face to face
 - They also offer training and information sessions for parents, young people, and professionals. See the [SENDIASS Training Webpage](#) for more information.
 - They can be found on Social Media- posting up to date and relevant information on [Facebook](#) , [Twitter](#) and [Instagram](#).

Families In Partnership (FiP):

- Families in Partnership is the [Parent Carer Forum](#) in Worcestershire. FiP run events for parent carers and you may wish to signpost families to their website.
- Parent Carer Forums are representative local groups of parents and carers of children and young people with disabilities who work alongside local authorities, education, health and other service providers to ensure the services they plan, commission, deliver and monitor meet the needs of children, young people and families.

Remember: to ask about parent/carer wellbeing and signpost to support.

Parent/carer workshops and courses are available from [Starting Well Partnership](#)

The local offer website:

- [The Worcestershire SEND local offer website](#) holds all information about SEND support in Worcestershire and is updated regularly.

Attendance In Education up to 16yrs

- Families may seek an appointment with their GP because their child/young person is having difficulties with their physical or mental health which is affecting their ability to attend or engage in their education setting.
- Children and young people with SEND can face greater barriers to attendance than their peers. Their right to an education is the same as any other pupil and therefore the attendance ambition for these pupils should be the same as they are for any other pupil. That said, in working with their parents/carers to improve attendance, schools should be mindful of the barriers these pupils face and put additional support in place to help them access their full-time education.
- **Parents/carers** are expected to: Work with the school and local authority to help them understand their child/young person's barriers to attendance and proactively engage with the support offered.
- **Schools** are expected to: Maintain the same ambition for attendance and work with pupils and parents/carers to maximise attendance. Ensure join up with pastoral support and where required, put in place additional support and reasonable adjustments, such as an individual healthcare plan (IHP) and if applicable, ensuring the provision outlined in the pupil's EHCP is accessed. Consider additional support from wider services and external partners, making timely referrals.
- Schools are expected to follow government guidance: [Working together to improve school attendance](#)
- Schools do not have to wait for a formal diagnosis before providing support to pupils and schools should ensure that staff are properly trained to provide the support that pupils need.
- In all cases, schools should be sensitive and avoid stigmatising pupils and parents/carers and they should talk to pupils and parents/carers and understand how they feel and what they think would help improve their attendance to develop individual approaches that meet an individual pupil's specific needs.
- **The local authority** is expected to: Ensure suitable education, such as alternative provision, is arranged for children/young people of compulsory school age who, because of health reasons, would not otherwise receive a suitable education.
- The local authority attendance helpline is: **01905 844 440** open 9-4:30pm.
- Young people who are in Yr 12 and 13 (covering ages 16-18) who are not in Education, Employment or Training, email post16neet@worcschildrenfirst.org.uk for advice.

Individual Health Care Plans – Not all children/young people will need one, but most children/young people with a medical condition should have an Individual Health Plan (IHP) outlining what care a child/young person needs and how it will be carried out.

- The individual healthcare plan can also be used for mental health conditions such as anxiety, depression and eating disorders, as well as physical health, and after school absence can identify the support the child/young person will need to reintegrate effectively.
- Schools are expected to follow government guidance: [Supporting pupils with medical conditions at school](#)
- If there is an EHCP, the IHP forms part of the EHCP in section G (health provision).
- IHP's should be written at the first sign of medical reasons for absence from school.
- Plans should be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g., school nurse, specialist or children's community nurse or paediatrician, who can best advise on the needs of the child/young person. Pupils should also be involved whenever appropriate. IHP's will not usually require GP advice. On very rare occasions the GP is the only health professional involved with a child or young person and has key information about them, and in these unique cases the GP may be asked to contribute to the IHP.



Emotionally Based School Non-Attendance (EBSN)

[Emotionally based school non attendance \(EBSN\)](#) is characterised by difficulties attending school rooted in emotional factors. Children/young people usually want to attend school but cannot due to overwhelming fear/worry. Some children/young people will be able to clearly articulate their fears/worries about attending school whilst others will exhibit externalised behaviours to communicate their feelings in the hope of avoiding school. Psychosomatic symptoms are often experienced when thinking about attending school.

EBSN typically has four functions of which one or more might be present for a child/young person:

1. Avoidance of situations in school that elicit anxiety or negative feelings
2. Escaping aversive social situations where appraisal from others takes place, such as break time or taking part in group learning tasks
3. Need for parent/carer contact and difficulties separating from them
4. Increased opportunities for rewarding/pleasurable activities when at home

EBSN differs from other forms of non-attendance (e.g. truancing) as it usually occurs with the absence of anti-social behaviour in the community and with parents/carers knowledge of the child/young person being at home during the day.

Education settings have guidance from Worcestershire Educational Psychology Service [EBSN Guidance 2023 \(worcestershire.gov.uk\)](https://www.worcestershire.gov.uk)

Best practice advice: Consider whether direct communication with the school is proportionate e.g. absence from school due to a temporary injury or illness will not require the same level of involvement of a GP as persistent or long term absence due to an ongoing physical or mental health difficulty. If persistent, **gain appropriate consent** from the parent/carer or young person to email the school SENDCo (via school office, email address on each school website) to discuss support in place and make an agreed plan moving forward.

Example of wording to school office – “The parent/carer of X has given me consent to contact you regarding their difficulties with..... which is affecting their attendance at school/engagement at school. Please could you let me know if you require any medical advice to assist you in arranging the support for this pupil. Please could you share your current plans for supporting this pupil.”

Avoid: asking parent/carer to relay information to school, writing a sick note for a child/young person signing them off from education without discussion with the educational setting about the support in place, sending a letter directing the educational setting to a course of action (e.g refer to Umbrella, seek an Educational Psychology assessment, apply for an EHCP) without discussing it with the educational setting.

Do: Be clear in your communications with educational settings about the support that children/young people are accessing through health and the dates of reviews that you will be holding to ascertain any changes in the child/young person's health.

Attendance and potential safeguarding concerns:

- For the most vulnerable pupils, regular attendance is also an important protective factor and the best opportunity for needs to be identified and support provided. Research has shown associations between regular absence from school and a number of extra-familial harms.
- Safeguarding and promoting the welfare of children/young people is everyone's responsibility. Everyone who comes into contact with children/young people and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child/young person centred. This means that they should consider, at all times, what is in the best interests of the child/young person.
- No single practitioner can have a full picture of a child/young person's needs and circumstances. If children, young people and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
- Should you have any concerns regarding a Child Missing Education (CME) who you believe is not registered on a school roll or in receipt of any education otherwise, or, any child that is registered at a school but appears to be irregularly attending or on a part-time/ reduced timetable please inform the CME team: cme@worcschildrenfirst.org.uk

Section 19:

Section 19 of the Education Act 1996 places a duty on local authorities to make suitable alternative education arrangements for children and young people of statutory school age who cannot attend school because of illness, exclusion or any other reason. In Worcestershire, schools can advise of absences, irregular attendance or part-time timetables through the Children's Services Portal. Alternately cme@worcschildrenfirst.org.uk can be used by other organisations or where a portal notification isn't applicable for schools. For any children who can't attend school (CCAS) for illness or any other reason and that can't be supported by school making suitable adjustments, they will be discussed at the CCAS panel to decide if support is required and what this will look like. Exclusions will follow the normal exclusions policy separately. Please see the Worcestershire Children First Inclusion website for further information - [Inclusion in Educational Settings | Worcestershire County Council](#)

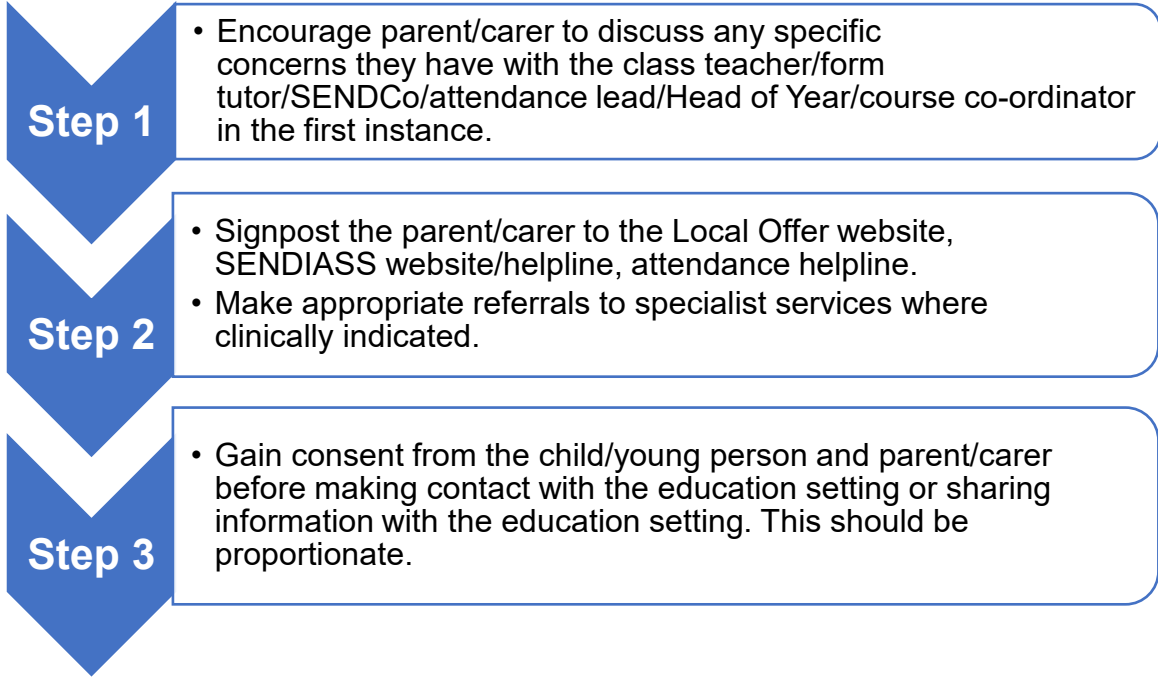
The Medical Education Team (MET)

- The [Medical Education Team](#) discharges the duty of the Local Authority in ensuring that arrangements are in place for pupils who are unable to attend school because of their medical needs, to have appropriate and ongoing access to education.
- The Team consists of qualified teachers and teaching assistants who are skilled in teaching pupils of statutory school age with a wide range of physical, emotional and psychological health needs.
- Schools can refer pupils to the MET when a medical condition seriously compromises a pupil's attendance at school. All referrals to the medical education team must be supported by relevant medical evidence from an appropriate **specialist service** (not primary care) which is currently working directly with the child/young person.
- If the child/young person already has an EHCP, the SEND team in the local authority rather than the MET will be responsible for arranging their access to education.

Annual Health Checks

- Children and young people with a diagnosed learning disability should be added to the GP's learning disability register.
- From the age of 14 onwards GP surgeries should offer an annual health check to those on the register, even if they are under the care of a community paediatrician.
- The annual health check has many benefits including: establishing a relationship between the young person and their GP which they will need into adulthood.
- It provides an opportunity to do a comprehensive "head to toe" review which has proven effective in identifying previously unrecognised health needs and to reduce serious illness.
- The GP surgery should work with the young person and family to agree what reasonable adjustments can be made to encourage take up of the annual health check. This could include the timing of the appointment to minimise any impact on school attendance, or the communication or sensory needs of the young person.

Flowchart 'Guidelines for managing parent/carer concerns about unmet SEND needs in education':



Thank you

With special thanks to the SENDCo’s who contributed to this handbook.