



General Practice SEND Handbook

Worcestershire 2025

**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 GPs, other staff who work in the GP practice, and primary care practitioners. This handbook is not a substitute for clinical judgment. If you are unsure about any advice in this handbook or need specific advice related to a particular patient, please contact the Designated Clinical Officer (DCO) for Special Educational Needs and Disabilities (**SEND**) in Worcestershire on: hwicb.senddco@nhs.net
- 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 hwicb.senddco@nhs.net for further training.
- **All** practice staff including reception staff should receive training on neurodiversity and learning disabilities – such as Oliver McGowan training <https://www.olivermcgowan.org/>
- We would appreciate any comments or feedback you have regarding the GP practice SEND Handbook so that we can make improvements for future editions. 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.
- The Handbook will be situated on the TeamNet GP portal and health section of the Worcestershire local offer website and reviewed annually.

Consent

GPs 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

The purpose of this handbook is to:

- Provide advice on how GPs can help support children and young people (0-25 years) with Special Educational Needs and Disabilities (**SEND**) and their families.
- Briefly outline how schools support children and young people with SEND.
- Quick reference signposting guide, including SENDIASS, Worcestershire Parent Carer Forum and the local offer website.
- Explore the role of GPs in supporting children and young people with SEND and their families.
- Outline the GPs role with respect to Annual Health Checks for young people with learning disabilities from the age of 14 onwards.
- The focus of the handbook is to explain SEND processes for GPs. Topics like consultation times, reasonable adjustments, and related issues are covered in Annual Health Check study days, which also address important clinical issues such as contraception and puberty education.

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



Guidelines for managing parent/carers concerns about unmet Special Educational Needs and Disabilities (SEND)

Step 1

- a) If the child/young person is attending an education setting, ask who the parent/carers has discussed their concerns with and what the response was. This may be the class teacher/form tutor/SENCO/attendance lead/Head of Year/course co-ordinator.
- *(If home educated, go straight to step 2b)*

Step 2

- a) **Gain consent to make contact with education provider.**
- b) With consent, make **appropriate referrals** to specialist services where clinically indicated.
- c) Consider what other support may be needed while families are on waiting lists and signpost to **'Information to support you while you are waiting in Worcestershire'**^{***}
- d) Provide **follow up** to the family and support any mental health needs resulting from long waiting lists.

Step 3

- a) **With consent, GPs are encouraged to make contact with the education provider where there are complex needs requiring multi agency working.**
- b) Signpost the parent/carers to the **Local Offer website**^{*} for information and support and the **SENDIASS** website/helpline^{**} see also *'Signposting and making referrals'* section of this handbook.
- c) GP input at **multi agency meetings** arranged by school where there are medical needs can be really beneficial for both the child/young person and GP.

^{*} www.worcestershire.gov.uk/council-services/schools-education-and-learning/send-local-offer

^{**} www.worcestershire.gov.uk/sendiasm

^{***} www.hwics.org.uk/priorities/special-educational-needs-and-disabilities-send/information-support-you-while-you-are-waiting-worcestershire

What are Special Educational Needs and Disabilities (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](#).

Emotionally Based School Non-Attendance (EBSN)

[Emotionally based school non attendance \(EBSN\)](#) is a term to describe when a child/young person is having 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. Physical signs of distress are often experienced when thinking about attending school.

EBSN typically has three 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

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 \(worcestershire.gov.uk\)](#)

Best practice advice:

- 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 absence (missing 10% or more of their possible sessions), **gain appropriate consent** from the parent/carer or young person to email the school SENCO (via school office, email address on each school website) to discuss support in place and make an agreed plan moving forward.
- 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.

Avoid:

- Asking parent/carer to relay information to school.
- Completing a "Statement of fitness for work for social security or statutory sick pay" note signing the child off school (these are for working adults not children).
- Sending a letter *directing* the educational setting to a course of action without discussing it with the educational setting.

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What can schools do to support?

- The expectation is that the Local Mainstream School can provide the support required to meet the needs of the child or young person with special educational needs and disabilities (SEND).
- [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 GPs to know that schools will be following this process, assessing the child/young person's needs, planning support, implementing the support and then reviewing the child/young person's progress. This helps them to make decisions about when to involve outside professionals and helps identify those pupils whose need for long term support is at a level where an Education Health and Care Plan (EHCP) might be needed.
- Sometimes schools may not recognise the child's needs if the child/young person masks their difficulties at school or is not attending.
- Schools have a duty to identify needs early and make referrals for assessments such as Autism assessment and ADHD assessment when there is evidence to do so.

- Schools can refer directly to many services such as School Nurse, CAMHS, Early Help, Speech and Language Therapy, Occupational Therapy etc.
- 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.

Role of the school Special Educational Needs Co-ordinator (SENCO)

- Every mainstream school must ensure that there is a qualified teacher designated as SENCO for the school. Some SENCOs are called Special Educational Needs and Disability Co-ordinators (SENDCO), this is the same term.
- The SENCO 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 SENCO 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 Education Health and Care Plans (EHCPs).
- The SENCO provides professional guidance to colleagues and will work closely with staff, parents and other agencies.
- The SENCO 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 SENCO network in Worcestershire which helps to keep SENCOs up to date with local and national developments.



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

- The majority of children and young people with Special Educational Needs and Disabilities (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 Local authority (Worcestershire 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. A school application will need to be based on evidence and coproduction with the family.
- The Designated Clinical Officer (DCO) will help to coordinate the health response to any Education Health and Care Needs assessment, and this will not usually require GP advice. The NHSE SEND Team and the NHSE Primary Care Group advise that there is no contractual requirement for GP practices to provide information for EHC plans. 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 or confirm diagnoses or treatment. GPs can contact the DCO for assistance in completing the form and arrangements around this by emailing hwicb.senddco@nhs.net



The Local Authority's responsibilities around education

Attendance in education (up to 16yrs)

The Education Act 1996 section 7 places a duty on parents to secure suitable fulltime education for their child. They can do that either by home educating their child, or by taking advantage of the educational provision offered by the State. Overall, a child need not be educated in a school if:

- (1) Their parent has chosen to provide their education
- OR
- (2) If the Local Authority considers it would not be appropriate for them to be educated in a school (i.e. non-school provision, education “otherwise than in a school”).

Elective home education

- Government guidance on elective home education can be found here [Elective home education - GOV.UK \(www.gov.uk\)](https://www.gov.uk/elective-home-education)
- Parents may make the decision to home educate for a number of reasons including choice (i.e. philosophical choice), but also because of difficult reasons such as concerns for the child's mental or physical health, bullying and unmet special educational needs. Home educating families are aware that home education can be viewed negatively by professionals and against the 'norm'.
- If you have safeguarding concerns, then professionals must follow usual safeguarding protocols.
- Home educated children are not able to seek referrals to specialist services through a school and therefore GPs may be the only professional involved who could make referrals for assessments (this could include Autism, ADHD, hearing, CAMHS, therapies, Sight test, Immunisations etc)
- Home educating families may benefit from specific signposting such as Worcestershire's Home Educators network info@worcestershire-home-educators.co.uk

Education in a setting

- 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 Special Educational Needs and Disabilities (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 should not 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.
- Under Section 19 duties **the local authority** is responsible for: Ensuring 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@worcestershires.gov.uk for advice.

Section 19 duties

- In Worcestershire, schools must advise of absences, irregular attendance or part-time timetables through the Children's Services Portal. Schools must also let the local authority know if the child is likely to be away from school for more than 15 school days consecutively or cumulatively due to illness. Alternatively cme@worcestershires.gov.uk can be used by other organisations (including GPs) or where the portal notification system isn't available to schools (e.g. those outside of Worcestershire).

- The CCAS (Children who Cannot Attend School) process and panel responds to cases which might meet the criteria for Section 19 of the Education Act 1996, which states:
‘Each local authority in England shall make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them.’
- This multi-agency panel is represented by partners from Education, Health and Social Care in order to ensure effective collaboration in supporting children and young people. [Children who Cannot Attend School \(CCAS\)](#)
- If a child has been excluded from school the normal exclusions policy will be followed. [Exclusions and fair access](#)
- The Attendance and Children Missing Education Team work alongside schools, settings, and external partners to promote the importance of education. [Attendance and CME](#) For any attendance enquiries, the attendance helpline is open daily, during term time, between 9:00am to 4:30pm on 01905 844 440.

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.

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 IHP 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 Education Health and Care Plan (**EHCP**), the IHP forms part of the EHCP in section G (health provision).
- IHPs 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.
- IHPs will not usually require GP advice however if the GP is the only health professional involved with a child or young person and has key information about them, then the GP should contribute to the IHP.

Safeguarding

- 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. If you have safeguarding concerns, then you must follow usual safeguarding protocols.
- For the most vulnerable pupils, regular attendance at school is 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.
- 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 for advice.

What can GPs do to support?

- Listen to and acknowledge parents and young people's concerns and lived experiences and ask what services are already in place if any.
- Detailing about the child's sleep, eating, mood and behaviour can be helpful to guide support.
- Young people may prefer to see the GP without their carer present, and this can be offered to the young person.
- Ask about impact on parent's mental health, their jobs and impact on siblings. Those involved may need to be offered GP appointments to look at supporting them individually.
- Information about which school the child attends and if their attendance is being affected. For home schooled children ask about any tutoring/groups the child attends.
- Direct conversation between the GP and school can be more helpful than passing information via families. This must be with the child/family's consent.
- GPs should **contact** the school to **discuss** the support in place and the concerns for that child/young person before making recommendations in order to foster multi agency relationships and build partnerships around the child. It can be unhelpful for a GP to *direct* a school without speaking to school first.
- It is often better for the school to make referrals e.g. to investigate neurodiversity as a lot of detail is required on referral forms about what has been put in place to support the child, however if the school is unable to make the referral for example when a child masks at school or the child is home educated, GPs can make the referral.
- The GP can also make referrals to specialist services such as Community Paediatrics, CAMHS, Speech and Language Therapy, Occupational Therapy etc. Information about how to make referrals can be found on individual service websites. There is also a 'health referrals toolkit' in the parent carer engagement toolkit found on the local offer website: [Parent carer engagement toolkit | Worcestershire Local authority \(Worcestershire County Council\)](#)
- Families and young people should be signposted to local and national support groups (see signposting section of this handbook).
- GPs can highlight children to the CCAS (Children who Cannot Attend School) panel.

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 SENCO would be your most likely point of contact.

Some SENCOs 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 from GP to school office for attention of SENCO -

- *The parent/carer of X has given me **consent** to contact you regarding their difficulties with.....*
- *They are **struggling with** medical conditions.*
- *This is **affecting** their attendance at school/engagement at school/behaviour at home/sleep/relationships etc.*
- *Please could you share your **current plans** for supporting this pupil.*
- *Please could you let me know if you require any **medical advice to assist** you in arranging the support for this pupil.*
- *If you would like to have a **meeting** to discuss this, please let me know.”*

Avoid:

- Asking parent/carer to relay information to school,
- Completing a “Statement of fitness for work for social security or statutory sick pay” note signing the child off school (these are for working adults not children)



Signposting

GPs 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.

Remember:

- GPs are crucial to support the family as a whole.
- Ask about parent/carer and sibling wellbeing and signpost to support.
- Consider follow up appointments for considering the wellbeing of parent carers and the impact on them e.g. impact on their employment, mental health etc
- Parent/carer workshops and courses are available from [Starting Well Partnership](#)

SENDIASS:

www.worcestershire.gov.uk/sendiaass



- 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.

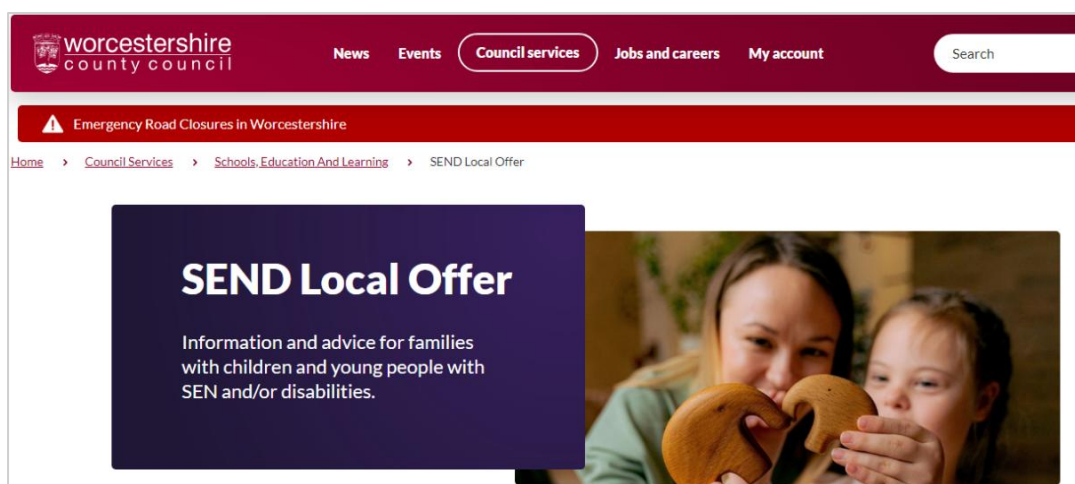
- SENDIASS can advise about: EHCP assessments, reviews, and funding, Annual reviews, mediation, and tribunal, National and local policies, The Herefordshire and Worcestershire local offers, Rights and choices, Other places that people may find help and advice, Preparing for meetings with schools and 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 also be found on social media.

Worcestershire Parent Carer Forum:

- Worcestershire Parent Carer Forum is the [Parent Carer Forum](#) in Worcestershire. They run events for parent carers - you may wish to signpost families to their website. They can also be found on social media.
- 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.

Worcestershire's SEND support (the local offer):

- [The Worcestershire SEND local offer website](#) holds all information about SEND support in Worcestershire and is updated regularly.
- The SEND Local Offer website provides lots of information for families with a child or young person (0-25yrs) who have a Special Educational Need (SEN) and/or disability (including those without an EHCP). There is information about services across health, education and social care. You can find out about resources, EHCP's, services, support, who can help with advice, activities and events.
- All the information has been arranged under age groups to make it easier to navigate.



Long-term support: Annual Health Checks

- Children and young people with a diagnosed learning disability should be added to the GPs learning disability register. If a formal diagnosis is absent, GPs can still add them when appropriate, using the Learning Disability Register Inclusion Tool as a guide <https://www.learningdisabilityservice-leeds.nhs.uk/wp-content/uploads/2020/07/Inclusion-tool-Jan-2019-3.pdf>
- From the age of 14, GP surgeries should offer an annual health check to those on the register. This remains important even if the young person is already under the care of a community paediatrician.
- The annual health check provides numerous benefits, including fostering a relationship between the young person and their GP, who often becomes their primary point of contact when transitioning from paediatric to adult services. This proactive approach helps address health needs early, ensuring a smoother transition to adult care.
- It provides an opportunity for a comprehensive review including a full physical health check that supports health promotion, identifies previously unrecognised health needs, reduces serious illness, and enables the development of a personalised health action plan.
- Reasonable adjustments are crucial for enabling the annual health check to take place. This may involve considering the timing of the appointment to minimise disruption to school attendance or addressing the young person's communication and sensory needs.
- Reasonable adjustments can be recorded on the child/young person's notes to improve their access to healthcare settings (using the Reasonable Adjustments Digital Flag).



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