

Children and Young People with Epilepsy 7-Minute-Briefing

Advice for Safeguarding Practitioners Supporting Children and their families

Background

1

Epilepsy is relatively common in children, and many will outgrow the condition before their teens. In most cases, medication can easily control seizures while other children may experience lifelong challenges with seizures. Epilepsy affects each child differently. Certain factors can trigger a seizure in those with epilepsy. Common triggers include not taking anti-seizure medication as prescribed; stress; sleep deprivation; illness; alcohol & recreational drugs; flashing/flickering lights.

It is important therefore that Early Help (EH), Child In Need (CIN) or Child Protection (CP) plans are clear on the expectations placed upon parents and children when managing a health condition, especially when those children are subject to neglect. Assessments should be clear on the impact should parents/carers and children not follow the advice given.

What to do - How do we ensure a multi-agency response to keep the child safe?

2

- Evidence that **demonstrates how** parents/carers are proactively supporting their child/young person in taking their medication. Health professionals should be assessing how parents/carers ensure that repeat prescriptions are available and the administration of medication features in daily routine.
- Parents/carers should be **reporting*** all seizures to the child's allocated epilepsy team for a full and accurate picture of their epilepsy. If there is evidence of non-compliance with epilepsy guidelines, this should be raised at the multi-agency meeting and professionals should be assessing the risk.
- Professionals should be offering additional support to parents/carers to prioritise this care.

*** this does not need to be immediate; specialists would recommend keeping a diary/log of any seizures to share at the next appointment. A prolonged seizure or unusual seizure would require an immediate report to the team.**

Safety advice for Epilepsy?

3

- The advice given by health professionals is to **avoid baths** and to take showers. The child is at risk if they take baths, and they are left unsupervised. If parents / carers or children choose not to take the advice given, then everyone including professionals should be clear on the risk and this should be considered when assessments on neglect are carried out. No child should be left unsupervised in water, this includes a child who goes swimming. A responsible adult should be present when they are in the water to assist them if they have a seizure.
- When riding a bike children/yp should wear a helmet, use cycle paths wherever possible, and younger children should ride on the pavement.
- It is ok to take part in physical education however the child should not climb above their own height unless adequately harnessed.

Sharing information with parents

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As with all safeguarding arrangements, it is important for professionals to apply critical thinking and appropriately challenge parents and carers whilst maintaining a focus on the child's daily lived experience. Reiterate the advice given above, and by epilepsy specialists.

- Medication needs to be diligently and regularly taken.
- If a seizure is 5 minutes or longer an ambulance should be called immediately.
- All medical appointments and non-attendances reported to the lead professional.
- It is advisable that all seizures are reported to the epilepsy team.
- Assess parents / carers understandings of do's and don'ts so they can support their child.

Think: if this is not happening or is deemed as ineffective in terms of managing the condition, then it is important that all professionals make a judgement on how this is impacting on the child's health, wellbeing, and safety. Where appropriate to do so, professionals must speak to the child.

sharing information with professionals

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- For any child or young person supported as part of an Early Help plan, Child in Need or Child Protection Plan it is essential that the children's epilepsy team is consulted regularly and / or invited to meetings in relation to the child. This will enable all professionals to share their concerns around compliance, the overall management of the condition and agree plans for any additional support should there be consideration for case closure or plans to step down.
- Share information with agencies, including with the child's childminder, nursery or education setting around their condition and its management, and what steps to take in the event of a seizure but equally how these impact on any case that is subject to concerns around neglect.

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