

Workshop C Addressing Children's needs

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Workshop consisted of: parents, social worker, medical students, OT students, nurses, LSAs, INCO, students, health promotion, student services, pharmacists etc.

Most important Points

1. Info pack with contact details also must be given to a parent when their child is diagnosed.
2. A transition clinic at hospital – twice a month someone, an epilepsy support person, to speak to regarding epilepsy.

In schools → Educational needs to children with epilepsy:

1. Need of a service – before the resource centre of 23 (between the ages of 16-23) Parents are concerned for their children after age 16 – what will happen?
2. Need of a school nurse – not only to provide care to children who have a condition but also to provide a broad range of services – health promotion, education, researcher etc.
3. Need of a delivery of timely education to teachers, staff and parents, LSAs. People need and want the education being taught to them when the time asks for it.
4. Outreach programme service held between the collaboration of MMSA and Caritas, using peer guidance and having Caritas train them on how to teach others about epilepsy.

More education on how to handle children during a seizure.

Attention and concentration are affected by having epilepsy – therefore education has to be adapted for the students.

All students should have all lessons but teachers must arrange the curriculum for the student.

Teaching and education should come when you start teaching practice on in your practice.

It is timely, significant- more effective when you actually having a child who has epilepsy in the school. Parents would want to ask the head of your child's school to do a training course to the staff?

Inservice training, invited lectures and also an outreach programme which is time-effective.

Schools need to be more aware and more present at these seminars and know more about the organisations – so that even they can learn more and help to teach their students.

Revision of concessions during exams for children who have IEPS. Flexibility for extra, time, location, revise the concessions.

Stigma – children don't talk because they are scared of exclusion. There needs to be a counsellor with Caritas to talk to the kids, adolescents etc.

More psychologist are out there and they should be used, to help with the transition of finding out their condition – anxiety, depression exclusion – the feelings a child may go through.

Recreation – adolescent – more teenage friendly and camps. Develop more adolescent support groups for those who have epilepsy, camps etc. Epilepsy camps with adolescents speak about their problems, with other adolescents and educators etc.

Parents have to be more teenage friendly, we can't tell them no paceville – you can go and you can drink just not more than 1 unit. They just need good support, awareness, and counselling.

Notes

1st listen to the parents

In Malta the needs are adequately addressed – but need to be improved

- Capacity of school – there is a waiting list – what can be done? Will you extend the age of resource centre will it help? No – there is no continuity, no holistic approach.
- Socio and educational needs of adolescents → a multidisciplinary approach needs to be given. Social skills programme, academic etc. → a resource centre
- Would a resource centre in every school be a good idea?
- Should a social skills lesson be available to every student?
- Benchmarking – advocating – these suggestions
- An idea - A questionnaire distributed to the INCOs, LSA as to see what are the limitations of the education system.
- Specialised expertise to teach children with ADHD, autism etc.

More awareness – short spots on tv? Promotion more to the general public? How can we do this? – usually it is when the time calls for it.