ACEs are prevalent in the caseload though figures are likely an under-representation because currently this information is assessed informally and is clinician-dependant.

The CSA assessment is an opportunity to talk to CYP and families about mental health, ACEs and trauma with appropriate signposting. It is also an opportunity to work on building resilience in collaboration with a dedicated psychologist, social care, police, school and health visitors.

Proposals

- Focused mental health risk questions incorporated into the CSA proforma guiding onward intervention
- Develop a patient-led tool assisted by CYP user groups for collecting a robust ACE enquiry
- A bespoke 'Resilience plan' for each child.
- ACE –special interest group for sharing information and collaborating with other teams and multi-agencies.

G496(P) ABSTRACT WITHDRAWN

G498(P) CHILD PROTECTION (CP) MEDICAL REPORTS: ARE THEY USEFUL FOR THE MULTIAGENCY TEAM?

S Alladi, B Lee. *Community Paediatrics, Whittington Health, London, UK*

10.1136/archdischild-2020-rcpch.423

Aim Failures in multiagency communication are often highlighted in Serious Case Reviews. This project evaluated the usefulness of CP medical reports produced by the community paediatric team, amongst multiagency partners, in a London Borough.

Method The evaluation was in two parts:

- Anonymised reports, meeting RCPCH criteria and representing medical assessments for neglect, physical and sexual abuse were selected and shared with social care, legal, police, GP, Health visiting and school nursing teams. The reports were accompanied by online or paper questionnaires.
- In all cases seen for CP medicals between January–March 2018 and which progressed to conference, it was noted if:
 - a medical report was commented upon in the conference minutes and
 - if so, whether any action was taken based on the recommendations

Results In total 31 professionals each reviewed 3 CP reports with a total of 87 questionnaires completed

100% of professionals felt the reports contained useful information for their team.

99% of professionals found the reports easy to understand.

83% felt the conclusions were clear from the report.

71% felt the further actions for their team were clear.

Qualitative analysis of written comments highlighted the following:

Professionals in Social Care and the Police suggested:

- The significance of observations such as height/weight measurements should be explained

Professionals within Health suggested:

- To include important negative information e.g. normal parent's mental health status.

- Clear information regarding timelines and which team is responsible for follow up.
- To include more details about siblings as some professionals may receive only one child's report

In 58% of cases progressing to conference the CP medical report was mentioned in the conference report and the conference notes reflected actions based on the CP report recommendations.

Conclusion CP medical reports meeting the RCPCH Criteria are useful and easy to read for the multiagency team in this London Borough. Where reports are discussed at case conference the recommendations are considered as part of the subsequent actions. Improvements in the clarity of reports were suggested, specifically in identifying ownership of actions and timelines for multiagency partners. The paediatric department is now improving the writing of recommendations to multi-agency partners as well as developing a template for communication with families.

G499(P) LISTENING TO THE VOICES FROM THE CHILD PROTECTION MEDICAL EXAMINATION; WHAT ARE SECTION 47 MEDICAL ASSESSMENTS TELLING US?

¹P de Keyser, ²R Berg. ¹Paediatrics, Royal Free London NHS FT, London, UK; ²Paediatrics, Barts Health NHS Trust, London, UK

10.1136/archdischild-2020-rcpch.424

Aims To improve outcomes for children referred for Child Protection Medical Examinations (CPMEs) from two urban boroughs.

Methods 139 CPMEs completed in the year to 30 September 2019 were reviewed, to identify the referral source, the abuse suspected and alleged perpetrator, previous involvement with children's services, and current medical needs. 82 of the CPMEs involved siblings. 25 further CPMEs were requested, then cancelled.

Results 79 of the CPMEs related to referrals from schools and nurseries, 21 from social workers holding existing cases, 19 from police, 9 from family members, and 7 from Health Professionals.

124 referrals related to suspected physical abuse, and 15 to neglect. The alleged perpetrator, where identified, included parents in 99 cases, a parent's partner in 11, and another family member in 7. Domestic abuse was identified in 38 cases.

70 children were previously known to Children's services, 42 with Child Protection Plans and 10 as Children in Need. 3 were subject to Interim Care Orders, with these being sought in 9 further cases.

Current medical needs were identified in 67 children, with 16 instances related to developmental delay, 33 to the child's mental health, 4 to dental caries and 2 to obesity. 22 cases identified parents' mental health needs.

Educational concerns, including episodes of exclusion, were frequently associated with a child's mental health, or medical issues.

Conclusions Results are similar to our previously presented statistics in the 21 months preceding this study. Schools are key in reporting abuse. Referrals where neglect is suspected are still under represented, and thresholds for referral, sibling CPMEs, and cancellation appear at times variable.