Week beginning	Percentage of 16- and 17-year-olds with documented CP-IS check by reception	Percentage of CP-IS checks appropriately actioned	Percentage of 16- and 17-year-olds with a CP-IS check documented by reception and appropriately actioned	Percentage of checks recorded incorrectly by reception
02/11/2020	0.00%	N/A	0.00%	N/A
23/11/2020	35.29%	91.67%	32.35%	0.00%
21/12/2020	61.11%	100.00%	61.11%	0.00%
18/01/2021	57.69%	86.67%	50.00%	13.33%
01/02/2021	63.64%	95.24%	60.61%	4.76%
15/02/2021	66.67%	90.91%	60.61%	0.00%
01/03/2021	63.16%	100.00%	63.16%	0.00%

Conclusions The outcome measure showed a significant and sustained improvement. At the end of the study period, 63.2% of 16- and 17-year-olds had an appropriately actioned CP-IS check in ED, up from 1.8%.

Some inaccurate recordings were picked up via the balancing measure. This appeared to have resolved by the end of the study period.

Paediatric Mental Health Association

1231 PREVALENCE OF ADVERSE CHILDHOOD EXPERIENCES (ACE) AMONG A GROUP OF LOOKED-AFTER CHILDREN AND ADOLESCENTS FROM A NORTH-WEST LOCAL AUTHORITY

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10.1136/archdischild-2021-rcpch.495

Background The UK Department of Health has produced guidance on the statutory health assessment required for identifying and managing their health needs. It is well known that Children and young people (CYP) under public care are at increased risk of both mental and physical health needs compared to those living within their birth families. There are many factors known to influence the high vulnerabilities of looked after CYP to high levels of morbidities. There is a high rate of previous experience of adverse traumatic events including neglect and abuse, family deprivation, poverty, disharmony and disruption, parental vulnerability to drugs, alcohol abuse and mental health disorder, as well as genetic predisposition and subsequent instability experienced while in public care.

Objectives We aimed to identify and itemise the range of adverse or traumatic childhood experiences among the LACYP, with the intention of informing better targeted preventive measures from all stakeholders involved in their care.

Methods The healthcare records of all the CYP who were referred for the statutory Initial health assessment (IHA) between Apr 2019 and Mar2020, under the care of the Halton Local Authority were reviewed retrospectively. The audit was carried out as part of the Clinical Governance strategy and no ethical approval was required.

Results Data was available for a total of 82 LAC aged between 6 months and 19 years (averaged 8 yrs), with 51 Males/31 Females. One patient failed to attend the clinic. All the LAC had at least one or more identifiable adverse risk factors. A total of 21 socio-emotional risk factors recorded, classified into categories:

Parental (94%) such as abuse in childhood, alcohol and substance abuse, mental health problems, and Learning Difficulties;

Family-related insults (80%) such as parental neglect and exposure to domestic violence;

Prenatal insults (62%) such as intra-uterine exposure to stress, tobacco, drugs and alcohol;

Child-related factors (40%) such as physical, emotional or sex abuse, incomplete immunization and poor school attendance.

Each LACYP was exposed to an average of 5 risk factors including parental (2.5), family (1), child-related (1) and Intra-uterine (0.5).

Conclusions This audit confirms that CYP in public care have significantly higher risks of exposure to adverse traumatic experiences compared with the normal childhood population. Socio-economic deprivation and attachment difficulties in LACYP are known to significantly contribute to their development including impaired speech, language and communication (SLC) skills, which often remain largely undetected in 60% to 80% of cases.

It emphasises the need for comprehensive assessment and provision of early integrated care for LAC of all ages, working across a wide range of setting and involving multi-agency collaborations between the schools, social care, healthcare and the voluntary sectors.

It is recommended that every LACYP should be offered comprehensive multidisciplinary assessments to help identify the impact of biological, psychological and social factors on their individuality.

British Paediatric Neurology Association

1232 PARENTAL PERSPECTIVE: 'GOOGLE' DIAGNOSIS OF GENETICALLY WILLIAM-LIKE SYNDROME (MICRODELETION OF CHROMOSOME 7Q11.23)

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10.1136/archdischild-2021-rcpch.496

Background Genetic diagnosis has been increasingly made every day as part of investigation in childhood illness or neurodevelopment assessment. At its current stage, the genetic testing was more educational or scientific purposes only and parent need to understand this before agreeing to it. We interviewed the parents of a 10-year-old boy who had had genetic testing and misunderstood it with a well-known diagnosis of William's syndrome due to 'google' research.

Objectives

Nil

Methods

Case Report 10 years old boy who is known to our services for multiple clinical needs. He was first diagnosed with epilepsy at the age of 3 and required antiepileptic medication. Several years later, he was referred to paediatric community