guidance states that before carrying out a CPME you must be satisfied that it is necessary and appropriate. You must be clear about what will be achieved and whether or not the outcome is likely to affect the proposed course of action.

We therefore call for clarity between all agencies with regard to the threshold required for a CPME to occur following referrals received for physical abuse allegations.

We recommend that in preschool and younger children with limited verbal skills social workers should refer for a CPME to be undertaken where there is an allegation of physical abuse regardless of whether an injury is seen. In verbal children a CPME should be done when there is a significant allegation even if no injury is seen to ensure there are no hidden injuries.

Association of Paediatric Emergency Medicine

1354 SAFEGUARDING SIXTEEN AND SEVENTEEN-YEAR-OLDS IN THE EMERGENCY DEPARTMENT: DO PAEDIATRIC LED SERVICES IMPROVE OUTCOMES?

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10.1136/archdischild-2021-rcpch.581

Background 'Working together to Safeguard Children' (2018) is a document outlining government guidance for all professionals working with children. It states that 'children who need help and protection deserve high quality and effective support as soon as a need is identified', reminding us that 'health practitioners are in a strong position to identify welfare needs or safeguarding concerns'.

Paediatric departments regularly manage safeguarding cases; strategies to identify concerns are built into everyday practice. However, as we assume capacity to consent from the age of sixteen, 16 and 17-year-old adolescents may be managed by either adult or paediatric services, therefore could be seen by healthcare professionals with less experience safeguarding children. Nevertheless, concerns must be dealt with promptly and according to national guidance.

Our Emergency Department (ED), an inner-city major trauma centre, previously looked after 16 and 17-year-olds in the adult department. However, due to additional pressures during the COVID-19 pandemic, the paediatric ED has taken over their care.

Objectives To determine if there were improvements in how effectively safeguarding concerns were identified and acted upon when young people (YP) were managed by paediatric ED, compared to adult ED.

To use results to create sustainable change and improve services: firstly by providing targeted education for our workforce; and secondly by designing new ED pathways for YP which enable safeguarding concerns to be effectively managed. **Methods** This was a retrospective study of all sixteen and seventeen-year-old patients discussed in ED safeguarding meetings in September and October 2019/2020. Patients were identified and their notes reviewed by the auditing team.

Results Our results showed that safeguarding concerns were more effectively managed in 2020 by paediatric services (table 1). The values in table 1 are expressed as percentages of the total for each year. Thirty-three patients were discussed in safeguarding meetings in 2019, and ninety-one in 2020.

Abstract 1354 Table 1

	2019	2020
% Children's Social Care (CSC) involvement documented at triage	41%	55%
% acute safeguarding concerns discussed in real time with CSC when necessary	17%	56%
% of appropriate CSC referral/notification completed by ED team	74%	88%
% referral to violent crime reduction services made if appropriate	67%	59%
% school/college documented	42%	48%
% HEADSSS assessment documented	10%	19%

Conclusions Our results show that three times as many children were discussed in 2020, when paediatric ED led YP's care, and we saw improvements in all areas audited.

We presented our results to ED staff to highlight areas for improvement, and we are collecting feedback from the wider MDT to identify why safeguarding concerns are dealt with differently and what barriers staff are facing.

We are further investigating the discrepancy in numbers of YP discussed in safeguarding meetings between 2019 and 2020 by auditing specific discharge diagnoses that require safeguarding involvement (e.g. assault). This will allow us to identify whether lower numbers in 2019 were due to YP not being referred to the safeguarding meeting, or fewer patients presenting to the department.

Our results are helping to shape new ED pathways that increase involvement of paediatric staff with greater safeguarding experience in the care of YP, to ensure they are appropriately supported and protected.

Paediatric Mental Health Association

1355 OPENING UP IN LOCKDOWN: MAPPING CHILD & ADOLESCENT MENTAL HEALTH CRISES IN PAEDIATRIC A&E DURING COVID-19

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Background During the Sars-CoV2 pandemic, emergency care settings have continued to act as key contact points between healthcare professionals and young people experiencing acute mental health crises. Despite growing concerns that the psychosocial health and wellbeing of young people across the United Kingdom have been adversely affected by increasing social isolation, uncertainty and emotional trauma during successive national lockdowns, we are only now beginning to appreciate the impact of this phenomenon.¹

Objectives 1. Determine whether lockdown correlated with any significant difference in the number or nature of Child & Adolescent Mental Health Services (CAMHS) referrals in the Paediatric Emergency Department (PED).

2. Identify any health inequalities affecting young people referred to CAMHS during lockdown.

Methods We audited every patient aged 0–17yrs who attended PED at King's College Hospital during all three national lockdowns in England (n=5072) in 2020–2021, gathering data on age, gender, time of presentation, ethnicity, borough, source of referral, pre-existing safeguarding alerts, diagnosis, discharge