destination, safeguarding outcomes for all CAMHS referrals (n=115). We compared this to corresponding data from all patient attendances (n=13,451) and CAMHS referrals (n=106) during the same time periods in 2019. Patient demographics were compared to national secondary school 2019 census data from the Department of Education².

Results The proportion of CAMHS referrals among <18yr-olds in PED during each lockdown was significantly greater than during 2019 (Chi squared L1=5.1x10⁻⁴; L2=2.3x10⁻⁴; L3=1.7x10⁻⁴), representing an almost 3-fold increase overall. Fewer than one in five of these children triggered pre-existing safeguarding alerts at triage.

The second lockdown coincided with the greatest proportion of CAMHS referrals (<18yr-olds 3.1%; <13yr-olds n=7 and 13–17yrs n=49), representing a significant increase compared to the first lockdown (p=1.4x10⁻⁵). There was no significant difference between the second and third lockdowns.

Up to one third of 13–17yr-olds referred to CAMHS were unaccompanied during the third lockdown, coinciding with the highest proportion of admissions and transfers in this age group (n=12; 36%).

Consistently, the most common indication for CAMHS referral among <13yr-olds was depression and/or anxiety, while among 13–17yr-olds it was intentional overdose (IOD) or deliberate self-harm (DSH). While an upward trend in the number of 13–17yr-olds presenting with DSH and IOD was observed between the first and second lockdowns, our current sample size is insufficient to establish statistical significance.

While the majority of CAMHS referrals among 13–17yr-olds across all three lockdowns were from ethnic minority groups (L1 74%; L2 76%; L3 56%), this was consistent with the general paediatric population in Southwark & Lambeth. However, our sample size was insufficient to establish significant differences between individual ethnic groups. The majority of 13–17yr-olds referred to CAMHS were female (L1 63%; L2 85%; L3 87%) across all three lockdowns.

Conclusions Our findings suggest there was a significantly higher proportion of acute mental health presentations in PED during lockdown, especially amongst 13–17yr olds, and an upward trend in DSH and IOD. This has significant implications for the future provision of child and adolescent mental health services in hospitals and the community and the ramifications of this phenomenon post-lockdown have yet to be seen.

British Association for Community Child Health

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'BUT WHAT DOES THAT MEAN FOR ME?' DEVELOPING EVIDENCE-BASED STATEMENTS FOR HEALTH PRACTITIONERS TO REDUCE VARIATION IN ADOPTION MEDICAL ADVICE

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Background Services relating to children and young people in care (CYPiC) are one of the key areas in which community paediatricians work which includes supporting the adoption process. The term 'Medical Advisor (MA) for Fostering and Adoption' denotes a doctor with additional knowledge, skills

and experience that has a particular role in assessing the well-being of Looked After Children and providing medical advice to the local authority and other agencies. This includes written advice regarding the child's health, development, emotional presentation, past experiences and in utero exposures. However, this advice is not currently uniform, and it is of great value and interest to adoptive parents and adopted children. As services change it may become less common for all adoptive parents to meet with a MA in person to discuss the child and this increases the need for detailed information to be available.

Objectives We aimed to create a series of statements for common situations and conditions in the areas of mental health, substance misuse, autism and attention deficit hyperactivity disorder. The expectation was that they should be used in adoption reports by MAs across the region. The aims for these statements are that they should be:

- evidence-based
- understandable to the lay person
- relevant to looked after children
- acceptable both to prospective adopters and to MAs

Methods We created a list of common conditions and scenarios that are seen in the family history and background of adopted children. Statements for these were then developed using literature searches, discussion with MAs from across the region, and patient and public involvement (PPI) via a focus group of adopters and adopted people.

Results Feedback from the PPI group was extremely positive highlighting the value, impact and importance of this project.

Some comments included:

'A really good idea to have standardised information'

'it will be extremely valuable for adopters, social workers and panel'

'I believe adopters should have as much information as possible....I wish I had received information on the possible future difficulties..'

Discussions with the Regional Adoption Advisory Panel and MAs concluded this project works towards an evident need for quality consistent information for adopters.

Conclusions We expect that these standardised statements will not only reduce the workload of MAs and lead to a standardised process across the region but, more importantly, improve the experience of prospective adopters and enable them to feel prepared and supported as they go through the adoption process. We also hope that this preparation and support will have a positive impact on the ability of the family to care for an adopted child, whatever needs they may have. We plan to produce more statements for physical health conditions, evaluate the current statements and develop patient information resources to extend this project further.

RCPCH Trainees Committee

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ZOOMING IN ON THE SILVER LINING: A COLLABORATIVE VIRTUAL EDUCATION NETWORK FORMED DURING THE COVID-19 PANDEMIC

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