medication and adverse effects is crucial. Adverse effects on growth, heart rate, blood pressure changes and worsening behaviour may significantly impact the child if left unmonitored.

Objectives To review children who are on ADHD medication and to ensure parameters are monitored as per the NICE & Regional GM guidelines in order to improve our patient care.

Methods 47 patients who attended clinic in November 2018 and completed a symptom rating scale at this clinic visit were reviewed. The notes for these patients were reviewed for every clinic visit for these patients in the period January 2018 – July 2019.

Results In total we reviewed 118 clinic visits in 47 patients. 28% were age under 10 and 72% over 10. Of these 30% of under 10 were seen the minimum of 3 times a year, whereas for the over tens 44% were seen the minimum of twice a year.

Core ADHD symptoms were recorded in 30%. The effectiveness of the medication was discussed in 56% and the side effects in 9%. The ongoing need for medication was only discussed once.

Height and weight were well documented in 97% of cases, yet only 11% recorded the growth centile.

21/118 (18%) clinic visits showed a loss in weight compared with previous visit, 33% of those had a plan to address the problem.

Cardiovascular side effects monitoring was poor, with heart rate measured in 65% and blood pressure in 78%. Heart rate was found to be greater than 120 in one case but no action was taken. Blood pressure was only plotted on the centile chart in 1 case.

Symptoms like tics were discussed in 7%, seizures 0% and Sleep 59%. Worsening behaviour was discussed in 70% cases.

Conclusions NICE guidelines recommend that children age under 10 should be reviewed at least 3 times per year and over 10 should be seen twice a year. In our audit only 30% of under 10s were seen three times. Monitoring of patients on medication for ADHD was not good. Height and weight should be checked in all children but this is poorly plotted on the correct growth chart. Blood pressure and heart rate are not always being checked.

The audit highlighted gaps in monitoring of our ADHD patients. Following this audit, a side effect questionnaire was introduced for use at all clinic visits. Rating scale questionnaires were also introduced to assess the effectiveness of the medication. Also we appointed a clinical pharmacist, who completed his prescribing course. Our ADHD specialist nurse also completed the prescribing course to help the paediatricians review medication as per NICE recommendation.

Child Protection Special Interest Group

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CHILD PROTECTION MEDICAL ASSESSMENTS (CPMA) DURING FIRST LOCKDOWN- COMPARISON WITH PREVIOUS YEAR

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Background COVID 19 pandemic has caused significant disruption in healthcare and social services nationwide and probably all over the planet. Various national and international agencies have raised concerns that perpetrators may take advantage of school closure and lockdown. Initial reports also have suggested that there was a nationwide increase in number of young infants admitted with abusive head trauma but generally a decrease in CPMA referrals during the first nationwide lockdown in summer 2020.

Objectives Objective of our study is to look at the impact of COVID-19 related first lockdown on CPMA referral numbers in Bedford. Paediatric team at Bedford hospital does CPMA for physical abuse in children who are under the age of 2 years and children presenting in out of hours. Rest of the CPMA for physical abuse and neglect medicals for all ages are seen at Bedford Community Paediatric services.

Methods We looked at total number of CPMA done at Bedford hospital and Bedford community paediatric services between 01/04/2020 to 30/09/2020(6 months). Total number of CPMA for physical abuse and neglect were collected and compared with numbers during same time period in 2019.

Results Number of CPMA due to neglect was up by 178% when compared to same time frame in 2019 but number of physical abuse was down by 25%. Overall, total number of children who had CPMA in Bedford was more (12.2%) increase in April to September in 2020 in comparison to 2019 (table 1). There was not much increase in number CPMA done in children under 2 years of age (4% increase only - 26 in 2020 April to September and 25 in same time frame in 2019).

Abstract 602 Table 1

Year	Physical abuse(Hospital +Community)	Neglect medicals	DNA/No consent
2019	25+ 15	9	1
2020	17+ 13	25	1 DNA, 4 No consent

Conclusions We have seen a decrease in referrals for physical abuse but more CPMA were done during this period for neglect. There was no significant increase in number of CPMA done in children less than 2 years of age.

This is an interesting observation and further research and data collection should be encouraged to see the national trend.

Child Protection Special Interest Group

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'ABUSE HIDDEN FROM THE VIEW'- COVID-19 LOCKDOWN CHILD ABUSE AUDIT

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Background Recently there have been high-profile publications about in surge in child abuse cases during the COVID-19

nationwide lockdown beginning on the 23rd of March 2020. Due to limited services and increased isolation, it was difficult to identify this abuse and intervene through the traditional channels. This study used a proxy measure, that is to see if there was an increase in referrals to Paediatricians for child protection medicals.

Objectives This study intends to assess the impact of lockdown on child abuse during school closure.

Methods We performed a retrospective observational study of all child protection medical examinations undertaken at the Pinderfields General Hospital, England during April and May 2019, in comparison to the same period of 2020. The outcome measurements included the number and sources of referrals, previous contact with social services, risk factors for abuse, and the outcome at discharge.

Results The difference in age and gender referrals was insignificant. The highest numbers of referrals were for physical abuse in both years. Although neglect remained the second highest cause for referral in 2020, this could be due to the reasons previously stated.

Table showing the results with differences in referrals in 2019 and 2020.

	April and May 2019	April and May 2020	Change
Children referred for child protection medicals	37	44	18% ↑
School as a source of referrals	32%	4%	28% ↓
Children referred by social services who already have a child protection plan	5%	36%	31% ↑
Referrals with underlying medical problems	13%	34%	21% ↑
≥2 risk factors for abuse	13%	27%	14% ↑

Domestic violence, mental health, and drug abuse in parents have remained the predominant causes of risk factors for abuse in children in both years.

The majority of children in 2020 went home with social services' input rather than the support of family members like grandparents (due to isolation or shielding). This caused a high financial impact on the Government.

Conclusions COVID-19 has led to a demonstrable increase in child abuse, with the possibility of gross underestimation due to school closures. The results show fewer children are being referred by schools and there are fewer referrals from children who are not under the radar of social services with child protection plans. This may reflect an increase in hidden abuse. The direct impact of the increased presence of children within the home and the indirect impact of the virus on unemployment, mental health, domestic violence and substance abuse may offer some explanation to rising levels of child abuse.

All Paediatric referrals should be treated with a higher degree of suspicion during this pandemic. School closure risks rising levels of hidden abuse in the UK, this needs to be considered by policymakers.

British Association for Community Child Health

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VALIDATION OF A NEW DIGITAL TOOL, THE PIRATES AUTISM ASSESSMENT APP, AS AN ADJUNCT TO ASSESSMENT OF PRIMARY SCHOOL CHILDREN REFERRED WITH POSSIBLE AUTISM

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Background With increasing demand and waiting times for autism diagnostic assessment, we need to improve the timeliness of diagnostic assessment (NHSE Long Term Plan 2019). Digital tools which are task-specific and adapted for inclusive use can engage children across the neuro-diverse spectrum positively; and have potential to deliver more efficient diagnostic pathways. We present the results of a validation study of a novel autism assessment app (Pirates). This includes tests of Theory of Mind, Affect Recognition, Fantastic Stories and Understanding of Idiom presented in a pirate adventure game format. This can be played with the child, alongside history taking and school information, at initial clinical assessment of a child referred for possible autism.

Objectives

- Determine if children diagnosed with autism perform differently to Neurotypical (NT) children using the Pirates app.
- Establish sensitivity and specificity.

Methods Following statistical advice, and NHS ethical approval, we aimed to recruit 120 children (60 autism, 60 NT) attending mainstream primary school (age 4 to 11). With written informed consent children played on the app with a researcher, and responses to each question were recorded. From this a score was calculated based on number of errors (if no errors, score 28, each error adds +1 to total, so max score 56 (28 errors). Statistical significance was tested by unpaired T-test.

Results Children with autism (N=51, study closed early as unable to assess children during Covid) made a larger number of errors (mean score 35) than NT (n=59) (score 31 p<0.000001). Number of errors decreased in both groups with age, reflecting that developmental skills such as Theory of Mind improve with the age of the child: NT key stage one (KS1) (<90 months) mean score 32, key stage two (KS2) (over 90 months) 31, and in autism group KS1: score 37, KS2: 34. Using Receiver Operating Curves, cut-offs between likely autism and likely NT were determined, according to age. Using these cut-offs overall sensitivity was 75%, specificity 86%, improving to 77% and 94% for KS1 age group. It was also observed that playing with the child using the app gave additional helpful information about their social interaction, e.g. whether they responded socially to shared humour during some scenarios, or needed reminders to listen to the question before pressing buttons 'impulsively'.