In the pandemic era of intermittent remote working, this contemporaneous easily created OneNote resource is proving an invaluable adjunct to the traditional in-person colleague approach: ‘I just have a quick question about…’

**Abstracts**

**MELATONIN**

Ayat Mohamed, Caroline Groves. UHNM NHS TRUST

Aims • Sleep is extremely important to support children’s development both physically and mentally.
• Establishing good sleep patterns can help children to meet their full potential.
• A good night’s sleep can help them to: Maintain a healthy weight, Grow up, Have more energy and Concentrate at school.
• Melatonin is a hormone that occurs naturally in our bodies when it gets dark.
• Its produced at night time to help us go to sleep.
• Physiological levels of melatonin and/or melatonin derivatives are commonly below average in ASD and correlate with autistic behaviour.
• Abnormalities in melatonin related genes may be a cause of low melatonin levels in ASD.
• studies reported gene abnormalities that could contribute to decreased melatonin production or adversely affect melatonin receptor function in a percentage of children with ASD.
• Some children, particularly those with autistic spectrum, are prescribed melatonin to help with their sleep issues.
• When children have a disturbed sleep cycle, melatonin can help restore a more natural sleep pattern.

Melatonin is commonly used for insomnia in children, has a favourable side effect profile, is inexpensive and readily available, and is often efficacious for sleep abnormalities

Objectives • Analyse available sleep diaries to assess improvement in sleep onset and total time asleep before and after used melatonin.
• To provide evidence to new medicines committee that Melatonin is important for normal sleep pattern in children with autism and other developmental disorders.
• Present information to new medicines committee in liaison with pharmacy

Methods • Retrospective observational data collected from March to November 2020
• Identified children on melatonin.
• Used sleep diaries pre/post melatonin, I portal and medication management system to collect data.
• Data collected and analyzed on excel spreadsheet.
• Inclusion Criteria Children with ASD (Autistic Spectrum Disorder), Children with ADHD and Children with sleep problem and learning difficulties.
• Place: Community Department, Royal stoke University Hospital
• Sample size: 23 children (19 child with pre/post sleep diary, 4 children with incomplete sleep diary).

Results • Two third of children included in the study were males, one third were females.
• 17 children with ASD, 2 with ADHD and 4 with other learning difficulties.
• Total sleep hours for ASD patient before melatonin average 6 hours and after melatonin average 9.2 hours.
• Total sleep hours for all patient before melatonin average 6 hours per day and after melatonin average 9.3 hours/day
• Total hours to fall asleep after bed time for all patient before melatonin average 2.7 and after melatonin average 1 hour
• Total hours to fall a sleep after bed time for ASD patients average 3.1 before melatonin and 1 hour after melatonin.

Conclusion • Our study showed that Melatonin demonstrates a significant effect on sleep duration and on sleep onset latency compared with both baseline sleep diaries using effect size calculations especially in ASD children.
• Our Recommendation To continue use the sleep diary pre/post melatonin as standard

To present our data to new medicine committee in liaison with pharmacy, in order to allow General Practitioners, prescribe Melatonin

**WHAT CAN A FAMILY LIAISON SERVICE OFFER FAMILIES OF CHILDREN WITH DISABILITIES AND DEVELOPMENTAL DIFFICULTIES? AN IN-DEPTH SERVICE EVALUATION**

Bethan Collins, *Nicole McGrath, Sabine Maguire. 1Sparkle (South Wales); 2Aneurin Bevan UHB; 3Cardiff University

Aims Families of children and young people (CYP) with disabilities or developmental difficulties (DDD) experience many challenges, which Sparkle’s Family Liaison Service (FLS) aims to alleviate in South Wales. This walk-in service is multifaceted, including emotional support, liaison service, information and advice, and training. The FLS offers an extensive support and information service for families with a child with a diagnosis, or undergoing a diagnosis, of DDD. There is little prior research into liaison services for families of CYP with DDD.

This evaluation, involving both families accessing the service and professionals involved in the care of CYP with DDD, aims to determine the impact the FLS has on families, and the health and social care professionals working with them.

Methods A mixed methods evaluation of the service - which is currently delivered by four Family Liaison Officers (FLOs) across three Children’s Centres in South Wales - included descriptive statistics collected between 2019 and 2021 and interviews with 10 families and 14 professionals, conducted between March and July 2020. An inductive thematic analysis was performed to allow categories to evolve from the data, and deductive thematic analysis was conducted using the components and objectives of the service (figure 1). The evaluation was approved by Aneurin Bevan University Health Board Research and Development Department Research Risk Review Panel.

Results The FLS responded to 5,041 contacts during the above time period. Families valued the accessibility of the service; there are no strict eligibility criteria, referrals or waiting lists, so families can receive support straight away, and when they most need it. Professionals commented on the importance of the FLOs being visible within the Children’s Centres. Participants highlighted the importance of service
provider skills. The FLOs being outside health, social care and education made them appear more approachable to families, who valued having a neutral third party to help resolve any issues that arise between families and professionals, and participants commented on not being afraid to ask questions they may not have asked other professionals (figure 2). Families appreciated the informal emotional support, including a listening ear, opportunities to off-load, and someone understanding to talk to. They also commented on the practical advice, training workshops and signposting to other sources of support provided by the FLS. Families and professionals felt the service created an inclusive community for parents and carers, where they can form their own support networks, and professionals commented on the FLOs’ extensive knowledge and good connections with health and social care having a positive impact for families. This results in significant time saving for professionals, who previously felt they needed to find additional sources of support for families in addition to their clinical work.

Abstract 885 Figure 1  The components and objectives of the family liaison service

Abstract 885 Figure 2  Themes

Conclusion The FLS is a unique way to meet unmet needs of families of CYP with DDD, including those undergoing diagnostic assessment. Vital to the success of the service is its immediate accessibility. The in-depth information, holistic support and liaison with professionals is warmly received by families, and addresses issues professionals are unable to meet.