Results We received 53 responses from parents. 31(58.49%) have neurodevelopmental disorder (autism spectrum disorder/attention deficit hyperactivity disorder), 14(26.41%) have learning disabilities, 5(9.43%) have neuro disabilities (cerebral palsy/global developmental delay, and 3(5.66%) have other conditions such as chromosomal deletions.

27(50.94%) parents felt that a virtual appointment with a paediatrician and nurses were very good and another 16 (30.18%) felt it was good. 2(3.77%) of them felt it was neither good nor poor. None of them felt it was poor or very poor service but 8(15.09%) either did not answer this question or said I don't know. We also requested feedback from them about their experience and their comments are summarized in table 1.

Conclusions Overall, parents felt very much reassured that we are running a service during lockdown. However one parent felt that her child was too complex to be seen in virtual clinic. Our observations support the idea of multidisciplinary virtual clinics for special needs children but we agree that it cannot replace face to face consultations.

305 PROFILES OF MALTREATED CHILDREN AGED 0–3 YEARS OLD AND THEIR FAMILIES: THE SINGAPORE EXPERIENCE

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Background Early adverse childhood experiences (EACES) such as child maltreatment between the ages of 0 to 3, has significant impact on a child's cognitive development and behaviour. Negative experiences and even the absence of positive experiences e.g. in extreme deprivation, can cause disruptions to brain architecture, with long-lasting effects. EACES also increase the risk of physical health, mental health and relational difficulties in adulthood with poor academic and employment outcomes. Understanding the risk factors associated with health and developmental conditions in maltreated children provide more effective interventions to improve their outcomes.

Objectives The purpose of the study was two-fold. One, to explore the demographics, social, developmental and physical health conditions of young children admitted to a tertiary children's hospital for suspected child maltreatment Two, to examine the occurrence of child maltreatment with developmental delays and missed vaccinations.

Methods 99 children aged 0 to 3, admitted between the period of January 2018 and June 2019 were included in this quasi-observational study. Medical data was electronically extracted on variables surrounding their health, development, and demographics.

Results Children in this study had a mean age of 1.3 years; and 59% were males. The most common reported abuse type was physical (74%), followed by neglect (14%) and sexual abuse (10%) 2% had more than one of three abuse types. 35% of children had pre-existing developmental conditions and significant medical conditions e.g. asthma or atopy. During the hospitalisation, 58% of children were assessed to have child maltreatment-related injuries, missed vaccinations and developmental conditions requiring health care follow-up. Specifically, 19% ($n=19$) of children had existing or

present developmental delays, where six were detected through routine developmental screening during hospitalization. Children with developmental delays were more likely to have missed vaccinations than those without delays [Odds ratio (OR) 3.6, 95% confidence interval (CI) 1.04–12.62]. The correlation with developmental delays was independent of maternal education or household income. Children staying in rented housing were more likely to have missed vaccinations than those staying in purchased housing [OR 9.5, 95% CI 1.09–82.72]. When it came to parental factors, the majority of children's parents had only primary school education; and had a mean household income of S\$823 – well below the national average. 20% stayed in purchased housing, 27% in rented housing, and 5% were lodging with relatives or friends. Majority of children (72%) were referred to statutory child protection agencies as part of safeguarding procedures, indicating significant concerns over the child's injury and social circumstances.

Conclusions A sizeable proportion of maltreated children were identified with developmental delays – twice that seen in the general population. A significant proportion also presented with health concerns that utilize health care resources and follow-ups. Those with social deprivation were more likely to have neglected basic health needs e.g. vaccination. Thus, managing child maltreatment should include enhanced developmental screening using standardized tools to improve early detection and robust health surveillance, ensuring the timely identification of needs and access to appropriate services for better health equity.

306 RENAL VASCULAR LESIONS IN CHILDHOOD-ONSET LUPUS NEPHRITIS: A TERTIARY CENTRE EXPERIENCE

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Background The clinical significance of renal vascular lesions remains unknown in childhood-onset lupus nephritis (LN) and is not currently factored into WHO and ISN/RPS classification.

Objectives The aim of this study is to determine the incidence and outcomes of childhood-onset LN in the presence of these lesions.

Methods We conducted a retrospective review at the tertiary paediatric nephrology centre in Hong Kong of children with LN who presented before 18 years with active follow-ups for 12 or more months by July 2020. Estimated glomerular filtration rate (eGFR) was calculated by modified Schwartz and CKD-EPI formula as appropriate.

Results Among 90 children with childhood-onset systemic lupus erythematosus, 61 patients (68%; mean age of 13.2 ± 3.4 years; 85% girls) diagnosed to have biopsy-proven LN. The predominant presentation was nephritic-nephrotic syndrome ($n=30$, 50%), with 4 patients required acute dialysis. One (4%), 17 (28%), 29 (48%), 9 (15%), 4 (7%) and 1 (2%) patients had class II (lupus podocytopathy), III, IV, III/IV + V, V and VI LN, respectively.

Of the 61 patients with LN, renal vascular lesions were observed in 9 children (15%) at a mean age of 14.1 ± 4.3 years, including lupus vasculopathy (LV; $n=4$, 7%), thrombotic microangiopathy (TMA; $n=4$, 7%) and true vasculitis ($n=1$, 2%). Eight patients had co-existing proliferative LN (Class III