anorexia nervosa. The excellent nursing results demonstrates the introduction of the nursing pathway document makes a significant difference. We recommend a joint medical and nursing pathway document for admission including weekly medical reviews should be implemented and re-audited to reassess the documentation and adherence to guidelines, especially in light of the new MEED (Medical emergencies in eating disorders –CR233) guidelines.

**Objectives** Deliberate self-harm (DSH) is the act of self injury with or without suicidal intent. It continues to be a significant concern in our adolescent population.

The rates of emergency admission attendances due to self harm in adolescents rose sharply in Wales from 2011–2015. We aimed to assess the rates of DSH presenting to emergency departments in Wales over a 5 year period, which includes pre-and during COVID-19 restrictions.

Several risk factors are known to increase the likelihood of DSH, and previous DSH is known to be the strongest risk factor for future suicidal attempts. The impact of socio-economic deprivation is a known risk factor for DSH and we aimed to assess its impact on ED attendance rates for DSH in Wales.

**Methods** Data were gathered from an all Wales database. We identified emergency department attendances coded as DSH that presented over a five year period (2017–2021), aged 8 to 16 years old.

**Results** 4703 patients were included. There is a 4.9% increase in cases when comparing 2017 and 2021. However, the highest number of cases were seen in 2019. Higher incidences of DSH, and previous DSH is known to be the strongest risk factor for future suicidal attempts. The impact of socio-economic deprivation is a known risk factor for DSH and we aimed to assess its impact on ED attendance rates for DSH in Wales.

There is a 2 fold increase in incidence of DSH in children from the two most deprived national quintiles compared to children from the two least deprived quintiles.

**Conclusions** The impact of Covid-19 has not resulted in a significant rise in cases of DSH presenting to emergency departments in Wales. However, DSH continues to be a serious issue for our young people. The highest incidence of DSH was seen in the lower socio-economic quintiles suggesting that intervention needs to be on a national level to address the health inequalities.

It is also important to support individuals in a timely and effective manner to prevent further sequelae of DSH such as accidental death and suicide.

**Objectives**

**Background** 16 years old and beyond is a challenging age group for community paediatric team. In specialist school, young person are often kept 18 years old and beyond. The main concern will arise, if young person needs to attend A&E, they are of often seen in the Adults A&E. However, they could be complex presenting with challenging behaviour and/or complex medical background. Very often there is little information available when seen in Adult A&E.

**Methods** This is a retrospective study of reviewing case loads of young person who attends special school 16 years and over. Caseloads were extracted from school attendees’ list and community paediatrics clinic list. This study was carried out in the month of August 2022.

**Inclusion criteria**

- Young person who was born before 01.01. 2005.
- Young person attends special school and is under community paediatrics.

**Exclusion criteria**

- Young person who attends special school and is not under community paediatrics.

**Caseloads were reviewed** Diagnosis and condition of the young person were identified. Number of caseloads require transition to ALD were reviewed to see if referral was done to ALD team. Reasons were identified if referral did not proceed.

As part of caseload review, number of complex caseloads were reviewed, and case summary made available to young person and/or carer.

**Results** We have a total of 172 patient under community paediatrics who attends special school. There are 27 caseloads who are 16 years old and above. Out of the 27 caseloads, there are 5 who are above 18 years old.

Out of the 27 caseloads, there are 9 who have chromosomal abnormalities, 9 with complex neurology background, 6 with complex neuro-disability background and 7 with challenging neurodevelopmental background such as ASD and ADHD.

All caseloads require referral to adult services. There are 4 caseloads referred to ALD services but not discharged by paediatrics team as x2 have DNAd recent appointment, x1 is under section 20 of the children act 1989 and x1 awaiting adult neurology tertiary input. 23 of them are not referred as the referring criteria to ALD service is 18 years old and above.

Out of the 27 caseloads, 16 cases are identified as complex cases. Out of the 16 cases, 3 young person are under Section 20 of the children act 1989. These 16 caseloads will benefit from updated case summary to ensure improved transition.

**Conclusions** Young person with disabilities who attends special needs school is a vulnerable cohort. They require much support from the health, education, and social sectors. There is evident gap in services for young people above 16 years old. Ongoing strategy to progress is needed to ensure improvement of service for young person transitioning to ALD services.