

were excluded. Of the remaining 552 electrocardiograms, 30 were identified by the emergency clinicians as abnormal and sent for cardiology review. 13/30 of these were considered normal by the consultant cardiologist and the patients discharged. The other 17 patients were allocated to cardiology outpatient clinic. Only 3/17 required ongoing follow-up. Of the 522 electrocardiograms deemed normal by the emergency department clinicians, cardiology disagreed in 8 (1.4%). In these cases, there was either incorrect lead placement or the checklist had been applied incorrectly. All 8 patients were seen in cardiology outpatient clinic but subsequently discharged. Use of the checklist demonstrated an excellent negative predictive value of 98.47% [CI 97.32% to 99.13%]. Following implementation, time from emergency department attendance to outpatient clinic decreased from a median of 89 to 45 days ($P < 0.001$) and survey respondents reported increased confidence in interpreting paediatric electrocardiograms.

Conclusions The use of a simple checklist and guideline allows confident and accurate detection of electrocardiogram abnormality by emergency department staff and speeds referral to cardiology clinic for patients with electrocardiogram abnormalities.

British Association of Child and Adolescent Public Health

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EMERGENCY DEPARTMENT UTILISATION BY HOMELESS CHILDREN IN DUBLIN, IRELAND

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Background Families represent the fastest growing homeless population in Europe. From 2014–2021, a 165% increase was observed in families accessing emergency homeless accommodation in Ireland, causing a 211% increase in child homelessness. In March 2021, there were 913 homeless families in Ireland, with children ($n=2,326$) accounting for 28% of homeless people. Over-represented vulnerable groups include Irish Travellers, the Roma, and international protection applicants.

Homeless populations are more likely to use emergency departments (EDs) rather than primary care, with higher admission rates and durations. Most literature pertains to lone adult homelessness.

Objectives To compare emergency presentations between homeless and non-homeless children, to investigate differences in demographics, vaccination, service usage, medical acuity, diagnoses and outcomes.

Methods We performed a retrospective review of homeless children attending a tertiary paediatric emergency department in Dublin, Ireland, from 01/01/2017 - 31/12/2020. Homelessness was defined as those with addresses of no fixed abode, government homeless accommodation, direct provision, women's refuges, drug rehabilitation centres, children's residential

homes, and prison. Those who provided residential addresses but were functionally homeless were also included.

Comparison was made with non-homeless children attending in 2019. Data was extracted from electronic healthcare records, and analysed using SPSS. Hospital ethical approval was obtained.

Results From 01/01/2017–31/12/2020, 3,138 homeless children presented, representing 1.6% of total attendances. Compared to non-homeless ($n=1,500$), homeless children were younger (29 vs 60 months, $p < 0.001$; proportion ≤ 12 months: 25.7% vs 16.3%, $p < 0.001$).

Homeless children were less likely to have Irish ethnicity (37.4% vs 74.6%, $p < 0.001$), or have been born in Ireland (82.3% versus 96.2%, $p < 0.001$). Ethnicity varied between homeless and non-homeless (White Irish: 34.5% vs 73.7%; Irish Traveller: 3% vs 0.8%; Roma: 22.5% vs 2.4%; Black: 21.1% vs 4.2%; Asian: 8.6% vs 8.8%; White European 5.9% vs 9%; $p < 0.001$).

Homeless children were more likely to re-present (15.9% vs 10.5%, $p < 0.001$), use ambulances (13.2% vs 6.7%, $p < 0.001$), and have ≥ 4 ED attendances in 6 months (9.7% versus 5.4%, $p < 0.001$), while being less likely to have registered GPs (89.7% versus 95.8%, $p < 0.001$).

Compared to non-homeless, homeless children were over-represented in lower triage categories (4: 48.5% vs 41.5%; 5: 2% vs 0.8%; $p < 0.001$), ED discharges (93.6% vs 91.1%, $p=0.002$), and leaving prior to assessment (5% vs 3.7%, $p=0.046$), while having longer admissions (median duration: 3 vs 2 days, $p=0.001$).

Vaccination status varied between homeless and non-homeless children (complete: 73.6% vs 81.9%; incomplete 18.5% vs 13.7%; unvaccinated: 3% vs 0.9%, $p < 0.001$).

There were no differences in gender or past medical history.

Conclusions Although homeless children were less likely to have Irish ethnicity, 82.3% had been born in Ireland, with over-representation of Irish Traveller, Roma and black ethnicities, which compares with national data.

Homeless children were less likely to have GPs, and be fully vaccinated. They had increased use of emergency services despite having lower triage categories, higher discharge rates, and no differences in past medical history.

Vulnerable groups remain over-represented in the Irish paediatric homeless population. As with adults, paediatric homeless populations rely heavily on emergency services, being less likely to engage with primary healthcare.

British Association for Community Child Health

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ROUTINELY USED INTERVENTIONS FOR IMPROVING ATTACHMENT IN INFANTS AND YOUNG CHILDREN: AN UPDATED SYSTEMATIC REVIEW AND COMPREHENSIVE UK SURVEY

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Background Attachment refers to an infant's instinct to seek close proximity to their caregiver and research has shown it is important in promoting a child's healthy social and emotional development. Parenting interventions have been developed in order to promote secure attachment and reduce disorganised attachment. Many interventions used in routine practice have a limited evidence base (e.g. no randomised controlled trials [RCTs]) and it is important that they are robustly evaluated to ensure they are safe and effective.

Objectives The research aimed to; conduct a large scale survey to determine what interventions are being used in UK services to improve attachment in infants, conduct a systematic review assessing the evidence base for parenting attachment interventions and to develop recommendations for future research and practice on the use of these interventions.

Methods We used a national survey, focused on relevant UK services, to collect details around the interventions being used to treat attachment problems. These results informed two systematic reviews. One review searched for all RCT evidence for any parenting attachment intervention. The second review searched for all available research focused on the top ten routinely used interventions identified from the survey.

Results The survey collected 625 response from 734 services. This recorded information around which interventions were most commonly used, how they were delivered and the measures of attachment used.

For the first review, 7 studies were included from 2,516 identified records. These results were combined with a previous systematic review conducted by the research team to update two separate meta-analyses, yielding 20 studies measuring disorganised attachment and 26 studies measuring secure attachment. Overall, parenting interventions are effective in reducing disorganised attachment ($p < 0.001$) and increasing secure attachment ($p < 0.001$) in children.

The second review looked at all available literature for the top ten routinely used interventions identified by the survey. Searches returned 1,198 records, with a final inclusion list of 61 studies. These studies identified that the most commonly used interventions in UK services (including Individual Child Psychotherapy and Dyadic Developmental Psychotherapy) have very little or weak evidence base whereas the interventions with the strongest evidence base and highest number of RCTs (including Attachment Bio-behavioural Catch-up and Video Feedback Intervention to Promote Positive Parenting) are not widely used.

Conclusions Parenting interventions are effective in treating attachment problems. However there is a current disconnect between research and practice. The large variation in intervention research may be related to research funding opportunities or practitioner and academic preferences. The variation in practice may be related to training opportunities and costs, intervention complexity, cost and accessibility; and preferences from clinical leaders and commissioners. High quality research evaluating interventions that are used in services is needed, whilst including patient and public involvement to ensure that the research is translatable to practice. Good quality dissemination and training should also inform the public, clinicians and commissioners and shed a light on which interventions practices should use to improve attachment relationships.

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QUALITATIVE ANALYSIS OF TELEPHONE CLINICS IN COMMUNITY PAEDIATRIC SERVICES DURING COVID-19 PANDEMIC

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Background The Covid-19 pandemic has placed healthcare services under significant strain. Royal College of Paediatric & Child Health advised use of virtual consultation where possible.^{1 2} Within the published literature there is clear evidence demonstrating the many benefits of telephone consultation including telephone appointments being more convenient, more cost-effective, improved quality of care and decreased non-attendance rates.³

Telephone clinics were implemented in community paediatric services in the southern trust, Northern Ireland during the Covid-19 pandemic.

Objectives To understand service users and staff satisfaction of community paediatric phone clinics during the Covid-19 pandemic.

Methods The Quality Improvement team completed literature review on similar types of projects. A questionnaire was designed for service users to determine their satisfaction for phone clinics in community paediatrics. A separate questionnaire for (clinicians and administrative) staff was also developed to understand their experience. Feedback was obtained from randomly selected service users over the period of May to October 2020. The questionnaire was sent to service users by post with self-addressed return envelope after the phone clinic. Staff was asked to complete questionnaires for five separate phone clinics encounters during the same six-month period.

Results

Demographics

	1-4 years	5-10 years	11-17 years
Age	6	22	7
	Female		Male
Sex	9		26

Summary of results from service user questionnaire: Total of 144 questionnaire were sent to service users and 35 returned.

Questions	Certainly True	Partly True	Not True	N/A
Phone clinic was booked in advance	88.5%	5.7%	2.9%	2.9%
Saved time by attending phone clinic	88.5%	11.4%	0	0
This type of clinic may fit into my working life schedules	71.4%	22.8%	0	5.7%
Phone call was at a convenient time	97.1%	2.9%	0	0
Views/worries were taken seriously	94.2%	5.7%	0	0
Given enough time to explain concerns	97.1%	2.9%	0	0
Recommend this clinic	80%	20%	0	0