likely to discuss fertility, but later had discussions in the Late Effects service.

Conclusions Oncofertility options are important to convey to AYAs. Communication about fertility should occur repeatedly both before, during and after treatment. Referral to specialist oncofertility services and adequate information for both genders is important pre-treatment, and can be facilitated post-treatment by a Late Effects service.

British Association of Child and Adolescent Public Health

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PARENTAL PERCEPTIONS REGARDING THE IMPACT OF HOUSING ON HEALTH

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Background Child poverty rates are increasing in Ireland (24%) and the UK (30%), with children having the highest poverty risk of all ages in Ireland. From 2014–2021 a 211% increase in child homelessness was reported in Ireland, with children accounting for 28% of homeless people in March 2021. Childhood poverty is linked with prematurity, low birth weight, physical and mental ill-health, under-employment, and deprivation.

Objectives To assess parental perception of the impact their housing situation, in particular homelessness, had on their child, and to explore the use of primary and emergency healthcare services.

Methods We performed a cross-sectional survey in a tertiary paediatric emergency department in Dublin, Ireland. A questionnaire was distributed to parents in triage, who were invited to complete it.

Results From 01/11/2020–08/01/2021, 312 questionnaires were completed, with homeless parents (n=14) accounting for 4.5%.

Compared to non-homeless, homeless parents were less likely to be Irish (White Irish: 30.8% vs 78.9%; Irish traveller: 15.4% vs 2%; Black: 23.1% vs 4.1%; Asian: 7.7% vs 4.8%; other White: 0% vs 7.5%; $p<0.001$).

Homeless children had higher median GP attendances in the past 6 months (2 vs 1, $p=0.033$). Compared to non-homeless, homeless parents were more likely to report their housing situation impacted their ability to keep a GP (23.1% vs 1.5%, $p=0.002$), scheduling difficulties as reasons for incomplete vaccination (15.4% vs 1.8%, $p=0.031$), and less likely to be completely vaccinated (71.4% vs 92.4%, $p=0.024$).

Median homelessness duration was 13 months (IQR: 3.8–27), comprising emergency accommodation (85.7%), direct provision (7.1%), and staying with friends (7.1%). Non-homeless living situations comprised home-owners: 50%; renting: 29.9%; government housing: 8.7%; friends: 10.7%; mobile home: 0.7%.

Compared to non-homeless, homeless parents were more likely to report feeling unsafe at home (35.7% vs 3.4%, $p<0.001$), and concern regarding losing their home (46.2% vs 8.3%, $p<0.001$). They were less likely to have cooking

facilities (85.7% vs 98.6%, $p=0.027$), indoor play facilities (35.7% vs 94.4%, $p<0.001$), or outdoor play facilities (42.9% vs 90%, $p<0.001$). 28.6% of parents did not have landlord permission to fit safety equipment, with no differences between homeless and non-homeless parents.

Compared to non-homeless, homeless parents felt their housing situation negatively impacted their child's play (64.3% vs 17.5%, $p<0.001$), social development (71.4% vs 14.1%, $p<0.001$), education (58.3% vs 10.7%, $p<0.001$), physical health (45.5% vs 11.7%, $p=0.007$), and mental health (61.5% vs 12.6%, $p<0.001$).

There were no differences in terms of age, medical history, self referrals, presenting complaints, ED attendances, and self-perceived healthcare access.

Conclusions Irish travellers and non-Irish ethnicities were over-represented in homeless parents, consistent with national data.

Compared to non-homeless, homeless parents were more likely to report over-crowding, feeling unsafe at home, and that their living situation impacted their ability to keep at GP. They were less likely to have cooking or safe play facilities, and their children were less likely to be fully vaccinated. They also felt their housing situation negatively impacted their child's play, social development, education, physical, and mental health.

Our study demonstrates the impact of homelessness on all aspects of childhood.

British Society for the History of Paediatrics and Child Health (ePoster presentations only)

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RICKETS: 100 YEARS ON FROM MELLANBY'S 'ACCESSORY FACTOR'

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Background This year marks the 100-year anniversary since Sir Edward Mellanby published 'Experimental Rickets', a culmination of 5 years of work investigating the cause of rickets. Preceded by largely qualitative work on the subject, Mellanby was adamant that '*all dietetics problems must ultimately submit to quantitative experiment*'. Mellanby identified that certain fats, in particular cod liver oil, had potent antirachitic properties and concluded '*there seems no longer any doubt that they contain some of the fat-soluble accessory food factor*'. He suggested, in children, the most common cause of rickets was '*a combination of relatively deficient anti-rachitic vitamin and excessive bread*' consequent to austerity during the first world war. McCollum et al supported this the following year, 1922, naming this 'factor' Vitamin D. Mellanby's remarkable and methodical work laid the foundations for a better understanding of rickets and popularised the use of cod liver supplements in subsequent generations of children.

Objectives To explore the historical development of our understanding and treatment of rickets, and the implications of these for current and future practice.

Methods Literature review.

Results In 1922, Harriette Chick of the British medical research council undertook trials involving children at the Vienna Kinderklinik, a paediatric clinic in a region particularly affected by rickets. Here she was able to demonstrate that