redeployment of staff/clinical spaces and alterations to care pathways. Strict rules on social distancing and reduced social interactions were enacted on a national level. Locally, COVID related pathways and cohorted areas evolved but all patients booked into PED as per pre-COVID practice. We sought to analyse attendances in this age group and institute changes using quality improvement (QI) methodology.

Objectives Reduce the number of avoidable PED attendances of babies under 1 month.

Methods PED attendances 01/01/2019 to 31/12/2020 of infants under 1 month were analysed. Attendances were plotted on a monthly run chart with a baseline median calculated on 2019 data. Discharge diagnoses for the first 6 months of 2020 were recorded and analysed to give an overview of attendance reasons and areas on which to focus interventions. An 'avoidable attendance' was classed as 'feeding problem' or 'jaundice' as these do not typically require specialist paediatric emergency medicine input. Monthly overall PED attendances and hospital live birth numbers 2019–2020 were noted. Interventions included multi-disciplinary team meetings with Maternity, Paediatrics and Safeguarding. Care pathways (hospital & community) were reviewed and extra resources allocated to maternal feeding & support.

Results A total of 805 infants under 1 month attended PED January 2019 to December 2020, $n=372$ (2019) vs $n=433$ (2020). The baseline median of monthly attendances under 1 month old was 29 patients per month (2019) vs 36 patients per month (2020). Live births were similar 5143 (2019) vs 5109 (2020). PED discharge diagnosis January to June 2020 ($n=224$) showed 27% ($n=61$) due to 'jaundice' and 21% ($n=47$) due to 'feeding problems' with none of these infants admitted. PED attendances under 1 month old dropped from a peak of 55 patients (July 2020) but has not dropped to consistently below baseline median. Alternative pathways to access services were not included in analysis. The increased number via PED might reflect the true number normally seeking healthcare input (e.g. HV, GP, Paediatrics and Maternity services) but an unintended consequence of COVID-19 related service alterations means PED is the default route for F2F review or parental support/reassurance. Separate in-depth analysis of 2020 hospital wide attendances under 1 month old suggests a wider system issue.

Conclusions During 2020 under 1 month old PED attendances increased above the baseline of 29 patients to 36 patients per month despite overall PED attendances dropping 25% compared to 2019. Analysis suggests 50% were jaundice/feeding related. Interventions across our local healthcare system have yet to demonstrate a sustained and statistically significant drop below the baseline median. Local analysis continues and long-term targets on avoidable PED attendances may have merit.

British Association of Child and Adolescent Public Health

618 KEEPING OUR CHILDREN SAFE: PILOTING A HOSPITAL-BASED HOME-VISITATION PROGRAM

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Background Attempts to prevent child home injuries have rarely been implemented in hospital settings which present an important point in time for intervening. The SHABI program recruits at-risk families presenting with child injury to the Emergency Department. Medical/nursing students conduct two home visits, four months apart and provide safety equipment and guidance.

Objectives To investigate the impact of SHABI on participating families' home-safety.

Methods The pilot was conducted between May 2019–March 2020 in northern Israel, an area with high child injury rates. Eligibility included families with preschool children who incurred a home injury. Home-safety was assessed by observation through the 'Beterem' checklist. Parents' views, knowledge, awareness of dangers and report of home injuries was assessed by questionnaire at the start of each visit.

Results 352 of 773 eligible families agreed to be contacted. 135 participated, 98 completed both home visits. Significant improvement in home-safety items was observed 4 months after the first visit (14 [IQR12–16]) vs (17 [IQR15–19]; $p<0.001$), accompanied by an overall increase in home safety (mean±sd 71.9%±9.5% vs 87.1%±8.6%; $p<0.001$). 64% reported greater awareness of dangers, 60% affirmed home was safer, and 70% valued the equipment. No difference was found in prevalence of injuries (14 of 98 families prior and 8 after visit ($p=0.17$)). Home visitors affirmed the usefulness of visits and reported benefiting from the experience of working with disadvantaged families.

Conclusions The program, which included recruitment in a hospital emergency setting and use of healthcare students as home visitors, was successfully implemented with sustained improvement in home safety.

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

619 HISTORY OF ADOPTION IN UK

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Background Informally transferring children to new home & looking after them is not new.

Adoption is permanent removal of a child into another family has only been legislated in the UK in 20th century.

Objectives To find out the History of Adoption in UK.

Methods Literature review is conducted to review the History of Adoption in UK.

Results Much of the research has been done by Dr Jenny Keating, Senior Research Fellow, Institute of Historical Research.

1st legislation was made as Adoption of Children Act 1926 in England & Wales. This is followed in 1929 in Northern Ireland & 1930 in Scotland. Thereafter in almost every subsequent decade, new laws have been introduced to further regulate the process until 2002 when 'The Adoption & Children Act' set out.

Conclusions Legalised child adoption was a practice introduced much later in Britain than the United States or many Commonwealth countries. Child adoption had no legal status in