is unsustainable and requires a radical community-based approach. We coproduced a community outreach project to:

- Educate and improve parents' confidence to deal with childhood illnesses and injuries.
- Decrease anxiety-related and avoidable A&E attendances by signposting alternative NHS services.
- Develop social support structures.

Method Paediatric staff invited families with: children under 1 year, limited social support or partial understanding of health-care systems to collaborate on developing a programme of health education and social support. We facilitated groups discussing childhood illnesses and parental concerns. Parents reported 'fear of death' so we devised a programme including basic life support training. An online social network, local events, holiday sessions and weekly support groups were established to help address isolation and social inequalities. To expand our impact we contacted frequent A&E attenders, invited expectant parents, approached local health visitors and advertised through local GPs, schools and libraries.

Results Between May and June 2019 we ran four 1-hour sessions on common childhood problems each attended by 6–12 parents. 100% of parents reported increased learning and 100% joined the 'ABC Parents' WhatsApp group for ongoing support.

Between May and October 2019 we conducted four free workshops delivering BLS, illness prevention, and health services education. Over two 3-hour sessions parents discussed child health concerns, experiences and services awareness. Out of 70 attendees, 97% reported feeling confident in managing childhood illnesses and 94% were more aware of local services and how to access them after the courses. To date there are 19 known avoided A&E attendances, with parents delivering care at home or using other NHS services.

Conclusion Coproduction with parents and collaboration with local organisations is a powerful and mutually beneficial mission. We increased parental health knowledge, confidence and avoided unnecessary A&E attendances. Our ABC Parents network is 'Achieving Better Communities of Parents' by providing support, resource signposting, poverty advice and our champions are expanding this paediatric community outreach for healthier children's futures.

G256(P) ABSTRACT WITHDRAWN

Paediatric mental health association and british association of paediatricians in audiology (BAPA)

G257 A BIOPSYCHOSOCIAL MODEL OF CARE FOR CHILDREN AND YOUNG PEOPLE (CYP) WITH PERSISTENT, UNEXPLAINED, PHYSICAL SYMPTOMS (PUPS)

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Aims PUPS are common, reported by 10–25% of CYP.¹ Symptoms can lead to poor function, overuse of medical resource and reduced school attendance. Co-morbid mental health problems often go unrecognised. Longer term outcomes include adult chronic physical/mental ill-health, reduced employment, high health/welfare costs.^{2 3}

We established a pilot multi professional assessment/support service to meet the needs of these CYP.

Methods Weekly multiprofessional meetings including paediatrician, psychiatrist, CAMHS worker, psychologist and education wellbeing advisor (EWA) to discuss cases referred by health professionals. Patient/parent consent given. Outcomes included holistic paediatric assessment, joint appointments (paediatrician and CAMHS worker/psychologist), advice and guidance (A&G) to referrer such as signposting/facilitated referral to community services. Some were offered short-term therapeutic intervention with CAMHS worker/psychologist and/or psychiatric assessment. In all cases clear communication with school was facilitated by EWA who supported school attendance; assisting re-integration and improved attendance/wellbeing at school.

Results Over 18 months we discussed 180 patients: 74 male, 104 female, 2 transgender. Average age 14 years. Common PUPS were musculoskeletal pain, fatigue, headaches, abdominal pain and unexplained episodes. All had reduced school attendance. 111 cases referred by Paediatricians/Allied Health professionals, 56 new GP referrals, 13 presented acutely. 106 were offered paediatric appointments. >50% were discharged with recommendations/advice to primary care/education. 25 had joint appointments. 38 were seen by psychiatrist/CAMHS worker/psychologist for assessment/therapeutic intervention. Remainder received A&G and EWA support.

Cost analysis demonstrated average savings of £2600/patient in secondary care. School attendance improved for the majority with reintegration plans and reduction in use of out of school provision with associated cost savings. Referrals to tertiary services for chronic pain/fatigue were reduced and joint working with these services was developed. Linked case examples show significant improvement.

Conclusion Multiprofessional assessment using a biopsychosocial approach to CYP with PUPS leads to better recognition of underlying mental illness, improved short-term functional outcomes, reduced medical costs and improved school attendance. The challenge is securing longer term funding.

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G258 ENGAGING A COMMUNITY IN SUPPORTING THE MENTAL HEALTH OF YOUNG PEOPLE

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