



Bloom Evaluation Report:

Bloom Data and Analysis

Comparison Report 2019 and 2020

December 2021



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About the Authors

This report, and the analysis it contains, has been produced by Deborah Clarke, Operational Lead for Bloom and HeadStart Locality Coordinator, and Derek Thompson, Bloom Project Officer and Data Analyst. Both Deborah and Derek have achieved PRINCE2 and other project management qualifications.

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Acknowledgements

We would like to thank the young people of Cornwall and their parents / carers who have put their trust in the Bloom model and process as a means of getting help.

Sincere thanks also go to our colleagues in HeadStart Kernow and CAMHS who provide the foundations of Bloom, and to the professionals across the statutory, non-statutory and voluntary sectors – past and present – who have helped establish Bloom across Cornwall.

The support and guidance provided by the members of the Bloom Evaluation Working Group has been invaluable. The industry and good humour of Dan Robinson, the Senior Bloom Administrator, have been noteworthy throughout the evaluation. We would also like to acknowledge the guidance of the CFT Information Governance Team in preparing this report.

We would like to thank The National Lottery Community Fund for their vision and financial support through HeadStart Kernow, enabling us all to make a real difference to children and young people in Cornwall who are experiencing emotional, social and mental health difficulties.

Executive Summary

This report is one of a suite, each report noting the findings from one strand of the evaluation of the Bloom model and process. An Executive Report of the full evaluation is also available.

The Cornwall-wide Steering Group receives annually a comprehensive data report, and this report builds and expands upon that foundation to give a comparison of data between Bloom referrals closed in 2019 and 2020 on both a Cornwall-wide and locality basis, together with analysis and recommendations. Notwithstanding the advent of the Covid-19 pandemic, which led to a hiatus of six weeks whilst Bloom was re-engineered to meet the exigencies of lockdown and the necessary re-focussing of core Bloom attendees' responsibilities, it is noteworthy that the number of closed referrals by Bloom increased from 257 in 2019 to 263 in 2020.

Since Bloom is not a service but rather a professional consultation model and process, it does not have Key Performance Indicators (KPIs) to report against. Nonetheless, and noting that Bloom has no ability to control key elements within the process, this report does note that the informal 'service' standards that Bloom sets itself were consistently met and so consideration could usefully be given to making these standards more demanding.

Over the two calendar years 2019 and 2020, an average of 14% of all Bloom referrals resulted in PMH / CAMHS involvement following a Bloom Professionals Consultation meeting. It is therefore clear that Bloom assists some young people to receive appropriate clinical support which was not apparent from the referral form alone (referrals to Bloom are made on a CAMHS form to the Early Help Hub where they are screened by the CAMHS Access Team and then allocated by them to Bloom).

Whilst Bloom has a Communications Strategy and Plan, it has not been possible to implement it due to the lack of certainty both about Bloom's future, and its capacity to meet any surge in demand generated. Once these key issues are resolved, the data suggests that it will be important for Bloom to engage GPs and schools – particularly secondary schools – so that their understanding of Bloom is increased.

The data within this report suggest that there are particular ages which it would be beneficial to consider in more detail across different data-sets and services, to see whether the findings of Bloom's interrogation of its data are replicated more broadly. Given that young people aged 10 fall outside the scope of the 11+ contract for children and young people commissioned by Cornwall Council, and that HeadStart Kernow will close in August 2022, there should be a focus upon this age group to ensure that they will continue to receive appropriate

services. The transition ages could also benefit from deeper analysis and focus, as could certain referral factors which increased year-on-year or which remained high, such as

- Parents or children with a range of health problems
- Depression / low mood
- Anxiety

Should resource permit, there are some further interesting analyses which could be undertaken to understand for example

- why some schools / colleges with a high incidence of young people referred to Bloom do not themselves make referrals
- why some schools / colleges have a low ratio of referral rates to Bloom compared with their student population

This report, taken together with the other reports within this comprehensive evaluation of Bloom, will help to inform the future development of the model.

Conclusions

The data analysis contained within this report allows the following conclusions to be drawn:

Focus on particular age cohorts and referral factors

It is hoped that this report sheds light on particular age cohorts and referral factors, where further study or focus may be helpful in considering future commissioning or service drivers.

The data suggests that the ages of 10 and 15 may warrant especial attention. The highest combined incidence of case closures across 2019 and 2020 for females was Age 10 (28), and this is also true for Age 10 males (40).

Age 15 referrals closed in Bloom increased from 19 (7% of the total 2019 cohort) to 24 (9% of the total 2020 cohort) and show increases in five out of six referral factors¹ noted, calculated as a percentage of each year's cohort:

- Parents or children with a range of health problems (up 9%)
- Anxiety (up 7%)
- Families affected by domestic violence and abuse (up 5%)
- Children who have not been attending school regularly (up 3%)
- Depression / Low Mood (up 2%)
- Self harm (down 5%)

The data also suggest that an increased focus on strategies to address the increases in depression / low mood and the numbers of young people whose referrals reference 'Parents or children with a range of health problems' would be beneficial.

Although the incidence of anxiety has shown a slight decrease year on year from 50% to 46% (as a percentage of the year's cohort), it remains high, and impacts a significant number of young people who are allocated to Bloom.

Movement between Bloom / PMH / CAMHS

The analysis of data within this report shows that of the referrals allocated to Bloom, those which resulted in PMH / CAMHS involvement increased from 13% in 2019 to 15% in 2020. Without Bloom, these referrals may not have received the appropriate support at the earliest opportunity, as it was only through discussion at a Bloom Professionals Consultation (Bloom Profs) meeting that it was determined that they should be allocated to PMH / CAMHS as the most appropriate needs-based outcome.

¹ Referral factors are determined from two sources: the referral document and the consultation plan

Given that an average of 14% of all referrals allocated to Bloom subsequently result in PMH / CAMHS involvement, it may be beneficial to work up exemplar referrals and / or to hold a series of events for Bloom's professional networks with the CAMHS Access Team within the Early Help Hub. The aim would be to improve the clarity and detail in referrals, such that the CAMHS Access Team may more easily be able to identify more young people who would benefit from more immediate access to PMH / CAMHS than via Bloom.

GP engagement

The report notes that there were some significant reductions in the numbers of referrals closed in Bloom that came from GPs year on year. In Penwith, for example, overall referrals closed in Bloom fell from 55 in 2019 to 31 in 2020: a reduction of 44%. Within that locality cohort, GP referrals closed in Bloom (as a percentage of total closed referrals in that locality) fell from 42% (23 out of 55) to 6% (2 out of 31).

Engaging GPs proactively so that their understanding of Bloom is increased should be prioritised. This could be undertaken as part of an expanded Bloom Communications Strategy and Plan, once the future of Bloom is secure.

Recommendations

Recommendation 1: consider formalising robust and realistic Bloom KPIs to monitor and improve performance, alongside a review of the processes underpinning the setting up of the Bloom Profs meetings

Recommendation 2: that, given that those aged 10 fall outside the scope of the 11+ contract for children and young people commissioned by Cornwall Council, and that HeadStart Kernow will close in mid-2022, Bloom should explore what service is best placed to undertake further analysis and focus upon this age group to help ensure that they continue to receive appropriate and timely assistance and services

Recommendation 3: that, given that HeadStart Kernow will close in mid-2022, Bloom should explore what service is best placed to undertake further analysis, and focus upon ages when young people transition to other places of education (10, 11, 15, 16) to help ensure that they continue to receive appropriate and timely assistance and services

Recommendation 4: that a review of the Bloom Communications Strategy and Plan should include a comprehensive GP engagement strategy, taking into account the publicity and advocacy work undertaken by Dr Ashton on behalf of Bloom

Recommendation 5: that, should resource permit, those schools / colleges with a low ratio of referral rates to Bloom compared with their population should be identified to assist with the identification of best practice in early help approaches

Recommendation 6: that, should Bloom's future be secured, and resource allow, an event / workshop be held for secondary schools across Cornwall to increase awareness of Bloom

Recommendation 7: that Bloom explore the feasibility of running joint 'community of practice' events with the CAMHS Access Team within the Early Help Hub

Introduction

The Bloom Cornwall-wide Steering Group (CWSG) agreed in September 2020 that a comprehensive evaluation of the Bloom model and process should be undertaken. A sub-group of the CWSG, the Evaluation Working Group (EWG), was established and met regularly to provide advice, support, sense-check, and ensure that evaluation timescales remained on track.

Strands within the overarching Bloom evaluation included consideration of:

- An analysis of the original Bloom Penwith pilot business cases
- Cost Benefit Analysis of Bloom
- Senior Stakeholders
- Core Bloom Professionals Consultation meeting attendees
- Bloom Professionals Consultation meeting - other attendees
- Bloom 'service providers' (organisations suggested at a Bloom Professionals Consultation meeting which might provide appropriate support for the young person being discussed)
- Parents / Carers
- Children and Young People
- Bloom Leadership Group
- Bloom Steering Group members
- Bloom Data and Analysis Comparison Report 2019 and 2020

This report is therefore one of a suite, each report noting the findings from one strand of the evaluation of the Bloom model and process. An Executive Report of the full evaluation is also available.

This report considers the data and analysis of Bloom closed cases for 2019 and 2020.

Methodology

As part of the comprehensive Bloom evaluation being undertaken during 2020/21, it was agreed by the Evaluation Working Group (EWG) that it would be useful to have a comparison report of data for those referrals which were closed in Bloom during both 2019 and 2020. As a member of the EWG, Lee Atkins (Regional Improvement Support Officer for CORC) who was supporting the Learning strand of HeadStart Kernow, acted as a critical friend.

The data collected by Bloom is that noted on the referral forms for those young people allocated to Bloom by the CAMHS Access Team within the Early Help Hub. The information is used to set up the Bloom Professionals Consultation (Bloom Profs) meetings, and is then anonymised to enable data analysis to be undertaken. Additional information from the Consultation Plans written as a result of a Bloom Profs meeting is also noted; this is information such as the organisation / service of the Point of Contact who is agreed at the meeting, and any referral factors which arose in the Bloom Profs meeting that were not noted on the referral form.

Bloom does not have access to any data-sets from other sources, but does request from time-to-time specific information from CAMHS to permit some of the analysis undertaken for the annual data report; the Bloom Evaluation Project Team (Deborah Clarke, the Bloom Operational Lead, and Derek Thompson, Bloom Project Officer and Data Analyst) requested some information from CAMHS for this report.

The Bloom Evaluation Project Team collected a number of datasets for all Bloom cases closed in 2019 and 2020, and reviewed and determined a range of referral factors, drawn from CAMHS identifiers, Together for Families identifiers, and devised two additional factors based on their specificity. The Bloom Project Officer and Data Analyst reviewed the Bloom referral document and the Bloom Consultation Plan for each young person whose case was closed in 2019 and 2020, and recorded instances of the referral factors. Both these documents were considered because:

- a) Bloom referrals can be completed by anyone, whether a professional with knowledge of the young person, or the family / young person themselves, so perceptions of factors can vary.
- b) the Bloom Consultation Plan is drafted in the Bloom Profs meeting, as part of the professionals' discussion, and takes into account the psychological formulation.

The report in some instances refers to twelve referral factors, and in others, restricts its analyses and findings to six particular referral factors. These latter are

- Children who have not been attending school regularly
- Families affected by domestic violence and abuse
- Parents or children with a range of health problems
- Depression / Low Mood
- Self harm
- Anxiety

These six were selected because there was a relatively high incidence across the cohorts to make comparisons statistically viable.

Following guidance from CFT Information Governance Team, data has been amalgamated where a unique dataset was present, to prevent any individual being identified.

As with all Bloom evaluation reports, this Bloom report has been circulated to all members of the EWG including Dr Lisa Gilmour (Bloom Clinical Lead) and Charlotte Hill (Head of Partnerships, Innovation & Wellbeing, Children's Health & Wellbeing, Cornwall Council; Chair CWSG), as well as to the HeadStart Kernow Learning Lead, for final approval prior to publication.

Analysis

Bloom: an overview

An innovative partnership approach between Cornwall Partnership NHS Foundation Trust, Cornwall Council, HeadStart Kernow and other services and organisations, Bloom is an early intervention consultation model for professionals offering an holistic approach, across services, to support children's emotional, social and mental wellbeing. Bloom is designed as a rapid and responsive model for children and young people from 0 -18, working within the Tavistock i-THRIVE model. Its core purpose is to support young people to thrive.



Bloom Pilot

A pilot of the Bloom approach supported by CAMHS, GPs, and Cornwall Council ran from November 2014 in the Penwith locality. It was set up to:

- help fill a gap in provision for children and young people with emotional, behavioural and mental health problems who did not meet the threshold for specialist CAMHS
- address the 40% of all GP referrals to CAMHS that were rejected
- build stronger links between professionals in different services
- look at the needs of the whole family as well as the child
- reduce the pressure on specialist CAMHS

With additional resource provided by HeadStart Kernow, the Bloom model was rolled out across Cornwall from 2018, and pre-Covid19, Bloom was established in each locality in Cornwall.

Bloom Governance

Bloom is overseen by a Cornwall-wide Steering Group (CWSG) as a county-wide multi-organisational initiative, and by six Locality Steering Groups that oversee and support each locality Bloom model. Each Locality Steering Group determines the frequency, time and location of the Bloom Profs meetings held within each locality.

Bloom encourages a test-and-learn approach so that the Bloom model and process remain agile, always subject to the Bloom Underpinning Principles which have been agreed by the Bloom CWSG. In brief, these Underpinning Principles are:

- The needs of the child/young person and family comes first
- Working together to meet the needs of the child/young person ie referrals received by Bloom will be treated as a call for a Bloom Professionals Consultation meeting to consider that particular case. They will not be 'bounced back'
- Timely, clear and concise communications written in plain English
- A 'point of contact' for every child
- Bloom is multi-organisational and every voice is valued

Bloom Referral Route and preliminary processes

Any individual or organisation (eg GP, school / college, family worker, school nursing team, parent / carer, or the young person themselves) can refer a young person aged 0-18 years to Bloom by sending a CAMHS referral form to the Early Help Hub. The young person may be in any of the four i-THRIVE quadrants; the CAMHS Access Team co-located within the Early Help Hub determine which referrals are allocated to Bloom.

Since the Bloom model is one of professional consultation, no family member nor the young person referred attends Bloom Profs meetings. Therefore, once allocated to Bloom, parents / carers are asked to nominate a professional, who knows the child / young person referred in a professional capacity, to attend the meeting. This Nominated Professional is given a number of meeting dates from which they will agree one to attend. Meeting invitations are then sent out to the core Bloom Profs meeting attendees. These are a CAMHS Clinical Psychologist, a Primary Mental Health Worker, the HeadStart Locality Coordinator (who chairs the meeting), a HeadStart Community Facilitator and the Early Help Locality team. The Nominated Professional and others, including from the VCSE and other agencies, organisations, and services, are also sent the meeting invitation.

Bloom Professionals Consultation meetings

The collaborative, multi-agency Bloom Profs meetings, which always include a Clinical Psychologist, Primary Mental Health Worker and a HeadStart Locality Coordinator as Chair, consider as carefully and holistically as possible each

young person's referral, their presentation and needs, and discuss how they might best be supported. Other attendees at Bloom Profs meetings might include professionals such as teachers, Social Workers, Family Workers, representatives from a variety of other organisations and agencies including the voluntary and community sector, and community workers.

The meeting will agree a psychological formulation for the child / young person, and a plan of suggested positive next steps and actions to help them thrive including, where appropriate and possible, agreed community-based support. Pre-Covid (that is, prior to March 2020), each locality (bar Penwith²) had an established Locality Steering Group and the frequency, timings and locations of Bloom Profs meetings within each locality had been agreed as follows:

Locality	Penwith	Kerrier	Carrick	Restormel	North Cornwall	Caradon
Frequency	Weekly during term time/ as necessary through summer school holiday	Weekly during term time/ as necessary through summer school holiday	Weekly during term time/ as necessary through summer school holiday	Weekly during term time/ as necessary through summer school holiday	Weekly during term time/ as necessary through summer school holiday	Weekly during term time/ as necessary through summer school holiday
Timings	Thursday 1400-1600	Wednesday 1400-1600	Thursday 1000-1200	Wednesday 1400-1600	Tuesday 1000-1200	Thursday 1400-1600
Location	Penzance	Camborne	Truro	Rotation: Newquay; St Austell; the Clays	Rotation: Bodmin; Launceston	Liskeard

Each Bloom Profs meeting could discuss up to four referrals allowing up to 24 to be discussed weekly.

Bloom and Covid-19

With the advent of the pandemic, it was necessary to amend the Bloom model due to the inability to hold face-to-face meetings and the necessary focussing of CAMHS upon children and young people most at risk, adversely impacting on their ability to support the existing model. It remained an imperative that existing referrals to Bloom should be considered in a timely manner; it was also critical that a switch be made to hold Bloom Profs meetings online via Microsoft Teams. During 2020 there were four different 'cohorts':

² As Penwith had been the location for the Bloom pilot, the Bloom model was well-established with Bloom Profs meetings taking place on a weekly basis. The inaugural Penwith Bloom Locality Steering Group was held in December 2020.

1. January – 23 March 2020: Bloom Profs held as usual in each locality
2. 23 March – 27 April 2020: Referrals allocated to Bloom but with no Bloom Profs meeting arranged were triaged by a central team: Dr Lisa Gilmour (CAMHS Clinical Psychologist; Bloom Clinical Lead); Henry Lewis (core Bloom Primary Mental Health worker); Deborah Clarke (HeadStart Locality Coordinator; Bloom Operational Lead)
3. April – November 2020: Centralised Covid-19 (C-19) model: online Bloom Profs meetings held with the central team (Bloom Clinical Lead; core Bloom Primary Mental Health Worker; Bloom Operational Lead), the Nominated Professional and other professionals
4. November 2020 onwards: Decentralised C-19 East Mid West (C-19EMW) model: online Bloom Profs meetings held with area-specific core attendees (CAMHS Clinical Psychologist; Primary Mental Health Worker; HeadStart Locality Coordinator), the Nominated Professional and other professionals

Learning from the core team's management of cohorts 2 and 3, in the decentralised C-19EMW model (which is area-specific ie East, Mid and West Cornwall), each referral is discussed in an hour-long meeting with breaks scheduled between them. The weekly timetable is noted below:

Area	East	Mid	West
Day	Thursday afternoon	Thursday morning	Wednesday afternoon
Meeting slot	13.00 – 14.00	09.15 – 10.15	13.00 – 14.00
Meeting slot	14.30 – 15.30	10.30 – 11.30	14.30 – 15.30
Meeting slot	16.00 – 17.00	11.45 – 12.45	16.00 – 17.00

It will be noted that the C-19EMW model limits the number of referrals which are able to be discussed weekly to nine, necessitating close management of the Bloom referral caseload to ensure all referrals are discussed within a Bloom Profs meeting in a timely manner.

Management information and data analysis

Various reports are prepared for each Locality Steering Group and the Cornwall-wide Steering Group, including a detailed annual data report. This report builds upon those foundations.

Cornwall-wide Bloom

Key Performance Indicators

Since Bloom is not a service but rather a professional consultation model and process, there are no formal KPIs against which it has to report. Nevertheless, there are some standards which have been informally adopted to help ensure that Bloom Profs meetings are scheduled, and Consultation Plans are distributed, in a timely manner.

The informal standards adopted are:

- referrals should have a Bloom Profs meeting arranged within twelve weeks of receipt in Bloom following allocation by the CAMHS Access Team co-located with the Early Help Hub
- Consultation Plans, which are the only record of the meeting, are distributed routinely within ten working days of the meetings

It should be noted that Bloom has little ability, beyond persuasion and persistence, to influence key elements within the process of establishing the Bloom Profs meetings such as the time it may take for a parent to nominate a professional to attend a Bloom Profs meeting or for that Nominated Professional to confirm which meeting date / time they are able to attend. Bloom is not responsible for the length of time it may take the author of a Consultation Plan (usually the Primary Mental Health Worker attending the Bloom Profs meeting) to forward that plan for distribution. Nonetheless, the average length of time between receipt of referral and the case being closed in Bloom is eight weeks (57 calendar days). The average length of time between the Bloom Profs meeting and the distribution of the Consultation Plan to recipients is ten working days.

Consideration could usefully be given to setting formal and more demanding KPIs, alongside a review of the processes underpinning the setting up of the Bloom Profs meetings.

Recommendation 1: consider formalising robust and realistic Bloom KPIs to monitor and improve performance, alongside a review of the processes underpinning the setting up of the Bloom Profs meetings

Caseload

Locality	Total cases closed in 2019	Total cases closed in 2020	Change	Percentage change from 2019 to 2020
Penwith	55	31	- 24	- 44%
Kerrier	24	43	+ 19	+ 79%
Carrick	44	44	0	0
Restormel	91	61	- 30	- 33%
North Cornwall	20	49	+ 29	+ 145%
Caradon	23	35	+ 12	+ 52%
Total	257	263	+ 6	+ 2%

Referrals are allocated to Bloom via the CAMHS Access Team, which is co-located with the Early Help Hub.

Both Penwith and Restormel are the most established Bloom locality models. The model began with a pilot in Penwith during 2014/15; the model was rolled out across Cornwall from 2018, commencing with Restormel. North Cornwall and Caradon were the last two localities to take up the Bloom model.

In the West (Penwith and Kerrier), there is no clear explanation for the significant reduction in the total number of cases closed in 2020. In the Mid (Carrick and Restormel) however, a large number of pre-existing Restormel Primary Mental Health (PMH) referrals were transferred over to Bloom as part of the initial soft launch of Bloom in that locality, so a reduction in case closures was anticipated. Conversely, in the East (North Cornwall and Caradon), an increase of referrals was to be expected as Bloom becomes more established within the service ecology.

Complexity of referrals within Bloom

During the latter half of 2020, following the conclusion of a Bloom Profs meeting, core Bloom meeting attendees (the Clinical Psychologist, Primary Mental Health Worker and the HeadStart Locality Coordinator) agreed which quadrant(s) of the i-THRIVE framework each referral aligned to.

Analysis of those 79 closed Bloom cases in 2020 (30% of the total cases closed in 2020) demonstrates that the majority of referrals discussed in Bloom fall wholly or partially beyond the Getting Advice quadrant. 14% (11 referrals) fell within more than one quadrant, suggesting complexity, whilst 10 referrals (13%) fell wholly or partially within the Getting Risk Support quadrant.

Incidence of individual quadrants / combinations		% of 79 referrals sampled
Getting Advice	28	35%
Getting Advice & Getting Help	1	1%
Getting Advice & Getting Risk Support	1	1%
Getting Help	36	46%
Getting Help & Getting Risk Support	6	8%
Getting More Help	1	1%
Getting More Help & Getting Risk Support	3	4%
Getting Risk Support	3	4%
TOTAL	79	

These figures speak to the complexity of Bloom cases, given that only around a third (35%) sit solely with the Getting Advice quadrant. It should be noted that one other case sits within both Getting Advice *and* Getting Risk Support. 14% of sampled cases sat within two quadrants.

Total incidence of each quadrant		% of 79 referrals sampled
Getting Advice	30	38%
Getting Help	43	54%
Getting More Help	4	5%
Getting Risk Support	13	16%
TOTAL	90	

Getting Help was the quadrant most represented (54%), while it is worth noting that Getting Risk Support was indicated for 16% of the cohort.

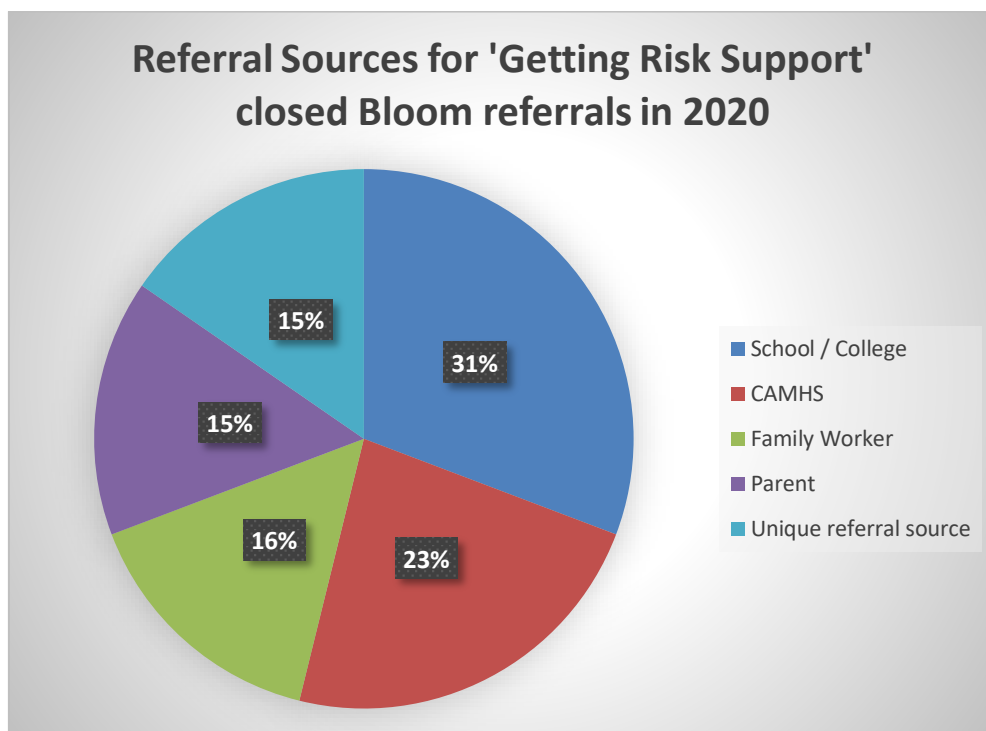
Both the above tables suggest that Bloom's scope is far beyond an Early Intervention model.³

None of the 13 young people within the Getting Risk Support quadrant were identified from the referral as a Child in Need. Four had been subject to a previous Child Protection plan and five were subject to a current Child Protection plan. As will be seen in the following table, the Bloom referrals came from a wide variety of referral sources (six) for this small cohort. There were eight different ages represented, with the highest incidence at ages 5 and 13.

³ See *Bloom Evaluation Report: Review and Analysis of the Bloom Project Pilot Business Cases and Documentation 2014 -2018, and Development of Bloom 2018 – to date* for information about how and why Bloom was set up. There is no documentary evidence that it was set up as a model to support only young people in the 'Getting Advice' quadrant of the i-THRIVE framework

i-THRIVE Table 1 – Getting Risk Support

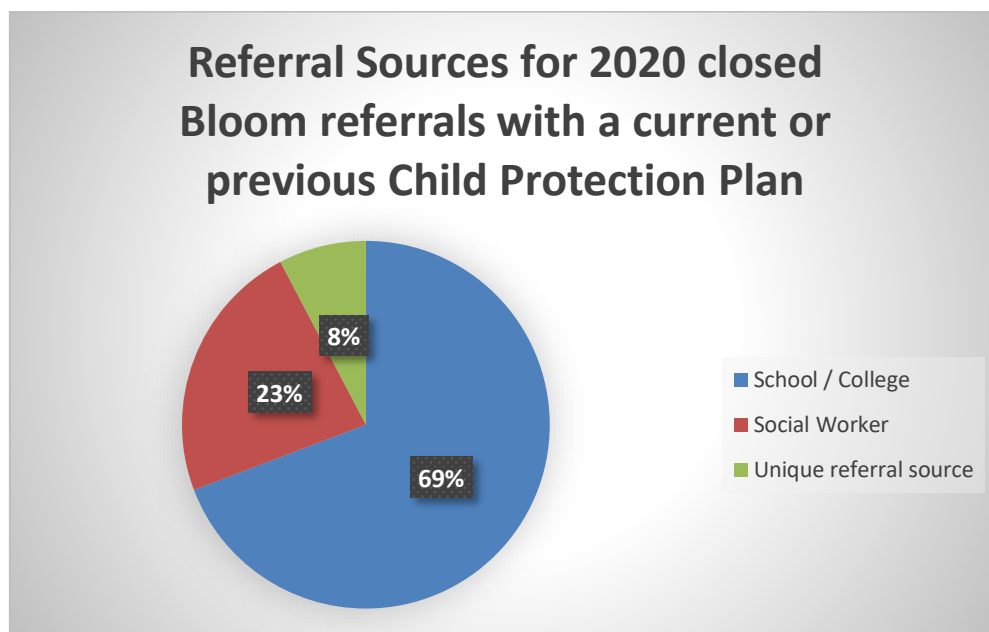
Gender	i-THRIVE Getting Risk Support	Past Child Protection Plan	Current Child Protection Plan	Referrer
Female	Y	Y		School / College
Male	Y			School / College
Male	Y		Y	CAMHS
Male	Y		Y	CAMHS
Female	Y	Y		Targeted Youth Worker
Male	Y		Y	Social Worker & School Nursing Team
Male	Y		Y	CAMHS
Male	Y			School / College
Male	Y			Family Worker
Male	Y			School / College
Female	Y	Y		Family Worker
Female	Y			Parent
Female	Y			Parent



Within the sample cohort of 79 young people, a further 13 young people were not considered by the core Bloom meeting attendees to be within 'Getting Risk Support' despite being a Child in Need or having either a past or current Child Protection plan. Five were within Getting Advice, seven in Getting Help and one in Getting More Help. In contrast to those within Getting Risk Support, there were only three referral sources across the other quadrants. There were seven different ages, with the highest incidence at age 14.

i-THRIVE Table 2 – Child in Need / Child Protection Plan but not in Getting Risk Support quadrant

Gender	Child in Need	Past Child Protection Plan	Current Child Protection Plan	i-THRIVE Quadrant	Referrer
Female	Y	Y		Getting Advice	Social Worker
Male		Y		Getting Advice	Social Worker
Male		Y		Getting Advice	School / College
Male		Y		Getting Advice	School / College
Male		Y		Getting Advice	Family Worker
Male			Y	Getting Help	School / College
Female	Y			Getting Help	Social Worker
Male			Y	Getting Help	School / College
Male		Y	Y	Getting Help	School / College
Male		Y		Getting Help	School / College
Male		Y	Y	Getting Help	School / College
Male		Y		Getting Help	School / College
Male		Y		Getting More Help	School / College



However, given the relatively small sample size of i-THRIVE quadrants, it is difficult to draw any conclusion beyond noting that identifying the need for risk support in young people is challenging and there may be other ways to record it.

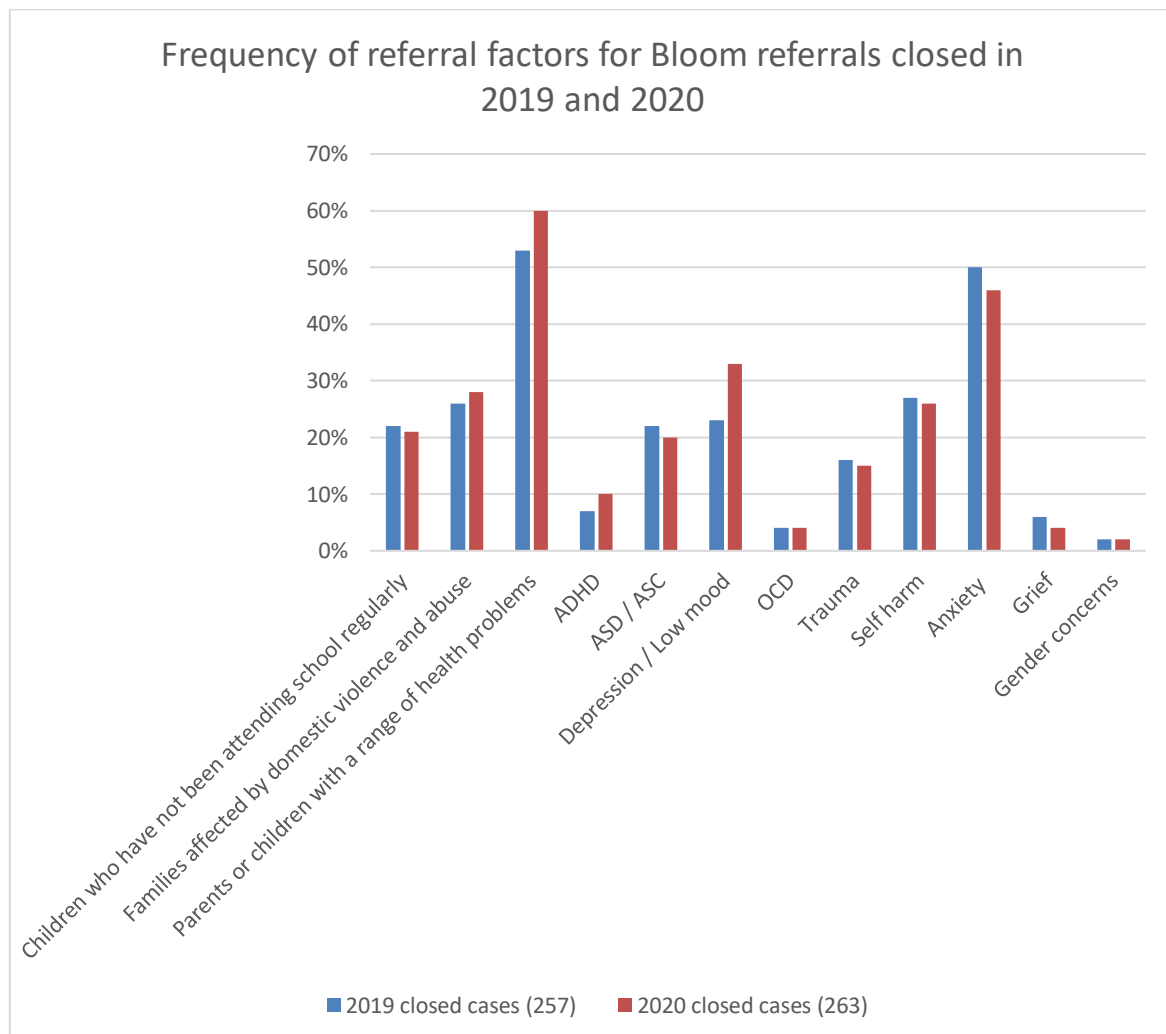
Referral factors

The greatest changes from 2019 to 2020 for individual referral factors are:

- Parents or children with a range of health problems: an increase from 53% to 60%
- Depression / low mood: an increase from 23% to 33%
- Anxiety: a decrease from 50% to 46%

The referral factor 'parents or children with a range of health problems' does not distinguish between physical or mental health, or between the young person who is the subject of the referral, a sibling, a parent or other close family member.

Covid-19 will inevitably have influenced the reasons for referral. It is possible that anxiety was less prevalent because schools were closed for long periods of time. Conversely, low mood / depression may have increased due to the impact of lockdown restrictions on young people's freedom of movement.



	Children who have not been attending school regularly	Families affected by domestic violence and abuse	Parents or children with a range of health problems	ADHD	ASD / ASC	Depression / Low mood	OCD	Trauma	Self harm	Anxiety	Grief	Gender concerns ⁴
2019 closed cases (257)	56	68	136	19	56	58	9	40	70	128	16	5
	22%	26%	53%	7%	22%	23%	4%	16%	27%	50%	6%	2%
2020 closed cases (263)	54	73	159	25	53	88	11	40	68	122	10	5
	21%	28%	60%	10%	20%	33%	4%	15%	26%	46%	4%	2%

Referral factors by age

Calculations were completed for Ages 5 to 16 on the incidence of some Bloom referral factors as a percentage of the Age cohort, for both 2019 and 2020. Age 4, Age 17 and Age 18 were considered too small as cohorts for meaningful analysis. Every cohort in this particular study consisted of at least ten young people for each year, with the exception of Age 16 which consisted of six young people in 2019 and seven in 2020.

For each age the incidence of a referral factor was calculated as a percentage of that age cohort to enable meaningful comparison between 2019 and 2020 (given that age cohorts were likely to have changed between the two years). It should be noted that the three left-hand columns of each Age table show the incidence for each year and any change, *without* reference to the size of the cohort. However, if the incidence of a referral factor for an age cohort remained the same for both years, but the size of the age cohort changed, the percentages would be different. It is also important to understand that, as a young person's referral can – and more typically does – include more than one referral factor, the total of incidences for all referral factors in either 2019 or 2020 for a particular age will exceed the size of the cohort.

Looking at Age 5, for example, it will be noted that there are two referral factors (*Families affected by domestic violence and abuse* and *Parents or children with a range of health problems*) where the incidence is unchanged but the calculation of the incidence as a percentage of the age cohort shows a decrease in each case.

⁴ Throughout this document for any young person where gender issues are indicated, we have used the gender assigned at birth and not identified the locality, in order to preserve anonymity.

For ease of reference the following colour code has been applied for the change between cohort percentages from 2019 to 2020 in the far right-hand column:

Decrease by 10% or more
Decrease by no more than 9%
Increase by no more than 9%
Increase by 10% or more

These figures are dependent upon the referrals received and closed, per age, per locality, which are all factors outside the control of the Bloom model. They do, nevertheless, give an indication of the direction of travel for each referral factor for Age 5 to Age 16 from 2019 to 2020. This study is not a measure of the success of Bloom, but it may shed light on particular age cohorts where further study, or focus on particular referral factors, could be instructive.

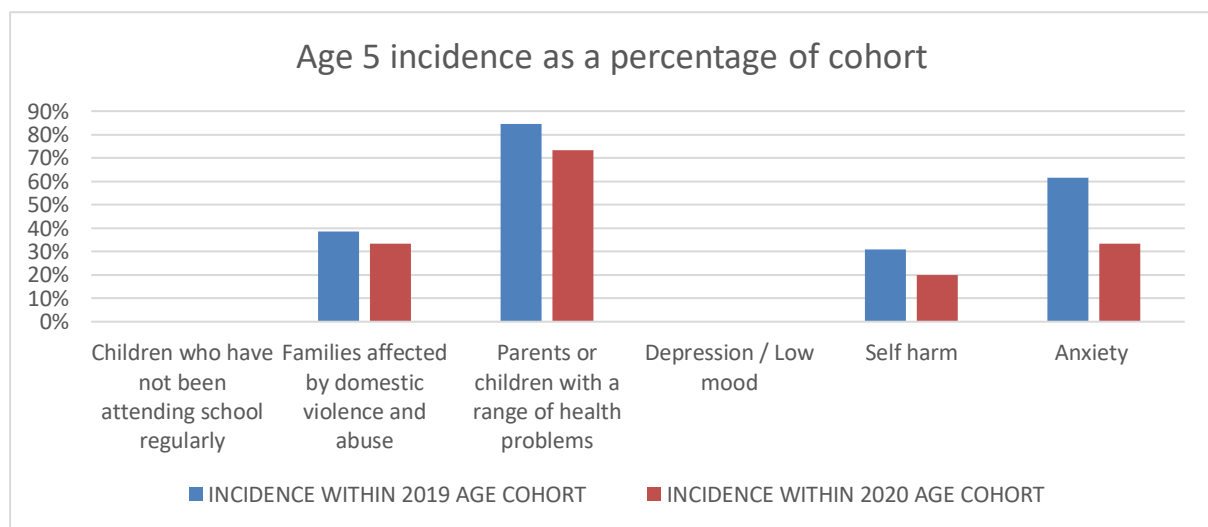
Of particular note are the following:

- Age 5 shows no increase for any referral factors as a percentage of the age cohort
- Age 12 shows decreases in five out of six referrals factors as a percentage of the age cohort, and the one increase (for Anxiety) is by less than 10%
- Age 15 shows increases in five out of six referral factors as a percentage of the age cohort, and all increases are below 10%
- Smaller cohorts will show a higher percentage movement with even a small change to the incidence. For example, see Age 16, where the incident for Anxiety changed from five to four, while the cohort size changed from six to seven, resulting in a 26% decrease

Referral factors: Aged 5

AGE 5

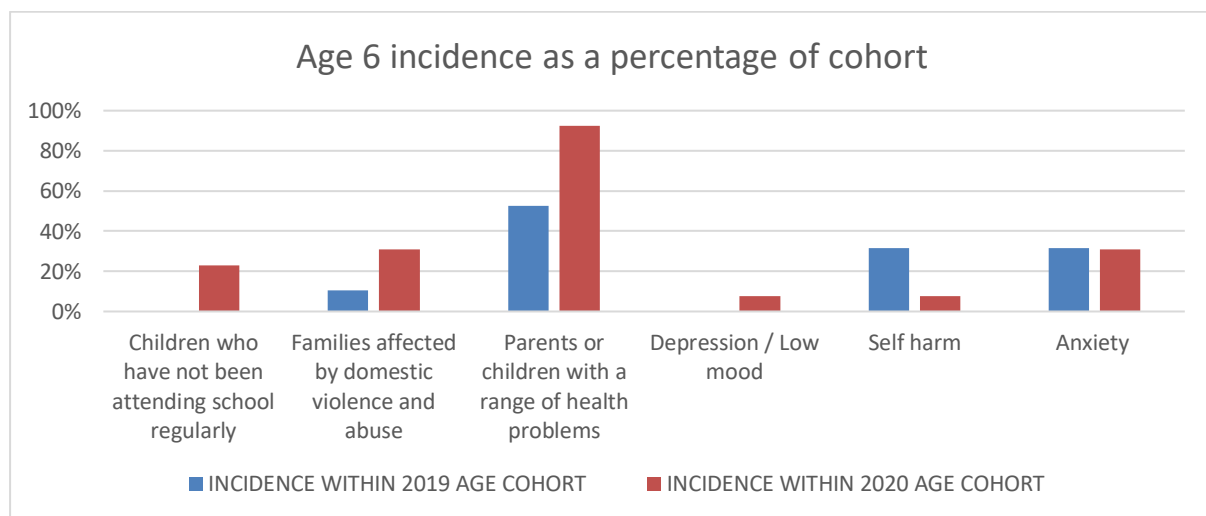
2019 Incidence in cohort of 13	2020 Incidence in cohort of 15	CHANGE	REFERRAL FACTOR	INCIDENCE WITHIN 2019 AGE COHORT	INCIDENCE WITHIN 2020 AGE COHORT	CHANGE
0	0	0	Children who have not been attending school regularly	0%	0%	0%
5	5	0	Families affected by domestic violence and abuse	38%	33%	-5%
11	11	0	Parents or children with a range of health problems	85%	73%	-11%
0	0	0	Depression / Low mood	0%	0%	0%
4	3	-1	Self harm	31%	20%	-11%
8	5	-3	Anxiety	62%	33%	-28%



Referral factors: Aged 6

AGE 6

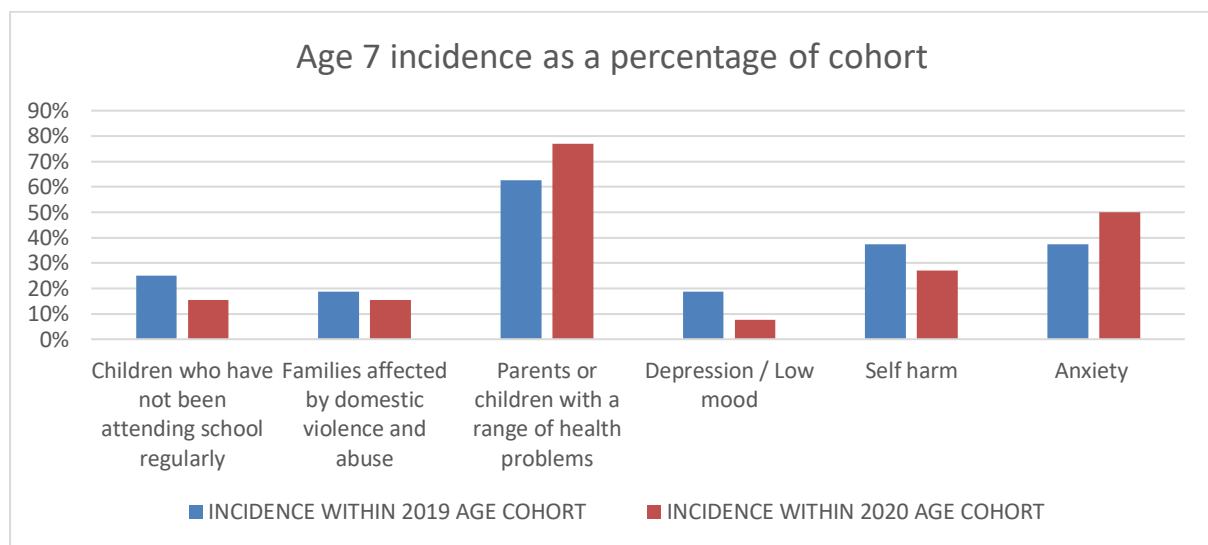
2019 Incidence in cohort of 19	2020 Incidence in cohort of 13	CHANGE	REFERRAL FACTOR	INCIDENCE WITHIN 2019 AGE COHORT	INCIDENCE WITHIN 2020 AGE COHORT	CHANGE
0	3	3	Children who have not been attending school regularly	0%	23%	23%
2	4	2	Families affected by domestic violence and abuse	11%	31%	20%
10	12	2	Parents or children with a range of health problems	53%	92%	40%
0	1	1	Depression / Low mood	0%	8%	8%
6	1	-5	Self harm	32%	8%	-24%
6	4	-2	Anxiety	32%	31%	-1%



Referral factors: Aged 7

AGE 7

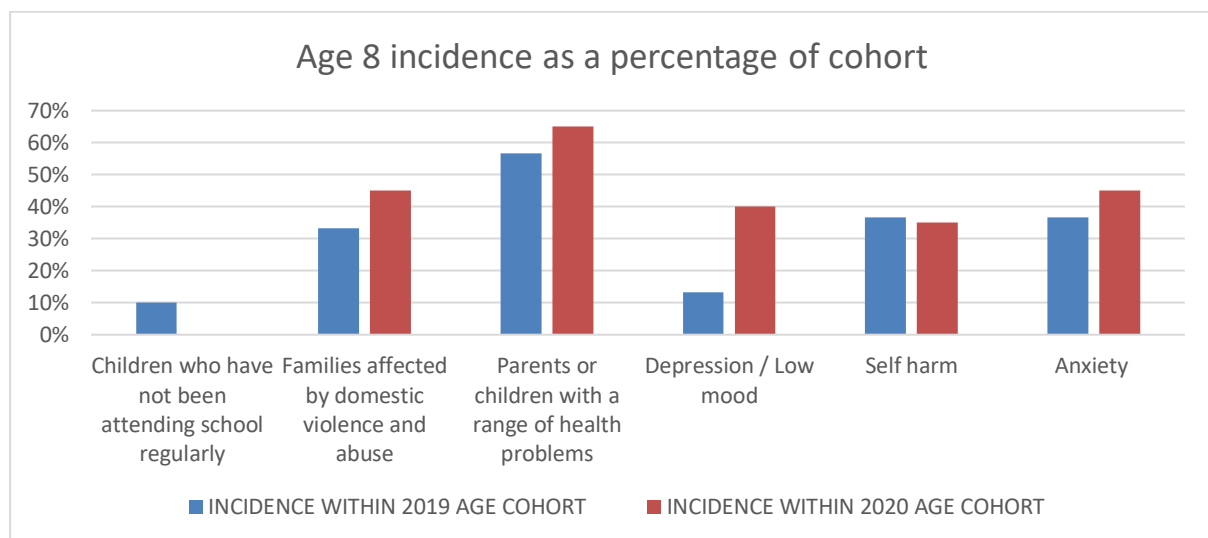
2019 Incidence in cohort of 16	2020 Incidence in cohort of 26	CHANGE	REFERRAL FACTOR	INCIDENCE WITHIN 2019 AGE COHORT	INCIDENCE WITHIN 2020 AGE COHORT	CHANGE
4	4	0	Children who have not been attending school regularly	25%	15%	-10%
3	4	1	Families affected by domestic violence and abuse	19%	15%	-3%
10	20	10	Parents or children with a range of health problems	63%	77%	14%
3	2	-1	Depression / Low mood	19%	8%	-11%
6	7	1	Self harm	38%	27%	-11%
6	13	7	Anxiety	38%	50%	13%



Referral factors: Aged 8

AGE 8

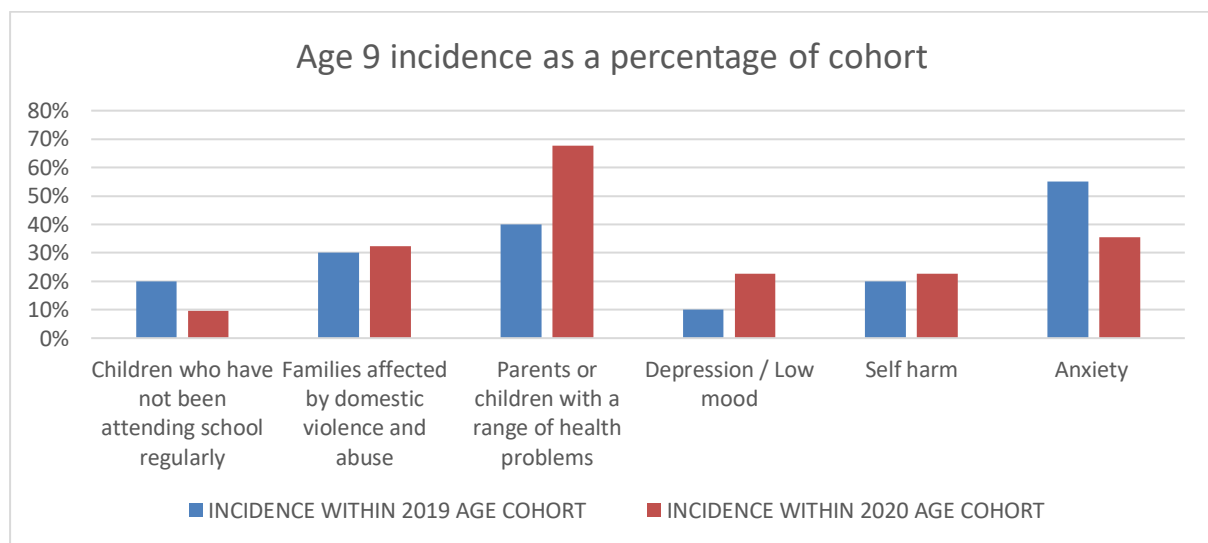
2019 Incidence in cohort of 30	2020 Incidence in cohort of 20	CHANGE	REFERRAL FACTOR	INCIDENCE WITHIN 2019 AGE COHORT	INCIDENCE WITHIN 2020 AGE COHORT	CHANGE
3	0	-3	Children who have not been attending school regularly	10%	0%	-10%
10	9	-1	Families affected by domestic violence and abuse	33%	45%	12%
17	13	-4	Parents or children with a range of health problems	57%	65%	8%
4	8	4	Depression / Low mood	13%	40%	27%
11	7	-4	Self harm	37%	35%	-2%
11	9	-2	Anxiety	37%	45%	8%



Referral factors: Aged 9

AGE 9

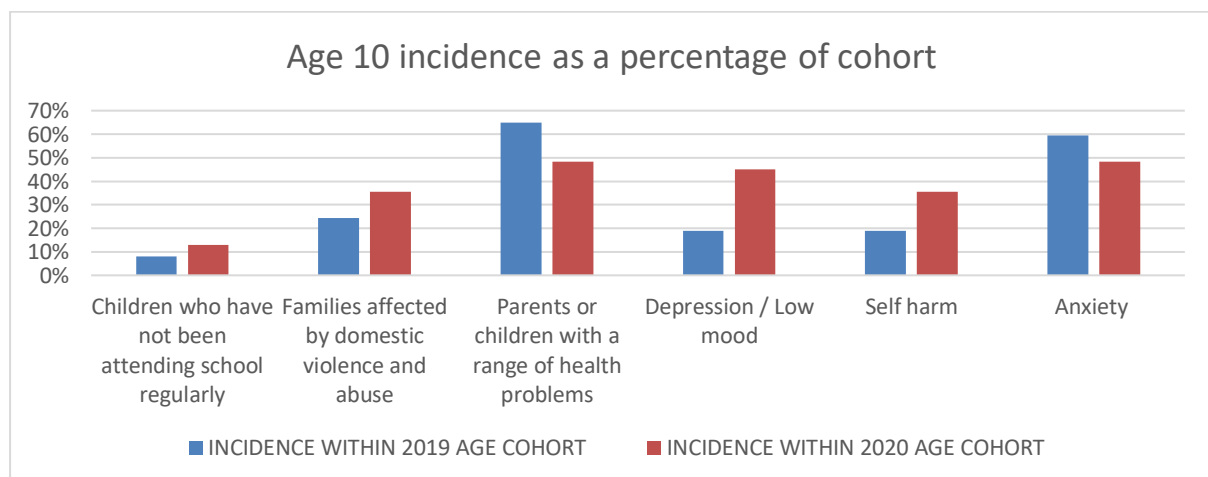
2019 Incidence in cohort of 20	2020 Incidence in cohort of 31	CHANGE	REFERRAL FACTOR	INCIDENCE WITHIN 2019 AGE COHORT	INCIDENCE WITHIN 2020 AGE COHORT	CHANGE
4	3	-1	Children who have not been attending school regularly	20%	10%	-10%
6	10	4	Families affected by domestic violence and abuse	30%	32%	2%
8	21	13	Parents or children with a range of health problems	40%	68%	28%
2	7	5	Depression / Low mood	10%	23%	13%
4	7	3	Self harm	20%	23%	3%
11	11	0	Anxiety	55%	35%	-20%



Referral factors: Aged 10

AGE 10

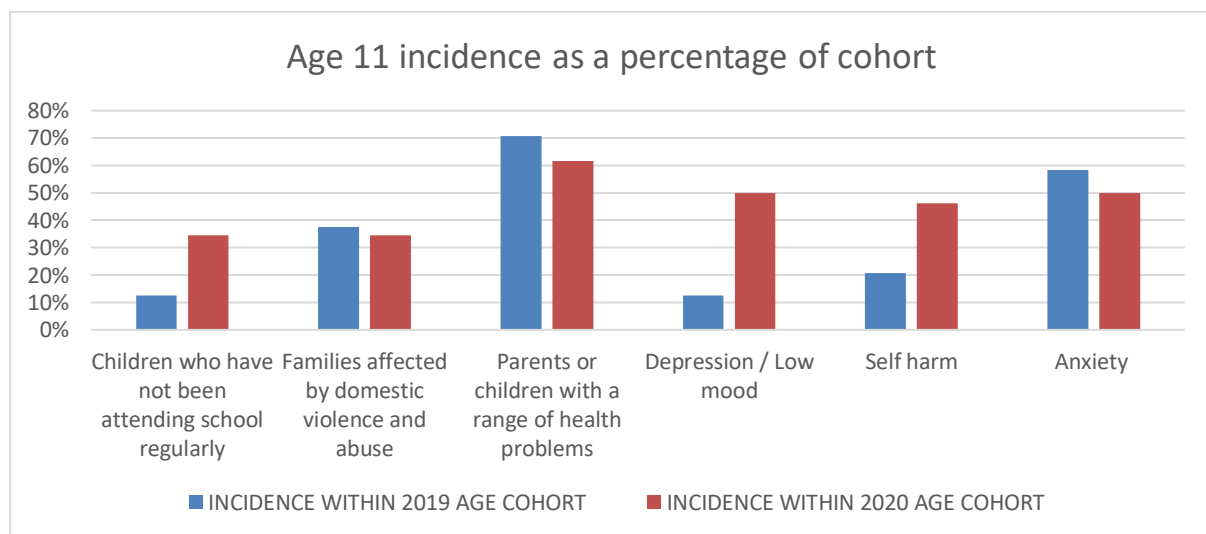
2019 Incidence in cohort of 37	2020 Incidence in cohort of 31	CHANGE	REFERRAL FACTOR	INCIDENCE WITHIN 2019 AGE COHORT	INCIDENCE WITHIN 2020 AGE COHORT	CHANGE
3	4	1	Children who have not been attending school regularly	8%	13%	5%
9	11	2	Families affected by domestic violence and abuse	24%	35%	11%
24	15	-9	Parents or children with a range of health problems	65%	48%	-16%
7	14	7	Depression / Low mood	19%	45%	26%
7	11	4	Self harm	19%	35%	17%
22	15	-7	Anxiety	59%	48%	-11%



Referral factors: Aged 11

AGE 11

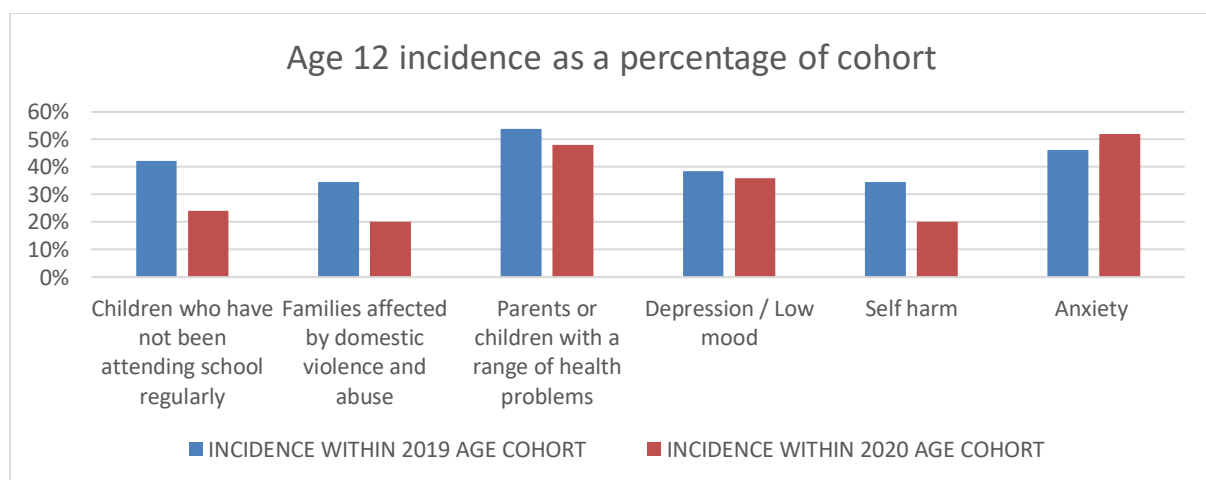
2019 Incidence in cohort of 24	2020 Incidence in cohort of 26	CHANGE	REFERRAL FACTOR	INCIDENCE WITHIN 2019 AGE COHORT	INCIDENCE WITHIN 2020 AGE COHORT	CHANGE
3	9	6	Children who have not been attending school regularly	13%	35%	22%
9	9	0	Families affected by domestic violence and abuse	38%	35%	-3%
17	16	-1	Parents or children with a range of health problems	71%	62%	-9%
3	13	10	Depression / Low mood	13%	50%	38%
5	12	7	Self harm	21%	46%	25%
14	13	-1	Anxiety	58%	50%	-8%



Referral factors: Aged 12

AGE 12

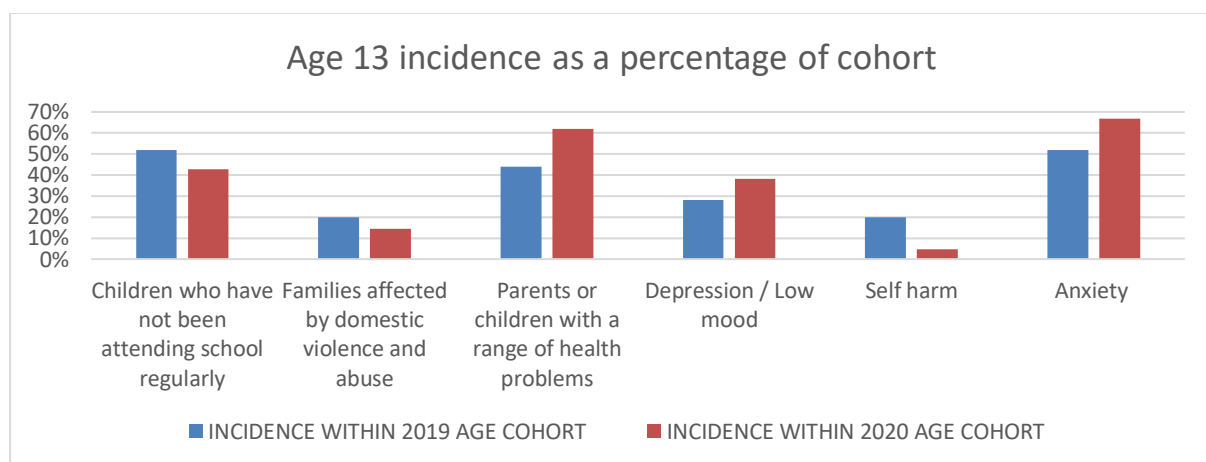
2019 Incidence in cohort of 26	2020 Incidence in cohort of 25	CHANGE	REFERRAL FACTOR	INCIDENCE WITHIN 2019 AGE COHORT	INCIDENCE WITHIN 2020 AGE COHORT	CHANGE
11	6	-5	Children who have not been attending school regularly	42%	24%	-18%
9	5	-4	Families affected by domestic violence and abuse	35%	20%	-15%
14	12	-2	Parents or children with a range of health problems	54%	48%	-6%
10	9	-1	Depression / Low mood	38%	36%	-2%
9	5	-4	Self harm	35%	20%	-15%
12	13	1	Anxiety	46%	52%	6%



Referral factors: Aged 13

AGE 13

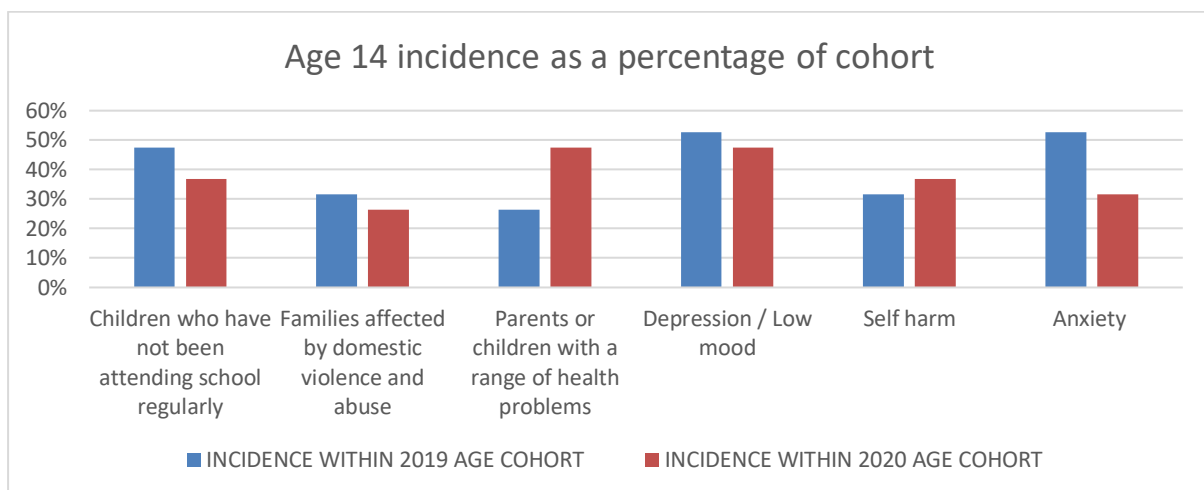
2019 Incidence in cohort of 25	2020 Incidence in cohort of 21	CHANGE	REFERRAL FACTOR	INCIDENCE WITHIN 2019 AGE COHORT	INCIDENCE WITHIN 2020 AGE COHORT	CHANGE
13	9	-4	Children who have not been attending school regularly	52%	43%	-9%
5	3	-2	Families affected by domestic violence and abuse	20%	14%	-6%
11	13	2	Parents or children with a range of health problems	44%	62%	18%
7	8	1	Depression / Low mood	28%	38%	10%
5	1	-4	Self harm	20%	5%	-15%
13	14	1	Anxiety	52%	67%	15%



Referral factors: Aged 14

AGE 14

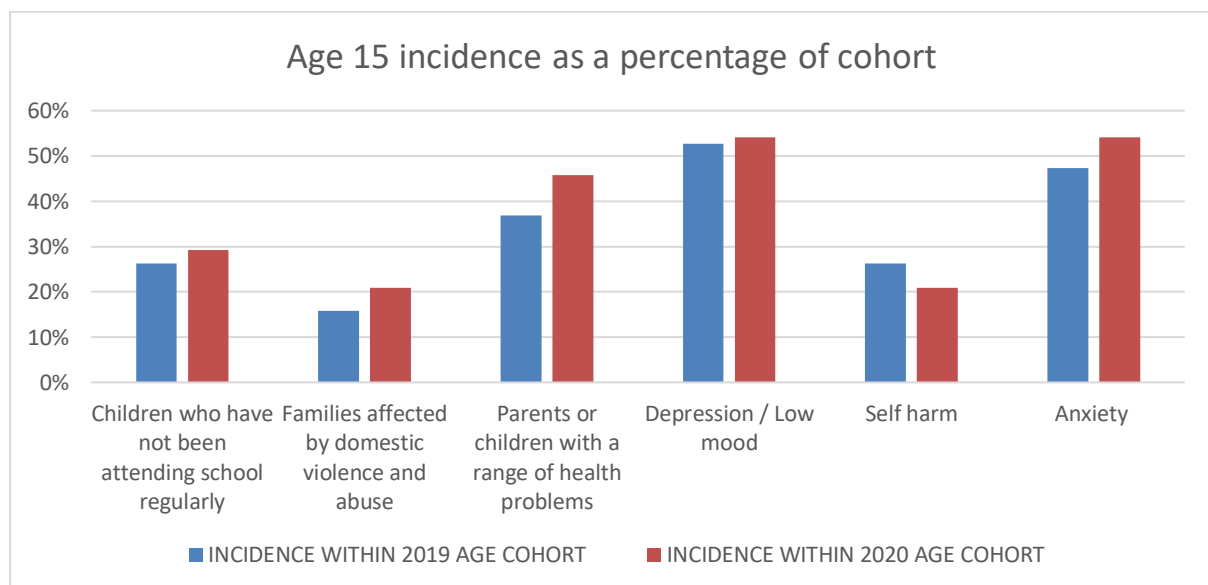
2019 Incidence in cohort of 19	2020 Incidence in cohort of 19	CHANGE	REFERRAL FACTOR	INCIDENCE WITHIN 2019 AGE COHORT	INCIDENCE WITHIN 2020 AGE COHORT	CHANGE
9	7	-2	Children who have not been attending school regularly	47%	37%	-11%
6	5	-1	Families affected by domestic violence and abuse	32%	26%	-5%
5	9	4	Parents or children with a range of health problems	26%	47%	21%
10	9	-1	Depression / Low mood	53%	47%	-5%
6	7	1	Self harm	32%	37%	5%
10	6	-4	Anxiety	53%	32%	-21%



Referral factors: Aged 15

AGE 15

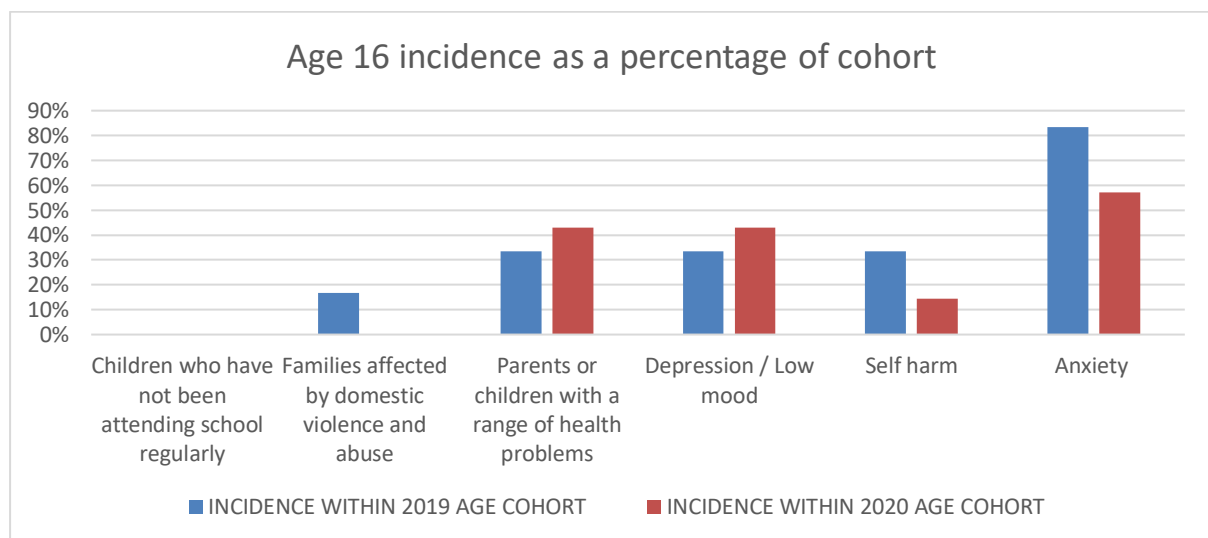
2019 Incidence in cohort of 19	2020 Incidence in cohort of 24	CHANGE	REFERRAL FACTOR	INCIDENCE WITHIN 2019 AGE COHORT	INCIDENCE WITHIN 2020 AGE COHORT	CHANGE
5	7	2	Children who have not been attending school regularly	26%	29%	3%
3	5	2	Families affected by domestic violence and abuse	16%	21%	5%
7	11	4	Parents or children with a range of health problems	37%	46%	9%
10	13	3	Depression / Low mood	53%	54%	2%
5	5	0	Self harm	26%	21%	-5%
9	13	4	Anxiety	47%	54%	7%



Referral factors: Aged 16

AGE 16

2019 Incidence in cohort of 6	2020 Incidence in cohort of 7	CHANGE	REFERRAL FACTOR	INCIDENCE WITHIN 2019 AGE COHORT	INCIDENCE WITHIN 2020 AGE COHORT	CHANGE
0	0	0	Children who have not been attending school regularly	0%	0%	0%
1	0	-1	Families affected by domestic violence and abuse	17%	0%	-17%
2	3	1	Parents or children with a range of health problems	33%	43%	10%
2	3	1	Depression / Low mood	33%	43%	10%
2	1	-1	Self harm	33%	14%	-19%
5	4	-1	Anxiety	83%	57%	-26%



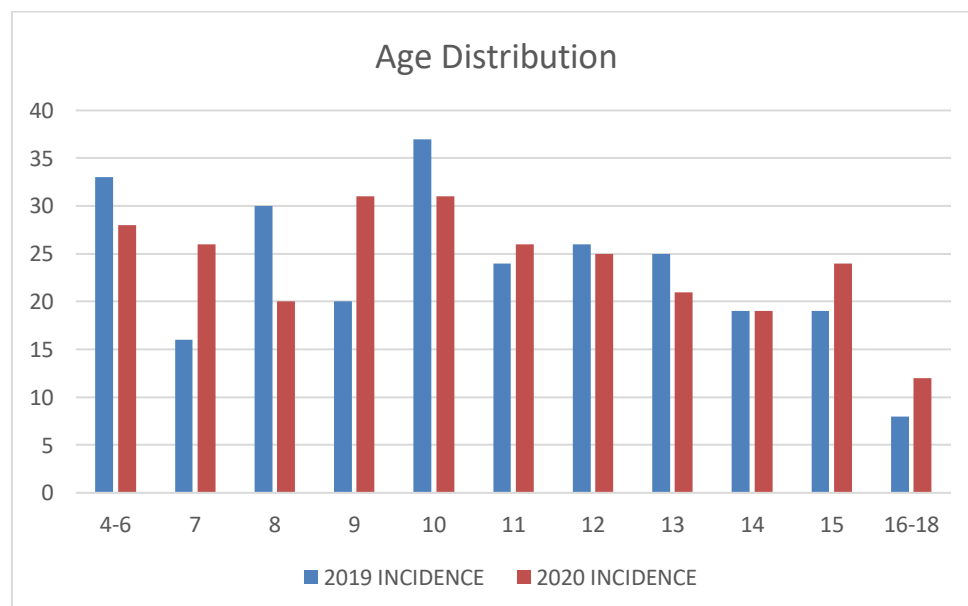
Age and Gender

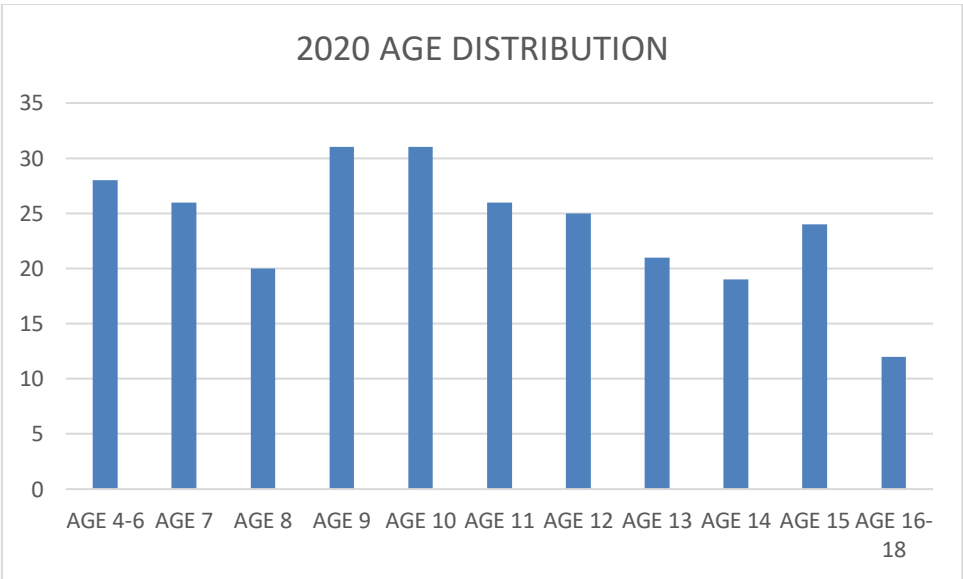
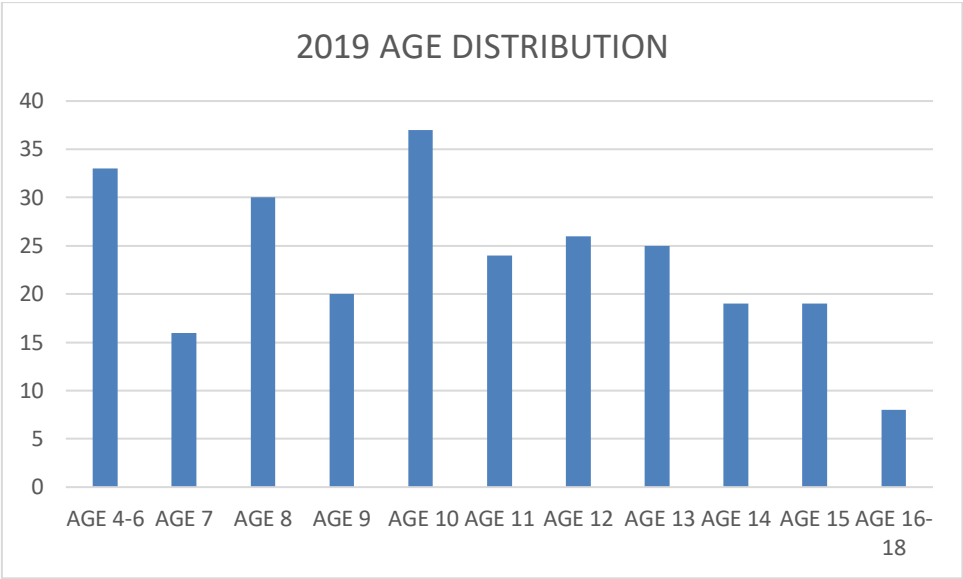
During 2019 and 2020, the age range of Bloom referrals for children and young people was from 4 to 18. In 2020 there was a notable increase in referrals for males aged 7 and 9, and for females aged 12, 14 and 15. There was a notable decrease in referrals for males aged 6, 8, 12 and 14, whilst for females there was a slight decrease for the age of 7.

We have used the gender assigned at birth to anonymise those young people whose referrals indicated gender issues as a referral factor.

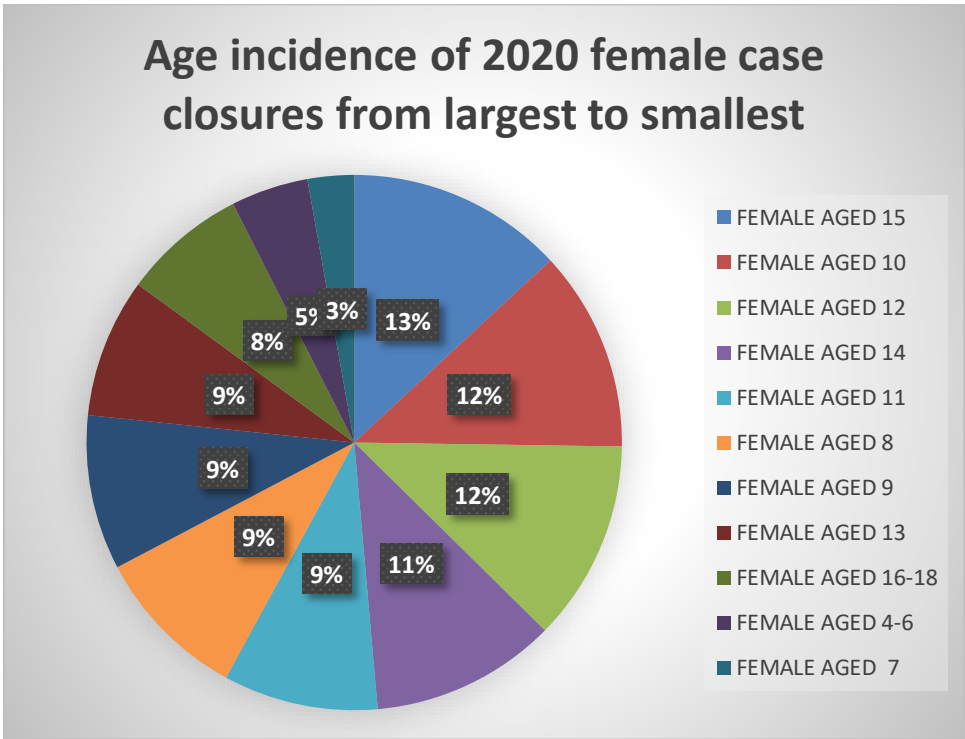
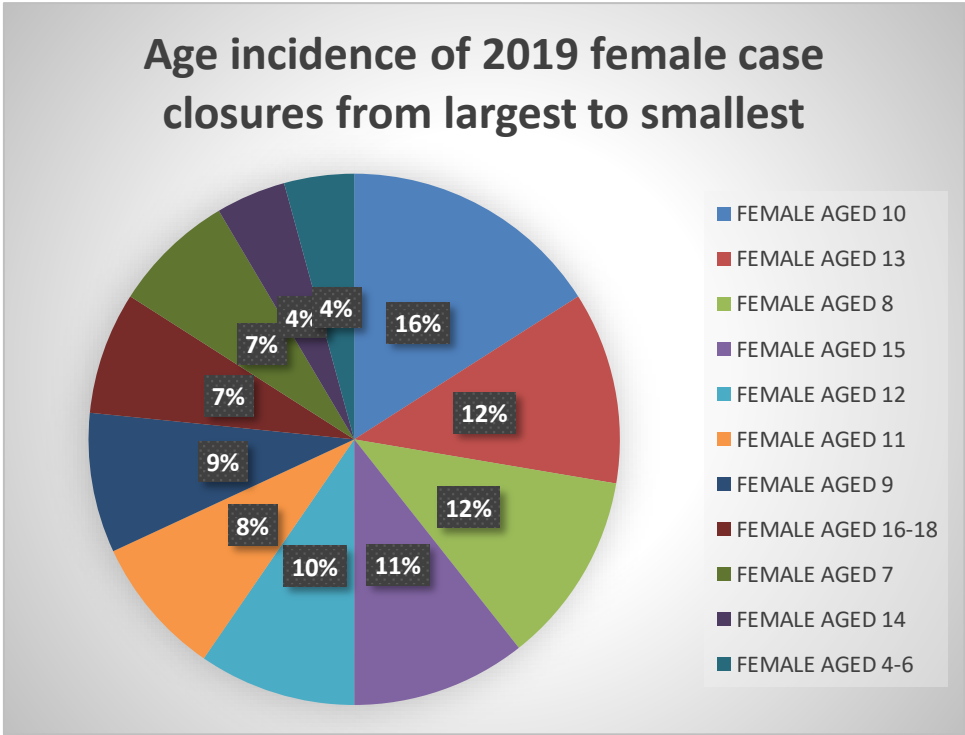
Collectively across 2019 and 2020 the highest combined incidence of case closures for females was Age 10 (28), and this is also true for males Age 10 with 40 case closures.

	Highest age incidences across Cornwall: case closures	
	2019	2020
Female	<ul style="list-style-type: none"> • Age 8 (11) • Age 10 (15) • Age 13 (11) 	<ul style="list-style-type: none"> • Age 10 (13) • Age 12 (13) • Age 15 (14)
Male	<ul style="list-style-type: none"> • Age 6 (18) • Age 8 (19) • Age 10 (22) 	<ul style="list-style-type: none"> • Age 7 (23) • Age 9 (21) • Age 10 (18)

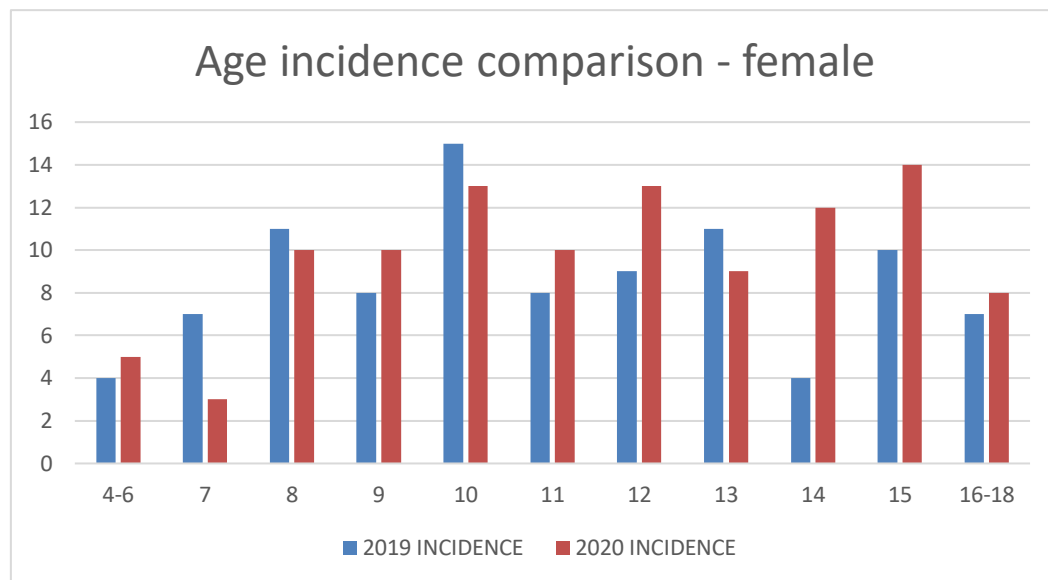




Age and Gender: female



Of note, Female case closures for Age 10 were in the top three incidences in both 2019 and 2020, suggesting that this age may benefit from further analysis and focus (given the number of referrals), particularly since this age group falls outside the scope of the 11+ contract for children and young people commissioned by Cornwall Council.



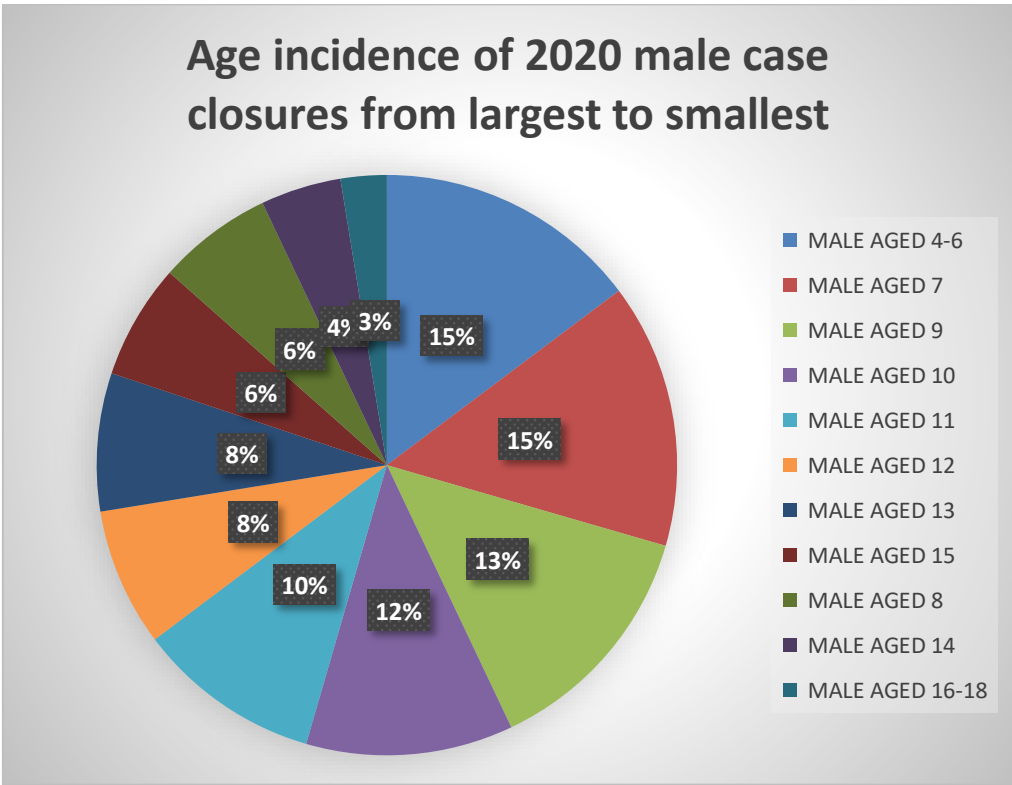
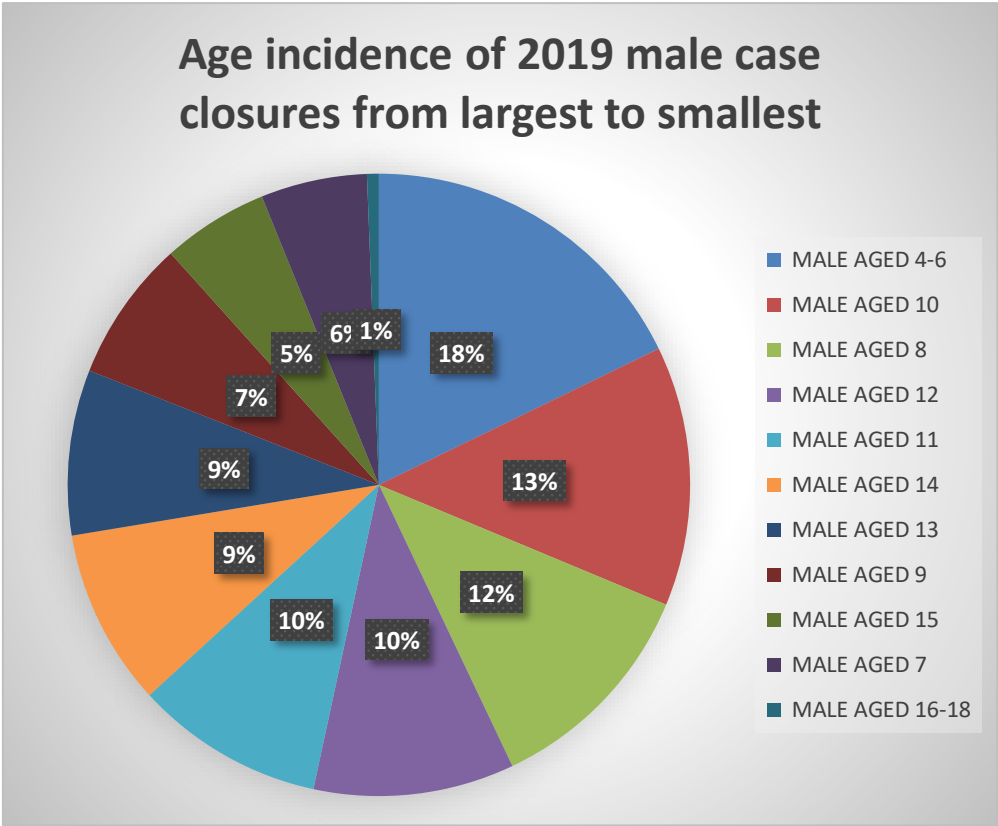
FEMALE

AGE AT REFERRAL	2019 INCIDENCE	2020 INCIDENCE	CHANGE
4-6	4	5	1
7	7	3	-4
8	11	10	-1
9	8	10	2
10	15	13	-2
11	8	10	2
12	9	13	4
13	11	9	-2
14	4	12	8
15	10	14	4
16-18	7	8	1
TOTAL	94	107	

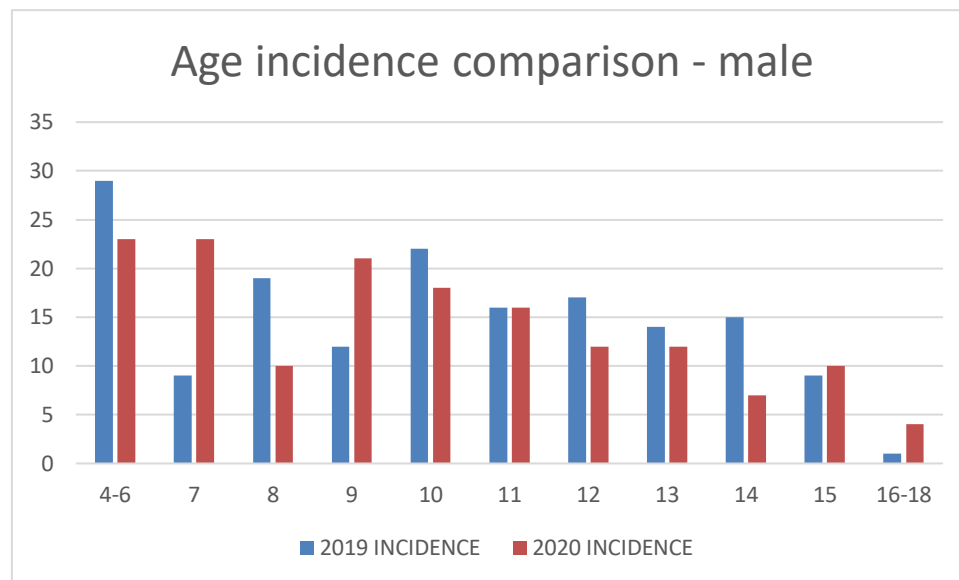
There were decreases in incidences for Ages 7, 8, 10, and 13. In 2019 the four most prevalent ages were 8, 10, 13, and 15 (Age 10 was the highest). In 2020 the four most prevalent ages were 10, 12, 14, and 15 (Age 15 was the highest).

The greatest increase in incidence from 2019 to 2020 for Female referrals is at Age 14 (up by 8 case closures, increasing from 4 to 12). The greatest decrease in incidence from 2019 to 2020 for Female referrals is at Age 7 (down by 4 case closures, decreasing from 7 to 3).

Age and Gender: male



Of note, Male case closures for Age 10 were in the top three incidences for single age cohorts in both 2019 and 2020, suggesting that this age may benefit from further analysis and focus (given the number of referrals), particularly since this age group falls outside the scope of the 11+ contract for children and young people commissioned by Cornwall Council.



MALE

AGE AT REFERRAL	2019 INCIDENCE	2020 INCIDENCE	CHANGE
4-6	29	23	-6
7	9	23	14
8	19	10	-9
9	12	21	9
10	22	18	-4
11	16	16	0
12	17	12	-5
13	14	12	-2
14	15	7	-8
15	9	10	1
16-18	1	4	3
TOTAL	163	156	

There were decreases in incidences for Ages 4-6, 8, 10, 12, 13 and 14. In 2019 the four most prevalent ages were 4-6, 8, 10, and 12 (Age 4-6 was the highest). In 2020, whilst in 2020 these were 7, 9, 10, and 11 (Age 4-6 was the highest).

The greatest increase in incidence from 2019 to 2020 for Male referrals is at Age 7 (up by 14 case closures, increasing from 9 to 23). The greatest decrease in incidence from 2019 to 2020 for Male referrals is at Age 8 (down by 9 case closures, decreasing from 19 to 10).

Recommendation 2: that, given that those aged 10 fall outside the scope of the 11+ contract for children and young people commissioned by Cornwall Council, and that HeadStart Kernow will close in mid-2022, Bloom should explore what service is best placed to undertake further analysis and focus upon this age group to help ensure that they continue to receive appropriate and timely assistance and services

Recommendation 3: that, given that HeadStart Kernow will close in mid-2022, Bloom should explore what service is best placed to undertake further analysis, and focus upon ages when young people transition to other places of education (10, 11, 15, 16) to help ensure that they continue to receive appropriate and timely assistance and services

Referral sources

School / College, GP Surgery, Family Worker and Social Worker were the most significant sources of referrals across Cornwall. In Penwith, referrals fell from 55 in 2019 to 31 in 2020, a reduction of 56%. In Carrick however, there was no change in the total number of Bloom referrals between 2019 and 2020. The variety of referral sources increased in Restormel from 12 in 2019 to 16 in 2020, even though the numbers of referrals decreased from 91 to 61. The top three referrers (in the same order) in both 2019 and 2020 in Caradon were School / College, School Nursing Team and GP Surgery.

GP referrals

Whilst some GPs and GP practices are aware of Bloom and make referrals to it, it is evident from the data for 2019 and 2020 that numbers of referrals from this source are generally low suggesting only partial knowledge of, and engagement with, Bloom across Cornwall within this sector.

In Penwith, GP surgery referrals as a percentage of total referrals fell from 42% in 2019 to 6% in 2020. Referrals from GPs reduced significantly from 23 to two, and from nine GP surgeries to two. In Kerrier, although GP surgery referrals were the second most significant source, there were only four surgeries referring each year (two of which referred in both years). Only three GP surgeries in North Cornwall referred into Bloom over the two years (one of which referred in both years), whilst in Caradon, four GP surgeries referred into Bloom with one referring four of the seven referrals received in total (two in 2019, and two in 2020). No GP surgery in Carrick referred a young person to Bloom in both 2019 and 2020.

That Bloom is valued by those GPs who are aware of it is borne out by the data: in Restormel, a wide number of different GP surgeries referred to Bloom in both 2019 and 2020, with St Austell Healthcare being the largest GP referrer, with a similar percentage of the total GP referrals in both 2019 (27%) and 2020 (25%). Stratton Medical Centre is a GP referrer in North Cornwall and accounts for five of the six GP surgery referrals across the two years. Anecdotal feedback from

GPs is complimentary: one GP who has both referred into Bloom and attended Bloom Profs meetings has said *'My experience of Bloom has been educational, informative and felt a safe place to share and discuss concerns about a young person/child. To be able to give valuable information and be heard is so important. So many times in referrals it is often difficult to express and explain multiple issues, but also to hear "another side" invaluable'*. Another has noted that *'Where GPs and PCNs are linking well with Bloom, Penwith and mid Cornwall in particular the model is a hugely valued resource. "A well oiled machine" as one GP in Penwith describes how Bloom evolved since the pilot'*.

It is equally evident that there have been challenges for Bloom in developing robust links with GPs, including the lack of certainty about the future of Bloom, with the concomitant inability to implement the Bloom Communications Strategy and Plan which included linking with GPs and Primary Care Networks (PCNs); the size and scope of PCNs themselves; and the advent of Covid. The changes to Bloom wrought by the pandemic, through moving the Bloom Profs meetings online, may encourage more GPs across Cornwall to attend the meetings, albeit virtually; and Dr Ashton (NHS Kernow CCG Children's Clinical Lead) has worked to highlight Bloom to local GP trainees so that they are aware of Bloom and how it might help young patients. Dr Ashton has also noted that *'As more PCNs have funding to employ additional health professionals such a Mental Health Workers and Social Prescribing link workers for young people there will be a wider range of professionals within Primary Care able to contribute to Bloom meetings along with GPs. This will help Primary Care engagement with Bloom across Cornwall.'*

It will be important for Bloom to work closely with Dr Ashton and others to engage GPs proactively so that their understanding of Bloom is increased. This could be undertaken as part of a re-engineering of the existing Bloom Communications Strategy and Plan, once the future of Bloom is secure.

Recommendation 4: that a review of the Bloom Communications Strategy and Plan should include a comprehensive GP engagement strategy, taking into account the publicity and advocacy work undertaken by Dr Ashton on behalf of Bloom

It is of note that in Caradon, eight of the 13 schools / colleges that had students with closed referrals in 2019 were also represented in 2020. The students from these schools / colleges accounted for 18 of the 23 cases closed (72%) in 2019, while in 2020 they accounted for nine of the 35 cases closed (26%).

In Kerrier, Camborne Science & International Academy (CSIA) is the most represented school / college for young people referred to Bloom, although no referrals were made by CSIA. Also in Kerrier, Redruth School made no referrals in 2020, but had four closed cases that year. Humphry Davy School in Penwith

had made no referrals in either 2019 or 2020 but had six closed cases in 2019 and four in 2020.

If resource allowed, it could be useful to identify those schools / colleges with a low ratio of referral rates to Bloom compared with their population. Such information could be of assistance to services in gaining a clearer understanding of the approaches these schools are putting in place to help young people at the early help stage, and could then inform a dissemination of best practice. In addition, it might be beneficial to arrange and facilitate an event / workshop for secondary schools more widely across Cornwall to increase awareness of Bloom.

Recommendation 5: that, should resource permit, those schools / colleges with a low ratio of referral rates to Bloom compared with their population should be identified to assist with the identification of best practice in early help approaches

Recommendation 6: that, should Bloom's future be secured, and resource allow, an event / workshop be held for secondary schools across Cornwall to increase awareness of Bloom

Point of Contact

Across Cornwall, and notwithstanding that a wide variety of different Points of Contact are noted in both 2019 and 2020 for each locality, School / College remains the most frequent Point of Contact.

In 2020, there were 14 occasions where, following a Bloom Profs discussion, unusually a Parent was identified as a Point of Contact. This occurred where the Parent was a referrer and where the Parent had a specific decision to make or action to complete (eg making a referral to a service).

Referrals into Bloom, PMH and CAMHS

2019

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	% of Referrals
Bloom	17	13	17	7	24	44	12	12	16	24	30	19	235	14.64%
PMH	27	27	29	18	31	41	42	24	37	26	20	10	332	20.69%
CAMHS	60	71	100	64	90	109	100	49	104	88	110	93	1038	64.67%

2020

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	% of Referrals
Bloom	7	26	30	5	8	6	9	5	12	41	49	36	234	15.47%
PMH	20	11	20	10	16	24	31	18	20	19	34	35	258	17.05%
CAMHS	57	48	45	44	58	88	84	63	132	148	132	122	1021	67.48%

While there were significant differences in the number of referrals to Bloom, month on month, comparing 2019 with 2020, the overall percentage of all Bloom referrals (14.64% and 15.47%) as well as the overall number of referrals is largely unchanged. However, the spread of referrals across 2020 was significantly impacted by the Bloom response to Covid-19, which included imposing a risk threshold from April to October. This is reflected in the number of referrals allocated to Bloom during those months.

Referrals into Bloom from PMH and CAMHS 2020

PMH / CAMHS clinicians can make referrals to Bloom. This could be to access a multi-agency professional consultation and additional support suggestions for an ongoing PMH / CAMHS case, or for a PMH / CAMHS case that is about to be closed.

All Bloom cases referred in from PMH / CAMHS 2020⁵

Locality	Total referrals	PMH	% of Closed Cases	CAMHS	% of Closed Cases	PMH & CAMHS	% of Closed Cases
Penwith	31	0	0%	7	23%	7	23%
Kerrier	43	0	0%	4	9%	4	9%
Carrick	44	0	0%	2	5%	2	5%
Restormel	61	2	3%	0	0%	2	3%
North Cornwall	49	1	2%	3	6%	4	8%
Caradon	35	0	0%	2	6%	2	6%
Cornwall-wide	263	3	1%	18	7%	21	8%

⁵ Comparative data unavailable for 2019

Bloom closed cases resulting in PMH/CAMHS referral

Locality	Total Bloom referrals closed in 2019	Total Bloom referrals closed in 2020	PMH & CAMHS 2019	% of Closed Cases 2019	PMH & CAMHS 2020	% of Closed Cases 2020	Bloom to PMH & CAMHS % Change 2019 to 2020	Bloom to PMH & CAMHS case Change
Penwith	55	31	9	16%	5	16%	0%	4 case reduction
Kerrier	24	43	2	8%	6	14%	+ 6%	4 case increase
Carrick	44	44	9	20%	10	23%	+ 3%	1 case increase
Restormel	91	61	11	12%	7	11%	- 1%	4 case reduction
North Cornwall	20	49	3	15%	6	12%	- 3%	3 case increase
Caradon	23	35	0	0%	5	14%	+ 14%	5 case increase
Cornwall-wide	257	263	34	13%	39	15%	+ 2%	5 case increase

Referrals discussed in Bloom which are deemed appropriate for PMH / CAMHS are transferred across without the need for a new referral.

Bloom cases resulting in PMH / CAMHS involvement have increased from 13% to 15%. Without Bloom, these referrals may not have received the appropriate help suggestions at the earliest opportunity, as it was only through the Bloom Profs discussion that it was determined that PMH / CAMHS was the most appropriate needs-based outcome.

Given that an average of 14% of all Bloom referrals result in PMH / CAMHS involvement, it may be beneficial to work up exemplar referrals and / or to hold a series of events for Bloom's professional networks with the CAMHS Access Team within the Early Help Hub. The aim would be to improve the clarity and detail in referrals, such that the CAMHS Access Team may be better able to identify more young people who would benefit from more immediate access to PMH / CAMHS.

Recommendation 7: that Bloom explore the feasibility of running joint 'community of practice' events with the CAMHS Access Team within the Early Help Hub

Bloom closed cases resulting in PMH referral

	Total Bloom referrals closed in 2019	Total Bloom referrals closed in 2020	Bloom referrals transferred to PMH in 2019	% of Closed Cases 2019	Bloom referrals transferred to PMH in 2020	% of Closed Cases 2020	Bloom to PMH % Change 2019 to 2020	Bloom to PMH case Change
Cornwall-wide	257	263	24	9%	16	6%	- 3%	8 case reduction

Bloom cases resulting in PMH referral have reduced from 9% to 6%.

Bloom cases resulting in CAMHS referral

	Total Bloom referrals closed in 2019	Total Bloom referrals closed in 2020	Bloom referrals transferred to CAMHS in 2019	% of Closed Cases 2019	Bloom referrals transferred to CAMHS in 2020	% of Closed Cases 2020	Bloom to CAMHS % Change 2019 to 2020	Bloom to CAMHS case Change
Cornwall-wide	257	263	10	4%	23	9%	+ 5%	13 case increase

Bloom cases resulting in CAMHS referral have increased from 4% to 9%.

Bloom cases resulting in PMH/CAMHS referral not originating from PMH/CAMHS 2020

	Total referrals	PMH	% of Closed Cases	CAMHS	% of Closed Cases	PMH & CAMHS	% of Closed Cases
Cornwall-wide	263	14	5%	15	6%	29	11%

Penwith Bloom

Referral sources for Penwith closed cases

2019		2020	
GP Surgery	23	School / College	8
School / College	11	CAMHS	7
CAMHS	7	Family Worker	6
Family Worker	6	Family Health Plus Team	2
Other referral sources each making one referral	8	GP Surgery	2
		Parent	2
		Other referral sources each making one referral	4
TOTAL	55	TOTAL	31

Referrals in Penwith reduced significantly from 55 to 31: a reduction of 56%. GP surgery referrals as a percentage of total referrals, fell from 42% to 6%.

GP referrals for Penwith closed cases

2019		2020	
Rosmellyn Surgery	6	Referral sources each making one referral	2
Alverton Practice	3		
Marazion Surgery	3		
Morrab Surgery	3		
Bodriggy Health Centre	2		
Cape Cornwall Surgery	2		
Stennack Surgery	2		
Other referral sources each making one referral	2		
TOTAL	23	TOTAL	2

Referrals from GPs reduced significantly from 23 to two, and from nine GP surgeries to two.

School / College referrals for Penwith closed cases

2019		2020	
Bodriggy Academy	2	Mounts Bay Academy	2
School / colleges each making one referral	9	Pensans Community Primary School	2
		School / colleges each making one referral	4
TOTAL	11	TOTAL	8

There was no significant change in the volume of school referrals and in each year no Penwith school was the referrer for more than two referrals closed. This may be because Bloom has been active in Penwith since the 2015 pilot, alongside TIS and other resources.

School / College for Penwith closed cases

2019		2020	
HUMPHRY DAVY SCH	6	HUMPHRY DAVY SCH	4
MOUNTS BAY ACADEMY	5	MOUNTS BAY ACADEMY	4
CAPE CORNWALL SCH	4	HAYLE ACADEMY	3
ST MARY'S CofE SCH	4	PENSANS COMMUNITY PRIMARY SCH	3
BODRIGGY ACADEMY	3	PENWITH APA	3
HAYLE ACADEMY	3	ST IVES JUNIOR SCH	2
PENSANS PRIMARY SCH	3	ST IVES SCH	2
HOME EDUCATED	2	ST MARY'S CATHOLIC PRIMARY SCH	2
PENDEEN SCH	2	OTHER SCHOOLS / COLLEGES WHERE ONE PUPIL HAD A CLOSED CASE	8
PENPOL SCH	2		
PENWITH APA	2		
ST IVES JUNIOR SCH	2		
ST JUST PRIMARY SCH	2		
ST UNY ACADEMY	2		
THE WAVE APA	2		
OTHER SCHOOLS / COLLEGES WHERE ONE PUPIL HAD A CLOSED CASE	9		
NOT IN EDUCATION	2		
TOTAL	55	TOTAL	31

Humphry Davy School and Mounts Bay Academy remain the top two schools for closed cases of young people referred to Bloom. The top three places are all secondary schools.

Point of Contact for Penwith closed cases

2019	2020																														
<table border="1"> <tr><td>SCHOOL / COLLEGE</td><td>15</td></tr> <tr><td>FAMILY WORKER</td><td>10</td></tr> <tr><td>NO FURTHER ACTION⁶</td><td>6</td></tr> <tr><td>PRIMARY MENTAL HEALTH</td><td>5</td></tr> <tr><td>CAMHS</td><td>4</td></tr> <tr><td>SOCIAL WORKER</td><td>3</td></tr> <tr><td>TARGETED YOUTH WORKER</td><td>3</td></tr> <tr><td>YOUNG PEOPLE CORNWALL</td><td>3</td></tr> <tr><td>OTHER CLOSED CASES WITH A UNIQUE POINT OF CONTACT OR OUTCOME</td><td>6</td></tr> </table>	SCHOOL / COLLEGE	15	FAMILY WORKER	10	NO FURTHER ACTION ⁶	6	PRIMARY MENTAL HEALTH	5	CAMHS	4	SOCIAL WORKER	3	TARGETED YOUTH WORKER	3	YOUNG PEOPLE CORNWALL	3	OTHER CLOSED CASES WITH A UNIQUE POINT OF CONTACT OR OUTCOME	6	<table border="1"> <tr><td>SCHOOL / COLLEGE</td><td>10</td></tr> <tr><td>FAMILY WORKER</td><td>6</td></tr> <tr><td>CAMHS</td><td>3</td></tr> <tr><td>YOUTH FACILITATOR</td><td>3</td></tr> <tr><td>COMMUNITY FACILITATOR</td><td>2</td></tr> <tr><td>OTHER CLOSED CASES WITH A UNIQUE POINT OF CONTACT OR OUTCOME</td><td>7</td></tr> </table>	SCHOOL / COLLEGE	10	FAMILY WORKER	6	CAMHS	3	YOUTH FACILITATOR	3	COMMUNITY FACILITATOR	2	OTHER CLOSED CASES WITH A UNIQUE POINT OF CONTACT OR OUTCOME	7
SCHOOL / COLLEGE	15																														
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YOUNG PEOPLE CORNWALL	3																														
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CAMHS	3																														
YOUTH FACILITATOR	3																														
COMMUNITY FACILITATOR	2																														
OTHER CLOSED CASES WITH A UNIQUE POINT OF CONTACT OR OUTCOME	7																														
TOTAL 55	TOTAL 31																														

School / College remains the most frequent point of contact (increasing from 27% to 32%). Family Worker remains the second most frequent point of contact (increasing from 18% to 19%).

Age and Gender for Penwith closed cases

Locality	Female	Male	Total
Penwith 2019	29	26	55
Penwith 2020	13	18	31

Referrals closed for females reduced from 53% to 42%.

Referrals closed for males increased from 47% to 58%.

	Highest age incidence for Penwith referrals closed in	
	2019	2020
Female	<ul style="list-style-type: none"> Age 12 (4) Age 13 (5) Age 14 (4) Age 15 (4) 	<ul style="list-style-type: none"> Age 8 (2) Age 15 (3) Age 10 (2) Age 11 (2) Age 12 (2)
Male	<ul style="list-style-type: none"> Age 10 (5) Age 11 (4) 	<ul style="list-style-type: none"> Age 5 (3) Age 9 (4) Age 12 (3)

⁶ This may be due to changes to young people's circumstances or at parental request.

Kerrier Bloom

Referral sources for Kerrier closed cases

2019		2020	
School / College	12	School / College	17
GP Surgery	4	GP Surgery	6
CAMHS	2	CAMHS	4
Parent	2	Parent	4
Other referral sources each making one referral	4	School Nursing Team	2
TOTAL	24	Social Worker	2
		Targeted Youth Worker	2
		Youth Facilitator	2
		Other referral sources each making one referral	4
		TOTAL	43

School / College remains the top referral source, followed by GP Surgery, CAMHS and Parent.

GP referrals for Kerrier closed cases

2019	
GP surgeries each making one referral	4
TOTAL	4

2020	
Manor Surgery	2
Pool Health Centre	2
GP surgeries each making one referral	2
TOTAL	6

GP referrals remain low, with only four surgeries referring each year.

School / College referrals for Kerrier closed cases

2019		2020	
Helston Community College	4	Helston Community College	3
Camborne Science & International Academy	2	Pennoweth Primary School	2
Porthleven School	2	Porthleven School	2
Schools / Colleges each making one referral	4	Schools / Colleges each making one referral	10
TOTAL	12	TOTAL	17

Helston Community College remains the highest referrer. Three other schools / colleges from the 2019 cohort referred again in 2020.

School / College for Kerrier closed cases

2019		2020	
HELSTON COMMUNITY COLLEGE	7	CAMBORNE SCIENCE & INTERNATIONAL ACADEMY	10
HOME EDUCATED	2	HELSTON COMMUNITY COLLEGE	4
PORTHLEVEN SCH	2	REDRUTH SCH	4
ST MERIADOC JUNIOR SCH	2	ILLOGAN SCH	2
OTHER SCHOOLS / COLLEGES WHERE ONE PUPIL HAD A CLOSED CASE	11	PENNOWETH PRIMARY SCH	2
		POOL ACADEMY	2
		PORTHLEVEN SCH	2
		TRELOWETH PRIMARY SCH	2
		TREWIRGIE INFANTS' & NURSERY SCH	2
		WEETH SCH	2
		OTHER SCHOOLS / COLLEGES WHERE ONE PUPIL HAD A CLOSED CASE	11
TOTAL	24	TOTAL	43

Camborne Science & International Academy (CSIA) is the most represented school / college for young people referred to Bloom in 2020, although no referrals were made by CSIA (see School / College referrals for Kerrier closed cases). Helston Community College remains in the top two schools / colleges and is the top referrer (see School / College referrals for Kerrier closed cases).

Point of Contact for Kerrier closed cases

2019		2020	
SCHOOL / COLLEGE	12	SCHOOL / COLLEGE	19
FAMILY WORKER	4	CAMHS	3
CAMHS	2	TARGETED YOUTH WORKER	3
HSK	2	FAMILY WORKER & SCHOOL / COLLEGE	2
OTHER CLOSED CASES WITH A UNIQUE POINT OF CONTACT OR OUTCOME	4	MHST	2
		PARENT & GP ⁷	2
		SCIP WORKER	2
		SOCIAL WORKER	2
		YOUTH FACILITATOR	2
		OTHER CLOSED CASES WITH A UNIQUE POINT OF CONTACT OR OUTCOME	6
TOTAL	24	TOTAL	43

Age and Gender for Kerrier closed cases

Locality	Female	Male	Total
Kerrier 2019	8	16	24
Kerrier 2020	21	22	43

Referrals closed for females increased from 33% to 49%.

Referrals closed for males reduced from 67% to 51%.

	Highest age incidence for Kerrier referrals closed in	
	2019	2020
Female	<ul style="list-style-type: none"> Age 12 (2) Age 14 (2) 	<ul style="list-style-type: none"> Age 13 (4) Age 15 (4)
Male	<ul style="list-style-type: none"> Age 9 (4) Age 12 (5) 	<ul style="list-style-type: none"> Age 6 (3) Age 7 (4)

⁷ Parent & GP: Both referrals occurred within the Triage cohort, where the referrer was usually considered the Point of Contact, unless another individual / organisation owned specific actions. Both referrals were made by GPs with parental consent. Each Consultation Plan suggested a referral to the HeadStart Wellbeing Service and included home resource sheets (*help and support for children and young people's, and parents' emotional resilience, and to help improve mental wellbeing or support*). Due to these suggested outcomes, both GP and Parent were recorded as the Points of Contact.

Carrick Bloom

Referral sources for Carrick closed cases

2019		2020	
School / College	21	School / College	19
Family Worker	6	Family Worker	8
Parent	5	GP Surgery	6
GP Surgery	3	Parent	3
Social Worker	3	CAMHS	2
CAMHS	2	Other referral sources each making one referral	6
Other referral sources each making one referral	4		
TOTAL	44	TOTAL	44

There was no change in the total number of Bloom referrals in Carrick between 2019 and 2020.

GP referrals for Carrick closed cases

2019		2020	
GP surgeries each making one referral	3	GP surgeries each making one referral	6
TOTAL	3	TOTAL	6

No GP surgery in Carrick referred a young person to Bloom in both 2019 and 2020.

School / College referrals for Carrick closed cases

2019		2020	
Penryn Primary Academy	4	Penryn College	3
Richard Lander School	4	Threemilestone School	3
Goonhavern Primary School	2	Falmouth Primary Academy	2
St Erme with Trispen Primary School	2	Falmouth School	2
Tregolls School	2	Nine Maidens APA	2
Schools / Colleges each making one referral	7	Schools / Colleges each making one referral	7
TOTAL	21	TOTAL	19

In each year there were 12 different schools / colleges that made referrals, of which six made referrals in both 2019 and 2020.

School / College for Carrick closed cases

2019		2020	
RICHARD LANDER SCH	8	PENRYN COLLEGE	5
PENRYN PRIMARY ACADEMY	4	PENAIR SCH	4
ST ERME WITH TRISPEN PRIMARY SCH	4	FALMOUTH SCH	3
FALMOUTH PRIMARY ACADEMY	3	NINE MAIDENS APA	3
TREGOLLS SCH	3	RICHARD LANDER SCH	3
FALMOUTH SCH	2	THREEMILESTONE SCH	3
GOONHAVERN SCH	2	FALMOUTH PRIMARY SCH	2
HOME EDUCATED	2	KEA SCH	2
KING CHARLES PRIMARY SCH	2	OAK TREE SCH	2
PENAIR SCH	2	PENRYN PRIMARY ACADEMY	2
PENRYN COLLEGE	2	ST AGNES ACADEMY	2
OTHER SCHOOLS / COLLEGES WHERE ONE PUPIL HAD A CLOSED CASE, OR NOT IN EDUCATION	10	TRURO HIGH SCH	2
		OTHER SCHOOLS / COLLEGES WHERE ONE PUPIL HAD A CLOSED CASE	11
TOTAL	44	TOTAL	44

Twelve of the 21 schools / colleges where students had a referral closed in 2019 were also indicated among the 23 schools / colleges where students had a referral closed in 2020.

Point of Contact for Carrick closed cases

2019		2020	
SCHOOL / COLLEGE	27	SCHOOL / COLLEGE	14
PRIMARY MENTAL HEALTH	9	FAMILY WORKER	10
SOCIAL WORKER	3	CAMHS	4
FAMILY WORKER	2	NO FURTHER ACTION	2
OTHER CLOSED CASES WITH A UNIQUE POINT OF CONTACT OR OUTCOME	3	PMH	2
		PMH & SCHOOL / COLLEGE	2
TOTAL	44	TARGETED YOUTH WORKER	2
		YOUTH FACILITATOR	2
		OTHER CLOSED CASES WITH A UNIQUE POINT OF CONTACT OR OUTCOME	6
		TOTAL	44

School / College remains the highest Point of Contact. There were seven different Points of Contact / Outcomes in 2019, while in 2020 there were 14 different Points of Contact / Outcomes.

Age and Gender for Carrick closed cases

Locality	Female	Male	Total
Carrick 2019	13	31	44
Carrick 2020	15	29	44

Referrals closed for females increased from 30% to 34%.

Referrals closed for males reduced from 70% to 66%.

	Highest age incidence for Carrick referrals closed in	
	2019	2020
Female	<ul style="list-style-type: none"> • Age 8 (2) • Age 9 (2) • Age 14 (2) 	<ul style="list-style-type: none"> • Age 8 (2) • Age 10 (2) • Age 11 (2) • Age 15 (5)
Male	<ul style="list-style-type: none"> • Age 9 (4) • Age 12 (4) • Age 13 (5) 	<ul style="list-style-type: none"> • Age 7 (5) • Age 10 (5) • Age 13 (5)

Restormel Bloom

Referral sources for Restormel closed cases

2019		2020	
GP Surgery	30	School / College	21
School / College	28	GP Surgery	12
Family Worker	12	Social Worker	8
Paediatrics	6	Family Worker	6
Parent	4	PMH	2
School Nursing Team	4	Targeted Youth Worker	2
Social Worker	2	Other referral sources each making one referral	10
Other referral sources each making one referral	5		
TOTAL	91	TOTAL	61

GP referrals for Restormel closed cases

2019		2020	
St Austell Healthcare	8	St Austell Healthcare	3
Newquay Health Centre	7	Clay Area Health Centre	2
Clay Area Health Centre	4	Fowey River Practice	2
Narrowcliff Surgery	4	Narrowcliff Surgery	2
Clays Practice	2	GP surgeries each making one referral	3
Fowey River Practice	2		
GP surgeries each making one referral	3		
TOTAL	30	TOTAL	12

St Austell Healthcare remains the largest GP referrer, with a similar percentage of the total GP referrals in both 2019 (27%) and 2020 (25%).

School / College referrals for Restormel closed cases

2019		2020	
Biscovey Nursery & Infants' Academy	3	St Columb Minor Academy	3
Pondhu Primary School	3	Biscovey Nursery & Infants' Academy	2
Fowey River Academy	2	Bishop Bronescombe CofE School	2
Indian Queens CP School	2	Brannel School	2
Penrice Academy	2	Schools / Colleges each making one referral	12
Sandy Hill Academy	2		
St Columb Major Academy	2		
Treviglas Community College	2		
Schools / Colleges each making one referral	10		
TOTAL	28	TOTAL	21

Ten of the schools / colleges that had students with closed Bloom referrals were also represented in 2020.

School / College for Restormel closed cases

2019		2020	
NEWQUAY TRETHERAS SCH	9	BRANNEL SCH	6
BRANNEL SCH	6	ST COLUMB MINOR ACADEMY	5
BISCOVEY ACADEMY	5	ST STEPHEN CHURCHTOWN ACADEMY	5
FOWEY RIVER ACADEMY	5	BISCOVEY NURSERY & INFANTS' ACADEMY	3
CUBERT SCH	4	NEWQUAY JUNIOR ACADEMY	3
PENRICE ACADEMY	4	PENRICE ACADEMY	3
POLTAIR SCH	4	TREVIGLAS ACADEMY	3
PONDHU PRIMARY SCH	4	BISCOVEY ACADEMY	2
TREVIGLAS ACADEMY	4	BISHOP BRONSCOMBE CofE SCH	2
HOME EDUCATED	3	MOUNT CHARLES SCH	2
MOUNT CHARLES PRIMARY SCH	3	NEWQUAY TRETHERAS SCH	2
BISHOP BRONSCOMBE SCH	2	POLTAIR SCH	2
BODMIN APA	2	PONDHU PRIMARY SCH	2
BODMIN COMMUNITY COLL.	2	ST MEWAN PRIMARY SCH	2
INDIAN QUEENS CP SCH	2	OTHER SCHOOLS / COLLEGES WHERE ONE PUPIL HAD A CLOSED CASE	19
ROCHE COMMUNITY PRIMARY	2		
ROSELYON SCH	2		
SANDY HILL ACADEMY	2		
ST COLUMB MAJOR ACADEMY	2		
ST COLUMB MINOR SCH	2		
ST DENNIS PRIMARY ACADEMY	2		
T PLUS CENTRE	2		
TREVERBYN ACADEMY	2		
INFORMATION NOT AVAILABLE	1		
OTHER SCHOOLS / COLLEGES WHERE ONE PUPIL HAD A CLOSED CASE	15		
TOTAL	91	TOTAL	61

Point of Contact for Restormel closed cases

2019		2020	
SCHOOL / COLLEGE	36	SCHOOL / COLLEGE	19
FAMILY WORKER	10	SOCIAL WORKER	11
NO FURTHER ACTION *	8	FAMILY WORKER	6
PRIMARY MENTAL HEALTH	8	NO FURTHER ACTION *	3
CLOSED - DID NOT ENGAGE **	6	PARENT	3
SOCIAL WORKER	4	CAMHS	2
CAMHS	3	FAMILY WORKER & SCHOOL / COLLEGE	2
EARLY HELP	2	MHST	2
SCHOOL NURSING TEAM	2	PMH	2
TARGETED YOUTH SUPPORT WORKER	2	YOUTH FACILITATOR	2
YOUNG PEOPLE CORNWALL	2	OTHER CLOSED CASES WITH A UNIQUE POINT OF CONTACT OR OUTCOME	9
OTHER CLOSED CASES WITH A UNIQUE POINT OF CONTACT OR OUTCOME	8		
TOTAL	91	TOTAL	61

*** No Further Action:** This can be due to parental requests due to a change in behaviour / circumstances. One young person moved out of Cornwall. One case discussed but without a Nominated Professional so there was insufficient information to form a plan. Three cases closed because a pre-existing support plan was in place or call was made to parent with recommendations.

**** Did not engage:** All six cases received at least one letter and a subsequent phone call or email. The cases were closed because the lack of current information meant they could not be progressed. Restormel Bloom had a 'soft launch' in 2019 with the transfer of a number of pre-existing Restormel PMH cases, all awaiting an initial appointment for at least three months since the original referral (in some cases significantly longer). Five of the six cases where the parent / carer did not engage came from this soft launch cohort.

Age and Gender for Restormel closed cases

Locality	Female	Male	Total
Restormel 2019	35	56	91
Restormel 2020	28	33	61

Referrals closed for females increased from 38% to 46%.

Referrals closed for males reduced from 62% to 54%.

	Highest age incidence for Restormel referrals closed in	
	2019	2020
Female	<ul style="list-style-type: none"> • Age 10 (5) • Age 13 (6) • Age 15 (5) 	<ul style="list-style-type: none"> • Ages 9 (2) • Age 10 (2) • Age 13 (4) • Age 14 (2) • Age 15 (4) • Age 16 (2) • Age 17 (2)
Male	<ul style="list-style-type: none"> • Age 8 (7) • Age 10 (9) • Age 11 (10) 	<ul style="list-style-type: none"> • Age 6 (3) • Age 7 (4)

North Cornwall Bloom

Referral sources for North Cornwall closed cases

2019		2020	
School / College	7	School / College	20
Family Worker	3	Social Worker	6
Parent	3	Family Worker	4
School Nursing Team	3	GP Surgery	4
GP Surgery	2	CAMHS	3
Other referral sources each making one referral	2	Parent	2
		School Health Practitioner	2
		Other referral sources each making one referral	8
TOTAL	20	TOTAL	49

Schools / Colleges remained the highest source of referrals, increasing from 35% of the 2019 cohort to 41% for 2020.

GP referrals for North Cornwall closed cases

2019		2020	
GP surgeries each making one referral	2	Stratton Medical Centre	4
TOTAL	2	TOTAL	4

Stratton Medical Centre is the only GP referrer in 2020.

School / College referrals for North Cornwall closed cases

2019		2020	
Camelford Primary School	2	Budehaven Community School	3
Schools / Colleges each making one referral	5	Beacon ACE Academy	2
		Schools / Colleges each making one referral	15
TOTAL	7	TOTAL	20

School / College for North Cornwall closed cases

2019		2020	
BEACON ACE ACADEMY	2	BUDEHAVEN COMMUNITY SCH	8
CALLINGTON PRIMARY SCH	2	BODMIN COLLEGE	6
CAMELFORD PRIMARY SCH	2	BERRYCOOMBE PRIMARY SCH	3
LAUNCESTON COLLEGE	2	BUDE PRIMARY ACADEMY	3
ST PETROC'S CofE VA PRIMARY SCH	2	WADEBRIDGE SCH	3
OTHER SCHOOLS / COLLEGES WHERE ONE PUPIL HAD A CLOSED CASE	10	BEACON ACE ACADEMY	2
		LAUNCESTON COLLEGE	2
		STRATTON PRIMARY SCH	2
		WADEBRIDGE PRIMARY ACADEMY	2
		OTHER SCHOOLS / COLLEGES WHERE ONE PUPIL HAD A CLOSED CASE	18
TOTAL	20	TOTAL	49

Nine of the schools / colleges where students had Bloom referrals closed in 2019 were also represented in 2020.

Point of Contact for North Cornwall closed cases

2019		2020	
SCHOOL / COLLEGE	13	SCHOOL / COLLEGE	15
PRIMARY MENTAL HEALTH	2	FAMILY WORKER	7
OTHER CLOSED CASES WITH A UNIQUE POINT OF CONTACT OR OUTCOME	5	SOCIAL WORKER	7
		CAMHS	2
		DISABLED CHILDREN'S FAMILY WORKER	2
		PARENT & SCHOOL / COLLEGE	2
		OTHER CLOSED CASES WITH A UNIQUE POINT OF CONTACT OR OUTCOME	14
TOTAL	20	TOTAL	49

School / College remains the greatest incidence of Point of Contact.

Age and Gender for North Cornwall closed cases

Locality	Female	Male	Total
North Cornwall 2019	5	15	20
North Cornwall 2020	18	31	49

Referrals closed for females increased from 25% to 37%.

Referrals closed for males reduced from 75% to 63%.

	Highest age incidence for North Cornwall referrals closed in	
	2019	2020
Female	<ul style="list-style-type: none"> Age 10 (2) 	<ul style="list-style-type: none"> Age 10 (4) Age 12 (5)
Male	<ul style="list-style-type: none"> Age 8 (4) Age 10 (4) 	<ul style="list-style-type: none"> Age 7 (6) Age 11 (6) Age 15 (5)

Caradon Bloom

Referral sources for Caradon closed cases

2019	2020																								
<table border="1"> <tr> <td>School / College</td><td>13</td></tr> <tr> <td>School Nursing Team</td><td>5</td></tr> <tr> <td>GP Surgery</td><td>3</td></tr> <tr> <td>CAMHS LD</td><td>2</td></tr> </table>	School / College	13	School Nursing Team	5	GP Surgery	3	CAMHS LD	2	<table border="1"> <tr> <td>School / College</td><td>12</td></tr> <tr> <td>School Nursing Team</td><td>5</td></tr> <tr> <td>GP Surgery</td><td>4</td></tr> <tr> <td>Child Health Dept, RCHT</td><td>3</td></tr> <tr> <td>CAMHS</td><td>2</td></tr> <tr> <td>Family Worker</td><td>2</td></tr> <tr> <td>Parent</td><td>2</td></tr> <tr> <td>Other referral sources each making one referral</td><td>5</td></tr> </table>	School / College	12	School Nursing Team	5	GP Surgery	4	Child Health Dept, RCHT	3	CAMHS	2	Family Worker	2	Parent	2	Other referral sources each making one referral	5
School / College	13																								
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CAMHS	2																								
Family Worker	2																								
Parent	2																								
Other referral sources each making one referral	5																								
TOTAL 23	TOTAL 35																								

School / College, School Nursing Team and GP Surgery were the top three referrers (in the same order) in both 2019 and 2020. Although the referral numbers from these sources were largely consistent, an increase in Bloom referral closures in 2020 means that those closures account for 91% and 60% of all cases for those respective years.

GP referrals for Caradon closed cases

2019	2020								
<table border="1"> <tr> <td>Oak Tree Surgery</td><td>2</td></tr> <tr> <td>GP surgery making one referral</td><td>1</td></tr> </table>	Oak Tree Surgery	2	GP surgery making one referral	1	<table border="1"> <tr> <td>Oak Tree Surgery</td><td>2</td></tr> <tr> <td>GP surgeries each making one referral</td><td>2</td></tr> </table>	Oak Tree Surgery	2	GP surgeries each making one referral	2
Oak Tree Surgery	2								
GP surgery making one referral	1								
Oak Tree Surgery	2								
GP surgeries each making one referral	2								
TOTAL 3	TOTAL 4								

School / College Referrals for Caradon closed cases

2019	2020										
<table border="1"> <tr> <td>Pelynt Academy</td><td>3</td></tr> <tr> <td>St Cleer Primary School</td><td>3</td></tr> <tr> <td>St Stephens Saltash CP School</td><td>3</td></tr> <tr> <td>Schools / Colleges each making one referral</td><td>4</td></tr> </table>	Pelynt Academy	3	St Cleer Primary School	3	St Stephens Saltash CP School	3	Schools / Colleges each making one referral	4	<table border="1"> <tr> <td>Schools / Colleges each making one referral</td><td>12</td></tr> </table>	Schools / Colleges each making one referral	12
Pelynt Academy	3										
St Cleer Primary School	3										
St Stephens Saltash CP School	3										
Schools / Colleges each making one referral	4										
Schools / Colleges each making one referral	12										
TOTAL 13	TOTAL 12										

The top two school / college referrers in 2019 (accounting for 46% of these referrals) were not represented in 2020 closed referrals.

School / College for Caradon closed cases

2019		2020	
PELYNT ACADEMY	3	BURRATON COMMUNITY PRIMARY SCH	5
ST CLEER PRIMARY SCH	3	LOOE PRIMARY ACADEMY	3
ST STEPHENS SALTASH CP SCH	3	ST MARTIN'S CofE PRIMARY SCH	3
CARBIELE JUNIOR SCH	2	CALLINGTON COMMUNITY COLLEGE	2
LISKEARD SCH	3	ST CLEER PRIMARY SCH	2
TORPOINT INFANTS SCH	2	OTHER SCHOOLS / COLLEGES WHERE ONE PUPIL HAD A CLOSED CASE	20
OTHER SCHOOLS / COLLEGES WHERE ONE PUPIL HAD A CLOSED CASE	7		
TOTAL	23	TOTAL	35

Eight of the 13 schools / colleges that had students with closed referrals in 2019 were also represented in 2020. The students from these schools / colleges accounted for 18 of the 23 cases (72%) closed in 2019, while in 2020 they accounted for nine of the 35 cases (26%) closed.

This downward trend in student referrals closed in Bloom might merit further inquiry and a survey of schools / colleges could give a clearer indication of whether Bloom resources and approaches, alongside others, are effective in making a difference at the early help stage.

Point of Contact for Caradon closed cases

2019		2020	
SCHOOL / COLLEGE	13	SCHOOL / COLLEGE	17
SCHOOL NURSING TEAM	3	FAMILY WORKER	3
FAMILY WORKER	2	SCHOOL NURSING TEAM	3
NO FURTHER ACTION *	2	CHILD HEALTH DEPT, RCHT	2
OTHER CLOSED CASES WITH A UNIQUE POINT OF CONTACT OR OUTCOME	3	PMH & SCHOOL / COLLEGE	2
		OTHER CLOSED CASES WITH A UNIQUE POINT OF CONTACT OR OUTCOME	8
TOTAL	23	TOTAL	35

* 2019 No further action: By parental request or where an existing support plan from another source had only recently commenced.

The top three Points of Contact in 2019 remain the same in 2020.

School / College, School Nursing Team and Family collectively accounted for 18 of the 23 cases (72%) closed in 2019, while in 2020 they accounted for 23 of the 35 cases (66%) closed.

Age and Gender for Caradon closed cases

Locality	Female	Male	Total
Caradon 2019	4	17	21
Caradon 2020	12	23	35

Referrals closed for females increased from 19% to 34%.

Referrals closed for males reduced from 81% to 66%.

	Highest age incidence for Caradon referrals closed in	
	2019	2020
Female	<ul style="list-style-type: none"> Highest incidence for any age was one young person 	<ul style="list-style-type: none"> Age 7 (2) Age 8 (3) Age 9 (3)
Male	<ul style="list-style-type: none"> Age 6 (5) Age 10 (4) 	<ul style="list-style-type: none"> Age 5 (3) Age 6 (3) Age 7 (4) Age 9 (3) Age 11 (3)

Next Steps

This is one of a suite of reports, reviewing all aspects of the Bloom model and process, operability, efficacy and resilience. Taken together, they will inform decision-making about the sustainability of Bloom post-HeadStart and any future development and enhancement of the model.

Glossary

Bloom	Bloom is an innovative partnership approach with CAMHS and Cornwall Council, HeadStart Kernow and other services and organisations, and is an early intervention consultation model for professionals working with young people experiencing difficulties with their emotional, social or mental wellbeing
Bloom Covid-19 (C-19) Centralised Model	Online Bloom Profs meetings held with the central team (Dr Lisa Gilmour: CAMHS Clinical Psychologist; Bloom Clinical Lead; Henry Lewis: core Bloom Primary Mental Health worker; Deborah Clarke: HeadStart Locality Coordinator; Bloom Operational Lead) during the Covid-19 pandemic in 2020
Bloom Covid 19 East Mid West (C-19EMW) Model	Bloom Profs meetings held with area-specific core attendees (CAMHS Clinical Psychologist; Primary Mental Health Worker; HeadStart Locality Coordinator) during the Covid-19 pandemic in 2020 and 2021
Bloom Pilot Project	The Bloom Pilot Project incorporates the first two phases of Bloom: the first phase initiating Bloom from November 2014 in Penwith, and the second phase running from June 2015 as the model became more established within Penwith
Bloom Professionals Consultation meeting (Bloom Profs)	A Bloom Professionals Consultation meeting can be requested for any child/young person struggling with emotional, social or mental wellbeing difficulties, as long as they are aged 0-18 years and they live or are educated in Cornwall. Referrals are made via the Early Help Hub on a CAMHS referral form and are screened and allocated to Bloom by the CAMHS Access Team
CAMHS	Children and Young People Specialist Mental Health Services sits within Cornwall Partnership NHS Foundation Trust and provides assessment, advice and treatment for children and young people with severe and complex mental health problems. CAMHS also provides support and advice to their families or carers
CWSG	Bloom Cornwall-wide Steering Group
Early Help Hub	Professional triage and processing hub for all service requests for Children's Early Help Services led by Cornwall Council and the Cornwall NHS Partnership Foundation Trust (CFT)
EWG	Evaluation Working Group – a sub-group of the Bloom CWSG established to advise, support, sense-check, and ensure progress on the evaluation suite
HeadStart Kernow	HeadStart is a six-year, £67.4 million National Lottery funded programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. HeadStart aims to explore and test new ways to improve the mental health and wellbeing of young people aged 10 to 16 and prevent serious mental health issues from developing. HeadStart Kernow is led by Cornwall Council
HeadStart Kernow Community	The HeadStart Community Facilitator contract delivers services to support young people aged between 10 -16 years old, supporting them with their emotional health and wellbeing and preventing the onset of mental ill health, through the delivery of one-to-one and group support for young people, low

Facilitator Contract	level support for parents and families, and support for community groups. Interventions are delivered by six locality-based Youth Facilitators (who mainly deliver one-to-one and group work), and three Community Facilitators (who broadly deliver work with parents, families and community-based groups). The contract is managed by the Learning Partnership for Cornwall and the Isles of Scilly
KPIs	Key Performance Indicators
Nominated Professional	Once a referral is allocated to Bloom, parents / carers are asked to nominate a professional - who knows the child / young person referred in a professional capacity - to attend the Bloom Profs meeting to bring their voice and that of the family to the discussion
PCNs	Primary Care Networks
Point of Contact	A 'Point of Contact' is agreed at the Bloom Professionals Consultation meeting. They take responsibility for discussing the Consultation Plan with the parent / carer and young person, taking forward any actions and suggestions for support that the parent / carer and young person wish to pursue
TIS	HeadStart Kernow has commissioned trauma-informed training for professionals which is delivered by Trauma Informed Schools (TIS UK)
VCSE	Voluntary, Community and Social Enterprise