



Bloom Evaluation Report: Bloom Core Attendees Strand

December 2021



Cornwall & the Isles of Scilly Children's
Education, Health and Social Care Plan



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About the Authors

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We would also 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 comprehensive evaluation of the Bloom model and process. An Executive Report of the full evaluation is also available. This report considers the findings of an analysis of the views as reported by the National Children's Bureau (NCB) of core attendees at Bloom Professionals Consultation (Bloom Profs) meetings, from CAMHS, Cornwall Council, and other organisations and services.

Present at every Bloom Profs meeting, and without whom it cannot proceed, are a HeadStart Kernow Locality Coordinator who chairs the meeting, a CAMHS Clinical Psychologist, and a Primary Mental Health Worker. At most meetings a member of the locality Early Help Team and a HeadStart Community Facilitator will also attend. Together these roles form the 'core attendees' at Bloom Profs meetings, and all those who were identified as such (in total 35 professionals) were invited to attend one of a number of area-specific focus groups, conducted by the NCB. 15 did so, and the NCB Report (Appendix 1) summarises their views about:

- the strengths and challenges of the Bloom model and process
- the impact of Bloom on young people, families, professionals and services
- the changes to Bloom as a result of the Covid-19 pandemic

Bloom has evolved from a pilot within one locality to an established model with an overarching governance architecture, functioning in each of the six localities in Cornwall. The pilot's primary purpose, to provide a rapid and responsive service to children with emotional, behavioural and mental health problems which did not meet the threshold for Children and Young People Specialist Mental Health (CAMHS) support, continues to resonate through the Underpinning Principles which now govern Bloom, and through the processes and procedures which now facilitate the day-to-day working of the model. The principles established in the Bloom pilot remain central to Bloom's ethos: the young person's needs come first, there is no referral 'bounce', and rich holistic multi-organisational discussions take place to understand a young person's situation and to enable appropriate suggestions to help support them.

Within each Bloom Profs meeting there is the critical and integral presence of a CAMHS Clinical Psychologist and Primary Mental Health Worker; other standing features of Bloom are the multi-organisational nature of the Bloom Cornwall-wide and Locality-based Steering Groups; the use of RiO¹ for case management; and the agreement of a Point of Contact within each meeting who will discuss the Consultation Plan and suggestions for support with the young person and their parent / carer.

¹ RiO is the NHS case management system

The NCB Report notes that the Bloom Core Attendees identified a number of strengths of Bloom, stating that practitioners *'particularly valued Bloom's multi-disciplinary nature; how it offers a space for problem solving and thinking outside the box; the support it gives to professionals who are often dealing with challenging cases; and the options it offers for children and families who have been passed between services or who have not met narrow thresholds.'*² Being able to discuss a young person's presentation and needs holistically *'as professionals from each service could contribute different parts of the child's experiences and background'* is noted as being a particular strength of Bloom.

'the more people we have, the more powerful it is, because we can really put our heads together to figure out what might work'

The Core Attendees are reported as agreeing that *'there would be a significant gap in the support experienced by young people and families in Cornwall if Bloom did not exist'*, but were concerned about the future of Bloom being uncertain given the closure of the HeadStart programme on 31 August 2022 with the loss of HeadStart resourcing within Bloom. The HeadStart resource underpins Bloom's governance, operational, administrative, data analysis, and evaluation functions, and whilst the strategic and managerial functions are shared with CAMHS, these will also be negatively impacted by the loss of HeadStart resourcing.

'a unique value of Bloom is the space it provides for almost-supervisions, reassurance for professionals that they are doing the right thing and are managing risk well'

The NCB Report states that most of the Core Attendees felt that *'there was no equivalent space to Bloom and particularly that there was no forum that brought together the same variety of professionals'*. Access to clinical expertise within Bloom Profs meetings is identified in the Report as being *'quite unique'* as is Bloom's enabling of professionals to ask questions, share information and knowledge and to support each other within a safe space.

'it is a "really colourful, rich process and we can see the child. It's not just a name or a statistic on a piece of paper. It's a real human being that we're discussing with love, compassion, and kindness'

The NCB Report notes that Core Attendees agreed that Bloom supports young people to access the right kind of support through providing a space to pause, reflect and problem solve. This was felt to be particularly important for those

² All quotes (denoted in italics) derive from the NCB Report: *Bloom Evaluation 2020/21 Core Group strand* which can be found at Appendix 1 to this report

young people who may have already experienced multiple interventions, who have been passed between services, or who have not met referral criteria.

Amongst the challenges identified in the NCB Report are ensuring the continuing engagement of professionals and therefore their attendance at Bloom Profs meetings; the high number of referrals; the complexity of the referrals discussed; and the possible emotional impact of meetings on the professionals present. The importance of having a professional within the Bloom Profs meeting with the ability to access and relay information appropriately from Mosaic was also highlighted. The effectiveness of Bloom processes in enabling Bloom Profs meetings to take place in a timely manner are considered in the NCB Report, as are reflections on the change to virtual Bloom Profs meetings due to the advent of the pandemic and lockdown.

Increasing the awareness of Bloom; the provision of additional support for professionals attending Bloom Profs meetings; and being unable to check whether suggestions made in the Consultation Plan were followed up, or to understand how beneficial such suggestions had been, form the basis for some of the recommendations in the NCB Report and are considered in detail separately later in this report.

Some of the commentary and recommendations within the NCB Report contain understandable misapprehensions about the model and its working in practice since the authors are not closely acquainted with the Bloom model and process. This externality has been useful however in lending some objectivity to this evaluation strand, since by definition, the Bloom Core Attendees are all closely involved with Bloom. The NCB Report at Appendix 1 has been annotated by the Bloom Evaluation Project Team (Deborah Clarke, the Bloom Operational Lead, and Derek Thompson, Bloom Project Officer and Data Analyst) where comments warranted further elaboration or clarification.

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 analysis of findings from the focus groups held with Bloom Core Attendees allows the following conclusions to be drawn:

Support for Bloom, and sustainability

Unsurprisingly, Bloom has the support of the Bloom Core Attendees who are able to articulate the strengths of the model and process including its collaborative, collegiate, multi-agency approach, and the support it gives to professionals working directly with the young people referred. The Bloom Core Attendees are clear that Bloom should continue due to *'its positive impact on young people, families, practitioners, and children's services across Cornwall'*.

Bloom is not a commissioned service, so the commitment from HeadStart Kernow to resource the governance and administration of Bloom, and to manage the roll-out of the model across the county, has been very important. However, the HeadStart resource is time-limited, and the Core Attendees are reportedly nervous about the future of Bloom post-HeadStart *"the impact of not having Bloom is...we would go back to pre-Bloom where we would have so many referrals...the longer something waits the worse it gets"*.

Bloom – early help and universal, and impact on professionals

The NCB Report suggests that the Bloom Core Attendees experience the referrals discussed within Bloom Profs meetings as increasingly complex and challenging and are therefore unsure whether Bloom is actually an early help model. Analysis does seem to indicate that there are high levels of referrals which are complex³. The referral route for Bloom (the CAMHS Access Team who are co-located with the Early Help Hub screen all referrals and allocate those suitable to Bloom) means that Bloom is available for all young people aged 0 - 18 who live or are educated in Cornwall. There are no referral criteria – all those referrals allocated to Bloom are discussed, meaning that it is a truly universal service. Close management of both operational and clinical resource is required to ensure that all referrals are discussed within an appropriate timeframe (the informal KPI is within twelve weeks of receipt within Bloom⁴).

³ 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 the referral aligned to. Analysis of those 79 closed Bloom cases 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 (see *Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020* for more detail about referrals)

⁴ The average length of time between receipt of referral by Bloom and the case being closed in Bloom was 57 calendar days in 2020 (see *Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020* for more information)

The NCB Report notes that professionals attending Bloom Profs meetings might benefit from the knowledge that they are able to access a support offer via Bloom, and to have more information about Bloom generally.

Bloom's child-centred approach

Participants in the focus groups valued the Bloom approach of placing the young person at the heart of a holistic intra-professional discussion. With no referral criteria, any referral allocated to Bloom will proceed to a Bloom Profs meeting where professionals together will carefully consider the young person's needs and presentation leading to a psychological formulation and suggestions for appropriate support and next steps: *'it is a "really colourful, rich process and we can see the child. It's not just a name or a statistic on a piece of paper. It's a real human being that we're discussing with love, compassion, and kindness"'*.

Bloom's supportive, educative and quasi-supervision functions

The presence within each Bloom Profs meeting of a CAMHS Clinical Psychologist and a Primary Mental Health Worker is acknowledged as being integral to the model, and enables frontline professionals from a range of services and organisations to engage with clinical expertise. In the collaborative and supportive forum that Bloom provides, professionals are able to share information, knowledge and experience, and to gain a broader understanding of trauma and other factors which impact on young people's presentations and behaviours. Through Bloom, they are better able to understand psychological formulation, mental health, and service provision *'there is a lot of learning that takes place...you talk about provision that sometimes the referrers don't know about...across psychological aspects, practical things, logistics'*.

Importantly, the NCB Report also notes a secondary benefit of intra-professional working: the ability given through Bloom, of applying information and knowledge acquired at a Bloom Profs meeting to other situations and colleagues *'The SENCO had not previously heard of those services and as a result of the information being shared, they made two additional referrals for other children, which shows how the impact of effective information sharing can be felt beyond the young people who access Bloom directly.'*

A number of the Core Attendees are reported as seeing Bloom as offering an opportunity for something akin to clinical supervision: *'a unique value of Bloom is the space it provides for almost-supervisions, reassurance for professionals that they are doing the right thing and are managing risk well'*. Through Bloom, professionals are enabled to understand a young person's behaviours and presentation more fully such that they are able to (continue to) manage risk appropriately and more confidently *'just as important if not more important than hard outcomes...soft outcomes lay the foundations to enable that model of change so that families can then feel more confident and children and young*

people can feel more confident and self-assured to take the steps that they need to make those hard changes and hard outcomes’.

Communications Strategy and Plan

Bloom has a comprehensive Communications Strategy and Plan agreed by its multi-agency Cornwall-wide Steering Group (CWSG), but it was deemed sensible to put it on hold given the prevailing uncertainty about Bloom’s sustainability and continuation post-HeadStart. Communications about Bloom have also not been prioritised to date due to the advent of the pandemic and the need to focus upon continuing delivery of Bloom during the periods of lockdown, and uncertainty about Covid-19 restrictions.

The Communications Strategy and Plan could usefully be reviewed once the future of Bloom is secured for the post-HeadStart period, to ensure that it includes all communications sent out by, or on behalf of, Bloom, and that it aligns with the post-HeadStart Bloom strategy.

Strategic fit

The NCB Report notes that the Bloom Core Attendees acknowledge that Bloom aligns with other services’ priorities and supports existing programmes of work: *‘Bloom supports Cornwall Council’s One Vision, Inclusion, Best Start to Life, as well as health agendas. It’s a kind of coming together of all of those things’.*

Challenges

The Bloom Core Attendees are reported as having some concerns over the scheduling of Bloom Profs meetings, the types of referrals Bloom receives, the support given to professionals attending Bloom Profs meetings, and the inability of the Bloom model to evaluate the onward journey of a young person following a Bloom Profs meeting and discussion, and therefore the efficacy of the suggestions for support given. These matters are addressed in some detail in the following sections of this report and in the annotations to the NCB Report at Appendix 1.

Recommendations

Recommendation 1: That Community of Practice meetings should be scheduled for all Bloom Core Attendees including CAMHS Clinical Psychologists and Primary Mental Health Workers, to inculcate a deeper understanding of the Bloom model, processes and delivery

Recommendation 2: That consideration be given to gaining permissions to access Mosaic for Bloom Profs meetings, and to whom such permissions should be granted

Recommendation 3: That Bloom and the Early Help Hub discuss how onward referrals from Bloom Profs meetings might be actioned in a timely and positive manner

Recommendation 4: That a review of the Bloom Communications Strategy and Plan should take place once the future of Bloom is secure to ensure that it is fit-for-purpose and can be implemented forthwith

Recommendation 5: That consideration be given to extending and formalising an offer of support for attendees at Bloom Profs meetings

Recommendation 6: That a quality audit be conducted of Bloom Profs meetings in all localities / areas to ensure that a consistency of approach and structure is being maintained

Recommendation 7: That a formal consideration of the best means to disseminate systemic failures, blockages or other wider system intelligence from Bloom would be useful, in order to inform system-change where necessary

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 findings of the analysis of focus groups held by the NCB with Bloom Core Attendees as conducted by and reported on by the NCB, together with reflections upon the recommendations made in the NCB Report. The NCB Report has annotations by the Bloom Evaluation Project Team, where comments warranted further elaboration or clarification (Appendix 1).

Methodology

It was agreed by the EWG that the views of the Core Attendees of Bloom Profs meetings should be gathered as part of the comprehensive evaluation of Bloom conducted during 2020/21. The focus of this strand of the Bloom evaluation was to ascertain and analyse the opinions of those whose roles are central to the delivery of the Bloom model across Cornwall via focus groups.

Three separate focus groups were held by the NCB during January 2021. Participants were invited to the focus group for the area and locality with which they were most familiar (East – Caradon and North Cornwall localities; Mid – Restormel and Carrick localities; and West – Kerrier and Penwith localities). No professional attended more than one focus group.

The NCB reported that the distribution of professionals and roles across groups were as follows:

Attendees from CAMHS/Primary Mental Health (6)

- 1 CAMHS Clinical Psychologist (in one group)
- 1 Senior Primary Mental Health Worker (in one group)
- 4 Primary Mental Health Workers (at least one per group)

Attendees from Early Help (5)

- 3 Early Help Coordinators (at least one per group)
- 2 Early Help Locality Team Managers (in two separate groups)

Attendees from HeadStart (4)

- 2 HeadStart Community Facilitators (in two separate groups)
- 2 HeadStart Locality Coordinators (in two separate groups)

Draft questions were formulated by the Bloom Evaluation Project Team and were agreed by the EWG who also agreed that focus groups were the appropriate approach for this strand of the evaluation. 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 NCB were also separately supporting HeadStart Kernow as they were funded by The National Lottery Community Fund as Support and Development Provider, providing bespoke support to the six HeadStart partnerships across England. The Evaluation Project Team proposed that the NCB should undertake the focus groups and provide a report of their findings, so giving the Bloom evaluation a measure of externality. This approach was also agreed by the EWG.

The Evaluation Project Team worked with the NCB to further refine the questions and to structure the focus group interviews, which were then given final

approval by the EWG. The Evaluation Project Team agreed a timeframe for the delivery of the report for this evaluation strand with the NCB.

35 Bloom Core Attendees were contacted via email by the Evaluation Project Team to alert them to the evaluation, and to secure their agreement to be contacted by the NCB. The NCB wrote the Bloom Core Group Focus Group Topic Guide (Appendix 2) based on the questions agreed by the EWG, and this was then sent to each invitee as the NCB arranged the dates and times for the three focus groups to take place. Due to the Covid-19 pandemic each focus group was held over Microsoft Teams. During January 2021 the NCB undertook the three focus groups with a total of 15 Bloom Core Attendees.

A draft of the NCB Report was circulated for comment to the EWG and Bloom Core Attendees by the Bloom Evaluation Project Team. The NCB Report of their findings is at Appendix 1, with annotations by the Bloom Evaluation Project Team where further elaboration and clarification was warranted.

Recommendations made within the NCB Report are considered in a separate section of this report.

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 of the NCB Report

The NCB Report is at Appendix 1, with annotations by the Bloom Evaluation Project Team, where comments warranted further elaboration or clarification. The recommendations made within the NCB Report are considered separately later in this report.

Reflections on the NCB Report

The NCB Report comments that within the focus groups they held with the Bloom Core Attendees there was '*a real enthusiasm about Bloom's role and impact*' and an appreciation of the Bloom model and its efficacy in promoting the emotional, social and mental wellbeing of young people allocated to it by the CAMHS Access Team.

In reflecting further upon the NCB Report of the views of the Bloom Core Attendees it is helpful to recall that Bloom is a model and a process rather than a service, and to understand its provenance⁵, governance and remit.

With additional resource provided by HeadStart Kernow the Bloom model was rolled out, from an initial pilot in Penwith, across Cornwall from 2018. Pre-Covid19, Bloom was established in each locality in Cornwall. It is an early intervention consultation model for professionals offering an holistic approach, across services, to support children's emotional, social and mental wellbeing, and its core purpose is to support young people to thrive.

A governance architecture has been established: Bloom is overseen by a Cornwall-wide Steering Group (CWSG) as a county-wide multi-organisational initiative, and by six Locality Steering Groups which monitor and support each locality Bloom model. Each Locality Steering Group determines the frequency, time and location of the Bloom Professionals Consultation (Bloom Profs) meetings held within their respective locality.

Bloom overtly mirrors HeadStart Kernow's 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 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

⁵ See *Bloom Evaluation Report: Review and Analysis of the Bloom Project Pilot Business Cases and Documentation 2014 -2018, and the Development of Bloom 2018 – to date* for more detail

- A 'point of contact' for every child
- Bloom is multi-organisational and every voice is valued

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 a Bloom Profs meeting. Therefore, once allocated to Bloom, parents / carers are asked to nominate a professional who knows the young person referred in a professional capacity to attend the meeting. The Nominated Professional is given some meeting dates and times from which they will agree one to attend. Meeting invitations are then sent out to a core membership of a CAMHS Clinical Psychologist, a Primary Mental Health Worker, and a HeadStart Locality Coordinator (who chairs the meeting). Other usual attendees will be a HeadStart Community Facilitator and a member from the relevant Early Help Locality team. For the purposes of this report these roles constitute the Bloom Core Attendees.

The Nominated Professional will also attend the Bloom Profs meeting, and other 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 might also be present.

The collaborative, multi-agency Bloom Profs meetings consider with the Nominated Professional carefully and as holistically as possible each young person's referral, their presentation and needs; and discuss how they might best be supported. The meeting will agree a psychological formulation for the 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. A 'Point of Contact' is agreed in the meeting as the meeting participant best placed to talk through the Consultation Plan (the only record of the meeting) with the young person and their parent / carer, and take forward any onward referral with their consent. This is usually, but not always, the

Nominated Professional, but will be a professional who has an ongoing professional relationship with the young person and / or the parent / carer.

The NCB Report notes that the Bloom Core Attendees explained that Bloom is child-centred, and discusses each young person as holistically as possible in order to *'get to the heart of what is going on for them'*. Through the space that Bloom provides professionals are able together to think holistically about a young person's needs and presentation, and hence complex and difficult cases can be 'unblocked' with some next steps identified.

The Bloom Core Attendees are noted within the NCB Report as acknowledging the intra-professional, collaborative and collegiate working which is an integral and important part of the Bloom model, and which encourages joint problem-solving and mutual support between professionals. Importantly, the Report notes that *'Bloom promotes solution-focused and strength-based conversations'* which recognises the work already being undertaken with the young person and enables reflection upon next steps. The supportive nature of Bloom is acknowledged within the NCB Report, which notes that *'Bloom respects professionals from all backgrounds and services equally and they all reported feeling valued and heard by the process'*.

'feeling respected as a professional no matter what background you're from and what area you represent...I feel really valued and part of the process'

The Core Attendees acknowledge a truism, that *'the key to a successful Bloom meeting and to good outcomes is "which professionals you get around the table"'*, and place a high value on the importance of having a range of professionals from a variety of different services, organisations and teams present at Bloom Profs meetings. There was some concern noted within the Report at the levels of engagement with Bloom by other professionals who might not be prioritising attendance at Bloom Profs meetings. Bloom has no ability to oblige professionals to attend meetings, but there is an existing Bloom Communications Strategy and Plan in place which includes engagement strands with a variety of services, organisations and teams including GPs and schools / colleges. It is currently on hold due to Covid-19 and the uncertainty around the future sustainability of Bloom post-HeadStart.

The educative function of Bloom is acknowledged within the NCB Report with some practitioners noted as seeing that part of Bloom's purpose is *'to give professionals a greater understanding of what child mental health is and how a child's development and environment can impact them, rather than problems always being caused by something pathological'*. Bloom provides a space for professionals to gain a deeper understanding of young people's mental wellbeing and mental health, and of the services (and their referral criteria) which might support them. Importantly, Bloom also enables professionals to engage with a

CAMHS Clinical Psychologist and a Primary Mental Health Worker who are able to explain psychological formulation and the appropriateness (or otherwise) of pathologising a young person's presentation.

Of concern to the Bloom Core Attendees, as noted within the NCB Report, was the complex and challenging nature of many of the referrals considered within Bloom Profs meetings, and the notion that this was a *'significant departure from Bloom's initial aim of being a source of early help and providing support for young people who do not reach thresholds for other mental health services'*.

It is interesting to note that there is no documentary evidence that Bloom was set up as a model to support young people only in the 'Getting Advice' quadrant of the i-THRIVE framework⁶, and that the referral pathway to Bloom is via the CAMHS Access Team, co-located with the Early Help Hub, who screen referrals entering the Early Help Hub and allocate as they deem appropriate to services and to Bloom. The only referrals Bloom receives direct are those 'stepped down' to it from CAMHS or PMH. Bloom has no referral criteria nor does it undertake any screening of referrals allocated to it: all those referrals received by Bloom will be processed such that a Bloom Profs discussion will take place. However, from the latter half of 2020, following the conclusion of a Bloom Profs meeting, the Clinical Psychologist, Primary Mental Health Worker and the HeadStart Locality Coordinator have been agreeing which quadrant(s) of the i-THRIVE framework the referral discussed within the meeting aligned to. Analysis of those 79 closed Bloom cases 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.⁷

Unexpectedly, there seems to be a lack of familiarity with the operation of Bloom in practice by some Core Attendees as evidenced within the NCB Report, and some misapprehensions about the model and its working in practice are evident. Of particular note are comments reported from some Core Attendees that *'considering two cases in a week was right, as had been the case load in the past'*, and that *'considering three or four children across an afternoon was quite a significant increase'*. The Evaluation Project Team has responded to and clarified some misperceptions in footnotes in the NCB Report (Appendix 1), but some commentary about Bloom here might be helpful.

⁶ see the *Bloom Evaluation Report: Review and Analysis of the Bloom Project Pilot Business Cases and Documentation 2014 -2018, and Development of Bloom 2018 – to date*

⁷ see *Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020* for more detail about Bloom referrals and referral factors

Pre-Covid (that is prior to March 2020), each locality (bar Penwith⁸) had an established Locality Steering Group and the frequency, timings and locations of Bloom Profs meetings within each locality had been agreed:

Table 1: Bloom roll-out: frequency, timings and locations of Bloom Profs meetings

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.

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 focusing of CAMHS upon those 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' as noted below:

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

⁸ 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.

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 central team's management of cohorts 2 and 3, in the revised 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:

Table 2: Bloom roll-out: Covid-19 EMW model Bloom Profs schedule

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.

Whilst a Community of Practice meeting was held with the Chairs, Locality Early Help Teams and HeadStart Community Facilitators to introduce the revised C-19EMW model, it was not possible to include clinical colleagues. Building upon this foundation however it may be that further Community of Practice meetings should be scheduled, to include CAMHS Clinical Psychologists and Primary Mental Health Workers, to inculcate a deeper understanding within the Core Attendees of the Bloom model, processes and delivery.

Recommendation 1: That Community of Practice meetings should be scheduled, for all Bloom Core Attendees including CAMHS Clinical Psychologists and Primary Mental Health Workers, to inculcate a deeper understanding of the Bloom model, processes and delivery

Other challenges noted by the Core Attendees include the inability of Bloom to 'close the loop' and to understand how beneficial the suggestions for support had been to the young person; and the emotional impact on professionals of attending Bloom Profs meetings. These form the basis of some of the recommendations within the NCB Report and are considered in the following section of this Report.

Reflections on the Recommendations made in the NCB Report

As noted earlier, the Bloom Evaluation Project Team has annotated the NCB Report attached at Appendix 1, where comments warranted further elaboration or clarification. The NCB Report makes a number of recommendations, predicated upon the supposition that Bloom will continue following the closure of the HeadStart Kernow programme on 31 August 2022. HeadStart provides the operational management and administration of the model, without which Bloom would struggle to function consistently and coherently across Cornwall.

The NCB Report recommendations arise from both the Core Attendees and from the authors of the report. The NCB note that recommendations coming directly from the Core Attendees are identified through the use of italics. Those in plain type are suggestions from the authors of the NCB report based on their analysis of the data and understanding of the wider context.

The recommendations made by the NCB in their Report are each considered below, in turn.

NCB Report Recommendation 1

Improved information sharing

Ensuring that all Bloom meetings have access to Mosaic records. If this can't be achieved through assured Social Work or Early Help attendance then decisions on siting of the Bloom model going forward will need consider whether or not it would be possible for one of the Core Bloom members of staff to be a joint appointment, providing them with access to Mosaic.

Response to NCB Report Recommendation 1

It is not possible for Bloom to ensure that any invitee to a Bloom Profs meeting prioritise attendance over their other responsibilities, as this is beyond its remit as a partnership model and process. It is acknowledged however that access to Mosaic within a Bloom Profs meeting is helpful, and that it would be useful for consistent access to Mosaic be explored to inform the Bloom Profs discussions. It is probable that it would be the Chair of the Bloom Profs who would need access, so that they can use that information to more fully prepare for the meeting, but this should be considered alongside any decision to obtain permissions to access Mosaic.

Recommendation 2: That consideration be given to gaining permissions to access Mosaic for Bloom Profs meetings, and to whom such permissions should be granted

NCB Report Recommendation 2**Improved stakeholder buy-in**

- a. For many services it appears that the benefits of attending Bloom supports commitment to the meetings. However, for Early Help, the Bloom model increases, rather than decreases workload. It is therefore paramount that attendance at meetings is made a clear priority by Early Help leadership. Furthermore, that consideration is given to the increased workload when wider services are reviewed.
- b. *To strengthen external relationships, advertise Bloom, and encourage partners from across the VCS, School Nursing teams, GPs and others to attend again. Establish new relationships with additional services such as community policing and disabled children's networks.*
- c. If Cornwall is committed to the Bloom model then consideration should be given to setting clear expectations into service contracts concerning attendance at meetings.

Response to NCB Report Recommendation 2

Where suggestions are made at Bloom Profs meetings for particular interventions (eg Family Worker, Video Interactive Guidance), the route for accessing these are via the Early Help Hub. Consent must be obtained from the parent / carer and young person for any suggestion made by Bloom to be acted upon, and this is sought by the Point of Contact who is agreed at the Bloom Profs meeting. The Point of Contact will make any necessary onward referral.

The assertion that Bloom increases Early Help workloads has not been accompanied by any data, and Bloom itself, as a model and process, has no remit to ensure that attendance from Early Help colleagues is prioritised by the Early Help leadership. Bloom has no ability or power to insist that consideration be given to the alleged increased workload when reviews of wider services are undertaken. However, there may be some benefit in discussing with the Early Help Hub whether there is any way of smoothing the links between the suggestions made in the Bloom Consultation Plan and any resulting referral, such that these are more readily accepted and actioned by the Early Help Hub.

Recommendation 3: That Bloom and the Early Help Hub discuss how onward referrals from Bloom Profs meetings might be actioned in a timely and positive manner

The comprehensive Bloom evaluation, of which this report forms a part, is a response to the prevailing uncertainty about the future of Bloom. Links with a wide number of organisations and services including GPs, the Disabled Children's Team, Police, VCSE, and School Nursing have been fostered *inter alia* through routine invitation to, and attendance at, Bloom Locality Steering Groups, the Bloom Cornwall-wide Steering Group and Bloom Profs meetings. However, the development and strengthening of relationships and links across Cornwall has been impacted adversely by the lack of certainty about the future of Bloom.

This has led to Bloom being unable to implement the comprehensive Bloom Communications Strategy and Plan, previously approved by the Bloom Cornwall-wide Steering Group, nor to distribute a young person-friendly brochure about Bloom to advertise Bloom more widely. It is currently only through proselytisation and attendance at other meetings that those leading Bloom advocate and advance the importance of multi-agency attendance at Bloom meetings.

A review of the existing Bloom Communications Strategy and Plan, once the future of Bloom is secure, could be helpful to ensure that it remains fit-for-purpose.

Recommendation 4: That a review of the Bloom Communications Strategy and Plan should take place once the future of Bloom is secure to ensure that it is fit-for-purpose and can be implemented forthwith

A CAMHS Clinical Psychologist, a Primary Mental Health Worker, and a HeadStart Kernow Locality Coordinator who acts as Chair attend all Bloom meetings. Typically, an Early Help locality team member and a HeadStart Community Facilitator will also be present. Education staff, in the form of teachers, school heads and heads of year, teaching assistants, school counsellors, pastoral support, school nurses, Educational Psychologists, and SENCos routinely attend. These and other professionals are invited to attend as the referral warrants (either through the referral form referencing that they are already working with the young person, or because the referral details other specific information, eg learning difficulties). However, outside of the three central roles, attendance at a Bloom Profs meeting is voluntary. There is no guarantee of certain organisations being represented in a particular meeting despite invitations being sent and accepted; professionals are busy and may have to deal with incidents arising which require their immediate attention.

Bloom is a model and process, rather than a service, and as such it does not have any power or remit to influence the writing of job descriptions such that they include reference to supporting Bloom, or to insist upon professionals in a wide variety of organisations and services prioritising attendance at Bloom Profs meetings above all other duties. However, it is clear through feedback and attendance at Bloom's Steering Groups and the Bloom Profs meetings that professionals value Bloom and attend where they are able.

NCB Report Recommendation 3***Increase awareness of Bloom***

raise profile with School staff and parents to increase the numbers of referrals being made at an early stage before problems become embedded.

Response to NCB Report Recommendation 3

A Bloom brochure has been produced for parents, young people and organisations and services, to advertise Bloom more widely. However, it has not proved possible to distribute this nor to implement the other sections of the comprehensive Bloom Communications Strategy and Plan as approved by the Bloom Cornwall-wide Steering Group. This is due to the lack of certainty about the future of Bloom, and its 'ownership' by a service or organisation. Once the future of Bloom is secure, it is anticipated that the brochure will be distributed. It will be interesting to look later in some detail as to whether this has led to an increase in the numbers of referrals being made at an earlier stage, or simply to more referrals.

It should be held in mind that Bloom has no control over the referrals it receives: the referral pathway to Bloom is via the CAMHS Access Team, co-located with the Early Help Hub, who screen referrals entering the Early Help Hub and allocate as they deem appropriate to services and to Bloom. The only referrals Bloom receives direct are those 'stepped down' to it from CAMHS or PMH. There are no referral criteria for Bloom, and all referrals for young people allocated to Bloom are discussed in a Bloom Profs meeting. Given that one of Bloom's Underpinning Principles is that there should be no referral bounce, all young people who are discussed at a Bloom Profs meeting receive a formulation and appropriate suggestions for support.

NCB Report Recommendation 4***Additional support for professionals attending Bloom meetings***

Given that professionals reported that meetings consider more complex and distressing cases than had originally been envisaged thought should be given to whether it would be possible for there to be a support offer for professionals over and above that which they get from attending meetings. Whether or not this is possible it would be valuable for managers to be reminded about the emotional impact that Bloom meetings are likely to have and to be encouraged to offer support to any staff who attend Bloom panels.

Response to NCB Report Recommendation 4

As previously discussed within this Report, there is no documentary evidence that Bloom was set up as a model to support young people only in the 'Getting Advice' quadrant of the i-THRIVE framework⁹, but analysis does seem to indicate

⁹ see the *Bloom Evaluation Report: Review and Analysis of the Bloom Project Pilot Business Cases and Documentation 2014 -2018, and Development of Bloom 2018 – to date*

that the majority of referrals discussed in Bloom fall wholly or partially beyond the Getting Advice quadrant.¹⁰ It has been custom and practice in the Bloom C-19EMW model, where Bloom Profs meetings are held online, for the Clinical Psychologist, the Primary Mental Health Worker, the HeadStart Community Facilitator and the Chair to remain online whilst other professionals depart, both to agree where the young person 'sits' in terms of the i-THRIVE framework, but also to give a space for discussion and support if needed. It is agreed that consideration should be given to extending and formalising this offer of support for all attendees.

Recommendation 5: That consideration be given to extending and formalising an offer of support for attendees at Bloom Profs meetings

NCB Report Recommendation 5

Improved feedback on model efficacy

lack of multi-agency buy-in currently means that attendance at meetings cannot be relied upon as the feedback mechanism for previous formulations. Professionals are sometimes left in the dark as to whether referrals for support have been accepted and or the support successful. Going forward it will be important that the model is able to:

- a. *Ensure that there is feedback on the appropriacy and outcome of the formulation made for the young person in the meeting.*
- b. Ensuring that data is collected and reviewed on the impact of the Bloom model on the appropriacy and number of referrals to CAMHS and Early Help services.

Response to NCB Report Recommendation 5

Bloom is a partnership model and process, not a service and does not have routine access to CAMHS data or to any data-sets from other sources. It does request from time-to-time specific information from CAMHS to permit some of the analysis undertaken for the annual data report for CWSG (see also *Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020*) but it is currently beyond Bloom's remit and resourcing to ask for feedback on previous formulations, or to follow individual young people to understand their outcomes. It does not make onward referrals itself.

The referral pathway to Bloom is via the CAMHS Access Team, co-located with the Early Help Hub, who screen referrals entering the Early Help Hub and allocate as they deem appropriate to services and to Bloom. The only referrals Bloom receives direct are those 'stepped down' to it from CAMHS or PMH. Bloom is the process of getting professionals together in a Bloom Profs meeting to discuss a young person's referral carefully and holistically. The formulation

¹⁰ see *Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020* for more detail about Bloom referrals and referral factors

arises from that discussion, which is synthesized and captured within the Consultation Plan. The Consultation Plan also notes the suggestions for support made during the meeting; when the Consultation Plan is sent to the parent / carer and other recipients, and placed on RiO¹¹, that referral is closed to Bloom.

Data from referral forms and Consultation Plans is routinely collected and then anonymised to enable data analysis for dissemination to the Bloom Cornwall-wide and Locality Steering Groups. The comprehensive Bloom evaluation, of which this report forms part, demonstrates that Bloom is highly regarded, and from the data available, the model appears to be meeting the needs of the young people discussed at the Bloom Profs meetings. The *Bloom Evaluation Report: Young People & Parents / Carers Strands* gives an understanding of the difficulties inherent within the Bloom model in understanding the efficacy and appropriateness of the suggestions for support made at Bloom Profs meetings and the outcomes for young people.

If Bloom were a service and appropriately resourced, and the CWSG agreed to the requisite fundamental re-engineering of process, it might be possible to devise and implement means of understanding the impact of any of the interventions suggested at a Bloom Profs meeting, and the accuracy of the formulation made. In lieu of this proxy measures are used, for example, Bloom cases resulting in PMH / CAMHS involvement increased from 13% (34 of 257 closed cases) in 2019 to 15% (39 of 263 closed cases) in 2020¹²: 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.

NCB Report Recommendation 6

Improved meeting processes

- a. Given the considerable staff resource involved in Bloom meetings it is critical that the meetings run to time.
- b. A return to the block booking approach for Bloom meetings with the same slot being used each week. In order to support greater consistency of attendance.

Response to NCB Report Recommendation 6

Bloom Profs meetings are underpinned by routine, so that the meetings are run consistently across Cornwall. Chairs have been sent Chairs Notes which set out the structure of the online Bloom Profs meetings, and this has been supported by a Community of Practice meeting for Chairs, Community Facilitators and Early

¹¹ RiO is the NHS case-management system

¹² See *Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020* for more detail

Help locality team members, echoing earlier sessions set up to support the roll-out of Bloom across Cornwall. Since Bloom Profs meetings have been running for some time both in a face-to-face and an online format, there is a growing familiarity with the format and structure amongst those attending regularly. Meetings are scheduled to last one hour with a break of 30 minutes between each one; where meetings over-run this is usually due to the complexity of the case or because there may be one or more professionals who require further reassurance, support and / or more detailed explanations of the formulation and / or suggestions for help. The Chairs are aware of the need to manage the meetings to time, but are also sensitive to the needs of attendees, and will juggle these priorities to ensure that meetings do not run on unduly. It is important however that consistency of approach is maintained across all Bloom Profs meetings, no matter who is chairing or in attendance.

Recommendation 6: That a quality audit be conducted of Bloom Profs meetings in all localities / areas to ensure that a consistency of approach and structure is being maintained

It is unclear what is meant by '*a return to the block booking approach with the same slot being used each week*'. Within the C-19EMW model there is a clear schedule for each area's Bloom Profs meetings with referrals from the West being discussed on Wednesday afternoons, those from the Mid discussed on Thursday mornings, and those from the East being discussed on Thursday afternoons. Occasionally, and to ensure that so far as possible all available meeting slots are used each week, a referral will be discussed 'out of area' but this is not usual practice.

There is ongoing discussion about the format of Bloom Profs going forward as lockdown eases and a 'new normal' emerges. Findings from another strand of this evaluation¹³ do not suggest that an overwhelming majority of professionals would prefer Bloom Profs meetings to be either face-to-face or online. A blended format may be offered in future, but alongside logistical issues such as ensuring that there is adequate connectivity within the meeting location, the mini-trials of blended delivery undertaken to date have demonstrated that it is difficult to ensure that all parties feel equally involved and able to participate fully and freely in the discussions. Any changes will be made in line with government and organisational guidelines and operational considerations.

¹³ See *Bloom Evaluation Report: Bloom Professionals Strand* for more detail

NCB Report Recommendation 7***System level feedback mechanisms***

Bloom is a very valuable source of data on instances where the 'system' is not working well for some children and young people. There need to be routes for this data to be feedback to system leaders so this can be acted upon at a system-level.

Response to NCB Report Recommendation 7

Data is routinely collected, analysed and disseminated to the multi-agency Bloom Cornwall-wide and Locality Steering Groups. Given that Bloom is a model and process rather than a service, both the Bloom Clinical and Operational Leads have fed information to senior colleagues about any systemic failures or blockages of which they have become aware. However, a formal consideration of the best means to disseminate such findings from Bloom would be useful, in order to inform system-change where necessary.

Recommendation 7: That a formal consideration of the best means to disseminate systemic failures, blockages or other wider system intelligence from Bloom would be useful, in order to inform system-change where necessary

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	A Bloom Professionals Consultation meeting can be requested for any

Professionals Consultation meeting (Bloom Profs)	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 Facilitator Contract	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 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
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
SENCo	Special Educational Needs Coordinator
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

Appendix 1: NCB Report [annotations by Bloom Evaluation Project Team]



Bloom Evaluation 2020/21

Core Group strand



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Introduction

The comprehensive evaluation of the Bloom model during 2020/21 comprises a number of strands, designed to fully appraise the Bloom model and help inform sustainability planning. This report focuses on the views and experience of Core Bloom Professionals.

The National Children's Bureau (NCB) have been funded by The National Lottery Community Fund as Support and Development Provider, providing bespoke support to HeadStart partnerships and supporting the sustainability and legacy ambitions of the programme.

In January 2021, NCB undertook the Core Group evaluation strand focus groups to hear core professionals' opinions and perspectives on the Bloom model. We spoke to 15 practitioners from the Bloom Core Groups from Mid, East and West Cornwall during three area-specific focus groups which were held virtually using MS Teams. The quotes in this report come primarily from what the core professionals said during the three focus groups, with a few quotes coming from additional comments that they wrote into the chat box during those sessions. We interviewed six professionals from Child & Adolescent Mental Health Services (CAMHS) and Primary Mental Health (PMH) teams, five professionals from Early Help services, and four professionals from HeadStart, including HeadStart Community Facilitators and HeadStart Locality Coordinators, and each group included professionals from across these areas (see the Appendix for more information).

High level summary

There was agreement across all the focus groups and professional backgrounds about the value of Bloom, and most of the practitioners expressed a real enthusiasm about Bloom's role and impact, with many comments such as *"I absolutely love it"* and *"it's really fantastic"*. One practitioner explained, *"without it we would be going backwards...I buy into it, and that's why we give up our time for it and choose to prioritise it...We are all very busy people, there are certainly other things we could be doing, but we give our time to it because there is such value in Bloom"*. Practitioners particularly valued Bloom's multi-disciplinary nature; how it offers a space for problem solving and thinking outside the box; the support it gives to professionals who are often dealing with challenging cases; and the options it offers for children and families who have been passed between services or who have not met narrow thresholds. Practitioners agreed that there would be a significant gap in the support experienced by young people and families in Cornwall if Bloom did not exist, and saw Bloom as having a largely positive impact on young people, families, core professionals and other practitioners in Cornwall.

Professionals across the three groups explained that the key to a successful Bloom meeting and to good outcomes is *"which professionals you get around the table"*. They emphasised that the most beneficial plans come from sessions which involve a wider number of partners, beyond just CAMHS/Primary Mental Health and HeadStart staff, explaining that practitioners from different services, backgrounds, and disciplines can share a different perspective and contribute new information that helps build a holistic picture about the child, the family and available support. They emphasised the value of having voluntary and community groups in attendance, as well as representation from Children's Social Care, Early Help, schools, school nursing, GPs, wider

community partners, as well as professionals from the Core Group, with one commenting *“the actions and the discussions centre around systemic things like parents, services, schools, health input, [and] how that can all be coordinated to make things better for the child”*. A practitioner in East Cornwall summarised it as Multi-agency working was seen as a key part of Bloom, however some practitioners in Mid Cornwall worried this engagement, particularly from the Voluntary and Community Sector (VCS) as well as attendance from Early Help and Children’s Social Care, may be decreasing and this concern is explored below.

Core professionals also identified challenges around the high number of referrals and the possible emotional impact of meetings on the professionals in attendance. Many practitioners also explained that Bloom meetings often consider challenging and complex cases, and several people we spoke to felt this was a significant departure from Bloom’s initial aim of being a source of early help and providing support for young people who do not reach thresholds for other mental health services, although practitioners differed in their opinion of whether this change was positive or not. This is explored in more detail in the *Right Time* section below.

This report summarises what Bloom Core Group practitioners thought about Bloom’s role, effectiveness and impact, summarising the many key strengths they identified, as well as any weaknesses and challenges they saw. There was often agreement across groups but where there were differences of opinion, including around Bloom’s role as a forum for early help or around the changes to Bloom meetings due to the Covid-19 pandemic, these have been examined. Any specific recommendations from the practitioners have been included at the end.

Is Bloom an effective arena for information sharing?

Most of the professionals saw Bloom as a great forum for sharing information across services and teams. Information sharing was valuable for individual cases, as professionals from each service could contribute different parts of the child’s experiences and background. One person explained how families sometimes give small pieces of information to different services, meaning the school may have one part of the picture while Early Help Hub and a youth worker have different pieces. Being able to bring this information together can build a clearer timeline and picture of what is going on. A key facilitator of this information sharing is that Bloom meetings can often bring together two IT systems and databases: Rio for health and mental health records and Mosaic for Children’s Social Care and Early Help records¹⁴, meaning professionals can access a more complete picture of the support young people have received. This was viewed as a particular strength of Bloom by practitioners in West and East Cornwall, one of whom explained *“it is wonderful and unusual to have this, and by sharing information across the two systems, there is often some learning and surprises that come our way”*.

Whilst practitioners in West and East Cornwall had access to both databases for almost all Bloom meetings, practitioners in Mid Cornwall said they could only access Mosaic for around half of Bloom meetings, as sometimes professionals with access to the system did not attend Bloom meetings. Lack of access to Mosaic was something several practitioners we spoke to in Mid Cornwall agreed

¹⁴ Practitioners take responsibility to share information within the Bloom Profs meetings from RiO or Mosaic to the extent to which they are permitted by their organisational data sharing and confidentiality policies

was an issue. One attendee from Early Help explained that if they believe a social worker is going to be at Bloom, they sometimes don't think Early Help has much to offer and will therefore not attend.¹⁵ However, the social worker may not turn up and therefore there will be no one with Mosaic access. Practitioners in Mid Cornwall could clearly see the benefit of having access to both systems which they described as “*amazing*” and “*so much more beneficial*” when it was in place, and sometimes encountered problems where this was not possible. Without access to both systems, a Bloom discussion may conclude that a young person would be well suited to a targeted youth worker intervention, without knowing that the young person had already worked with a youth worker without success. Where information sharing didn't work so well, they thought there was less value in the plans because there was less detail and a higher risk of duplication.

As well as information sharing for individual cases, professionals praised Bloom's role in wider information sharing and cross-service learning. They felt Bloom allowed practitioners to share and develop a greater knowledge of the support and programmes available across the area. A practitioner in East Cornwall gave a recent example of a Bloom meeting which discussed a particular source of funding for counselling and community-based groups and sent details of it to the referring SENCO after the meeting. The SENCO had not previously heard of those services and as a result of the information being shared, they made two additional referrals for other children, which shows how the impact of effective information sharing can be felt beyond the young people who access Bloom directly.

Other forums

We asked practitioners about whether there were any similar forums in Cornwall that facilitated multi-agency information sharing. Most practitioners found it hard to think of any similar arenas, but several practitioners came up with other forums that also provide a space for multi-disciplinary discussions about how best to support children and families, although they felt they were distinct from Bloom in a number of significant ways. These forums included:

- Multi-agency risk assessment conference (MARAC)
- Multi-agency child exploitation meetings (MACE)
- Child Protection conferences
- Early Help Hub and Multi-agency referral unit (MARU)
- Team Around the Child meetings (TAC)
- Thriving Together sessions
- Trauma Informed Schools UK (TISUK) meetings where a member of school staff can get input from an Educational Psychologist¹⁶

The Thriving Together sessions, which consider cases of maternal and infant mental health need, were seen by some as closest to Bloom in that they are also multi-disciplinary meetings with CAMHS

¹⁵ Attendance at a Bloom Profs meeting is voluntary, and professionals will exercise professional judgement over whether their attendance will be helpful in the context of managing their priorities. Invitees to Bloom Profs meetings are able to see who else have been invited to attend

¹⁶ TISUK meetings involve Educational Psychologists for supervision of TIS practitioners within the school staff, which may include discussing the presentations of individual young people, but are primarily to ensure the wellbeing of staff

and Early Help in attendance¹⁷. The format is similar, however the focus on maternal and infant mental health is clearly quite distinct, and they were also felt to be less well developed and established than Bloom. A previous forum which was seen to be similar were Primary Mental Health consultations with schools, where a teacher or SENCO could ask for advice about a child they worked with and PMH would offer suggestions and format a plan. However, this had long since stopped due to lack of capacity and funding and had never had the same multi-agency representation.

Most practitioners felt there was no equivalent space to Bloom and particularly that there was no forum that brought together the same variety of professionals. Practitioners in all groups mentioned that other multi-agency meetings rarely had CAMHS attendance, and even more rarely had a clinical psychologist in attendance. CAMHS may attend if they were heavily involved with a child's case, but they were not able to give their perspectives on other cases, as is embedded in Bloom. One practitioner explained *"to have that mental health knowledge in Bloom meetings is quite unique"*. Others also mentioned the lack of voluntary and community sector attendance at these other meetings, compared to the strong multi-agency presence that they felt was another strength of Bloom.

Practitioners also explained that most of the other forums had a different focus to Bloom, focusing on domestic abuse, violence, exploitation and safeguarding, rather than mental health and emotional wellbeing concerns.¹⁸ Finally, Bloom was seen as unique because of how it enables sharing between professionals without the families being in attendance, meaning that professionals feel able to share more information and knowledge, ask questions and support each other.

Does Bloom help young people get the right support at the right time?

Right support

The practitioners we spoke to agreed that Bloom helps young people access the right kind of support. For some young people, the result of Bloom may be that they get access to much needed support which they were previously rejected for, such as CAMHS or an ASD assessment request. A practitioner from Mid Cornwall explained that Bloom can *"sometimes be used as a backdoor into CAMHS"* but *"only in the spirit of what the Bloom panel is there for"*¹⁹. This is because when a case is taken to Bloom and the multi-disciplinary panel can dive deeper into a young person's needs and experiences, mental health professionals attending Bloom may feel it is necessary for them to access CAMHS support, when on paper, for whatever reason, they did not appear to meet the threshold. A professional in East Cornwall highlighted how the Bloom panel includes professionals who can action recommendations straight away which helps the young person access support more easily, and explained, *"where it works really well is where a child does need to be passed into CAMHS and we can make the decision then and there"*.

¹⁷ Bloom was asked to provide information about its rollout, governance and meeting protocols to inform the establishment of Thriving Together

¹⁸ It is worth noting that Bloom referrals may also contain domestic abuse, domestic violence and safeguarding concerns, which are all considered in context for any help suggestions

¹⁹ There is an agreement in place that any Bloom referrals deemed appropriate to CAMHS / PMH within the Bloom Profs meeting will be opened to CAMHS / PMH when the Consultation Plan is sent out and the referral is closed to Bloom, without the need for a new referral

On the other hand, some referrals into Bloom may ask for CAMHS or PMH involvement but the Bloom process will discover that that support is not actually necessary or appropriate and will instead suggest more targeted support for the young person in the community, with a youth worker or through the Early Help Hub which will be far more impactful for the young person than clinical work. One practitioner explained that the Bloom process can also be effective in persuading parents that their child does not need a mental health diagnosis and encouraging them to accept parenting or other support which may be key to improving their child's outcomes.

Above all, core professionals agreed that the Bloom process supports children and young people to access the right kind of support because it provides a space to pause, reflect and problem solve for young people who may have already experienced multiple interventions but feel nothing is working, who have been passed between services, or who have been rejected from multiple forms of support. Having time to look at a case from a multi-agency perspective, with a different mix of skills and expertise, and think about innovative solutions can help unblock cases where individual practitioners do not know what else to do. As one practitioner from East Cornwall explained, *"I think it's fantastic really to have a multi-agency perspective in just stopping, just having that pause, and thinking...rather than keep overloading services on to families."*

Right time: is Bloom early help?

The time between receiving a Bloom referral and discussing the case in a meeting was mostly felt to be appropriate and an improvement on the waiting times for other services. One practitioner in Mid Cornwall shared that there had previously been a lag where it took up to 2 months from a referral to a meeting due to high caseloads, but they acknowledged that it was hard to know what to do about this without having Bloom meetings every day. Nevertheless, most practitioners felt the waiting times between referral and meeting were fairly quick and a strength of the Bloom process.²⁰

There was more disagreement about whether Bloom provided support early enough in a child's journey.²¹ Several practitioners explained that outcomes were better when they worked with young people who were at any earlier stage of displaying symptoms and difficulties because the longer a situation continues and the more challenges become embedded or complicated, the harder it is to unpick those challenges in a long-term way.

Many practitioners talked about the fact that while Bloom was set up as an early help model to engage in preventative work for those in the first quadrant of i-Thrive²², they now often dealt with much more complicated, serious, and traumatic cases. This includes cases where there has been domestic violence, abuse, suicidal ideation, significant traumatic experiences, bereavement and very

²⁰ See *Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020* which notes that referrals allocated to Bloom were processed, discussed and closed (with a consultation plan sent out) within 57 days. Delays may occur where Parents / Carers struggle to identify a Nominated Professional, or with the Nominated Professionals' availability to attend a Bloom Professionals Consultation meeting

²¹ Referrals are allocated to Bloom by the CAMHS Access Team co-located with the Early Help Hub. Bloom will discuss all referrals allocated to it, but has no control over the types of referral it receives or when a referral is made

²² 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

complex presentations, as well as young people who have already accessed many forms of support previously with little success. One practitioner mentioned a recent Bloom afternoon which had considered five different cases each of which *“were horrific, but in very different ways”*. Another practitioner referred to *“trying to make changes earlier on, because when you get to the other side of it, you’ve got very poorly children”*, while a third stated *“we see incredibly complex cases, we’re not early help, we’re not ‘blooming”*”.

Several practitioners thought this change in thresholds had been seen across every service. They felt that a few years ago the cases now considered by Early Help would have been managed by a Child in Need team, and cases that now go through Bloom would have gone straight into CAMHS. The fact that Bloom meetings often consider young people with longer-term and/or more serious difficulties was felt to be largely the result of wider systemic factors, such as stigma around accessing help, parental concerns around Early Help or Children’s Social Work taking their children away or criticising their parenting, and a belief of some organisations and schools that they can manage every problem in-house and do not need outside support. Some practitioners also felt that not enough families, schools or professionals know about Bloom to refer into it but pointed to ongoing work being undertaken by HeadStart employees to promote Bloom and address this challenge.²³

While the practitioners interviewed agreed that Bloom now often handled complex and serious cases, there were different opinions about whether this was appropriate.²⁴ One person explained that there was a *“haze about whether [Bloom] is an early help model”* and said, *“I think either it needs to be accepted that it isn’t early help and it...can be accessed by anyone, or there needs to be [changes to] the screening...that focus it solely around children who are almost at the start of their journey needing support, and that initial conversation”*, though they thought this second option would *“be a shame”*.

Another professional commented *“in Bloom, we shouldn’t really be discussing cases that are that traumatic and upsetting...if it was actually an early help model”* and suggested that it can be hard for early help professionals to know what their role is when discussing a young person who has already accessed multiple interventions. However, another Early Help practitioner in a different area felt that even in these cases *“it is all part of our learning towards our wider case work so it is fascinating and really helpful”*. A third practitioner explained that they were *“surprised at how much complexity would come through the door, but I do think [Bloom] is an appropriate forum for that”*. Most practitioners we spoke to agreed that Bloom was still an effective and appropriate way of supporting young people with complex needs, with some suggesting the guidance that Bloom gives to referring professionals is even more valuable in complex cases. For some practitioners, a key strength of Bloom is that it does not turn away any young person from benefiting from a multi-disciplinary conversation, and it can problem solve for young people who do not meet the thresholds of other service. Restricting its focus to less serious cases or preventative work was therefore not particularly

²³ The Bloom Communications Strategy and Plan has been agreed by the Bloom Cornwall-wide Steering Group but it has not been possible to implement it due to the uncertainty about Bloom’s future and sustainability, post-HeadStart. HeadStart Kernow has provided the resource to manage Bloom but will end 31 August 2022

²⁴ There is not, and never has been, any entry criteria for Bloom. All referrals allocated to Bloom are screened by the CAMHS Access Team, which is co-located with the Early Help Hub

popular, although some practitioners wanted a greater recognition that the focus had changed from its initial aims.²⁵

Bloom model strengths

Multi-agency nature of the model

Practitioners across the groups said that a key strength of Bloom is that it is a collaborative process, built on partnership working, with one commenting *“the multiagency side of it is probably the most important thing”*. Bloom *“pulls people together”*, bringing together professions from varied services, perspectives and disciplines. Everyone at a Bloom meeting brings different things to it which helps to build a holistic view of the child, the family, the issues, the solutions and the available sources of support. This has a huge benefit for the young people whose cases are considered, who can benefit from psychological input but also from work in the community, *“because going to a swimming club or joining scouts or something like that in the community can really be of equal validity, depending on the child’s need”*.

Another benefit of the multi-agency nature of Bloom is that it can help families overcome barriers and trust the process when they may have had poor experiences with schools, Children’s Social Care or other statutory services. One practitioner emphasised that Bloom’s collaborative approach meant that a professional from the charity sector could become involved and although they could be giving the same advice, *“it might go a bit better just because there’s that idea that I’m not from a service. It’s not that the services aren’t doing right by the people but there’s a traditional null trust of services, especially if they’ve been through social care and things like that”*.

Linked to this was a strong appreciation of the fact that having the right people in the room from across agencies also means that answers can be given during the meeting, without needing to take cases or questions away and come back to them. In addition the core team at Bloom meetings often have the power and ability to take action and accelerate work, for example accepting referrals, signing off on funding and putting young people on support pathways.²⁶ As one practitioner explained that *“people often have the power to take action, otherwise that would be very frustrating if we just sat there and listened”*.

Support for the professionals involved

Linked to this, practitioners in every group mentioned that Bloom respects professionals from all backgrounds and services equally and they all reported feeling valued and heard by the process. One interviewee said a strength of Bloom was *“feeling respected as a professional no matter what background you’re from and what area you represent...I feel really valued and part of the process”*. This atmosphere of inclusion is built by giving attending professionals encouragement and validation, not judging them, asking questions, respecting difference and diversity and having

²⁵ See previous footnote regarding the setting up of the Bloom pilot and the original aims and focus of Bloom

²⁶ Families and young people discuss the Consultation Plan with the Point of Contact who is agreed at the Bloom Profs meeting, and will give consent to some, all or none of the suggestions for help given. Professionals within the Bloom Profs meeting may be able to agree support, but this will have to gain consent from the parent / carer and / or the young person. Onward referrals may mention however that support had been agreed in the Bloom Profs meeting

enabling, strength-based conversations. This builds attendees confidence to talk honestly, ask questions and share solutions which leads to better outcomes for young people.

Practitioners explained that Bloom promotes solution-focused and strength-based conversations. The Bloom panel will often shift the referring professional's focus onto the positives and strengths of what they are already doing, helping them to recognise the progress they have made with the young person and reflect on how they could build on that work. As one interviewee explained, *"we give as much support to the referrer as possible, but also we really recognise the good work they have already put in place"*.

Linked to this, a professional in West Cornwall valued the way that during Bloom meetings *"everyone around the room is given an opportunity to have follow-up questions, to have a bit of time to think and consider"*, while a professional in Mid Cornwall agreed Bloom *"feels a really safe space...for us to have those discussions and to be able to ask those questions"*. Bloom meetings are based on the principles of multi-agency working, respect and collaboration and professionals are encouraged to share and be open about their questions and challenges. Having a safe space which allows practitioners to be honest and get support from other professionals was described as *"hugely beneficial"*.

Practitioners liked the fact that Bloom provides a much-needed space for problem solving and for thinking in detail about what is going on for a young person and what the most appropriate forms of support might be. This problem solving was seen as particularly valuable for *"unblocking complex cases"* and for helping schools and other organisations know what to do next when they have already tried several approaches without any success. Having an arena which allows professionals to think creatively and from a multi-agency perspective about how best to support a young person was seen as *"a real gap in the system"* that didn't exist anywhere other than through Bloom.

A number of practitioners saw Bloom as offering an opportunity for something akin to clinical supervision.

"a unique value of Bloom is the space it provides for almost-supervisions, reassurance for professionals that they are doing the right thing and are managing risk well".

One interviewee explained that this support and supervision was particularly important for school staff who are having to manage challenges and difficult behaviours and who really appreciate some outside support and non-judgemental advice. Professionals can problem-solve together and think of new solutions. Beyond this, the meetings provide emotional support, and one practitioner explained referring professionals *"have said they felt very held by the panel, emotionally held and supported"*.

Practitioners also explained how Bloom can facilitate knowledge sharing, including around processes, safeguarding, and mental health. As one example, practitioners from Early Help and in community roles explained that Bloom meetings had significantly increased their understanding of children's mental health as attending clinicians shared their knowledge. One practitioner explained *"there is a lot of learning that takes place...you talk about provision that sometimes the referrers don't know about...across psychological aspects, practical things, logistics"*. Interviewees thought this was also true for referring professionals, especially teaching staff, who often came away with

new tools around mental health or were reminded about *“some of the trauma-informed, solution-focused, strength-based approaches that they’ll be using in practice every day”*. Several practitioners in Mid Cornwall saw this as part of Bloom’s purpose: to give professionals a greater understanding of what child mental health is and how a child’s development and environment can impact them, rather than problems always being caused by something pathological. For example, a referring teacher may learn that a child does not have a particular mental illness but is struggling with emotional dysregulation, or why it is not appropriate for a child to access specialised Post-Traumatic Therapy while they remain in a traumatic environment, and instead they will hear about effective tools and alternative sources of support for children in similar situations.

Interviewees felt that not having families in the session meant that professionals can receive more emotional support and understanding than in meetings where that support is directed at young people or families. The Core Group can acknowledge the difficulties referring professionals may be experiencing, and the impact that has had on them, and offer different kinds of advice and reassurance than would be appropriate in front of the family. One interviewee emphasised *“part of Bloom is that you are almost giving a little bit of supervision to the other professionals especially when they’re from a school and they are daily having to deal with the behaviour and things that come out of having a dysregulated child”* and this was seen as a key strength of the Bloom process.

Families not present but onboard

In fact, not having families present was identified as a strength of the model. Interviewees felt that the absence of families in meetings enabled open sharing and honesty between professionals, which then led to better plans for young people. As one practitioner explained *“when children/young people and family are present in meetings you have to be very mindful, very sensitive about the information you share particularly how you are getting that information across. It is not about not being open with families...but I think it’s more about organisations not necessarily having to consider those sensitivities in order to discuss openly what has been tried and what the response has been”*.

Plans are written with the family as the primary audience and communicate the outcomes carefully, and practitioners emphasised that they keep the family in mind throughout the discussions. However, having a space which is only for other professionals means that *“the method by which we get [to a plan] just allows professionals a bit more freedom”*.

Whilst families were not in the room professionals argued that the *“consent based”* nature of the process - families involved agree to participate in the Bloom process and want it to happen - means that families are already in a place where they are willing to listen to the advice of professionals and want to make changes or consider how to improve their child’s situation.²⁷ This can counter a lot of the challenges professionals, particularly Early Help and Children’s Social Care professionals, encountered when working with families and can result in greater compliance with the suggested actions.

²⁷ Parents / carers choose a Nominated Professional to ensure the voice of the child is present in the room. Nominated Professionals are made aware of the responsibility to liaise with the family before attending the meeting

Child centred

All practitioners felt that Bloom was very effective in ensuring the child or young person is at the centre of all discussions and felt this was reflected well in the suggested outcomes and final plan. One professional explained that because of *“the way you start with reviewing the referral from the worker who's requested to be brought to Bloom and then the panel then goes to that worker for an update for the child's lived experience to bring them up to date, the discussion is straightaway about the child's lived experience and why the support is needed and what's going on for them at home.”*

They added *“quite often we're joined by somebody from school as well, so it's backed up with what's going on from school, so you get that nice, rounded view of what's happening for that child straightaway”*. Practitioners in all groups emphasised the value of having multi-agency representation in order to get a full picture of the child's lived experience: if a meeting has a member of school staff, a social worker, a support worker and SCIP worker, they can all add different background knowledge. For example, one may know about a previous traumatic event, another may know about the child's views on school, and another may know about community-based support the child has already accessed. Each attendee can also share what the young person has told to them directly, all of which helps Bloom practitioners build a more complete picture of the child and their experiences. One clinician felt that Bloom meetings effectively ‘bridge the gap’ between reading about a child on paper and having a full face-to-face 90-minute CAMHS assessment with each child.

Several interviewees explained that Bloom professionals have become skilled at asking the right questions to bring that *“child to life”* and get to the heart of what is going on for them. They felt that the presentation from the nominated professionals and subsequent conversations builds a more holistic picture of the child and their experiences than they got from other contexts or meetings. As one practitioner explained, *“it is a “really colourful, rich process and we can see the child. It's not just a name or a statistic on a piece of paper. It's a real human being that we're discussing with love, compassion, and kindness”*.

Practitioners explained that part of being child centred is not looking at the child in isolation. Bloom professionals also need to understand their family context, living situation and other environmental factors that will be affecting the child, such as domestic abuse, being a young carer, or parenting issues. As one professional explained, *“we make it as child-centred as possible while being based in reality...when you try to make changes for a child and nothing else changes in their world, that won't work out either”*. Professionals we spoke to explained that, in their view, the ultimate goal of the discussions and the plan is to improve circumstances for that child. However, in order to achieve that aim sometimes the actions focus on wider factors that influence a child's life, such as parenting support, schools' support, health input and how those different factors can be improved to benefit the child. Discussions therefore look holistically at the child but often also look holistically at the family.

Built and developed over time

A strength of Bloom which was emphasised by practitioners in the West Cornwall group was the way that Bloom has significantly improved and embedded over time since it was first rolled out in Cornwall, with one saying *“we're a well-oiled machine now”*. They valued the way interpersonal relationships, internal processes and collective knowledge had developed over time, and felt this

was a real strength of Bloom compared to other meetings and networks which had not been established for so long and did not work as smoothly.

One practitioner explained that when Bloom was first set up, some attendees were unsure what their role was and thought they had nothing to add, but over time all attendees have become confident of their role and the contribution they can make to understanding the bigger picture for the child. A key part of this was that relationships between professionals in the Bloom Core Group had developed during this time, with one explaining *“Bloom has got more proficient and efficient over time because we’re not strangers anymore, we all know each other, we know each other’s roles and even what we’re likely to say!”*. Practitioners also pointed out that the quality of referrals and the amount of information given to the panel has improved significantly over time as there were clearer expectations and referral process, and the current system means *“the quality of information we get enables us to really drill down and pick the right service”*.

One interviewee emphasised that *“too often, things start, and they don’t have time to grow and to really embed”*, comparing Bloom to other initiatives which are *“thrown together for a short time and feel very disjointed”* before the funding goes, the initiative stops and something different is tried again. In contrast, they claimed that Bloom works well *“because it’s been given time to bed in...nothing gets straightaway...the strength of this is it’s still around”*.²⁸

Challenges

Despite having very positive opinions of the Bloom process, several core professionals identified some challenges.

Stakeholder buy in

Practitioners in Mid Cornwall thought there had been a reduction in the number of different services and partners that attended Bloom meetings. They valued previous Bloom meetings which had drawn attendance from SCIP, the voluntary and community sector and wider partners, including the Wave Project, Remembering Our Roots and Barnardo’s who had been able to contribute expertise and share information about interventions, programmes and schemes that offered much valued support to young people. When they had attended meetings, partner organisations were able to link young people into the programmes straight away, without a referral process²⁹. In the past the number of multiagency partners had been very high, and practitioners in Mid Cornwall talked about *“being shocked by how many people were at a meeting”* and attending a few meetings that had been *“standing room only”*. This multi-agency element had come in *“peaks and troughs”* but had slipped over time. Practitioners thought this was partly because of personnel changes in partner organisations, due to limited capacity of services who worried about picking up extra work if they

²⁸ 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 the genesis of Bloom and its development to date

²⁹ Onward referrals are made with the parent’s / carer’s or young person’s consent, hence an attendee at the Bloom Profs meeting will agree to be the ‘Point of Contact’ who discusses the Consultation Plan and suggestions for help with the young person and parent / carer. This seems therefore to be a mis-speak

attended Bloom meetings, and with the move to online Bloom sessions during the Covid-19 pandemic.

Practitioners in Mid Cornwall thought it would be valuable for Bloom to do additional work to strengthen those external relationships, advertise Bloom, and encourage partners from across the VCS, School Nursing teams, GPs and others to attend again. They also suggested that Bloom could establish new relationships or build stronger relationships with additional services such as the police community network and disabled children's networks.³⁰

Practitioners explained that it had become more common for Bloom meetings in Mid Cornwall to include only the referring professional and three members of the Core Group (the Chair, the Clinical Psychologist and the Primary Mental Health Worker), and one practitioner commented *"we do miss out on things when there are not as many people attending,"* while another said it felt *"a bit harsh"* that CAMHS practitioners were the only people that had to attend every meeting³¹. This also impacted the databases that can be accessed in the meeting, as discussed earlier in the report. Nevertheless, they still thought the majority of Bloom meetings were highly valuable, but now often did not know if referrals for that support would be accepted or if there were things they were missing.

Closing the loop

Practitioners in all three sites explained that they often did not know what happened with a young person's case after the Bloom meeting had ended, which made it harder to understand the impact of their work or evaluate the Bloom model, and some practitioners expressed that ideally, they would want to know whether their recommendations for further support had been actioned. One practitioner in East Cornwall explained *"there's no feedback loop"* in that *"whoever has been identified as a point of contact, whether it's an organisation or a school, [is] then responsible for ensuring that those recommendations and actions [in a plan] are fulfilled and then taken forward. As a Bloom process, we don't necessarily know if they've been fulfilled or not"*. A second practitioner in East Cornwall saw this lack of feedback as *"one of the weaknesses"* of Bloom, explaining that when there is no further communication between the professionals in the meeting and the referring professional *"it's really hard... to know if those plans have been actioned and demonstrate their impact more powerfully"*.

In the same vein a third practitioner in West Cornwall explained that when a young person was referred into CAMHS or Early Help via Bloom, Bloom core practitioners who had been at the meeting would *"know that it's progressing well; we know that there's good outcomes"* but suggested this was not the case for every young person. Similarly, a practitioner in East Cornwall explained that it was harder to understand whether there had been progress for young people with *"more complex lives"* who had been signposted to services outside of *"CAMHS, PMH or social care"*. The practitioner in

³⁰ The Bloom Communications Strategy and Plan has been agreed by the Bloom CWSG but it has not been possible to implement it due to the uncertainty about Bloom's future and sustainability, post-HeadStart. HeadStart Kernow has provided the resource to manage Bloom but is due to end 31 August 2022

³¹ This seems to be a misapprehension: a Bloom Profs meeting must have a Chair (a HeadStart Locality Coordinator), a CAMHS Clinical Psychologist and a Primary Mental Health Worker present in order to run. If any one of these three are not present, the meeting will be re-scheduled

West Cornwall therefore suggested *“maybe there should be an opportunity for us to feed back more formally”*, explaining that *“it might be nice to get feedback”* on how a young person was progressing.

Several practitioners emphasised that it would be valuable to have more opportunities for feedback as to whether the recommendations in plans had been taken onboard or not and what the impact of those recommendations had been, with one explaining *“if we could do that, it would make a huge difference”*.

It does seem to be a weakness of the Bloom model that professionals involved aren’t not regularly able to evaluate the impact of their suggestions for intervention and therefore ultimately, the utility of the model.³²

Emotional impact on professionals

While the core professionals we spoke to highly valued Bloom and their role on the panel, practitioners in all locations emphasised that Bloom meetings can be *“distressing”*, *“intense”* and *“draining”* for the professionals involved. Because of the shift in thresholds, Bloom professionals often consider cases that would previously have gone to CAMHS or child protection boards, and discuss cases where there has been abuse, trauma, bereavement, suicidal ideation, or other traumatic experiences. One practitioner explained it *“can be emotionally exhausting when the child is really struggling and having a really tough time... but you have to find a way to look after your own mental wellbeing to do a good job of Bloom”*. Another practitioner explained that Bloom professionals need to be mindful of *“vicarious trauma”* because of the upsetting situations young people are in and because the descriptions of those situations from referring professionals often have *“a lot of emotion charged in it”*. Similarly, a third practitioner explained that Bloom meetings can ‘often’ be *“a room with distress”* because there are *“sometimes very traumatic retelling of stories from teachers or [others] who are themselves traumatised, trying to get help for very poorly children”*.

Practitioners in East Cornwall explained they *“very often”* took steps to mitigate against this upset or distress by *“debriefing together as a team and ensuring everyone is okay before we move on to the next case”*; encouraging practitioners to engage in self-care and decompression after Bloom meetings; and by the meeting Chair being accessible after the meeting to offer help and support if needed.

However, practitioners in all areas suggested there were opportunities for greater emotional support for core and referring professionals. One interviewee explained, *“I think it is important that more support is available for whoever chairs or attends the meetings so they can, if they need it, have the option of some form of support, follow-up support”* and another practitioner asked for support to be offered after the meeting to core and referring professionals. A third core professional stated that it is the responsibility of those attending Bloom meetings to raise any emotional support needs they have with their managers after the meeting, but thought it would be valuable for managers to be reminded about the emotional impact that Bloom meetings are likely to have now

³² It is currently beyond Bloom’s remit and resourcing to follow up individual young people and the efficacy of any onward interventions suggested at a Bloom Profs meeting, but see *Bloom Evaluation Report: Young People & Parents / Carers Strands* for some case studies giving some evidence of efficacy and impact

that they consider more complex and distressing cases, and for managers to be encouraged to offer support to any staff who attend Bloom panels.

Unsurprisingly, given this level of concern, several practitioners felt Bloom was considering cases of young people too late in their journey, once they were already experiencing significant distress and challenges had embedded and worsened.³³

Finally, a few professionals we spoke to suggested that the move to online sessions during Covid-19 meant that Bloom meetings were more likely to have a negative impact on the wellbeing of some professionals. One practitioner explained they sometimes came away from Bloom meetings needing supervisions now, and found *“the half hour slots [pre-Covid] were more containing”*. Another core professional in the same area agreed that *“there was value in having [Bloom] meetings at the same time in the same space”* because the sessions will often include distress or traumatic retellings of cases, *“and it is very hard to hold that on a screen”* and at different times, compared to in-person meetings which took place in the same physical location and time slot.

Additional concerns

Concerns were also raised concerning awareness levels, the quantity of referrals and the management of the meetings.

Several practitioners suggested that too many professionals, schools and families in Cornwall still remained unaware of Bloom or its role. They acknowledged that progress had been made on this and that HeadStart staff were working to roll-out more information about Bloom to GPs, schools and other services, however they felt more awareness about Bloom was needed, including awareness of how to refer into Bloom.³⁴

The high number of Bloom referrals was identified as another key challenge across the three areas. Some practitioners felt that considering two cases in a week³⁵ was right, as had been the case load in the past, and felt that considering three or four children across an afternoon was quite a significant increase³⁶. One practitioner in West Cornwall explained, *“it is quite a lot to do three or four back-to-back in an afternoon and sometimes we run over, which is challenging because you have a day job too”*.³⁷ However, they acknowledged that it was hard to know what could be adjusted to change that situation.

Linked to this, several practitioners talked about the fact Bloom meetings can overrun and take longer than scheduled. They thought it would be an improvement if meetings were more succinct and stayed focused, and if meetings were kept to the previous timescales.

³³ See previous footnotes re referrals being allocated to Bloom. See *Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020* for more detail about Bloom referrals and referral factors

³⁴ See previous footnote re the extant Bloom Communications Strategy and Plan

³⁵ This is incorrect. Prior to the Covid-19 pandemic, Bloom could hold six two-hour meetings (one in each locality) per week, discussing up to four referrals within each meeting. These were in-person meetings. Currently Bloom holds all its meetings online, and there are nine meetings which can be scheduled each week, each of an hour's duration, and each discussing one referral only.

³⁶ This seems to refer to pre-Covid arrangements for Bloom Profs meetings

³⁷ In the current model for Bloom Profs meetings, there are scheduled gaps between the allocated discussion slots, although meetings can over-run in complex cases

Changes during Covid-19

We have placed this section after the challenges section since the pandemic posed significant challenges for the team and the majority of the comments on meeting virtually have focused on challenges rather than benefits.

The following information (in italics) has been provided by Bloom Operational Lead to explain adaptations made during Covid-19:

With the advent of the Covid-19 pandemic, it was necessary to amend the Bloom model due to the inability to hold face-to-face meetings and the focusing of CAMHS resources on the children and young people most at risk, which adversely impacted the ability to support the existing model. It remained a priority that existing referrals to Bloom should be considered in a timely manner, and Bloom Profs meetings moved online via Microsoft Teams. During 2020 there were four different 'cohorts' as noted below:

1. *Jan – 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, these were triaged by a central team of three (a CAMHS Clinical Psychologist; Bloom Primary Mental Health Worker; and a HeadStart Locality Coordinator and Bloom Operational Lead)*
3. *April – November 2020: Centralised Covid-19 (C-19) model: online Bloom Profs meetings were held with the central team (as above)*
4. *November 2020 onwards: Decentralised C-19 East Mid-West (C-19EMW) model: online Bloom Profs meetings held with area-specific core attendees*

Learning from the management of cohorts two and three, each referral is now discussed in an hour-long meeting.

Practitioners in two groups discussed the above changes that have occurred to the Bloom process during the Covid-19 pandemic and had different opinions on how successful these changes had been. It is important to note that several practitioners we spoke to had worked on Bloom exclusively or mostly during the past year and so their general comments on Bloom related to Bloom in its virtual format.

Several practitioners explained there had been a period of adjustment to get used to Bloom meetings happening via Microsoft Teams but thought it would get smoother over time. One practitioner felt that Bloom meetings had lost some of their informal, information-sharing quality as this was *“much harder to manage that on screen,”* but whilst they felt that online sessions were *“not ideal”* they explained that they *“think it works really well. I still think Bloom is fantastic”* and felt it was much better to offer Bloom virtually than not at all.

Other practitioners explained how *“the practical side...has been difficult since [Bloom] moved online”*, and mentioned the loss of block bookings where the same slot was used for Bloom meetings each week, as well as the longer time slots they now needed which made it hard to schedule meetings and led to sessions that some found more tiring. Practitioners in Mid Cornwall explained

Bloom meetings were now an hour rather than half an hour long, and attendees in Mid and West Cornwall gave examples of times when they had up to four 'back-to-back' Bloom meetings booked in, with one commenting *"it is quite a lot to do three or four back-to-back in an afternoon"*³⁸. Another challenge of virtual working which some practitioners identified was that different people now came to each meeting, rather than there being consistent attendance, and some thought it was harder to build rapport with new people in a virtual, rather than face-to-face, setting. Finally, one interviewee explained that they had found it easier to manage the emotional impact of Bloom when it could be contained in the *"same time, same space"*.

However, several practitioners were very positive about the virtual meetings and an attendee in West Cornwall similarly explained the changes during Covid-19 meant that *"Bloom is becoming even more focused than perhaps it was before"*.

The impact of Covid-19 on young people themselves was mentioned by some practitioners we spoke to. Some pointed out that they had seen an increase in the level of need of the young people referred to them, with one person explaining they had seen *"an increase in anxiety and stress and therefore an increase in need for services across the board, not just Bloom"*³⁹. Finally, some practitioners talked about the impact the pandemic had on referral rates into the service, which were low during the periods of national lockdown and then shot back up when restrictions were lifted and children could go back to school, with one practitioner describing the sudden peaks and troughs of referrals as being *"like a little tsunami coming at you. You know it's not gone away, it's just that it's currently hidden"*.

Impact

Impact on young people and families

Professionals in all three groups felt that Bloom had a positive impact on young people, families, services, and the wider system, with one explaining that Bloom can *"flag gaps in Cornwall's provision or barriers to children and families being able to access it"* and if Bloom stopped it would be *"a massive loss"*. Regarding the impact on young people, all interviewees thought young people in Cornwall would receive less support without Bloom. They felt that without Bloom some young people would have received no support at all as they would not have been picked up by existing services or did not appear to reach existing service thresholds. Others may have received less appropriate forms of support and experienced much longer waiting times. Practitioners also thought that without Bloom, young people would be more likely to be passed back and forth between services, going through multiple referral processes and waiting lists only to be told they don't meet thresholds, wasting the time of services and families and demoralising families and young people.

Practitioners gave multiple examples of where Bloom recommendations had led to young people and families accessing support they did not previously have in place, including CAMHS support, an

³⁸ In the revised C-19 model, there is a maximum of three Bloom Profs meetings scheduled within one session (a morning or an afternoon)

³⁹ Incidence of two referral factors across the whole of Cornwall for cases closed in Bloom: Depression / Low Mood 23% in 2019 and 33% in 2020; Anxiety 50% in 2019 and 46% in 2020. See *Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020*

escalation to a child protection plan, a referral to the Disabled Children's Team, a youth worker intervention, family therapy provision, acceptance on the ASD pathway for an ASD assessment, access to specialist Tier 4 services, and access to a range of voluntary sector groups and programmes, including the Wave Project and Remembering Our Roots. As well as this evidence of impact, several practitioners suggested the fact that the same case rarely came back to Bloom indicated that Bloom provided a valuable form of support which had helped improve a young person's situation. Referring professionals are encouraged to bring the same case back to Bloom if they need to but this rarely happens, and practitioners compared this to their experiences in Early Help and Children's Social Care where they often saw the same cases come back multiple times due to a lack of improvement or deterioration.

A practitioner in Cornwall gave a case study of a young person who was really struggling and had been excluded from lessons at school, but was not known to any services. They were presented at Bloom by a counsellor who did not know how best to support them. The case was discussed at Bloom and the professionals attending felt they needed to get a deeper understanding of what was going on. A Family Worker then talked to the young person, their siblings and their parents, and uncovered that there had been previous bereavement and trauma, which helped build an understanding of why the young person's emotions were manifesting in particular ways. A follow-on Bloom discussion then recommended techniques and tools for the family and suggested further support for the young person. They were able to go back to class, access learning and move forward with their life. That change would likely not have happened without Bloom, as they were not known to other services, and their parents may have continued with only a counsellor. Instead, the family could access multi-disciplinary support that improved outcomes for that young person.

Core professionals explained that there is not capacity elsewhere in the system to stop and problem solve for every young person who comes to Bloom, particularly for the young people for whom standard pathways are not working, nor are there other forums that could link them into community and voluntary sector services, meaning some young people would be left without support. One professional explained that with Bloom *"one Primary Mental Health Worker takes... half an hour to an hour to do an assessment, a consultation plan, send it off and it's gone then, it's not on your radar."* However if Bloom did not exist *"you would have a child, parent, coming into a base to see two primary mental health workers for an hour-and-a-half assessment, Rio to be completed, screening questionnaires, all these other things that are sent off in compliance, that needed to be done when actually I'd say you get similar answers from Bloom"*, which helps explain why the same capacity would not be in the system without Bloom. As one practitioner explained, *"the real positive about Bloom, and there's many positives...[is] how far it reaches and how many families it reaches"*. Reference was made to having three discussions in one afternoon in one locality and how if those three families were seen separately, there would be *"separate assessments; separate piece of work; separate targeted interventions"*.

Core Professionals also explained that without Bloom, more young people would need be referred to CAMHS or PMH. However, CAMHS and PMH are overstretched across Cornwall, as they are nationally, and practitioners felt that removing Bloom would have significantly increase the already long waiting times. One practitioner explained *"they will come to Bloom within a few weeks, within a*

*month hopefully, and have some initial advice around what they can do*⁴⁰, both for the young people who currently access Bloom but who do not access CAMHS/PMH, and for the young people currently accessing CAMHS/PMH. Some young people who urgently need support but who do not necessarily need clinical work would nevertheless be on CAMHS/PMH waiting lists without Bloom, meaning that the young people who absolutely needed clinical work would also need to wait longer to access care. In Restormel, for example, at one point there were 17 children waiting for a Bloom meeting and there were 17 in Carrick.⁴¹ Even if only half those children were added to PMH caseloads, with the other half not accessing any support, they would still need to wait months just to get an initial assessment, whereas with Bloom their cases will be discussed and they will be given a plan of support in a much shorter time frame. As one practitioner said, *“the impact of not having Bloom is...we would go back to pre-Bloom where we would have so many referrals...the longer something waits the worse it gets”*.

Practitioners also felt Bloom had a positive impact on parents and carers. Many parents will have tried to get support for their child for a long time but been on the fringes of support, receiving rejections for assessments and programmes. At the end of the Bloom process, parents will have a clear plan, which often validates their experiences and helps them feel heard by acknowledging what their child has been struggling with. The plan, which is written with the parent as the primary audience, suggests support and offers advice from clinical, early help and other perspectives on what will help their child. They will not come away from Bloom with another experience of not meeting a threshold or not being heard by professionals but instead will have a concrete plan of action.

A professional talked about a recent case where a young person had been placed on the ASD pathway for an ASD referral, explaining *“the mum’s just calmer knowing that’s been done. She was so desperate for that to be done. Whatever the outcome is she feels listened to now”*. This impact on parents is an example of a ‘soft outcome’ which one professional we spoke to emphasised as being as important as hard, data-driven outcomes.

“just as important if not more important than hard outcomes...soft outcomes lay the foundations to enable that model of change so that families can then feel more confident and children and young people can feel more confident and self-assured to take the steps that they need to make those hard changes and hard outcomes”.

Impact on professionals and services

Bloom was seen as having an equally positive impact on professionals and services. PMH and CAMHS professionals thought Bloom had reduced their services’ caseloads,⁴² partly because of the shorter

⁴⁰ Typically Bloom cases are discussed and closed within 57 calendar days of the referral being allocated to Bloom

⁴¹ There is no Bloom waiting list as such. Delays may occur where Parents / Carers struggle to identify a Nominated Professional, or with the Nominated Professionals’ availability to attend a Bloom Professionals Consultation meeting. The impact of Covid-19 has also necessitated amending the model from up to 24 face-to-face discussions per week to up to nine virtual meetings per week over MS Teams

⁴² PMH / CAMHS clinicians can make referrals to Bloom. This could be for professional consultation to access a multi-agency professional consultation and additional support suggestions for an ongoing PMH / CAMHS case, or to access a multi-agency professional consultation and support suggestions for a PMH / CAMHS case that is about to be closed. In 2020, three Bloom cases closed had been referred in from PMH and 18 Bloom cases

time it takes to consider a case at a Bloom conference compared to the requirements of a full CAMHS or PMH assessment, with one explaining that without Bloom *“we’d have a lot more work to do!”*. Another practitioner emphasised that Bloom could stop services from wasting time by having a look at a case as *“what it enables us to do is actually offer the right support, timely, rather than going around the houses. That’s not fair on a child or a family”*. Cases can be considered at the right time by the right people, reducing the burden on services while improving support for the family.

In contrast, several Early Help professionals suggested that Bloom led to a higher workload for Early Help as more young people were referred to their support after consideration at Bloom. Professionals from all services talked about the challenges of balancing Bloom meetings alongside their full-time jobs. Nevertheless, all professionals minimised the impact on their caseloads and workloads, suggesting that the crucial thing was that Bloom helped young people to get the right support and any increases or decreases in caseloads were the result on young people accessing the support they needed.

A positive impact of Bloom is that it means professionals do not have to carry complex cases on their own but can bring them to a Bloom panel for discussion. As one Early Help practitioner explained, Bloom has *“filled a big hole”*. *For non-mental health workers who are working in children’s services, previously if a CAMHS referral goes in ‘it’s rejected, it doesn’t meet threshold, we’re left holding the baby...sometimes holding some children with mental health needs, that we’re not trained to hold, and we’re not trained to manage that...what Bloom has done is filled that gap and given the workers the skills and the knowledge to be able to have those discussions”*. Now they can take that case to Bloom and receive multi-agency input.

Likewise, several practitioners felt that Bloom can reduce the burden on any one professional and reduce difficult dynamics with families. If a practitioner has to tell a family that their child would benefit from a form of support the family does not agree with, such as parenting support, or a mental health diagnosis, it was reported that the professional can sometimes be blamed by the family. When a practitioner can bring a case to the Bloom meeting, the Bloom recommendations shift the dynamic. Often, the recommendations and suggested actions from Bloom have additional weight and credibility because they are the result of a multi-disciplinary process. This means families are more likely to accept the suggestions than if they come from just one professional or service, and it allows the practitioner to focus on supporting the family through the process, rather than have any confrontation or blame.

“you almost want to separate some of those hard decisions and it [be] more of a recommendation direction from a panel so that the practitioner can focus much more on the support element of the work...sometimes as a professional if you’ve got to have those very hard, difficult, challenging conversations with a family that can inhibit further work”.

As identified in model strengths one of the most significant impacts of the Bloom process was that professionals felt it gave them a space to access support, reassurance and problem solving. Practitioners in each group tried to find the right words to explain this benefit, and several of them

closed had been referred in from CAMHS. Collectively, these 21 cases accounted for 8% of the total 263 Bloom cases closed in 2020. See *Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020*

suggested that Bloom provided something similar to a clinical or peer supervision. One practitioner in West Cornwall explained that Bloom helps *“not like a supervision, but almost like that critical platform where you can start to analyse your own work and what else [you] could be doing”*. Another person in Mid Cornwall agreed that the process of discussing a case, asking questions and formulating a plan at the end *“is very like a peer supervision”* and can help the Core Group develop their knowledge and understanding of different situations and think outside of the box about cases they have been struggling with.

An interviewee in East Cornwall suggested that it can also provide *“that reassurance and peer-supervision-type-thing”* to the professional bringing the case to Bloom, explaining that the panel often give them encouragement, reassurance, and is *“like permission giving”* and *“quite often, people are doing the right things, they just need to hear it from someone that they trust to tell them the right thing”*.

Bloom also impacted professionals by providing a space that facilitated learning and knowledge sharing, as is discussed above in the information-sharing section. Practitioners felt that participating in the Bloom process had increased their knowledge of other services and teams and of available provision, had developed their case work, and provided them with new skills and professional networks. Practitioners outside of mental health roles felt that participating in Bloom had improved their knowledge of psychological therapies and children’s mental health, and a professional in CAMHS explained *“it helps those in CAMHS see what else is out there”*. They felt that Bloom had an educative function for referring professionals too, developing their understanding of children’s mental health and trauma, and building their knowledge and confidence of simple tools to support distressed children. This impact is beneficial for individual practitioners, but having more professionals across Cornwall who have a better understanding of children’s mental health, trauma, available provision and who can work in a more holistic, collaborative way also benefits young people and the wider system. This is one example of what a practitioner we spoke to called *“Bloom’s ripple effect”*.

Another example of Bloom’s impact on the wider system is the way it can highlight gaps and problems in the system. Where some children are turned away from accessing CAMHS or PMH despite needing those services, the Bloom process helps to highlight *“maybe the right decisions aren’t made at other threshold points or triage points,”* and can help professionals think through why a particular case might have been missed and learn from that for the future. Bloom meetings can also identify occasional gaps in available support, where some young people are not eligible for certain types of support or do not fit easily into the system, for example because they are not on a school-roll.

This information could then be shared and used to change the situation for the future, though practitioners thought more could be done to capture and amplify this learning.

Finally, Bloom was seen to align with the priorities of other services and to support existing programmes of work. As one practitioner explained, *Bloom “very much supports the work of HeadStart...and I think supports all of our work really and our remit”* while another felt *“Bloom supports Cornwall Council’s One Vision, Inclusion, Best Start to Life, as well as health agendas. It’s a kind of coming together of all of those things”*.

Suggestions

The main suggestion from the core practitioners that we spoke to was for the Bloom model to continue so it could carry on its work into the future. There was some nervousness in all groups about the future funding of Bloom and all practitioners were clear that they thought Bloom should continue because of its positive impact on young people, families, practitioners, and children's services across Cornwall. Aside from this, a number of specific recommendations were made. To avoid duplication these have been incorporated into the Recommendations section below. Those recommendations made by Core staff rather than the report authors are shown in italics.

Recommendations

1. **Improved information sharing** – Ensuring that all Bloom meetings have access to Mosaic records. If this can't be achieved through assured Social Work or Early Help attendance then decisions on siting of the Bloom model going forward will need consider whether or not it would be possible for one of the Core Bloom members of staff to be a joint appointment, providing them with access to Mosaic.
2. **Improved stakeholder buy-in**
 - a. For many services it appears that the benefits of attending Bloom supports commitment to the meetings. However, for Early Help, the Bloom model increases, rather than decreases workload. It is therefore paramount that attendance at meetings is made a clear priority by Early Help leadership. Furthermore, that consideration is given to the increased workload when wider services are reviewed.
 - b. *To strengthen external relationships, advertise Bloom, and encourage partners from across the VCS, School Nursing teams, GPs and others to attend again. Establish new relationships with additional services such as community policing and disabled children's networks.*
 - c. If Cornwall is committed to the Bloom model then consideration should be given to setting clear expectations into service contracts concerning attendance at meetings.
3. **Increase awareness of Bloom** – *raise profile with School staff and parents to increase the numbers of referrals being made at an early stage before problems become embedded.*
4. **Additional support for professionals attending Bloom meetings** – *Given that professionals reported that meetings consider more complex and distressing cases than had originally been envisaged thought should be given to whether it would be possible for there to be a support offer for professionals over and above that which they get from attending meetings. Whether or not this is possible it would be valuable for managers to be reminded about the emotional impact that Bloom meetings are likely to have and to be encouraged to offer support to any staff who attend Bloom panels.*
5. **Improved feedback on model efficacy** – lack of multi-agency buy-in currently means that attendance at meetings cannot be relied upon as the feedback mechanism for previous formulations. Professionals are sometimes left in the dark as to whether referrals for support

have been accepted and or the support successful. Going forward it will be important that the model is able to:

- a. *Ensure that there is feedback on the appropriacy and outcome of the formulation made for the young person in the meeting.*
- b. Ensuring that data is collected and reviewed on the impact of the Bloom model on the appropriacy and number of referrals to CAMHS and Early Help services.

6. Improved meeting processes

- a. Given the considerable staff resource involved in Bloom meetings it is critical that the meetings run to time.
- b. A return to the block booking approach for Bloom meetings with the same slot being used each week. In order to support greater consistency of attendance.

7. **System level feedback mechanisms** – *Bloom is a very valuable source of data on instances where the 'system' is not working well for some children and young people. There need to be routes for this data to be feedback to system leaders so this can be acted upon at a system-level.*

Appendix: Job roles of attendees

There were three separate focus groups held during the evaluation. The professionals who attended are listed below, along with details of how roles were represented across the groups.

Attendees from CAMHS/Primary Mental Health (6)

- 1 CAMHS Clinical Psychologist (in one group)
- 1 Senior Primary Mental Health Worker (in one group)
- 4 Primary Mental Health Workers (at least one per group)

Attendees from Early Help (5)

- 3 Early Help Coordinators (at least one per group)
- 2 Early Help Locality Team Managers (in two separate groups)

Attendees from HeadStart (4)

- 2 HeadStart Community Facilitators (in two separate groups)
- 2 HeadStart Locality Coordinators (in two separate groups)

Appendix 2: NCB Bloom Core Attendees Focus Groups Topic Guide



Bloom evaluation

Bloom core team focus groups (January 2021)

Introduction

- A comprehensive evaluation of the Bloom model has been planned for the 2020/21 academic year *inter alia* to understand the effectiveness of the model, and inform sustainability planning.
- We thank you for agreeing to be involved in the **core team** evaluation strand scheduled to be completed from December 2020 to January 2021. For the purposes of this part of the evaluation, the National Children's Bureau¹ will be completing focus groups with members of the Bloom core team focused around the following topics:
 - Bloom's effectiveness
 - Reflections on impact
 - Reflections on strengths, weaknesses and areas for improvement
- You will be contacted to establish your availability for core groups to be held by Saskia Jenkins, Development Officer with the National Children's Bureau using Microsoft Teams and with your permission this will be recorded digitally and then transcribed. No responses will be attributed to any named individual, but may be attributed to a specific role.
- We have allocated approximately 60 minutes so it may not be possible to cover each question in depth. However, some of the people participating in a focus group may also receive a Bloom professionals' questionnaire that includes a space for more feedback
- A draft report of the interview findings will be produced by NCB and submitted to the Bloom team. It will be shared with all core team participants for comment. The final report will be available widely and elements of it will be incorporated into a wider evaluation report by the Bloom project team.

Topics/Questions

Bloom's effectiveness

1. Does Bloom place the needs of the child at the centre of all discussions and suggested outcomes?
 - a. Why did you feel that?
2. Does Bloom provide a valuable space for meaningful discussion and information sharing between services / organisations?

¹ The National Children's Bureau (NCB) is funded by The National Lottery Community Fund as Support and Development Provider for the six HeadStart partnerships; providing bespoke support to partnerships; facilitating networking opportunities and supporting the sustainability and legacy ambitions of the programme.



Information Classification: CONTROLLED

- a. Are there any similar fora for this?
3. Has Bloom helped young people get the right support at the right time?

Further reflections on impact

4. What would be the impact to Children / Young People and their families if Bloom didn't exist or wasn't available?
5. What would be the impact to your team / service / organisation if Bloom didn't exist or wasn't available?

Further reflections on strengths, weakness and areas for improvement

6. What are the strengths of Bloom?
 - a. What works well?
 - b. What do you like about it?
7. What are the weaknesses of Bloom?
 - a. What doesn't work well?
 - b. What don't you like about it?
8. Do you have any suggestions for improving Bloom?

If you have any queries in advance of the interviews, please contact Saskia Jenkins, Development Officer at NCB by emailing SJenkins@ncb.org.uk