



Bloom Evaluation Report: Bloom Leadership Team Strand

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About the Authors

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Deborah was previously a University Head of Quality Assurance and Enhancement. She has been a member of leadership teams for new cross-governmental initiatives such as the Connexions Partnerships, and the Young Gifted and Talented national programme. Other experience includes working as a freelance management consultant; roles with the Open University; serving with the British Council both overseas and in the UK, managing multi-million pound development programmes for China, Indonesia and elsewhere on behalf of the Foreign and Commonwealth Office and the Department for International Development; and in the theatre as actor and administrator.

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

The support and guidance provided by the members of the Bloom Evaluation Working Group has been invaluable. The industry and good humour of Dan Robinson, the Senior Bloom Administrator, have both been noteworthy throughout the evaluation.

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

Executive Summary

This report is one of a suite, each report noting the findings from one strand of the 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 the Bloom Leadership Team whose six members are drawn from CAMHS, HeadStart Kernow, and the CAMHS Access Team co-located with the Early Help Hub. The Bloom Leadership Team comprises the Clinical Lead, the Operational Lead, the Senior Administrator, the Project Officer and Data Analyst, the core Primary Mental Health Worker, and the CAMHS Access Team Manager.

The NCB Report (Appendix 1) aimed to ascertain and analyse the opinions and views of the Bloom Leadership Team via structured interviews and summarises the views of the Bloom Leadership Team about:

- the strengths and challenges of the Bloom model
- the effectiveness of the Bloom process at enabling a meeting to take place in a timely manner and any challenges
- the impact of Bloom on children, young people, families, organisations and support systems
- the opportunities for improving and developing Bloom (model and process)
- the future sustainability of the Bloom model

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 for children with emotional, behavioural and mental health problems who 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 Professionals Consultation (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.

The NCB Report notes that the Bloom Leadership Team identified a number of strengths of Bloom including the multi-agency nature of the model, and the building of positive working relationships and networking amongst professionals: *'It's really positive in terms of building relationships between different agencies.'*² The support given to professionals, particularly Nominated Professionals, within Bloom is highlighted, and the resilience and confidence of frontline professionals providing support to young people is noted as being thereby enhanced. The NCB report suggests that Bloom is helpful in enabling support given to children and young people to be at an earlier and more universal level than might otherwise be the case: *'It's thinking a little bit more preventatively. So it's getting that level of understanding of children's presentations in there, right at the start, rather than waiting for children's distress to build'*.

The NCB report comments that access to clinical expertise within Bloom Profs meetings was identified as being particularly useful, and the Bloom Leadership Team is noted as inferring that, through attendance at Bloom Profs meetings by professionals, fewer referrals to CAMHS are made: *'[A] school might have a bad relationship with CAHMS because CAHMS have historically not accepted a couple of referrals and they thought they might have done. Having Bloom ... gives that deeper level of understanding as to why these things might not be accepted and what is mental health and what isn't mental health, and how external social factors can impact on somebody.'*

The Bloom Leadership Team is reported as agreeing that there would be a detrimental impact on services should Bloom not be available, with young people being subject to 'referral bounce', and needs and presentations escalating until they met service thresholds for referral. The wider system would also be affected, the NCB Report notes the Bloom Leadership Team as suggesting, through increased referrals particularly to CAMHS; and the loss of information sharing, peer support and collaborative working opportunities.

It is difficult from the commentary and comments within the NCB Report to gauge the force of any comment that members of the Bloom Leadership Team individually and collectively might have made regarding various elements of the Bloom model and process. Amongst the challenges identified in the NCB Report, however, are ensuring professionals' attendance at Bloom Profs meetings; ensuring the voice of the child and family are heard within Bloom Profs meetings; and being unable to check whether suggestions made in the

¹ RiO is the NHS case management system

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

Consultation Plan were followed up, or to understand how beneficial such suggestions had been. These form the basis for some of the recommendations in the NCB Report and are considered in detail separately later in this report. 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 the reflections of the Bloom Leadership Team on the change to virtual Bloom Profs meetings due to the advent of the pandemic and lockdown.

Some of the commentary and recommendations within the NCB Report contain understandable misapprehensions about the model and its working in practice since the author is 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 Leadership Team 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 structured interviews held with members of the Bloom Leadership Team allows the following conclusions to be drawn:

Support for Bloom

Unsurprisingly, Bloom has the support of the Bloom Leadership Team who, working within Bloom on a day-to-day basis, 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. They were also clear of the value of Bloom to the wider children's services' ecology within Cornwall.

Challenges

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 Bloom Leadership Team acknowledge that Bloom faces an existential challenge as the HeadStart resource is time-limited, and that support from partner organisations and services will need to be in place if Bloom is to continue. The continuing development of Bloom and the implementation of the Bloom Communications Strategy and Plan are dependent upon such commitment.

Bloom – early help and universal

The NCB Report suggests that Bloom is helpful in enabling support given to children and young people to be at an earlier and more universal level than might otherwise be the case (*'it's getting that level of understanding of children's presentations in there, right at the start, rather than waiting for children's distress to build'*). 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 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 Bloom³).

Bloom's educative function

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

³ 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)

organisations to engage with clinical expertise 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 the CAMHS offer: *'[A] school might have a bad relationship with CAHMS because CAHMS have historically not accepted a couple of referrals and they thought they might have done. Having Bloom ... gives that deeper level of understanding as to why these things might not be accepted and what is mental health and what isn't mental health, and how external social factors can impact on somebody.'*

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.

Recommendations

Recommendation 1: That a review of the Bloom Communications Strategy and Plan should include a review of all communications sent to partners, stakeholders, Nominated Professionals, and parents, to ensure that they continue to be fit-for-purpose, and that the Memorandum of Understanding for organisations be included in this review

Recommendation 2: That a quality audit and other measures (eg further Community of Practice meetings) be considered to ensure that a consistency of approach and structure of Bloom Profs meetings in all localities / areas is being maintained

Recommendation 3: That Bloom explore how additional information might be captured on the CAMHS referral form

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 an analysis of structured interviews with the Bloom Leadership Team 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 Bloom Leadership Team 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 views of the Bloom Leadership Team via structured interviews.

The members of the Bloom Leadership Team were agreed by the EWG to be:

- Dr Lisa Gilmour, CAMHS Clinical Psychologist and Clinical Lead for Bloom
- Deborah Clarke, HeadStart Kernow, Operational Lead for Bloom
- Henry Lewis, CAMHS, core Bloom Primary Mental Health Worker
- Derek Thompson, HeadStart Kernow, Bloom Project Officer and Data Analyst
- Dan Robinson, HeadStart Kernow (seconded from CAMHS), Senior Bloom Administrator
- April Sheppard, CAMHS Access Team Manager (co-located with the Early Help Hub)

Draft questions were formulated by the Evaluation Project Team and were agreed by the EWG who also determined that the members of the Bloom Leadership Team should be interviewed individually. 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 each structured interview and provide a report of their findings, so giving the Bloom evaluation a measure of externality. This approach was agreed by the EWG, and hence the Evaluation Project Team requested that the NCB conduct structured interviews with those most closely associated with the management and operation of the Bloom model and process.

The Evaluation Project Team worked with the NCB to further refine the interview questions and to structure the 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.

The members of the Bloom Leadership Team were contacted 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 Leadership Team Interviews Topic Guide (Appendix 2) based on the questions agreed by the EWG. Each member of the Bloom Leadership Team was sent the Interview Topic Guide by the NCB when they arranged a mutually-convenient date and time for each

structured interview to take place. Due to the Covid-19 pandemic each structured interview took place over Microsoft Teams. The structured interviews took place in March 2021.

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 considers and reflects upon the views of the Bloom Leadership Team, whose respective responsibilities with regard to Bloom are noted in the following table.

Table 1: Bloom Leadership Team

Role and Org	Tasks
Bloom Operational Lead HeadStart Kernow Deborah Clarke	<ul style="list-style-type: none"> • Bloom Strategy • Operational management • Bloom governance including authoring papers and reports for Cornwall-wide (CWSG) and Locality-based Steering Groups • Attendance at CWSG and Locality Steering Groups • Evaluation • Reporting • Communications • Process design and changes • Chairing Bloom Profs
Bloom Administration HeadStart Kernow Dan Robinson	<ul style="list-style-type: none"> • Updating caseload spreadsheets and RiO records database • Single point of contact for all Bloom queries • Liaison with Parents / Nominated Professionals • Nominated Professional Feedback Survey processing • Processing of Consultation Plans • Coding of ad hoc online surveys • All other Bloom admin
Bloom Management Information HeadStart Kernow Derek Thompson	<ul style="list-style-type: none"> • Data capture and data analysis • Evaluation • Reporting • Communications • Process design and changes • Research
Bloom Clinical Lead CAMHS Dr Lisa Gilmour	<ul style="list-style-type: none"> • Bloom Strategy • Resource management (clinical input into Bloom) • Attendance at CWSG and Locality Steering Groups • Participation in Bloom Profs meetings • Psychological formulation input to Consultation Plans
Core Primary Mental Health Worker CAMHS Henry Lewis	<ul style="list-style-type: none"> • Participation in Bloom Profs meetings • Contribution to psychological formulation • Writing of Consultation Plans Updating RiO • Attendance at Locality Steering Groups
CAMHS Access Team Manager CAMHS April Sheppard	<ul style="list-style-type: none"> • Clinical screening of referrals and allocation to Bloom

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

With additional resource provided by HeadStart Kernow the Bloom model was rolled out 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 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
- 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.

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 Leadership Team identified a number of strengths of Bloom including *'the multi-agency nature of the model and the opportunity that it provided for support and development to those in non-clinical roles who were never the less supporting young people who might have very complex lives, and or be quite challenging to help'*. The building of positive

'It's really positive in terms of building relationships between different agencies. [A] school might have a bad relationship with CAHMS because CAHMS have historically not accepted a couple of referrals and they thought they might have done. Having Bloom ... gives that deeper level of understanding as to why these things might not be accepted and what is mental health and what isn't mental health, and how external social factors can impact on somebody.'

working relationships and networking are noted as being beneficial in supporting professionals in understanding other organisations' offer and service foci.

Bloom Profs meetings are noted in the NCB Report for their supportive ethos; the support given to Nominated Professionals is particularly highlighted. In doing so, the author of the NCB report suggests that Bloom is helpful in enabling support given to children and young people to be at an earlier and more universal level than might otherwise be the case.

'It's thinking a little bit more preventatively. So it's getting that level of understanding of children's presentations in there, right at the start, rather than waiting for children's distress to build'

The author of the NCB Report also postulates that the resilience and confidence of frontline professionals providing that support are increased through participation in Bloom. These suppositions are supported by findings from other strands of the comprehensive Bloom evaluation (of which this report forms a part), such as the *Bloom Evaluation Report: Bloom Professionals Strand*, as well as from the routine feedback questionnaires sent out to attendees at Bloom Profs meetings.

The unique aspect of Bloom is the attendance at each Bloom Profs meeting of a CAMHS Clinical Psychologist and a Primary Mental Health worker. Their attendance and that of the Chair are mandatory: Bloom Profs meetings will not proceed if they are not available. The NCB report notes that access to clinical expertise within Bloom Profs meetings was identified as being particularly useful.

'The unique bit is to have the CAMHS colleagues and the Primary Mental Health worker in every meeting...because they bring that different dimension, particularly, where a referral is saying, 'I want CAMHS', which we know a lot of professionals do.'

The range of professionals attending a Bloom Profs meeting was understood to support the aim of gaining an holistic understanding of what was going on for the young person, such that attendees could suggest the most appropriate and helpful interventions and support to help them. The Bloom Leadership Team is noting as inferring that, through attendance at Bloom Profs meetings by professionals, fewer referrals to CAMHS are made.

It is difficult from the commentary and comments within the NCB Report to gauge the depth of any concern that members of the Bloom Leadership Team individually and collectively might have regarding various elements of the Bloom model and process. Interestingly there seems to be some misunderstanding about referral thresholds for Bloom as reported within the NCB Report. All

referrals are allocated to Bloom by the CAMHS Access Team, and all will be discussed excepting only in the most exceptional and rare cases (for example, the death of the young person; persistent non-engagement by parent / carer).

Amongst the challenges identified in the NCB Report are stakeholder buy-in ie ensuring attendance at Bloom Profs meetings; ensuring that the voice of the child and family are heard within Bloom Profs meetings; and closing the loop (being unable to check whether suggestions made in the Consultation Plan were followed up, or to understand how beneficial such suggestions had been). These form the basis for some of the recommendations in the NCB Report and are considered in detail separately later in this report.

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 the reflections of the Bloom Leadership Team on the change to virtual Bloom Profs meetings due to the advent of the pandemic and lockdown. That such meetings online require closer management to ensure that all attendees feel equally able to contribute to the discussion is acknowledged within the NCB Report. The author correctly notes that the experience of delivering Bloom Profs virtually has '*clear implications for future operational decisions*'; the comprehensive Bloom evaluation of which this report forms part includes the views of professionals who have attended Bloom Profs in both face-to-face and virtual modes as to which they prefer (see *Bloom Evaluation Report: Bloom Professionals Strand* for more detail).

The Bloom Leadership Team is reported as agreeing that there would be a detrimental impact on services should Bloom not be available, with young people being subject to 'referral bounce', and needs and presentations escalating until they met service thresholds for referral. The wider system would also be affected, the Bloom Leadership Team suggested, through increased, and increased inappropriate, referrals particularly to CAMHS; and the loss of information sharing, peer support and collaborative working opportunities.

'I suppose it would be down to professionals who know services out there to signpost to, and if they don't know services then that child is not going to access certain support maybe, or certain activities that they could do in their community. Without Bloom, CAMHS would receive a lot more referrals.'

As noted earlier, the Evaluation Project Team have annotated the NCB Report attached at Appendix 1, where comments warranted further elaboration or clarification. Recommendations made within the NCB Report are considered in the following section of this report.

Reflections on the Recommendations made in the NCB Report

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 Bloom Leadership Team and from the author of the report. The recommendations made by the NCB in their Report are each considered below, in turn.

NCB Report Recommendation 1

A review of the communications that go out:

- a. To Partners describing the Bloom model to ensure that it is sufficiently explicit about the importance of stakeholder attendance - to ensure a holistic and child centred plan formulation. Consideration of developing a Memorandum of Understanding with key stakeholders to ensure attendance is prioritised.
- b. To wider stakeholders to ensure they are clear on what Bloom is and what it does.
- c. To the nominated professional to ensure that they are clear about role expectations.
- d. To parents, to ensure that the welcome letter provides an accessible route of reply

Response to NCB Report Recommendation 1

Bloom regularly reviews the communications which are sent out to support its processes and has an existing Bloom Communications Strategy and Plan, agreed by the Bloom Cornwall-wide Steering Group. The implementation of this Strategy and Plan, including the distribution of a professionally designed Bloom brochure to partners, stakeholders, parents and young people, has been impacted adversely by the lack of certainty about the future of Bloom. In lieu of being able to implement the Communications Strategy and Plan, those leading Bloom advocate and advance the importance of multi-agency attendance at Bloom Profs meetings through proselytisation and attendance at other meetings. Once the future of Bloom is secure, a review of the Communications Strategy and Plan could be undertaken, to include a review of the communications that go out to the groups identified within this NCB Report recommendation.

The Core Group, who attend all Bloom meetings, consists of a CAMHS Clinical Psychologist, a Primary Mental Health Worker, and a HeadStart Locality Coordinator as Chair. Typically, an Early Help locality team member 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 also 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 Core Group, attendance at a Bloom Professionals Consultation 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. That said, 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. Should the future of Bloom be secured, there may be merit in revisiting the Memorandum of Understanding that underpins multi-agency working in Bloom to ensure that the expectation is highlighted that professionals should, where possible, prioritise attendance at Bloom Profs meetings.

Role profiles for all key roles at a Bloom Profs meeting have been developed, including one for the Nominated Professional. This sets out the expectations for the role, so that they should be able to attend the Bloom Profs meeting well-prepared.

Bloom uses a test-and-learn approach, and the Bloom Senior Administrator is available to respond to emails from parents / carers and others. Bloom has no telephone number noted on the welcome letter since the Bloom Senior Administrator is not qualified to engage in discussions of a clinical nature. Previous experience when the Bloom administrator was available via telephone demonstrated that a significant proportion of calls made to or received from parents / carers (for example, to obtain a Nominated Professional), drifted into discussion about the young person's presentation, issues and needs, which clearly falls outwith the Senior Administrator's remit.

Recommendation 1: That a review of the Bloom Communications Strategy and Plan should include a review of all communications sent to partners, stakeholders, Nominated Professionals, and parents, to ensure that they continue to be fit-for-purpose, and that the Memorandum of Understanding for organisations be included in this review

NCB Report Recommendation 2

A review of meeting and administrative procedures to consider:

- a. Whether the spreadsheet holding and tracking referrals could be improved.
- b. Whether when referrals come back into the Early Help Hub that they are accompanied by the minutes of the previous meeting or the agreed plan.
- c. Whether feedback from other evaluation reports suggests a greater degree of structure is needed within Bloom meetings.
- d. Whether meetings can offer a blended option to stakeholders and nominated professionals in future so that virtual attendance is still an option.
- e. Whether there might be any opportunity to identify the parent's nominated professional earlier in the process.

Response to NCB Report Recommendation 2

The Bloom spreadsheet fulfils a number of functions. While primarily a means of capturing data necessary to run day-to-day operations, the data it holds is also

used for data analysis for the Bloom Cornwall-wide and the Bloom Locality Steering Groups (also see *Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020* which is part of this comprehensive Bloom evaluation). Bloom reports by calendar year, so the spreadsheet holds only those records until year-end data analyses and reports can be completed (257 in 2019; 263 in 2020). The Bloom Senior Administrator role manages the spreadsheet on a daily basis, and may at any time make suggestions for improvement which are encouraged and welcomed. Part of the role remit is to identify opportunities for streamlining or otherwise improving the process, in line with HSK's test-and-learn approach.

The Consultation Plan template includes a statement that the completed Consultation Plan can accompany any onward referral in support of that referral: *'Point of Contact should discuss this plan with the young person and their family, and ensure that they are all committed to any suggestions of support. Please note that if a referral to a specific service has been suggested, the Point of Contact will need to ensure that any referral criteria are met and an appropriate referral form is fully completed. (This Consultation Plan can be attached to the completed referral form as additional information if appropriate.)'* It is up to those making the onward referral to make use of the Consultation Plan in the way they deem most helpful: often, within Bloom Profs meetings, the Point of Contact is encouraged to do so in any onward referral. However, Bloom has no remit or resource to track whether any onward referral has been accompanied by, or has quoted, the Consultation Plan. It should be noted that the Consultation Plan is the only record of a Bloom Profs meeting.

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 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. It might be helpful for a quality audit and other measures to be considered which could provide assurance that there is in practice a consistency of approach and structure in each Bloom Profs meeting across Cornwall.

Recommendation 2: That a quality audit and other measures (eg further Community of Practice meetings) be considered to ensure that a consistency of approach and structure of Bloom Profs meetings in all localities / areas is being maintained

The mode (virtual; face-to-face; blended) of Bloom Profs meetings going forward as lockdown eases and a 'new normal' emerges is kept under constant review by

the Bloom Operational and Clinical Leads. Decisions regarding which mode should be scheduled are dependent upon a number of factors including, not least, governmental and organisational determinations regarding Covid-19 restrictions. Findings from another strand of this evaluation⁴ 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.

Referrals to Bloom are allocated by the CAMHS Access Team co-located with the Early Help Hub, and are made on a CAMHS referral form. As such, Bloom has no ability to amend the form unilaterally so that it includes the details of a parent / carer's Nominated Professional. This would be the only means of identifying the Nominated Professional earlier in the process than currently.

Recommendation 3: That Bloom explore how additional information might be captured on the CAMHS referral form

NCB Report Recommendation 3

Increasing the capacity of the model so that more cases can be discussed at the earliest point of presentation.

Response to NCB Report Recommendation 3

Bloom is available for young people aged 0 - 18 who reside or study in Cornwall, and there are no referral criteria for Bloom. The CAMHS Access Team, which is co-located with the Early Help Hub, screens and allocates referrals to Bloom. 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.

Pre-Covid (that is prior to March 2020), each locality (bar Penwith⁵) had an established Locality Steering Group and the frequency, timings and locations of Bloom Profs meetings within each locality had been agreed:

⁴ See *Bloom Evaluation Report: Bloom Professionals Strand* for more detail

⁵ 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

Table 2: 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 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 in the following table:

Table 3: 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.

With the advent of the Covid-19 pandemic, Bloom's pragmatic test-and-learn approach, which has been evident from its inception, has enabled flexibility and agility in continuing to ensure that children and young people who do not meet the threshold for CAMHS support receive a rapid and responsive service. During 2020 and notwithstanding the pandemic, Bloom was able to assist 263 young people to receive appropriate and timely support, an increase over the number in 2019 (257).

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

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

It should be noted that Bloom has little ability, beyond persuasion and persistence, to influence key elements within the process of establishing the Bloom Profs meetings, such as the time it may take for a parent to nominate a professional to attend a Bloom Profs meeting or for that Nominated Professional to confirm which Bloom Profs meeting date / time they are able to attend. Bloom is not responsible for the length of time it may take the author of a

Consultation Plan (usually the Primary Mental Health Worker attending the Bloom Profs meeting) to forward that plan for distribution. Nonetheless, the informal KPIs have been met or surpassed: the average length of time between receipt of referral and the case being closed in Bloom is eight weeks (57 calendar days). To date, the average length of time between the Bloom Profs meeting and the distribution of the Consultation Plan to recipients is ten working days.

NCB Report Recommendation 4

Ensuring that there is feedback on the appropriacy and outcome of the formulation made for the young person in the meeting.

NCB Report Recommendation 5

Ensuring that data is collected and reviewed on the impact of the Bloom model on the appropriacy and number of referrals to CAMHS services.

Responses to NCB Report Recommendations 4 and 5

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. 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. 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 2020⁶: 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.

Data is routinely collected, analysed and disseminated to the Bloom Cornwall-wide and Locality Steering Groups. The comprehensive Bloom evaluation, of which this report forms part, is demonstrating that Bloom is highly regarded, and from the data available, it appears to be meeting the needs of the young people discussed at the Bloom Profs meetings.

As part of a Bloom Profs meeting, suggestions for support are made, and any concomitant funding implications are also discussed. Often participants will suggest funding pathways so enhancing the knowledge of others present; where no funding is available, participants will think of other appropriate suggestions for support where funding is not an issue, or is easier to access.

⁶ See *Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020* for more detail

During the latter half of 2020, following the conclusion of a Bloom Professionals Consultation 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 Bloom referrals and referral factors).

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.

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

Bloom is a partnership model and process, not a service and is not part of CAMHS. It does not therefore 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*).

NCB Report Recommendation 6

Routine collection of feedback from the nominated professional on how effectively they feel the Bloom model supports them.

Response to NCB Report Recommendation 6

Bloom feedback forms have been used at Bloom Professionals Consultation (Bloom Profs) meetings since July 2019. The layout and focus are based upon the CHI-ESQ Experience of Service forms used within the NHS. Hard copy feedback forms were handed to professionals at the end of their attendance at the face-to-face Bloom Profs meetings so that they could be completed

immediately and returned to the Chair of the meeting for later analysis. Consent was requested as part of the data capture and the feedback has been used to support best practice in the meetings, capture any issues with particular locations / meetings, and highlight what Bloom is doing well.

Given the emergence of Covid-19 and the adoption of a revised Bloom model to the Covid-19 Consultation model, held online via Microsoft Teams, a modified feedback form based on the previous Bloom Profs feedback form was created in Netigate (now on the Cornwall Council 'Let's Talk Cornwall' platform) and is routinely sent to professionals attending virtual Bloom Profs meetings.

These surveys are completed on a voluntary basis. Respondents have included Nominated Professionals and core meeting attendees. Analysis of the feedback received is routinely part of the agenda for both the CWSG and the Bloom Locality Steering Groups (see also the *Bloom Evaluation Report: Bloom Professionals Strand*).

NCB Report Recommendation 7

Reviewing the exclusion of the child or young person and their parent from the meeting in the light of current NHS England [expectations](#) about person centred care formulations and co-production with patients.

Response to NCB Report Recommendation 7

NHS England has made a commitment to support patients to be actively involved in their own care, treatment and support, by adopting a person-centred approach which *'supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and care. It is coordinated and tailored to the needs of the individual, and healthcare professionals work collaboratively with people who use the services'*.⁷

Bloom is not a medical model. It is, rather, a professional consultation model working within the Tavistock i-THRIVE framework. Each Bloom Profs meeting is attended by a CAMHS Clinical Psychologist, a Primary Mental Health worker, and a HeadStart Locality Coordinator who chairs the meeting. Other professionals such as Early Help Locality managers, HeadStart Community Facilitators, Family Workers, school pastoral and teaching staff, Social Workers and other professionals also attend together with the parent / carer's Nominated Professional. Parents / carers and young people do not attend the Bloom Profs meetings: the Nominated Professional is responsible for speaking with the parent and young person before attending the Bloom meeting, to capture the voice of the child, and the views of the family. These views enrich the discussion and this process helps to ensure that discussions are as young person-centred and

⁷ [NHS England » Involving people in their own care](#)

holistic as possible, leading to a psychological formulation of the young person's presentation and appropriate suggestions for support.

The existing Bloom model provides a 'safe space' valued by professionals able to speak candidly together about the young person's presentation and needs, which may include family and other dynamics. Professional networking, shared learning, peer support, cross-team and cross-organisation working, the sharing of risk, informal supervision, and a deeper understanding of psychological presentations and formulation are other benefits of the Bloom partnership approach to helping support those young people who do not meet CAMHS or PMH thresholds.

Were the parent / carer, or the young person, to attend Bloom Profs meetings, this would be a fundamental change to the model and would have to be agreed by the multi-agency Bloom Cornwall-wide Steering Group. Paradoxically, Bloom would then look more like other multi-agency meetings about young people, for example Team Around the Child meetings, and would lose its unique ability to focus on the young person's presentation whilst at the same time being able to support and hold the professional(s) working with the young person.

NCB Report Recommendation 8

If schools are to be approached for funding then to re-consider the description of Bloom as a process not a service, given the very strong feedback highlighting the support service that it provides to nominated professionals.

Response to NCB Report Recommendation 8

Bloom is not a service and has no funding or resources of its own. Rather, it is a model and process managed in partnership between CAMHS and Cornwall Council through HeadStart Kernow. HeadStart Kernow is a National Lottery Community Fund project, led and managed by Cornwall Council and will continue to August 2022; it currently delivers Bloom's operational, managerial and administrative resource. When HeadStart ceases, this resource will also disappear unless alternative resourcing can be found. The suggestion that schools might be approached for funding is one of several that are being considered to ensure the longevity of Bloom which is part of the landscape of developments in Cornwall supporting the emotional, social and mental wellbeing of young people. As such, and at a strategic level, Bloom should be considered alongside other developments such that they form a coherent pathway in supporting young people's emotional, social and mental wellbeing.

The comprehensive Bloom evaluation, of which this report forms a part, is a response to the prevailing uncertainty about the future funding of Bloom post-HeadStart.

Next Steps

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

Glossary

Bloom	Bloom is an innovative partnership approach with CAMHS and Cornwall Council, HeadStart Kernow and other services and organisations, and is an early intervention consultation model for professionals working with young people experiencing difficulties with their emotional, social or mental wellbeing
Bloom Covid-19 (C-19) Centralised Model	Online Bloom Profs meetings held with the central team (Dr Lisa Gilmour: CAMHS Clinical Psychologist; Bloom Clinical Lead; Henry Lewis: core Bloom Primary Mental Health worker; Deborah Clarke: HeadStart Locality Coordinator; Bloom Operational Lead) during the Covid-19 pandemic in 2020
Bloom Covid 19 East Mid West (C-19EMW) Model	Bloom Profs meetings held with area-specific core attendees (CAMHS Clinical Psychologist; Primary Mental Health Worker; HeadStart Locality Coordinator) during the Covid-19 pandemic in 2020 and 2021
Bloom Pilot Project	The Bloom Pilot Project incorporates the first two phases of Bloom: the first phase initiating Bloom from November 2014 in Penwith, and the second phase running from June 2015 as the model became more established within Penwith
Bloom Professionals Consultation meeting (Bloom Profs)	A Bloom Professionals Consultation meeting can be requested for any child/young person struggling with emotional, social or mental wellbeing difficulties, as long as they are aged 0-18 years and they live or are educated in Cornwall. Referrals are made via the Early Help Hub on a CAMHS referral form and are screened and allocated to Bloom by the CAMHS Access Team
CAMHS	Children and Young People Specialist Mental Health Services sits within Cornwall Partnership NHS Foundation Trust and provides assessment, advice and treatment for children and young people with severe and complex mental health problems. CAMHS also provides support and advice to their families or carers
CHI-ESQ Experience of Service	Routine outcome measure used by CAMHS
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	The HeadStart Community Facilitator contract delivers services to support young people aged between 10 -16 years old, supporting them with their

Community Facilitator Contract	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
PMH	Primary Mental Health (team / Worker)
SENCo	Special Educational Needs Coordinator

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



Bloom Evaluation 2020/21

Leadership Group strand



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Introduction

The comprehensive evaluation of the Bloom model during the 2020/21 academic year comprises a number of elements, designed to fully appraise the model and help inform sustainability planning. This report is one of the elements and focuses on the views of the Bloom Leadership Group.

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 HeadStart programme.

In March 2021 NCB undertook virtual interviews with six Bloom Leadership Group participants: the Operational Lead, CAMHS Access Team Manager, key Primary Mental Health Worker, Project Officer, Senior Administrator and the CAMHS Clinical Lead. This report provides a summary of the views of those most closely engaged with the Bloom model and process.

The quotes within this report derive from the comments that the Leadership Group participants made during their individual interviews. Individuals have been assigned a letter when quoted during the report.

This report covers their views on:

- the strengths and challenges of the Bloom model
- the effectiveness of the Bloom process at enabling a meeting to take place in a timely manner and any challenges
- the impact of Bloom on children, young people, families, organisations and support systems
- the opportunities for improving and developing Bloom (model and process) and
- the future sustainability of the Bloom model.

There is a recommendations section which draws closely on suggestions from interviewees but also the reflections of the author.

Bloom model strengths

Interviewees identified a large number of elements that they felt to be real strengths of the Bloom model. Many of the concepts are interlinked.

Two elements were mentioned by all six interviewees and these were the multi-agency nature of the model and the opportunity that it provided for support and development to those in non-clinical roles who were never the less supporting young people who might have very complex lives, and or be quite challenging to help.

Multi-agency nature of model

There were a number of concepts wrapped up in the identification of multi agency working as a strength.

The first was around the feeling that bringing together different disciplines to discuss cases, especially where they might be complex, enabled a more sophisticated and or holistic solution for a child or young person to be formulated.

The expertise in the room. So there's a real mix of professionals, across education, health, social care, and the community sector, that are coming together, and really creating a strong formulation of what is going on for that young person, that might not have happened without this model.

Interviewee F

... drop all our professional silos and think about what ... might help support a person at a particular moment in time. So that's, for me, that partnership working. Everybody working together, purposefully, towards a common end. Every voice having equal weight.

Interviewee B

That wider conversation where everyone's hearing the same messages and the same pieces of information. It changes the dynamic somehow and makes it a lot more meaningful.

Interviewee A

The third quote also refers to another element common when interviewees mentioned multi-disciplinary working as a strength which was that having different partners in the room helped to build up understanding between different services; giving them a more nuanced understanding of what other agencies' service focus and offer was. This was felt to support more appropriate future referrals and in cases was suggested might mend problematic relationships.

It's really positive in terms of building relationships between different agencies. [A] school might have a bad relationship with CAHMS because CAHMS have historically not accepted a couple of referrals and they thought they might have done. Having Bloom ... gives that deeper level of understanding as to why these things might not be accepted and what is mental health and what isn't mental health, and how external social factors can impact on somebody.

Interviewee A

Support for the nominated professional

There was a specific question in the topic guide about the extent to which interviewees felt that the Bloom process considered the wellbeing of the nominated professional during the Bloom Professionals Meeting. However, all interviewees had independently already identified support for the nominated professional as one of the successes of the Bloom model ahead of that question being asked. There was strong agreement from all interviewees that a key strength of the Bloom model was the way in which it held professionals and supported them when they were dealing with difficult cases.

They're not getting anything like clinical supervision. You know they're holding really challenging, difficult, kids and day after day after day, and feeling like they're getting nowhere. Just to have a clinical psychologist, a Primary Mental Health worker, someone from HeadStart, that they don't know from Eve. Maybe another teacher. Maybe someone from the VCSE. Maybe someone from the locality Early Help team, all going, 'Oh, yes'. Just even if they're just nodding, as one of us says it, they're getting that affirmation. It's really powerful.

Interviewee B

an opportunity for the representative ... to get feedback on what they're doing. They may have been using a particular model for support for months, and they're kind of operating in isolation, and it's a great validation for them to hear another professional say, 'What you're doing is brilliant.' Often, when there's one person supporting the young person in the family, they hold a lot of the stress, a lot of the risk, and a lot of the anxiety, so there's a sort of professional support.

Interviewee D

It will be crucial to verify this perception with feedback from the nominated professional.⁸ But, if it is confirmed, then it would seem that in supporting front line professionals the Bloom model enables 'the system' to support children at an earlier and more universal level whilst increasing the resilience and confidence of those frontline professionals providing that support.

This was then reported in some instances to translate into fewer referrals to CAMHS, but also to Bloom, because Nominated Professionals felt more confident about supporting other children without reaching out for that confirmation or additional input from Bloom.

⁸ Bloom feedback questionnaires are routinely sent out to attendees at Bloom Profs meetings, and the analyses from these are standing agenda items for the Bloom Cornwall-wide and the Bloom Locality Steering Groups. See also the *Bloom Evaluation Report: Bloom Professionals Strand*, which forms another part of this comprehensive Bloom evaluation. These analyses confirm the perceptions reported here from the Bloom Leadership Team

The positive feedback I get from the same SENCO ... is that she hasn't needed to refer as many children to us because of her experiences in Bloom. She said, 'actually, I recognise when we formulate with the psychologists and they say, "It sounds like this, and this is why we've made this decision"', she will look at maybe presenting behaviours from another child and say, 'Well, that's quite similar. Maybe I'll try this before I put in a CAHMS referral, or before I take them to Bloom'.

Interviewee E

Our clinical colleagues are able to explain why, for example, a talking therapy may not be appropriate for that young person, at that moment, and people can then go back and tell parents, inform them why not, or their colleagues. So informs future referrals going forward.

Interviewee B

The next most frequently mentioned strengths were the involvement of clinical mental health expertise and the child centred nature of the model. Again, the topic guide included a specific question on the extent to which interviewees felt that the Bloom process placed the child at the centre. However, most interviewees had already identified the child centred nature of the process before specifically asked to comment.

Access to clinical expertise

A number of benefits were identified as emanating from the involvement of a clinical psychologist and a mental health worker in the Bloom meetings. The most frequently mentioned was the affirmation that came from having their input at the meeting.

Bloom now has such a positive reputation that suggestions that come out of Bloom have a certain weight to them, because they're carefully considered, and because we have clinical expertise in the room.

Interviewee D

We've got CAMHS in the meeting, they really like that. Having that clinical experience in the meeting, I think it gives parents a bit of reassurance.

Interviewee C

The benefit of social care expertise was also mentioned but not as frequently.

So, there's something about having access to CAMHS' clinicians, social workers, that can talk about their sense and formulate for these kids, and educate people like education, that wouldn't necessarily have the same level of knowledge or expertise. So sometimes, it tips a little bit into psychoeducation, but also, supervision.

Interviewee F

It was also felt that the presence of CAMHS clinicians helped to address the fact that many Bloom referrals start with a presumption that CAMHS will be the answer.

The unique bit is to have the CAMHS colleagues and the Primary Mental Health worker in every meeting...because they bring that different dimension, particularly, where a referral is saying, 'I want CAMHS', which we know a lot of professionals do.

Interviewee B

This perception linked back to the definitive understanding that CAMHS clinicians have over what might and might not constitute a CAMHS referral. So the benefit was not simply linked to clinical expertise but also to service understanding.

I've seen it before where we've had educational psychology attend Bloom meetings and they really feel that a child needs that CAMHS assessment, and then the CAMHS clinical psychology and primary mental health worker said, 'No, this does not warrant our criteria at all'

Interviewee C

Child Centred

The interviewees perception that the Bloom model was child centred was predicated on three key factors. The first was the role of the nominated professional and the expectation that those in the meeting will bring the child *into the room*.

The nominated professional is always tasked with capturing the voice of the child before the meeting... they're always expected to have a sense of what the child feels is going on for them and ... what they'd like, or what they need. We ask the nominated professional, and the other people in the room that might know this young person, to really kind of bring them to life. That's where I think you really start to get a sense of what it's like for this child.

Interviewee F

The second, that having a range of professionals in the room supported the process having a holistic view of the child.

Because they're able to get a range of professionals in the room, they're able to get all sides of the child's lived experience. So how they're getting on at school, if they're currently accessing any services, if there's a family, or social worker, what the dynamic is at home. For example, if there are difficulties within the family that aren't specific to the young person, so there might be a sibling who has got a disability, there might be challenges that the parents are facing with their own health, or unemployment, whatever it is. So, because we've got access to some of that

information in the room, it means that we can get a much clearer holistic view of the young person.

Interviewee D

The third, that not having the parent in the meeting ensured that the professionals present could talk openly about their concerns where it was felt that a child or young person's issues were being caused by parental/parenting factors.

If we were to have a parent there and the nominated professional was also in the meeting, they feel they may not be able to speak freely if the parent was in the room.

Interviewee C

Quite often in Bloom we will have cases where parents perhaps contribute quite significantly to the presentation of the child, sometimes in a negative way. The things that they've experienced or just through their parenting, so we've got to write a consultation plan that doesn't place blame on the parent, but actually that the outcome needs to be child-centred. There's quite a fine balance but I think that that's done, I think that's done well in Bloom across the board, I know that the other primary mental health workers will make decisions that I think are quite difficult decisions to make. It's all leading to a child-centred outcome and something positive for children.

Interviewee E

The additional implication being that seeing a child as part of a wider family system ensures that support is effectively tailored and appropriately focused.

So in the room we have that holistic, honest conversation between professionals. We don't have the young person or the family present, so it can be a really honest discussion about this is a difficult family, or Mum has been dealing with drugs, or whatever. So, we try and couch support, not only for the young person, which is the main focus, but we might also say, 'Well Mum might benefit from support from ... in order to help her to support the young person'.

Interviewee B

Additionally, one interviewee suggested that being child centred was a key tenet of the Bloom process.

So one of the key tenets is that there's always the suggestion for the young person, to support the young person... there always has to be at least one thing, that makes a young person feel that they were at the heart of our conversation.

Interviewee B

Despite this understanding some discomfort was expressed about the lack of parental involvement which we will address in the challenges section.

Other strengths

Other strengths mentioned, though with lower frequency were:

- information sharing/ service navigation
- reduction in duplication
- professional networks
- accessibility of the process/ early/timely help

The points about information sharing and service navigation were more related to the wider model than the points which have been discussed above which have largely related to the process of the meeting itself.

Interviewees felt that the fact that the model enabled access to records held by NHS systems and Social Care supported the holistic conversation about the child.

Within Bloom, we can access CAMHS' records, Mosaic records, and we can share information, which the parents have consented to, across services. So it's a really, I think, important part, of getting to that understanding of the child and the family ... It's helpful, also, to know what's happened already. What have social care done already? What have CAMHS done already? What has the community sector done already?

Interviewee F

The way in which the model was split into three geographical areas was identified as critical to ensuring that those in the meeting had a comprehensive and up to date understanding of what support could be drawn on for a child and a family.

That's a really key point. Each geographical area has a really good understanding of what other services are out there... of what support is available ... and because stuff's ever-changing, and ever-evolving, it's hard to keep on top of that as a single point of access service.

Interviewee A

The point about avoiding duplication was linked to both record information sharing and the multi-disciplinary nature of the Bloom meetings.

Sometimes, in meetings, people discover that other organisations have been supporting a young person for a period of time, and they say, 'Oh, we're supporting them, as well.'

Interviewee D

Professional networking was also linked to the multi-disciplinary nature of the Bloom meetings with several interviewees feeling that the opportunity to work together meant that professionals were more likely to get in touch outside of the meetings.

When the nominated professionals come to the meeting, ... it's networking. They would be able to go, okay, we need ... community facilitator, ... we've now got her details. If we contact her in the future, she might be able to signpost us to activities for another child.

Interviewee C

It offers a lot to the people that are supporting it, because we are widening our networks. We're able to have ad hoc conversations, with people now, because we've got relationships. There's so many wider benefits, I think, to Bloom than just the consultation model.

Interviewee F

A number of positive comments were made about the accessibility of the Bloom model. This seemed to centre on the model's lack of a formal threshold for referral which meant that the overwhelming majority of those referred to Bloom were discussed,⁹ and many could be discussed early, before their distress built.

99 per cent of referrals to Bloom will be seen in Bloom.¹⁰

Interviewee E

Young people who don't meet particular thresholds, or are getting bounced around, can have access to a group of professionals that can really unpick their presentation. Think about the needs, and then put a plan in place for them, or recommendations around a plan, that they might not have had, otherwise... It's thinking a little bit more preventatively. So it's getting that level of understanding of children's presentations in there, right at the start, rather than waiting for children's distress to build

Interviewee F

⁹ There are no referral thresholds for Bloom. All referrals are allocated to Bloom by the CAMHS Access Team, and all will be processed excepting only in the most exceptional and rare cases (eg the death of the young person, non-engagement by parent / carer)

¹⁰ See previous footnote

Challenges

Interviewees were far less likely to identify challenges with the Bloom model. The most frequently mentioned challenge was still only identified by 3 interviewees. However, given that this is a group of people strongly invested in the model their perceptions of any challenges do need to be given close attention.

Stakeholder buy in

Stakeholder buy in was the most frequently mentioned challenge with the Bloom model. Given the value, identified in strengths, of the way in which the process brings together diverse information and a holistic picture of the child from different services it is understandable that there were concerns that if key people did not attend then parts of the picture might be missing.

In order for it to work effectively, there needs to be buy-in from every group that needs to be there. If there is an element missing, ... say somebody from social care ... it creates a massive gap in terms of knowledge base and everything else. Again, it depletes the conversation.

Interviewee A

This was then felt to have a further knock on effect in that it undermined the educative element that Bloom is able to provide around different service offers and appropriate referrals.

The consequence of that is then that referrals may come into the Early Help hub... that really just aren't suitable, but because nobody's there from that service to represent their point of view.

Interviewee A

Encouragingly, there was also a suggestion that the problem is lessening over time as professionals see the benefits of the process.

Historically, I think it's been getting everybody together, into the room, but I think as people have attended, and seen the benefits of it, professionals seem to be prioritising it more.

Interviewee F

Child and family voice

There were a number of comments that suggested that some interviewees felt that the model did not always ensure the right balance in terms of child and family voice/input.

Given the pivotal role of the nominated professional in bringing the child and family into the room it is concerning that it was felt, by more than one interviewee, that this task was not always carried out successfully.¹¹

We don't have young people or their families there. So getting their voice in the room can be a bit of a challenge. So, we have someone who's nominated by the parent, who knows the young person referred, in a professional capacity, there. So they have to take that role seriously and time, energy, you know, all of those things can get in the way of that being consistent in every meeting. So very diligent colleagues will do that and bring those voices.

Interviewee B

Conversely it was also suggested that sometimes parents had too much say about the meeting participants because the model insists on parental consent. So where it isn't given for a particular service this again leaves a gap in the holistic picture that can be built up.

Bloom is getting all the professionals together. There are times when it is frustrating because it is down to parental consent, so if we feel that school needs to be there but parent are saying, 'No, I don't want school involved,' we can't have school at the meeting ... The overall consensus is that it would have been really helpful to have school there, and what we're finding is school have a different opinion to what home have. When parent doesn't give their consent for the school to be there, it does get difficult.

Interviewee C

Given the increasing importance that policy makers are placing on co-production this is an issue we will return to in the recommendations section.

Closing the loop

Two interviewees voiced their frustration with the advisory nature of the model; meaning that services recommended couldn't be assured. They were also concerned that they didn't get feedback on the appropriacy or success of the formulation arrived at in the Bloom meeting.

One of the challenges with the process is then the what-happens-afterwards? When we make recommendations in Bloom based on what we think would be beneficial, we then place our trust in other services and other organisations to say, 'Yes, we agree with you,' or, 'Yes, that is something we can offer,' especially when there's

¹¹ Bloom has no mandate to require a Nominated Professional – who may be from any one of a wide number of agencies, services, schools or other organisations – to carry out this part of that role. However, the Role Profile sent to Nominated Professionals sets a clear expectation that they will do so

cost involved... we make recommendations, but we can't enforce any of these things.

Interviewee E

We don't know how many of the suggestions are taken forward, nor how soon they're taken forward. Nor how useful they were, because that would get us into evaluating other services, which is nothing to do with us.

Interviewee B

In a climate where there is an increasing focus on measuring outcomes and impact this would seem to be a legitimate concern.¹² It also means that the model doesn't afford the same feedback benefits to those responsible for the meeting as it does to the nominated professionals who attend.

Managing expectations

The final challenge mentioned was managing expectations and perspectives. The latter can be seen as the corollary of one of the benefits of the Bloom model. That it brings together a range of different professionals, and some will come to the meeting with strongly held views on what should happen for the child.

The biggest challenge... is managing dynamics ... So for example, sometimes, you get people coming in and they want their young person to come into CAMHS, or they want them to come into social care and, you know, as a group of professionals, saying, 'Actually, that's not really what they need, at this point.' ... So I'd say, in the room, during the model itself, one of the biggest challenges is, sometimes, the dynamics. Making sure that everybody feels heard.

Interviewee F

However, whilst admittedly challenging to manage this seems to be exactly the type of challenge that Bloom was set up to manage and is reported to deal with well. The added challenge of managing difficult conversations and giving voice to everyone online was also mentioned and is an issue we will return to under meeting processes.

The point about managing expectations was linked to a sense from one interviewee that a referral to Bloom was seen by some as a fast track into CAMHS.¹³

¹² It is currently beyond Bloom's remit and resourcing to follow up individual young people and ascertain the efficacy of any onward interventions suggested at a Bloom Profs meeting. 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

¹³ 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 2020. See *Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020* for more detail

There's been a lot of promotional material... prepared to send out to GPs and to schools and things about what Bloom is and how you refer in.¹⁴ I think at the moment there's a bit of confusion about referrals to Bloom and how that's just almost like a back door into CAMHS. A lot of professionals will ... sometimes have a pre-set idea of what will happen as a result of the meeting.

Interviewee E

It is probable that such expectations will be addressed through the process of the meeting itself. However, given that such expectations then add to the challenge of managing the meeting and disparate expectations it may be worth while looking at the promotional material and identifying if more could be done to address this misconception.

Meeting processes

Interviewees were asked to reflect on the effectiveness of Bloom processes in enabling the meeting to take place in a timely manner, any challenges and thoughts on improvements. They had also been asked to reflect on model improvements. We will address both model and process improvements together in a separate section.

Timely

As discussed above in model strengths, interviewees agreed that the Bloom model was timely – getting help to children and young people at an earlier stage than might have happened otherwise. However, they did mention a number of factors built in the process that could slow things down.

The process is that a referral comes into the Early Help Hub who send out a welcome letter to parents; this letter asks parents to nominate a professional. Once the nomination has been made the availability of the nominated professional needs to be secured.

Interviewees identified delays at all three points of this process.

The delay in getting a letter out to parents was identified as due to a change in process related to Covid. But was nevertheless currently sometimes resulting in parents not receiving their welcome letter¹⁵.

¹⁴ A comprehensive Communications Strategy and Plan has been agreed by the CWSG. However it has not been possible to put it into effect due to the lack of certainty about Bloom's future. A professionally designed Bloom brochure for GPs, schools, services and organisations, parents / carers and young people has been prepared and can be distributed as soon as Bloom's future is secured

¹⁵ Through routine processes, instances where parents did not respond in a timely fashion following receipt of a referral in Bloom were quickly identified and alternative methods were used to contact them. Where it then became apparent that no welcome letter had been received, one was despatched forthwith. Such instances are now very rare, intimating that this was a glitch from the introduction of the use of Hybrid Mail by Cornwall Council

The CAMHS team in the Early Help Hub. When they upload the letter to hybrid mail, it goes to a central office and they print out and send the letters. I think there might be a fault in the system somewhere, because some parents aren't receiving the letter and the letter has been uploaded to the system... when that does happen, it does then cause a delay. It's tricky because we used to always send out the letters ourselves. Because we've obviously had to work from home now, we've had to go to this hybrid system, and on some referrals it does cause a delay being discussed.

Interviewee C

There was a further delay identified as emanating from the pause that can occur before a family comes back with a nominated professional and then sometimes a further pause before that nominated professional can make themselves available.

You wait on the parent to come back with a nominated professional. Then we have to go to the nominated professional and ask them, 'What meeting? You've been nominated. These are some dates and times of meetings. Which ones can you make?', then we can get the meeting in place.

Interviewee B

The challenge with Bloom is that when the referral comes in, the family are contacted to provide an advocate, a nominated professional. The Bloom model has no control over how long it takes them to do that or, indeed, if they're able to name someone who then has to be contacted to say, 'Yes, I can be available' on whichever dates.

Interviewee D

It is difficult to see how these issues could be addressed unless the request for a referral has already been discussed with a family prior to it coming into the Early Help Hub, in which case parents could be asked who their nominated professional would be at that point.

Operating virtually

Whilst some positives relating to reduced travel time and therefore greater availability of stakeholders to attend the meeting were identified, the majority of interviewees suggested that operating virtually was a challenge. This was related to the greater challenge of managing difficult conversations and allowing room for all voices in the room in an online meeting.

In the online world, having too many people in the room, means that you can't, [ensure] that first principle, that every voice is heard. That everybody feels held. Everybody understands what's going on, [ensuring that is] much more challenging.

Interviewee B

It's now a virtual space, which some people prefer, but it does inhibit that impromptu discussion... making sure that everybody speaks. If you have a virtual space with ten people, that becomes a bit more problematic.

Interviewee D

This was identified as specifically problematic in trying to gauge the mood of the meeting and specific individuals' responses to the decision being arrived at.

When we suggest things in the meeting, gauging how that's been received by professionals... I think it's difficult in an online forum to be able to gauge how well that is received or how people respond to some things.

Interviewee E

Given the importance interviewees placed on the way in which the model supports the wellbeing of the nominated professional any factor that undermines the ability of the process to judge how they are experiencing the meeting has to be a concern, if currently an unavoidable one.¹⁶ However, it does have clear implications for future operational decisions.

The other concern raised was that the meetings were taking longer online¹⁷, in the context of reduced capacity.

So pre-COVID, we could discuss up to 24 young people a week. Now we're down to nine... online, each meeting is taking longer and just the way that they run. They run slightly differently. So managing the numbers of referrals can be quite challenging.

Interviewee B

Some of the feedback I've had is that actually having to use Teams ... can take a lot longer. I think that's a real challenge.

Interviewee A

Interviewee A reported that they had had feedback that the meetings lacked an underlying structure¹⁸ and suggested that this might be a causal factor in the extended discussion time required, the structure suggested was the Signs of Safety model. However, given that they were the only one to comment on this we would suggest that this feedback is triangulated with other evaluation reports to see if it is a serious issue of concern.

¹⁶ These responses refer to the perceptions of those managing the Bloom Profs meetings, whose responsibilities include making sure that all attendees feel equally valued. When asked, the majority of professionals attending Bloom Profs meetings were agnostic as to whether they preferred the meetings to be virtual, or face-to-face. See *Bloom Evaluation Report: Bloom Professionals Strand* for more detail

¹⁷ Through test-and-learn, it is clear that holding Bloom Profs meetings virtually takes more time than might be the case otherwise. However, there are time savings with the need to travel to meetings obviated

¹⁸ Bloom Profs meetings are structured: each Chair has received a copy of 'Chair's Notes' which sets this out

Of greater concern and not really commented on by any of the interviewees, other than the fact of the reduction, was why the capacity of the meetings had been reduced so drastically at a time when one might have expected demand to have risen.¹⁹

Previously, at its height, they were able to discuss 24 people a week across the county. That was in face-to-face meetings with each of the six localities. Allowing for the restrictions that Covid has placed upon us, both technologically and availability of staff, we're operating at almost a third of the capacity. If there are only nine slots available, at the moment, inevitably it will take longer to find discussion slots to discuss young people.²⁰

Interviewee D

Impact

Interviewees were asked what the impact would be for children, young people and their families and for the wider system of support for young people, schools and mental health services if Bloom didn't exist or wasn't available.

All interviewees agreed that the impact would be detrimental. That more young people would end up 'bouncing around the system' and that needs would be addressed until later on down the line when they finally did meet service thresholds for referral.

I'd think they'd be bouncing around services, potentially having interventions in places that really don't meet their needs. I mean, one of the reasons that Bloom was set up, was because the Penwith area were really concerned about referrals coming into CAMHS not meeting thresholds.

Interviewee F

More young people banging around the system, hitting, like a bagatelle, or a pinball machine. You know, trying different doors, desperately, to get in, or people on their behalf, trying to get them in and not understanding why not.

Interviewee B

There was a strong feeling that children's mental health would be affected.

The young people's anxiety will increase, I think, where their emotional, mental, and social difficulties are affecting their education. I think there would be more children

¹⁹ Demand for Bloom depends upon the numbers of referrals allocated to it by the CAMHS Access Team; all members of the Bloom Leadership Team would be aware of the reasons for the re-engineering of Bloom Profs, and hence would not necessarily have commented unless prompted during the structured interview

²⁰ Notwithstanding the reduced capacity, the average length of time between receipt of referral and the case being closed in Bloom was eight weeks (57 calendar days) in 2020. The number of closed referrals in Bloom actually increased in 2020 from 257 in 2019 to 263 in 2020

with a disrupted education. There would be more exclusions, potentially more children referred to pupil referral units, because we're not really getting to the heart of what is causing the behaviours.

Interviewee D

Interviewees also identified a number of negative impacts on the wider system which included increased referrals, and increased inappropriate referrals to CAMHS, and loss of:

- opportunities for information sharing
- peer support
- collaborative working
- local knowledge about available support options.

Hugely detrimental to school mental health support if they didn't have access to a forum like Bloom... They would be making a CAMHS referral, waiting for a screening process ... for it potentially to be declined, where if you make a Bloom referral ... you can almost guarantee that you will have a forum to share your concerns. I think it would probably lead to increased demand on mental health services. Not just ... our partner organisations. Places that ... [offer] counselling and things like that, I think their waiting lists would increase if it weren't for things like Bloom.

Interviewee E

The impact would come predominantly onto [the CAMHS Access] team, if I'm brutally honest, and it's something that we don't currently have capacity to offer. It would massively impact because people just wouldn't be able to have those professional consultations. They just wouldn't meet the criteria for mental health support, and that's it.

Interviewee A

There would be a greater lack of understanding. A bit more distrust. A bit more retreating into silos. Not placing the child at the centre. I think there's a lot of things, the integration, the kind of networking, the informal networks, and information exchanges that go on. All of that becomes much more difficult without Bloom as a mechanism, to help facilitate that.

Interviewee B

I suppose it would be down to professionals who know services out there to signpost to, and if they don't know services then that child is not going to access certain support maybe, or certain activities that they could do in their community. Without Bloom, CAMHS would receive a lot more referrals.

Interviewee C

It does feel slightly problematic that interviewees mentioned no data or evaluation that they were drawing on that supported their assertions²¹. Presumably, if the number of referrals to CAMHS has reduced during the period of time that Bloom has been operational²² this will be captured in the data that services collect for the Mental Health Services Dataset. It would be worthwhile for the service to understand from Nominated Professionals the extent to which they believe that their referral processes have become more informed and therefore appropriate; and as suggested earlier their perspective on the role that Bloom plays in providing them with support.

Improvements

Unsurprisingly, the improvements that interviewees suggested were linked to some of the challenges that they had identified with the Bloom model and processes.

In terms of the model three things were mentioned:

- Feedback on the appropriacy/effectiveness of formulated plans
- Better preparation and support for the nominated professional
- Improved co-production with young people and parents.

There was a desire for a feedback loop so that the Bloom team could understand how helpful and appropriate a formulated plan had been and therefore learn from that for future discussions.

Not having oversight or knowledge of what happens after Bloom, I think that there needs to be a really clear link between referral into Bloom, discussion, recommendations that are made, and then to make sure that we're getting that right for children... We place a lot of reliance in the fact that we discuss a young person, we come to a formulation that we hope is as accurate as possible and then make a recommendation...

Knowing whether our recommendations can be followed up ... not just for the outcomes of the child, but to know actually if we're ... getting it right. I think there's been some instances where Early Help have come back and said, actually, you're making suggestions for things that we can't deliver, or we don't feel like these children are meeting the threshold for what you're suggesting. I suppose that's yes, only something that we can learn from if we know that we're not getting it right, and

²¹ Feedback questionnaires to Bloom Profs attendees are routinely distributed and analysed; data analysis and reporting are standard agenda items for the Bloom Cornwall-wide and Locality Steering Groups

²² It has proven difficult to find any correlations between the numbers of referrals to Bloom and those to CAMHS given the minimal data available to Bloom from CAMHS and the fact that Bloom had only been operating fully county-wide from late 2019. The advent of the Covid-19 pandemic has further complicated any year-on-year analysis

improving our understanding of what other services can offer.

Interviewee E

We don't know how many of the suggestions are taken forward, nor how soon they're taken forward. Nor how useful they were.

Interviewee B

Linked to the concern about how effectively the nominated professional was able to bring the child or young person into the room there was a suggestion that more could be done to help them understand the nature of their role and the critical importance of them coming with a comprehensive understanding of the child or young person and family perspective.

I think that one of the things that could be improved is that we impress upon nominated professionals what's expected of them. I would like to see a roadshow where we go out to schools and other organisations, in the hopefully not too distant future, and talk to them about what Bloom is and how it works. To set everyone's expectations.

Interviewee D

This linked to a slightly wider concern that more might be done to ensure that those coming to the meeting about what Bloom is and does.

The improvements I would like to see are better communication from us, setting expectations with all the participants, and a better understanding from the other professionals that engage with Bloom, of how the role works and what it does, and what it doesn't do.

Interviewee D

Given the importance that interviewees placed on the support that Bloom provides to professionals working directly with children and young people it is unsurprising that there was also consideration about whether or not more could be done to extend that support.

I think ... something that that could change, it's how we offer support to nominated professionals, particularly those who have really difficult and complex cases, it's whether we have an offer on the side of that.

Interviewee E

The Bloom model is heavily reliant on the nominated professional to bring the child 'into the room', given that neither parent or child/young person is present. So, it does seem vital that that is understood. However, that doesn't address those cases raised by interviewees when parents indicate that they don't have a professional that they can nominate.²³

²³ Where the parent is unable to nominate a professional, they will be asked to supplement the referral with further information so that as much information as possible is available within the Bloom Profs meeting. This

On some cases ... there's absolutely no professional involved at all, so they might be home educated and there's absolutely nobody else. I do find when we get cases like this, it's really tricky to get a professional to come along, and of course we don't have parents there, so we can't... I think there might have been one or two we have discussed in the past without any nominated professionals, but it's not the same at all. It doesn't have the same outcome, so that's the thing that I find tricky, is when parents say there is no one.

Interviewee C

Whilst this wasn't raised as a widespread issue, interviewees had separately suggested that there could be improvements in terms of the way in which young people and parents are able to influence the Bloom model.

The voice of the young person and the parents. So, if they can't come into the meetings, ... then how do they help influence the model, more broadly? We do have parent reps invited to the steering groups, but it feels slightly tokenistic. So there does feel like there's a bit of work to be done on that, as well.²⁴

Interviewee B

Given the priority that NHS England now gives to personalised care and co-production this would seem to be something that should be considered in terms of maximising the sustainability of the Bloom model and ensuring that it is attractive to health commissioners.

A number of suggestions were made by interviewees where they felt that processes could be improved.

The first was that the welcome letter to parents should have a phone number to address those instances where parents might not have access to email or might not be confident at expressing themselves in writing.²⁵ (Interviewee C)

Secondly, that the spreadsheet that holds and tracks referrals could be improved as it was felt to be unwieldy.²⁶ (Interviewee B)

is a rare occurrence – often the parent will be able to identify someone to act as a Nominated Professional once they have communicated with the Bloom Senior Administrator, who is able to make suggestions as to the types of professional groups from which a Nominated Professional might be identified

²⁴ The Cornwall-wide and Locality Steering Groups include parent representatives

²⁵ There is no telephone number because, prior to Covid-19, the role was office based and the Senior Administrator is not qualified to engage in discussions of a clinical nature. Experience has shown that a significant proportion of phone calls to name a Nominated Professional understandably drifted into discussion about a young person's presentation, issues and needs, which sit outside the Senior Administrator's remit

²⁶ The Bloom spreadsheet fulfils a number of functions. Whilst primarily a way of capturing data necessary to run day-to-day operations, it is also used as a repository of (anonymised) datasets that will be used in data analysis

Third, that as infection rates drop and face to face meetings become less problematic Bloom should consider a blended model for meetings which still enables people to join virtually.²⁷ Thus ensuring that those who might not be able to attend because of fitting in extended travel time can still take part; but having at least some participants in the room reduces the challenge in managing the meeting. (Interviewee D)

Finally, that where referrals come back into the Early Help Hub that they should be accompanied by the minutes of the previous meeting²⁸ or the agreed plan so as to save time and streamline the process of arranging a further discussion.²⁹ (Interviewee A)

Sustainability

Interviewees were asked for their views on how they would ensure Bloom's sustainability going forward. There was a recognition of the challenge that was faced since the funding would be ending with HeadStart. Four of the interviewees simply suggested that it needed further funding.

There were two specific suggestions. The first was that given the benefit to school staff the possibility of schools supporting the Bloom model financially should be considered.³⁰ The second was whether sustainability could be secured by splitting up the key components of the model amongst the key partners. The benefit of this was that it would secure the multi-agency buy-in to the model, from key partners, going forward.³¹

Recommendations

1. A review of the communications that go out:
 - a. To Partners describing the Bloom model to ensure that it is sufficiently explicit about the importance of stakeholder attendance - to ensure a holistic and child centred plan formulation. Consideration of developing a Memorandum of Understanding with key stakeholders to ensure attendance is prioritised.
 - b. To wider stakeholders to ensure they are clear on what Bloom is and what it does.

²⁷ The mode (virtual; face-to-face; blended) of Bloom Profs meetings is kept under constant review by the Bloom Operational and Clinical Leads. Decisions of which mode should be scheduled are dependent upon a number of factors including, not least, governmental and organisational determinations regarding Covid-19 restrictions

²⁸ There are no minutes of a Bloom Profs meeting: the only record is the Consultation Plan written during or closely following a Bloom Profs meeting

²⁹ The Consultation Plan states that it can accompany any onward referral in support of that referral. It is up to those making the onward referral to make use of the Consultation Plan in the way they deem most helpful

³⁰ The suggestion that schools might fund or part-fund Bloom is one of many. This is considered complex given that a funding model might need to take account of a school's or college's usage of Bloom. That could lead to a reduction in referrals if the school or college had run out of those funds. Also, the administration and logistics of such funding would be resource hungry

³¹ This suggestion is under active consideration but is obviously dependent upon the willingness of partner organisations and services to wholly fund or part-fund Bloom

- c. To the nominated professional to ensure that they are clear about role expectations.
 - d. To parents, to ensure that the welcome letter provides an accessible route of reply
2. A review of meeting and administrative procedures to consider:
 - a. Whether the spreadsheet holding and tracking referrals could be improved.
 - b. Whether when referrals come back into the Early Help Hub that they are accompanied by the minutes of the previous meeting or the agreed plan.
 - c. Whether feedback from other evaluation reports suggests a greater degree of structure is needed within Bloom meetings.
 - d. Whether meetings can offer a blended option to stakeholders and nominated professionals in future so that virtual attendance is still an option.
 - e. Whether there might be any opportunity to identify the parent's nominated professional earlier in the process.
3. Increasing the capacity of the model so that more cases can be discussed at the earliest point of presentation.
4. Ensuring that there is feedback on the appropriacy and outcome of the formulation made for the young person in the meeting.
5. Ensuring that data is collected and reviewed on the impact of the Bloom model on the appropriacy and number of referrals to CAMHS services.
6. Routine collection of feedback from the nominated professional on how effectively they feel the Bloom model supports them.
7. Reviewing the exclusion of the child or young person and their parent from the meeting in the light of current NHS England [expectations](#) about person centred care formulations and co-production with patients.
8. If schools are to be approached for funding then to re-consider the description of Bloom as a process not a service, given the very strong feedback highlighting the support service that it provides to nominated professionals.

Appendix 2: NCB Bloom Leadership Team Interviews Topic Guide

Bloom Evaluation

Senior Stakeholder interviews (December 2020/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 Bloom **Operational Group** evaluation strand, with interviews scheduled to be completed from February 2021 – March 2021.
- For the purposes of this part of the evaluation, the National Children’s Bureau³² will be completing interviews with members of the Bloom Operational Group with the following aims:
 - Impact on organisation/service/young people/families
 - Opportunities for improving and developing Bloom
 - Consideration of the future sustainability of the Bloom model
- You will be contacted to arrange a time for an interview with Deborah Salami, Senior Programmes Officer at the National Children’s Bureau using Microsoft Teams and with your permission this will be recorded digitally and then transcribed. A draft report of the interview findings will be produced by NCB and submitted to the Bloom team. It will be shared with all Operations Group 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.
- Responses may be attributed to a named individual unless requested otherwise.
- We anticipate discussions to be around 30-40 minutes and have allocated 45 minutes for each interview.

Topics/Questions

Overview

1. Have you received any feedback about Bloom (including the processes involved) from your own or other organisations / services?
 - a. If so, from whom / what service?
 - b. Would you share it?

Bloom model

2. What are the strengths of the Bloom model?

³² 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

3. Does the Bloom model provide a valuable space for meaningful discussion about referred young people and information sharing between services / organisations?
4. What are the challenges of the Bloom model?
5. What improvements (if any) do you think can be made to the Bloom model?

Bloom process

6. Are the Bloom processes effective in allowing a Bloom meeting to take place in a timely manner?
7. What are the challenges of the Bloom meeting processes?
8. What improvements (if any) do you think can be made to the Bloom meeting processes?

Impact of Bloom

9. Does Bloom place the needs of the child at the centre of all discussions and suggested outcomes?
 - a) Why do you feel that?
10. What would be the impact to these young people and their families if Bloom didn't exist or wasn't available?
11. Does Bloom consider the wellbeing of the nominated professional during the Bloom Professionals Meeting?
 - a) If so, in what way(s)?
12. What would be the impact on the wider system of support for young people, schools and mental health services if Bloom didn't exist or wasn't available?

Developing Bloom

13. What recommendations would you make to ensure the Bloom model is effective and sustainable for the future and post HeadStart?
14. Do you have any other views you would like to share about the future of Bloom and/or improving Bloom?

If you have any queries in advance of the interviews, please contact Deborah Salami, Senior Programmes Officer at NCB by emailing DSalami@ncb.org.uk