



Bloom Evaluation Report: Bloom Senior Stakeholders Strand

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

We would also like to 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. A report of the full evaluation is also available. This report considers the findings of an analysis of views of Senior Stakeholders from CAMHS, Cornwall Council, and other organisations and services as reported by the National Children's Bureau (NCB) who carried out individual structured interviews with 15 Senior Stakeholders identified by the Bloom Evaluation Working Group (EWG).

The NCB Report (Appendix 1) aimed to understand the perceptions of Bloom's Senior Stakeholders, as informed either from their direct experience of the model or from insights reported to them from their colleagues. The NCB Report notes Senior Stakeholders' perceptions of the model's strengths and challenges, together with their understanding of the impact of Bloom on children, young people, families, services, organisations and support systems. In considering the views of the Senior Stakeholders, the NCB Report suggests opportunities for improving and developing Bloom, and considers the future sustainability of the Bloom model.

The reflections of the Senior Stakeholders as reported within the NCB Report demonstrate broadly a general awareness of Bloom, and an appreciation that without Bloom *'Arguably we would be missing the opportunity to prevent young people's distress turning into a mental health need.'*¹

The model was noted as aligning with strategic programmes and partnerships, such as the One Vision Partnership Plan and the transformational priorities within the Turning the Tide strategy. The NCB report notes that Bloom was described *'as cross-cutting across the four 'One Vision' priorities and facilitative of multi-disciplinary conversations.'* Bloom was largely recognised as being an important part of the local eco-system supporting young people's emotional, social and mental wellbeing, holding a unique place within the local landscape, alongside a high degree of positivity for the model in relation to Cornwall's ambitions of system change.

Bloom's supportive collaborative approach was noted as benefitting professionals in schools and other settings; other strengths of Bloom as perceived by the Senior Stakeholders were that it

- enables informed recommendations for appropriate pathways of support for young people through a multi-agency approach

¹ All quotes (denoted in italics) derive from the NCB Report: *Bloom Evaluation 2020/21 Senior Stakeholder strand* at Appendix 1 to this report

- supports prevention and early intervention
- reduces waiting times for support
- relieves system pressure
- fits with local priorities for system transformation
- cultivates collaboration with professional development

Senior Stakeholders acknowledged that amongst the challenges for Bloom were the difficulties in demonstrating its impact upon young people, families, professionals, organisations, services and more widely. This is because Bloom is not a service with a resource to follow individual outcomes, but rather a model and a process which gathers together professionals from a variety of services and organisations to discuss holistically young people's referrals which are allocated to Bloom by the CAMHS Access Team. Notwithstanding these challenges, it is hoped that the comprehensive Bloom evaluation, of which this report forms part, will help to demonstrate Bloom's reach and impact.

The resource required from CAMHS and other services / organisations to sustain Bloom was acknowledged by the Senior Stakeholders. However, they also noted that, whilst there are other approaches which *prima facie* are similar to Bloom, the involvement in each Bloom meeting of a CAMHS Clinical Psychologist and a Primary Mental Health Worker, enabling a psychological formulation to underpin the discussion of potential support, was both important and unique to Bloom. The majority of the Senior Stakeholders thought that more young people were able to receive the right support in a timely fashion due to Bloom than might otherwise have been the case; and the importance of not pathologising young people (a key tenet of Bloom) was also noted.

As might be expected, little familiarity with the *modus operandi* of the model in practice is evidenced in the NCB Report, and some misapprehensions about the model and its working in practice may be noted within it, both from the reported remarks from the Senior Stakeholders themselves and by the author of the NCB Report. 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 Senior Stakeholders allows the following conclusions to be drawn:

Strategic fit

Bloom is acknowledged as 'pivotal' locally in relation to strategic partnerships with CAMHS, the One Vision Partnership Plan and the transformational priorities within the Turning the Tide strategy. The NCB Report notes that it *'was described as cross-cutting across the four 'One Vision' priorities and facilitative of multi-disciplinary conversations.'*

The governance documentation underpinning the roll-out of Bloom across Cornwall references Bloom's alignment with strategic programmes such as One Vision, the CAMHS Transformation Strategy and Turning the Tide, and Cornwall Council's Education Strategy. Further, the Bloom model is underpinned by an explicit understanding between all partners (Cornwall Partnership NHS Foundation Trust (CFT), Cornwall Council, HeadStart Kernow and other services and organisations) that it works within the Tavistock i-THRIVE model, as noted within many of its supporting documents.

Support for Bloom

The NCB Report notes that the majority of Senior Stakeholders would support the continuation and sustained future funding of Bloom, post-HeadStart. There was *'a great amount of positivity for the model'* and its confidence- and capacity-building, with Senior Stakeholders acknowledging that Bloom has many strengths. These included its collaborative, collegiate, multi-agency approach, and the support it gives to professionals working directly with the young people referred. Importantly, Senior Stakeholders are reported as acknowledging that through Bloom *'more young people were able to receive support, and the right support ... than might otherwise be the case'.*

Communications with Senior Stakeholders

It is evident from the NCB Report that there are some misperceptions about Bloom, due to an understandable lack of familiarity with its operation. Given the advent of the pandemic and the need to focus upon continuing delivery of Bloom Professionals Consultation (Bloom Profs) meetings, communications with Senior Stakeholders who are not members of the Bloom Cornwall-wide Steering Group (CWSG) have not been prioritised to date.

Bloom does have a comprehensive Communications Strategy and Plan agreed by its multi-agency Steering Group (the CWSG), but it has not been pragmatic to put it into effect given the uncertainty which prevails currently about Bloom's sustainability and continuation post-HeadStart. The Communications Strategy and Plan could usefully be revisited once the future of Bloom is secured for the

post-HeadStart period, so that Senior Stakeholders (not all of whom are members of the CWSG) may be kept informed of Bloom developments.

Challenges

Senior Stakeholders noted that there were challenging resource implications regarding the involvement of professionals within Bloom Profs meetings. Creative solutions could be tested to understand whether they facilitated the ability of professionals such as GPs to be more involved in the meetings.

Concerns raised by Senior Stakeholders included potential overlaps with other processes and services such as Team Around the Child meetings and the Early Help Hub; and the number of cancelled Bloom Profs meetings. These matters are addressed in some detail in the following sections of this report and in the annotations to the NCB Report at Appendix 1, and are largely based upon misapprehensions about the Bloom model and process.

Recommendations

Recommendation 1: Revision of the Bloom Communications Strategy and Plan to include review and dissemination of key messages and updates, and implementation timeframe

Recommendation 2: That should ongoing funding for Bloom be forthcoming, there should be an exploration of the potential to widen the reach of Bloom, where there is no other forum available, to include referrals concerning professionals working with more complex cases in the 18-25 age range, and those of families struggling with toddlers and infants

Recommendation 3: That the Memorandum of Understanding for organisations be revisited so that it is clear that the formulation and suggestions for support noted on the Consultation Plan as a result of a Bloom Profs meeting should be accepted and where possible, fulfilled by the appropriate receiving agency, including the Early Help Hub

Recommendation 4: That Bloom and the Early Help Hub discuss how onward referrals from Bloom Profs meetings might be actioned in a timely and positive manner

Recommendation 5: That a review of the Bloom Communications Strategy and Plan should include a comprehensive GP engagement strategy, taking into account the promotional and advocacy work undertaken by Dr Laura Ashton on behalf of Bloom

Recommendation 6: That Bloom explores how to link with the Dynamic Support Register should its use be extended to include all vulnerable children

Recommendation 7: That a quality audit be conducted of Bloom Profs meetings in all localities / areas to ensure that a consistency of approach and structure is being maintained

Introduction

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

Strands within the overarching Bloom evaluation included consideration of:

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

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

This report considers the findings of the analysis of structured interviews with Bloom Senior Stakeholders 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 Evaluation Working Group (EWG) that the views of Senior Stakeholders of Bloom should be gathered as part of the comprehensive evaluation of Bloom conducted during 2020/21. The focus of this strand of the Bloom evaluation was to ascertain and analyse the opinions of those agreed by the EWG as Senior Stakeholders for Bloom via structured interviews.

Those roles identified by the EWG as Senior Stakeholders for Bloom were:

- NHS Kernow Clinical Commissioning Group (two representatives)
- Director of Mental Health, Cornwall Partnership NHS Foundation Trust
- Head of Service - CAMHS Community
- National Lottery Community Fund Manager for HeadStart Kernow
- HeadStart Kernow Strategic Lead, Cornwall Council
- Service Director: Education and Together for Families, Cornwall Council
- Service Director: Children's Health and Wellbeing and Together for Families, Cornwall Council
- Service Director: Children and Families and Together for Families, Cornwall Council
- Head of Children's Psychology Services, Cornwall Council
- Public Health Consultant, Public Health England
- Head of School Effectiveness, Cornwall Council
- Head of Service (Health Visiting and School Nursing), Cornwall Council
- Executive Officer, Cornwall Association of Secondary Heads
- Strategic Leadership Support, Cornwall Association of Primary Heads
- Early Help Hub Team manager / Principal Health Lead Early Help Hub, Cornwall Council
- CAMHS Lead - Early Help Hub

Draft questions were formulated by the Evaluation Project Team and were agreed by the EWG who also determined that the Senior Stakeholders 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 National Children's Bureau (NCB) were also separately supporting HeadStart Kernow as they were funded by The National Lottery Community Fund as Support and Development Provider, so 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.

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 Senior Stakeholders were contacted via email by the Evaluation Project Team to alert them to the evaluation, and to secure their agreement to be contacted by the NCB. Accompanying that email, for information, were a draft Bloom brochure, recent infographics giving some further facts about Bloom, and some Bloom FAQs (Appendices 2 – 5). The email itself gave some further information about Bloom: *'You will recall that Bloom brings professionals together to look at ways to support children / young people who are experiencing difficulties with their emotional, social or mental wellbeing. In each meeting a CAMHS Clinical Psychologist, a Primary Mental Health Worker and a HeadStart Chair together with other professionals – for example teachers, educational psychologists, family workers, social workers, representatives from the voluntary sector, community workers, Locality Early Help team colleagues – meet to carefully discuss children's / young people's presentations and needs, make a formulation, and consider how the young person may best be supported. A **Nominated Professional** represents each child / young person at a Bloom Professionals Consultation meeting, where a suggested support plan (Consultation Plan) is agreed. A **Point of Contact** is also agreed (this person is responsible for following up the suggestions made in the support plan).'*

The NCB wrote the Bloom Senior Stakeholder Interviews Topic Guide (Appendix 6) based on the questions agreed by the EWG, and this was sent to each Senior Stakeholder as the NCB arranged a mutually convenient date and time for the structured interview to take place with each of them. Due to the Covid-19 pandemic each structured interview took place over Microsoft Teams. All but two of the Senior Stakeholders identified participated in this strand of the evaluation.² Between December 2020 and February 2021 NCB undertook virtual interviews with 15 Bloom Senior Stakeholders.

A draft of the NCB Report was circulated for comment to the Senior Stakeholders by the Evaluation Project Team. The NCB Report of their findings is at Appendix 1, with annotations by the 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.

² One representative from NHS Kernow Clinical Commissioning Group felt they would not be able to add anything material to the evaluation and so declined; the Public Health Consultant was unavailable during the time-frame for this strand of the evaluation.

Analysis of NCB Report

The NCB Report is at Appendix 1, with annotations by the 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 reflections of the Senior Stakeholders as reported within the NCB Report demonstrate, broadly, a general awareness of Bloom, and an appreciation of its efficacy in promoting the emotional, social and mental wellbeing of young people allocated to it. The model's alignment with strategic programmes and partnerships, for example the One Vision Partnership Plan and the transformational priorities within the Turning the Tide strategy is noted, with the NCB Report stating that Bloom *'was described as cross-cutting across the four 'One Vision' priorities and facilitative of multi-disciplinary conversations'* and that it was *'pivotal'* locally.

'the big thing in our transformation programme is....inter-professional collaboration...Bloom is one of the best examples of inter-professional collaboration we have.'

Senior Stakeholders are aware of the centrality of the i-THRIVE model to Bloom. A young person referred to Bloom may be identified as being 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.



'It's that continuity in-between prevention, early help, early intervention, and then more specialist support if it's needed, and it's that whole i-THRIVE model, making sure that people are getting the right support at the right time, and it's all parts of the system that need to come together to deliver that, rather than one part'

From the findings of the NCB Report, it is apparent that Senior Stakeholders recognise that Bloom's system-wide approach around emotional wellbeing and mental health helps to relieve pressure within that system, both by supporting professionals who may otherwise automatically have referred to CAMHS, and by facilitating the creation of a wider culture of supporting *'frontline professionals to hold ownership of cases, particularly where there may be reluctance to hold risk'*.

'we can see the confidence it's building in schools to work with families that are in some quite high-level of crisis, but without escalating it into other areas'

Bloom is described as being a *'glue'* for services, that helps *'to protect limited resources and creating confidence in the system as a whole'*.

'I think that's the most challenging thing we experience, working as a system, is the gaps between services and eligibility for services. Something like Bloom that brings the services together to really think about whole system approach....is beneficial. So, without it, we would lose that.'

Bloom's collaborative, supportive approach and commitment to working in a multi-agency collaborative way is noted within the NCB Report as enabling professionals to continue to work with young people who have more complex needs by removing the sense of *'holding risks alone'*, providing positive feedback to professionals around their practice, and offering advice whilst the professional is still working with a young person.

'one of the biggest impacts of this type of consultation and advice is simply giving people the confidence that they can actually deal with issues in front of them and provide support'

Linked to the recognition of Bloom's role in increasing the confidence of the workforce to support young people's mental health, Senior Stakeholders were concerned that without Bloom young people may end up being pathologised and labelled as having mental health needs *'when in fact, if the staff supporting them in schools have the right sort of support and understanding, [they] may be able to meet their needs within school'*. It was the view of some respondents that as well as facilitating intervention at an earlier point, Bloom supports professionals where they might feel *'stuck'*: *'complex young person who possibly has been*

through several services and the issues are stuck in some way...you need that quite high-level multi-agency response to look at the next steps'.

There was some concern voiced at the levels of engagement within Bloom Profs meetings by other professionals, particularly GPs. GP referrals made up 25% of Bloom cases closed in 2019 (65 out of 257) and 12% of Bloom cases closed in 2020 (31 out of 263), and these referrals have come from a number of different surgeries across Cornwall (see *Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020* for detail). However, to date, GPs have not acted as Nominated Professionals and typically they do not attend Bloom Professionals Consultation meetings, although occasionally some have done so.

Bloom has been described and highlighted to local GP trainees so new GPs working in Cornwall will be more aware of Bloom and how the model may help young people. As more Primary Care Networks have funding to employ additional health professionals such as Mental Health Workers and Social Prescribing Link Workers for young people there will be a wider range of professionals within Primary Care available to participate in Bloom Profs meetings as well as GPs. Whilst more work on communications with Primary Care is required, the existing Bloom Communications Strategy and Plan already includes engagement strands with GPs and schools / colleges. It is currently on hold due to Covid-19 and uncertainty around the sustainability of Bloom.

As might be expected, little familiarity with the operation of the model in practice by the Senior Stakeholders is evidenced within the NCB Report, and some misapprehensions about the model and its working in practice are evident. The Evaluation Project Team have responded to and clarified some misperceptions in footnotes in the NCB Report (Appendix 1), but some commentary about Bloom here might be helpful.

Bloom is a model and a process rather than a service, and with additional resource provided by HeadStart Kernow the Bloom model was rolled out, from an initial pilot in Penwith, across Cornwall from 2018. Pre-Covid19, Bloom was established in each locality in Cornwall. It is an early intervention consultation model for professionals offering an holistic approach, across services, to support children's emotional, social and mental wellbeing, and its core purpose is to support young people to thrive. A governance architecture has been established: Bloom is overseen by a Cornwall-wide Steering Group (CWSG) as a county-wide multi-organisational initiative, and by six Locality Steering Groups which monitor and support each locality Bloom model. Each Locality Steering Group determines the frequency, time and location of the Bloom Professionals Consultation (Bloom Profs) meetings held within their respective locality.

Bloom overtly mirrors HeadStart Kernow's test-and-learn approach so that the Bloom model and process remain agile, always subject to the Bloom

Underpinning Principles which have been agreed by the CWSG. In brief, these Underpinning Principles are:

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

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

Since the Bloom model is one of professional consultation, no family member nor the young person referred attends a Bloom Profs meeting. Therefore, once allocated to Bloom, parents / carers are asked to nominate a professional who knows the young person referred in a professional capacity to attend the meeting. The Nominated Professional is given some meeting dates and times from which they will agree one to attend. Meeting invitations are then sent out to a core membership of a CAMHS Clinical Psychologist, a Primary Mental Health Worker, and a HeadStart Locality Coordinator (who chairs the meeting). Other usual attendees will be a HeadStart Community Facilitator and a member from the relevant Early Help Locality team. For the purposes of this report these roles constitute the Bloom Core Attendees.

The Nominated Professional will also attend the Bloom Profs meeting, and other professionals such as teachers, social workers, family workers, representatives from a variety of other organisations and agencies including the voluntary and community sector, and community workers might also be present.

The collaborative, multi-agency Bloom Profs meetings consider with the Nominated Professional carefully and as holistically as possible each young person's referral, their presentation and needs; and discuss how they might best be supported. The meeting will agree a psychological formulation for the young person, and a plan of suggested positive next steps and actions to help them thrive including, where appropriate and possible, agreed community-based support. A 'Point of Contact' is agreed in the meeting as the meeting participant best placed to talk through the Consultation Plan (the only record of the meeting) with the young person and their parent / carer, and take forward any

onward referral with their consent. This is usually, but not always, the Nominated Professional, but will be a professional who has an ongoing professional relationship with the young person and / or the parent / carer.

There is no mechanism or resource in the current model for reviewing referrals previously discussed within Bloom, although this inability to 'close the loop' has been noted as a possible future development issue.

Pre-Covid (that is prior to March 2020), each locality (bar Penwith³) had an established Locality Steering Group and the frequency, timings and locations of Bloom Profs meetings within each locality had been agreed:

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

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

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

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

1. January – 23 March 2020: Bloom Profs held as usual in each locality

³ 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.

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 below:

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

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

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

A review of key messages about the Bloom model and process, along with the implementation of a more integrated Bloom Communications Strategy and Plan, will position Bloom more accurately within the help and support ecology of children’s services and organisations within Cornwall.

Given the advent of the pandemic and the need to focus upon continuing delivery of Bloom Profs meetings, communications with Senior Stakeholders who are not members of the Bloom CWSG have not been prioritised. Bloom does have a comprehensive Communications Plan in place, but this could usefully be revisited once the future of Bloom is secured for the post-HeadStart period, so that all Senior Stakeholders receive regular updates.

Recommendation 1: Revision of the Bloom Communications Strategy and Plan to include review and dissemination of key messages and updates, and implementation timeframe

As noted earlier, the Evaluation Project Team has 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 crucially notes that *'as the future of Bloom is considered it must be considered within the context of the wider system that it supports and the priorities for that system'*. It 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 derive from both the Senior Stakeholders and the author of the report. The NCB note that recommendations coming directly from the Senior Stakeholders are identified through their use of italics. Those in plain type are suggestions from the authors of the NCB report based on their analysis of the data and understanding of the wider context. Given this provenance, it is not surprising that some of the recommendations made within the NCB Report are not pertinent as they are already addressed within the extant model and processes, whilst others are predicated upon fundamental changes to the Bloom model. Others would require significant investment in management and administration functionality, together with a greater resourcing commitment from CAMHS.

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

NCB Report Recommendation 1

Enable other groups to benefit from the Bloom approach

A number of those interviewed felt that some of the benefits of the Bloom model would benefit other or wider cohorts. If the Bloom model works, do we need to ensure that a wider group of children, young people and families can benefit from it?

- a) *Offer a Bloom approach to professionals working with more complex cases in the 18-25 age range.*
- b) *Use the Bloom model to enable a specific focus on families, including those who are struggling with infants and toddlers.*
- c) *Ensure that the Bloom model is able to pull in professionals with neurodevelopmental expertise so that the model can develop formulations for children and young people with neurodiversity. This could be particularly beneficial for those children and young people with autism, who are currently over-represented amongst those being admitted to inpatient units due to mental health crisis.*

Response to NCB Report Recommendation 1

Bloom's operational managerial and administrative resource which is delivered by HeadStart Kernow is currently sufficient to manage efficiently and effectively the referrals of young people allocated to it by the CAMHS Access Team co-located with the Early Help Hub. Any expansion of the Bloom model to include a wider group of children, young people and families would require an increase in that resource. It would also require an extension of the commitment by CAMHS through increased attendance of Clinical Psychologists and Primary Mental Health Workers, since the unique aspect of Bloom is the attendance at each Bloom Profs meeting of a Chair (currently HeadStart Kernow), a CAMHS Clinical Psychologist and a Primary Mental Health Worker. The future of Bloom post-HeadStart is not secure at the time of writing, and no meaningful discussion of any expansion of the model can be held until that issue is addressed.

Bloom is already available for young people aged 0 - 18 who reside or study in Cornwall, and within each Bloom Profs meeting, the young person's presentation is considered carefully and holistically. The Consultation Plan which is the only record of the meeting is written for the primary audience of the parent / carer. Care is always taken that it is written supportively, and it will include suggestions to help support the parent / carer and family where appropriate. The focus of the Bloom model, and therefore of the Consultation Plan, however, is upon the young person about whom the referral has been made.

Since all Bloom Profs meetings have CAMHS Clinical Psychologists and Primary Mental Health Workers present, and a variety of professionals from different disciplines, services and organisations are invited to attend as appropriate for the referral received, formulations for neurodiverse young people are able to be made. The numbers of referrals allocated to Bloom referencing neurodiversity within the 263 Bloom referrals discussed and closed in 2020 were: 25 citing

ADHD (9.5%), 53 citing ASD / ASC (20%), and 7 citing both ADHD and ASD / ASC (2.6%).

There are no referral criteria for Bloom, and it is the CAMHS Access Team which 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 (including those who are, or who are thought potentially to be, neurodiverse) who are discussed at a Bloom Profs meeting receive a formulation and appropriate suggestions for support.

Recommendation 2: That should ongoing funding for Bloom be forthcoming, there should be an exploration of the potential to widen the reach of Bloom, where there is no other forum available, to include referrals concerning professionals working with more complex cases in the 18-25 age range, and those of families struggling with toddlers and infants

NCB Report Recommendation 2

Enable Bloom to benefit from a broader professional perspective

There was a strong desire amongst interviewees to extend the expectation of attendance at Bloom meetings to include:

- *school nursing*
- *educational psychology*
- *children's disability team*
- *GPs*
- *Community Policing*
- *Health Visiting*

School nursing attendance was seen to be particularly important for ensuring that the model could further support earlier intervention

Given the very limited capacity of these resources and the expense that would be involved in having them attend meetings where their specialism wasn't needed we would recommend that such invitations should be limited to those cases where the referral process has flagged that input from these perspectives would be valuable. Where this emerges only in the meeting, that protocols are put in place to secure additional input from those services, to the young person's formulation before it is finalised.

Response to NCB Report Recommendation 2

The Core Group, who attend all Bloom meetings, consists of a CAMHS Clinical Psychologist, a Primary Mental Health Worker, and a HeadStart Kernow Locality Coordinator who acts 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 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.

The NCB recommendation does not appear to reflect that Bloom is a model and process, rather than a service. Bloom does not 'hold' cases beyond the Bloom Profs meeting since Bloom is the process of getting professionals together in a Bloom Profs meeting to discuss a young person's referral carefully and holistically. The formulation arises from that discussion, which is synthesized and captured within the Consultation Plan. The Consultation Plan also notes the suggestions for support made during the meeting; when the Consultation Plan is sent to the parent / carer and other recipients, and placed on RiO⁴, that referral is closed to Bloom.

There is no provision within the Bloom model to hold cases after the Bloom Profs discussion has taken place, in order to secure additional input from services and other organisations to a young person's formulation, before it is finalised. The Bloom model is rather a 'one-stop' meeting, where attendees think together about what is going on for the young person, and what suggestions for support might help them at that particular time. Should the suggested support from the Bloom Profs meeting not be consented to by the parent / carer or young person, or if the young person continues to struggle, a young person may be re-referred to Bloom at any point via a CAMHS form to the Early Help Hub for further discussion, psychological formulation and support.

NCB Report Recommendation 3

Reinforce multiagency attendance and buy-in

If Cornwall is committed to the Bloom model then consideration should be given to:

- *setting clear expectations into service contracts concerning attendance at meetings*
- *having a more formal agreement with a memorandum of understanding for all agencies involved that they will continue to support Bloom; with attendance embedded into job descriptions to ensure prioritisation and prevent attendance being additional to professional's 'day jobs'.*
- *Including in the memorandum of understanding an expectation for agencies to support formulations agreed*

⁴ RiO is the NHS case management system

Response to NCB Report Recommendation 3

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

Through proselytisation and attendance at other meetings, those leading Bloom advocate and advance the importance of multi-agency attendance at Bloom meetings.

Should the future of Bloom be secured, there may be merit in revisiting the Memorandum of Understanding that underpins multi-agency working in Bloom such that it more fully sets out the expectation that the suggestions for support based upon the formulation reached within the Bloom Profs meeting should, where possible, be fulfilled by the receiving agency (including the Early Help Hub).

Recommendation 3: That the Memorandum of Understanding for organisations be revisited so that it is clear that the formulation and suggestions for support noted on the Consultation Plan as a result of a Bloom Profs meeting should be accepted and where possible, fulfilled by the appropriate receiving agency, including the Early Help Hub

NCB Report Recommendation 4

Consider a protocol or pathway for formulations where there is no funding

If Bloom is making formulations which include support which requires specific funding then the pathway or protocol for securing that funding needs to be clearly set out if the time spent is not to be wasted.

Response to NCB Report Recommendation 4

As part of a Bloom Profs meeting, suggestions for support are made, and any concomitant funding implications are also discussed. Often participants will suggest any funding pathways they are aware of 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.

NCB Report Recommendation 5

Review referral pathways

It is recognised that the Early Help Hub has developed the knowledge and capacity to do some of the work of Bloom as it now includes specialist CAMHS. Given that many Bloom referrals are then routed to Early Help presentation to Bloom would seem to be an unnecessary step for these cases. Reviewing referral pathways and identifying which cases should be triaged by Bloom and which by Early Help may additionally address the increase in referrals to Bloom.

Response to NCB Report Recommendation 5

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 direct referrals Bloom receives are those 'stepped down' to it from CAMHS or PMH. It is therefore entirely up to the CAMHS Access Team to assess whether the referrals being allocated to Bloom by it are appropriate or not.

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

There may be some benefit in discussing with the Early Help Hub whether there is any way of smoothing the path between the suggestions made in the Bloom Consultation Plan and any resulting referral, such that these are more readily accepted and actioned by the Early Help Hub.

Recommendation 4: That Bloom and the Early Help Hub discuss how onward referrals from Bloom Profs meetings might be actioned in a timely and positive manner**NCB Report Recommendation 6**

Child and family voice

Review 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 6

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'.⁵

Bloom is not a medical nor clinical 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 family's 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 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 and collaborative, inter professional development, 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 reach 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 CWSG. Paradoxically, Bloom would then look more like other multi-agency meetings about young people eg 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. The NCB Report highlights that Bloom was recognised particularly for bringing services together collaboratively with benefit for both young people referred and professionals who attend the meetings.

⁵ [NHS England » Involving people in their own care](#)

NCB Report Recommendation 7

Improved feedback on model efficacy:

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

Response to NCB Report Recommendation 7

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

It is currently beyond the model's remit and resourcing to follow up individual young people and 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 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% in 2019 to 15% in 2020: without Bloom, these referrals may not have received the appropriate help 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.

During the latter half of 2020, following the conclusion of a Bloom Profs meeting, core Bloom meeting attendees (the Clinical Psychologist, Primary Mental Health Worker and the HeadStart Locality Coordinator) agreed which quadrant(s) of the i-THRIVE framework the referral aligned to. Analysis of those 79 closed Bloom cases in 2020 demonstrates that the majority of referrals discussed in Bloom fall wholly or partially beyond the Getting Advice quadrant. 14% (11 referrals) fell within more than one quadrant, suggesting complexity, whilst 10 referrals (13%) fell wholly or partially within the Getting Risk Support quadrant (see *Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020* for more detail).

NCB Report Recommendation 8

Review the Bloom footprint:

- a) Given the changing landscape within health services and the development of Primary Care Networks it would seem important that discussions about the future of Bloom review the locality footprint and consider the links with both family hubs and Primary Care Networks (PCNs). Links with PCNs could help to address the issue of GP involvement in Bloom meetings if this is felt to be critical. Links with PCNs could also assist with access to social prescribing.
- b) *For some reviewing the footprint was important for increasing capacity within the Bloom model.*

Response to NCB Report Recommendation 8

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

Bloom / Locality links have been fostered through Bloom's governance architecture (Bloom Locality Steering Groups) and through the routine invitation to, and attendance at, Bloom Profs meetings of Early Help Locality team members including Locality Family Hub managers. Bloom Profs meetings were held at Family Hubs when possible prior to the advent of the pandemic and the exploration of closer links between Bloom, the Early Help Locality teams and the Local Family Partnerships remains a constant strategic consideration. This however, like the development of robust links across Cornwall with PCNs and GPs, has been impacted adversely by the lack of certainty about the future and positioning of Bloom. This has led to Bloom being unable to implement the Bloom Communications Strategy and Plan which includes strategies for linking with GPs and PCNs. The NHS Kernow CCG Children's Clinical Lead, Dr Laura Ashton, has continued to be a prominent advocate of Bloom and has worked to highlight Bloom to local GP trainees.

The changes to Bloom wrought by the Covid-19 pandemic, through moving the Bloom Profs meetings online, may encourage more GPs across Cornwall to attend these meetings, albeit virtually; it will be important for Bloom to work closely with Dr Ashton and others to engage GPs proactively so that their understanding of Bloom is increased. This could be undertaken as part of a re-engineering of the existing Bloom Communications Strategy and Plan, once the future of Bloom is secure.

Recommendation 5: That a review of the Bloom Communications Strategy and Plan should include a comprehensive GP engagement strategy, taking into account the promotional and advocacy work undertaken by Dr Laura Ashton on behalf of Bloom

NCB Report Recommendation 9

Further development of social prescribing

Bloom was seen by some respondents as having the potential to support the development of social prescribing in Cornwall; as a mechanism to identify what would suit a young person's needs and prescribe the right treatment.

Response to NCB Report Recommendation 9

HeadStart Kernow is involved in wide discussions about the extension of social prescribing in Cornwall to children and young people: Bloom already supports the promotion of community-based and voluntary sector activities to young people as part of the outcomes from the Bloom Profs meetings. HeadStart and the NCB have collaborated on a paper about Bloom and Social Prescribing which, at time of writing, is due to be published via the National Lottery Community Fund.

NCB Report Recommendation 10

Increasing Bloom's role in risk management

There was a suggestion that there might be some instances in which children were automatically referred to Bloom. In particular where a child or young person had been excluded from school. Given current government thinking about extending the use of the Dynamic Support Register (DSR) to include all vulnerable children such a consideration should also take into account how Bloom might feed into the DSR.

Response to NCB Report Recommendation 10

Bloom is a partnership initiative led by CAMHS and by HeadStart Kernow for Cornwall Council. Any initiative to increase Bloom's remit would require a concomitant increase in resource to meet the higher levels of need; senior partners would need to agree to Bloom having an additional focus on educational attendance as well as emotional, mental and social wellbeing and health.

Bloom is open to young people aged 0 to 18 living or being educated in Cornwall, and referrals can already be made by schools / colleges, families, the young person themselves, GPs, and other professionals. All referrals are screened by the CAMHS Access Team, which is co-located with the Early Help Hub. As such, there is currently no automatic referral to Bloom process.

Should the use of the Dynamic Support Register be extended to include all vulnerable children, it would seem sensible for Bloom to consider how it might link with it.

Recommendation 6: That Bloom explores how to link with the Dynamic Support Register should its use be extended to include all vulnerable children

NCB Report Recommendation 11

Review of meeting procedures:

- a) *There was a suggestion that a greater degree of structure was needed within Bloom meetings.*
- b) *There was also a suggestion that in future meetings should offer a blended option to stakeholders and nominated professionals in future so that virtual attendance is still an option.*
- c) *Another proposal was that background checks be carried out and a child's chronology pulled together before the meeting in order to save time in the meeting.*
- d) *To consider whether or not it might be possible for meetings to go ahead without the locality Clinical Psychologist or any psychologist in attendance, and if so in what circumstances, in order to prevent meetings having to be cancelled.*

Response to NCB Report Recommendation 11

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.

There is ongoing discussion about the format of Bloom Profs going forward as lockdown eases and a 'new normal' emerges. Findings from another strand of this evaluation 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.

Since the referrals to Bloom are held by the NHS, there is no prior distribution of them to meeting attendees. Bloom does not have sufficient resource to undertake any information gathering prior to the meeting; the Bloom Profs

meeting is itself the forum for information-sharing, and each professional present determines the depth of information they are able to share based on the information-sharing protocols that govern their practice.

The unique aspect of Bloom is the attendance at each Bloom Profs meeting of a CAMHS Clinical Psychologist and a Primary Mental Health Worker, so permitting a robust clinically-informed psychological formulation to be made within the meeting to inform the discussion and suggestions for support. Their attendance and that of the Chair are mandatory: Bloom Profs meetings will not proceed if they are not available.

In line with the test-and-learn approach to the model, when it was being rolled out many more meetings were scheduled than were needed, and this may have led to the perception that Bloom has continued to have a large number of cancelled meetings which is not the case. Meetings are only cancelled due to unavoidable circumstances; and since meetings have moved online due to the Covid-19 pandemic, very few have been cancelled.

Recommendation 7: That a quality audit be conducted of Bloom Profs meetings in all localities / areas to ensure that a consistency of approach and structure is being maintained

NCB Report Recommendation 12

A focused review of local developments *elsewhere in the emotional wellbeing and mental health support system for young people, with the development of a Team Around the School model (as outlined in the Turning the Tide document)*, Mental Health Support Teams, Senior Mental Health Leads and the Schools Link Programme and for this to be considered in relation to Bloom operationally and how they fit together.

Response to NCB Report Recommendation 12

Bloom 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 development of such a pathway, ensuring the maximisation of resources and minimising potential duplication, is a wider objective and falls to an overarching strategic body, rather than to a singular part of the landscape such as Bloom.

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 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
CFT	Cornwall NHS Partnership Foundation Trust
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
NHS Kernow CCG	NHS Kernow Clinical Commissioning Group
Nominated Professional	Once a referral is allocated to Bloom, parents / carers are asked to nominate a professional - who knows the child / young person referred in a professional capacity - to attend the Bloom Profs meeting to bring their voice and that of the family to the discussion
PCNs	Primary Care Networks
Point of Contact	A 'Point of Contact' is agreed at the Bloom Professionals Consultation meeting. They take responsibility for discussing the Consultation Plan with the parent / carer and young person, taking forward any actions and suggestions for support that the parent / carer and young person wish to pursue
SENCo	Special Educational Needs Coordinator
VCSE	Voluntary, Community and Social Enterprise

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



Bloom Evaluation 2020/21

Senior Stakeholder strand



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Introduction

The comprehensive evaluation of the Bloom model during the 2020/21 academic year comprises of a number of strands, designed to fully appraise the model and help inform sustainability planning. This report forms one of those strands.

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.

Between December 2020 and February 2021 NCB undertook virtual interviews with 15 Bloom Senior Stakeholders including representatives from the Cornwall Association of Primary Head Teachers, the Cornwall Association of Secondary Head Teachers, Early Help Hub, Children and Young People Specialist Mental Health (CAMHS), The National Lottery Community Fund, Community Health Services, School Effectiveness, Children's Psychology Services, Together for Families, NHS Kernow Clinical Commissioning Group, and the Education Department.

This report aims to understand the strengths and challenges of Bloom, along with the impact of Bloom on children, young people, families, organisations and support systems, seen from a senior perspective. It considers the opportunities for improving and developing Bloom with consideration of the future sustainability of the Bloom model.

High level summary

Bloom was generally recognised as being an important part of the local system and network for young people's emotional, social and mental wellbeing, and many of the respondents agreed on a range of factors relating to Bloom's uniqueness within the local landscape.

There was plenty of feedback offered by the stakeholders interviewed, both from their direct experiences and insights from their colleagues, around perceptions of impact upon young people, families, professionals, their organisations and community of support as a whole, with a great amount of positivity for the model in relation to Cornwall's ambitions of system change, along with some identified challenges around fully evidencing the impact of this work.

It is important to note that not all respondents felt able to answer all the questions if there was less relevance to their role or they did not have knowledge relating to specific questions. Throughout the report there are some references made to which sector responses belonged to and overall there were greater similarities amongst the stakeholder views on the strengths of Bloom, with less agreement on the challenges.

Broadly, the key strengths of Bloom that were identified are that it:

- enables informed recommendations for appropriate pathways of support for young people through a multi-agency approach
- supports prevention and early intervention
- reduces waiting times for support
- relieves system pressure
- fits with local priorities for system transformation; and
- cultivates collaboration with professional development.

Perceived benefits for schools were often mentioned during the interviews and Bloom's supportive approach for professionals in the context of rising pressures and responsibilities for wellbeing in schools was noted; supporting inclusion in schools was important. Overall Bloom was recognised particularly for bringing services together collaboratively with benefit for both young people referred and professionals who attend the meetings.

Challenges for Bloom included the capacity of professionals and services to be involved and some observations about possible overlap with other existing processes in place. Some respondents from health specialisms acknowledged that their team's input was necessary and important as well as also recognising the time impact of this. It was also felt by some respondents that there can be an impact on staff and young people if meetings are cancelled when core staff⁶ are unable to attend.⁷ However, the importance of having clinical formulations as part of the collaborative approach was acknowledged and emphasised by many. A small proportion of interviewees (three) recognised similarities in the function of the Early Help Hub, including knowledge of services available.⁸

⁶ Core attendees at Bloom Professionals Consultation (Bloom Profs) meetings are a CAMHS Clinical Psychologist, a Primary Mental Health Worker, and the Chair, usually a HeadStart Locality Coordinator. The psychological formulation led by the Clinical Psychologist and the Primary Mental Health Worker, and the Consultation Plan written by the Primary Mental Health Worker are integral to the Bloom model. Other professionals including a member of the Locality Early Help team and a HeadStart Community Facilitator also attend very regularly

⁷ Some Bloom Profs meetings were cancelled during the early period of rolling out the Bloom model across Cornwall, during 2019. These cancellations were due to a number of factors including the lack of availability of a Nominated Professional; rarely was it due to the lack of availability of a core attendee. The impact of Covid-19 necessitated cancelling some meetings in 2020, as the model was restructured to permit virtual rather than face-to-face meetings. The Bloom Senior Administrator has confirmed that five Bloom Professional Consultation meetings were cancelled in 2021 to date, due to the following: a Council IT systems failure; the Nominated Professional present could not fully represent the family so consent was sought from the Parent (and agreed) for an additional Nominated Professional from school to attend a re-scheduled meeting; one Nominated Professional did not attend with no explanation; and on two occasions the Nominated Professional cancelled at the last minute due to other commitments. In all five cases, the meeting was rescheduled. All meeting cancellations are now logged for future learning

⁸ All referrals are screened by the CAMHS Access Team, which is co-located with the Early Help Hub. The CAMHS Access Team decides whether screened referrals are allocated to Bloom, or elsewhere. While it could be argued that there are some similarities in function with the Early Help Hub, Bloom is a professional consultation model, bringing together professionals to holistically consider a young person's presentation, circumstances and needs; the meetings include CAMHS professionals who lead a psychological formulation; and the meeting results in a Consultation Plan and an agreed Point of Contact to take any suggestions forward

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

The majority of respondents thought more young people were able to receive support, and the right support, as a result of Bloom than might otherwise be the case. Some feedback was that without Bloom, some professionals may not feel they have the skills or support themselves to support a young person, and therefore refer to CAMHS, potentially causing delays in young people receiving the right support. There was a general consensus of the importance for young people to be able to receive support outside of a medicalised approach, whilst acknowledging the importance of clinical input into Bloom.

More young people were thought to have received support as a result of Bloom. Eight respondents said that they thought Bloom increased young people's access to support. Nine of respondents felt that Bloom helped young people to receive the right support and some of the reasons offered for this included that Bloom enabled the opportunity to receive support, that the '*richness of discussion...[and] the skill of our clinical psychologists and our primary mental health workers*' can support an accurate formulation; that Bloom increases an understanding of a range of services as part of iThrive and supports relationships with the voluntary and community sector in Cornwall.

'I would be in full support of it continuing, because it means that children are getting the right help that's been clinically assessed⁹ as being appropriate for them through that expert input that the psychologists and the clinicians are putting into the Bloom meetings.'

Eight respondents felt that it helped to ensure that young people received support at the right time. Bloom was seen as being available for all young people as a mechanism for identifying support and '*not as a postcode lottery*'.

'I think what it has done is to get people the right help rather than just the wrong help from the wrong agency at the wrong time. I think we're way on the road for children and young people to get the right help, not always at the right time – I think there's still a bit of work to be done there – but I think more often than not, they're getting the right help.'

It was noted by one respondent that there is an ambition to provide support sooner and a recognition that many of the young people being supported by Bloom were presenting '*with a range of need, that arguably hasn't been met at the right time*'.

It was acknowledged by three of respondents that young people may not always be receiving support at the right time via Bloom.¹⁰

⁹ Young people are not clinically assessed in Bloom. They are discussed holistically and collaboratively by a range of professionals 'in the room'. The CAMHS Clinical Psychologist leads the psychological formulation but all voices in the room are of equal weight and value, with suggestions for next steps agreed collectively

¹⁰ Bloom does not offer direct support because it is not a service. Rather, it is – and has always been – a professional consultation model to discuss young people's presentations, circumstances and needs within a multi-agency forum where attendees will then collaboratively suggest appropriate next steps for support. The Point of Contact, who is an attendee at the Bloom Profs meeting and who agrees to undertake this role, will discuss the Consultation Plan (the only written record of the meeting and which notes the formulation and suggestions for support) with the family and young person. It is the family who ultimately decides whether to pursue any particular recommendations

'I think we're way on the road for children and young people to get the right help, not always at the right time - I think there's still a bit of work to be done there - but I think more often than not, they're getting the right help.'

One respondent felt that young people may not receive support at the right time if they are on a waiting list for Bloom¹¹ and another suggested that more could be done with the integration between Bloom and Early Help to reduce new referrals having to be made after discussion at Bloom, which may make the process quicker.¹²

There were a couple of respondents who felt unable to comment on this and two respondents felt that further evaluation was required.

Covid-19 context

This evaluation took place between December 2020 – February 2021 within the context of the Covid-19 pandemic and a national lockdown. The pandemic undeniably changed approaches to working and this impact was discussed specifically by many of the interviewees.

The benefits of virtual meetings for Bloom was discussed in relation to the logistics of getting every person into a room. Not having to worry about travel time in the geographically spread county of Cornwall was seen as a great benefit and a significant change for some, although some people wondered whether there was some balance needed going forward between the benefits of people not having to travel and having a conversation with people in the same room.¹³

There was talk about further 'streamlining' the service and in doing so, staffing the meetings differently as there can be cancellations of the meeting if staff are unavailable which can cause some delays in discussions and onward support reaching a young person. Instead it was suggested that the advances in the use of technology due to Covid-19 could mean that people could continue to attend the meeting differently.

¹¹ Bloom does not hold a waiting list *per se*: all referrals are processed as soon as they are received with the aim of holding a Bloom Profs meeting as quickly as possible following receipt. When the referral is allocated to Bloom, the Early Help Hub sends out a Bloom Welcome letter to the family (copied to the referrer) so the Parent / Carer knows they need to identify a Nominated Professional who can be invited to a Bloom Profs meeting. Once the details of the Nominated Professional are received, they are offered a choice of meeting dates and times. Bloom has no control over the speed of response of either the parent / carer or the Nominated Professional, nor of the Nominated Professional's availability. Nonetheless, during 2020 the average length of time between receipt of referral and the case being closed in Bloom was eight weeks (57 calendar days) [*Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020*]

¹² Bloom has an arrangement with CAMHS whereby cases discussed in a Bloom Profs meeting deemed appropriate for CAMHS / PMH can be allocated to their caseload without the need for a new referral. A similar arrangement could be explored with the Early Help Hub for other referrals resulting from Bloom

¹³ Findings from other strands of the evaluation are that a majority of attendees have no preference about the format of Bloom Profs meetings going forward. Consideration is being given to a 'blended' meeting format in future to allow some participants to attend virtually with others being together in a room

*'...you don't have to have a psychologist that works in the east, you could have a psychologist that works in the west, because they'll do it on the computer.'*¹⁴

Bloom's response to Covid-19 was noted and how it was *'helpful'* having discussions during lockdown around children who have diagnoses, such as ADHD or autism, that were reaching crisis point with very little around at that time to help *'safety-net'* them.¹⁵ It was noted that Bloom consultation was good at trying to prevent those young people from needing to attend A&E or calling out emergency services by *'looking quite holistically at how they could put the necessary support in place to help them manage what was going on'*. The pandemic increased visibility of existing needs and Bloom had helped to support those needs.

Bloom model strengths

The strengths of the Bloom model most frequently mentioned were how the model supports the professionals involved, the prevention and early intervention approach and the multi-agency aspect of the model.

Support for the professionals involved

Bloom was seen to be a model of professional consultation useful for workforce development, especially for those *'on the ground'*, such as school staff. Eleven respondents noted Bloom as being a form of workforce development, with some describing Bloom as a type of *'supervision'* for some of the professionals attending through peer support.

'It gives them an opportunity to have almost like a supervision session. Especially with schools because teachers don't get formal supervision, and sometimes they're asked to hold some quite complex or challenging or traumatic cases...If they're hearing a lot of trauma cases within their school, it does take a toll, and if they have no outlet for that, it can be difficult.'

Bloom was seen as enabling professional development through the meetings with a specific child-centred focus beneficial for the young person, the professional and in some cases their home organisations. Interviewees reported positive feedback from both primary and secondary schools, in relation to *'developing formulations, talking to clinical psychologists, family support workers, primary mental health workers...as the practitioner who's there listening to that and being part of that conversation...them then taking back into school'*.

As key professionals are being supported and guided by Bloom, this is also beneficial for their organisation due to the learning and experienced gained. Support from Bloom was described as important for *'on the ground'* staff.

¹⁴ When needed, cover for core Bloom Profs roles, including Clinical Psychologists and Primary Mental Health Workers, is sought from other localities in order to prevent cancellations whenever possible. Bloom does however strive to have professionals including Clinical Psychologists and Primary Mental Health Workers from the young person's locality wherever possible, as they will have local knowledge and local professional relationships

¹⁵ Within the 263 Bloom referrals discussed and closed in 2020: 25 cited ADHD (9.5%), 53 cited ASD / ASC (20%), and 7 cited both ADHD and ASD / ASC (2.6%)

'[a teaching assistant] speaking directly to clinical psychologists, primary mental health support workers; whoever it may happen to be...typically getting affirmation from those people that what that teaching assistant is doing is a really, really good thing, that they're holding the case really, really well, but it does then give some advice and guidance in terms of future formulation.'

Bloom's system-wide approach around emotional wellbeing and mental health was recognised by some as helping to relieve pressure within that system, for example by supporting professionals who may otherwise, without Bloom input, automatically have referred to CAMHS for a young person, which may not have been the appropriate pathway and therefore lead to further delays. The idea that existing professionals could remain working with young people was an important point in relation to the wellbeing system, as it adds capacity and truly embraces the notion of the i-Thrive approach, particularly around enabling the whole community to support mental health and wellbeing.

It was recognised by ten respondents that without Bloom, there would be some impact on CAMHS waiting list and that therefore Bloom helps prevent inappropriate referrals to CAMHS.

'You look at a whole treatment episode that a young person might have if they hadn't had that early intervention in Bloom and that consultation. What we might see, as well, is the impact would be pressure on our CAMHS access team. A lot of time would be spent there with referrals coming in, and seeing, and trying to find alternative provision.'

Prevention and early intervention

The prevention and early intervention approach of Bloom was noted by nine respondents, with reference to how it supports emotional wellbeing and supporting mental health outside of a medicalised model.

'I think what Bloom has taught us and the concepts around Bloom, is that the earlier we can get help or get relevant advice to young people, their carers, their family and those people around them and other agencies, the better the outcome for those people.'

As well as supporting young people sooner, Bloom was recognised as providing earlier intervention and preventing cases from escalating, and therefore reducing the pressure on more specialist services. In relation to Bloom, it was described how *'people like the fact that there's no threshold, so you don't have to refer through a threshold and then potentially be bounced back'*¹⁶ and that through Bloom, referred young people have an opportunity to be recommended support. It was noted that there are thresholds for other services (e.g. CAMHS) and therefore not everyone who is referred to those services can be assessed for support.

It was suggested that by enabling earlier support, this could mean *'the difference between a young person never needing mental health services again, versus a young person's mental health deteriorating, [with] them having to come into specialist CAMHS.'*

¹⁶ All referrals allocated to Bloom are screened by the CAMHS Access Team, which is co-located with the Early Help Hub. The CAMHS Access Team allocates referrals to Bloom – there are no referral criteria for Bloom

Bloom was described as optimising the resources in the system and enabling the system to meet the needs of young people earlier:

'...young people's needs are genuinely met as early as possible, and we then start to see those children who need a more specialist service get there quicker, or have more time spent with them because there's not so much other need to be met, because it's being met better in the bits of the system that can deliver it better...and if I think about the i-Thrive framework that Cornwall's adopted, we could then start putting more energy into maintaining thriving children.'

Multi-agency nature of the model

Bloom's multi-agency approach was seen as a strength by twelve respondents who valued the way the model analysed and developed formulations with clinical input alongside an holistic approach rather than solely medicalised.

'It's all about actually ensuring that we get the right formulation and the right sequencing of the responses, and it includes more dimensions than just the medical one.'

It was the view of some of those respondents that as well as facilitating intervention at an earlier point, Bloom supports those young people where professionals might feel 'stuck' with actions needed for a case or a 'complex young person who possibly has been through several services and the issues are stuck in some way...you need that quite high-level multi-agency response to look at the next steps'.

Feedback was noted by five respondents from across health and the local authority that Bloom was 'pivotal' locally in relation to strategic partnerships with CAMHS, the One Vision Partnership Plan and the transformational priorities within the Turning the Tide strategy. It was described as cross-cutting across the four 'One Vision' priorities and facilitative of multi-disciplinary conversations.

Six respondents felt that Bloom develops positive working relationships and encourages collaboration and inter-agency working. Reference was made to the way that professionals work together via Bloom as *'the big thing in our transformation programme is...inter-professional collaboration...Bloom is one of the best examples of inter-professional collaboration we have.'*

'...It's about bringing professionals together, creating professional networks, putting names to faces, ease of being able to access an organisation or knowledge about what is available to support children and families. It's building those networks.'

Whilst acknowledging that there were other multi-agency approaches e.g. the Team Around the Child (TAC), it was argued by three respondents that a TAC might only consist of a parent and one other professional, whereas Bloom guarantees a multi-agency group, with the engagement and collaboration of all agencies seen to be paramount to a comprehensive and successful formulation, especially with the attendance of the voluntary sector.

'Getting multi-agencies around a table to talk about the difficulties that a child is having, I think, is a good move forward, and resolving and seeing what other people can do to support school in children and families...is a very positive way forward.'

A strength of the Bloom model was seen to be the coming together of input from professionals who knew the child alongside a range of professionals including clinicians with an understanding of mental health.

'I think it's about that multi-agency consultation that staff in schools and other professionals have access to and that real thinking and psychological formulation around a particular situation.'

One respondent spoke openly about how historically 'a lot of services just referred into CAMHS and expected CAMHS to pick it all up' and also some schools and GPs were described as referring to CAMHS 'because they don't know and they can't support that young person'. It was stated by a respondent that 'the culture is beginning to shift, because in the old days people just felt CAMHS were the people to help them, but now I think there is hopefully a growing knowledge that there are other services that are there'.

Bloom was noted as helping to protect limited resources and creating confidence in the system as a whole, as it was felt by a majority of respondents that a young person will receive support to find the right service via Bloom, which works within the i-Thrive approach.

'I think that's the most challenging thing we experience, working as a system, is the gaps between services and eligibility for services. Something like Bloom that brings the services together to really think about whole system approach....is beneficial. So, without it, we would lose that.'

Bloom was recognised by two respondents as being supportive for children and young people who are receiving statutory intervention, for example Child Protection Plans and where there may be reluctance from parents involved in receiving support. One respondent felt that by having a multi-professional consultation, further concerns could be highlighted and help identify the most appropriate interventions in place and also, in some cases highlight where there may be potential neglect.

'Sometimes having that multi-professional consultation, which really highlights that that is what needs to happen, can help evidence that they're not acknowledging what the concerns are, and putting the most appropriate interventions in place. Which then highlights potential neglect or things like that...'

Bloom's multi-agency model was felt to enable more accurate assessments for young people. 'I think we've got some really, really good people working in our Bloom system, and that can ensure that the child's needs are being understood in the context of the wider environment.' Looking at the 'scaffolding' in place for the child, and including the perspectives of professionals, thus achieving more than seeing the child alone in an appointment. It was noted by one interviewee that the 'systems-led approach' of Bloom was a different way of working for some, for example, in comparison to how CAMHS practitioners may end up seeing young people on their own and therefore only getting one perspective on the situation.

By building a more complete picture for the formulation in the meeting, Bloom makes an important contribution to the pathway of support.

'I suppose it's about seeing the child in the context of its environment, of everybody working around that child, but not having the child there enables us to scaffold those working with the child in a way that we couldn't scaffold them if we just saw the child alone.'

Risk management

Four respondents recognised the risk management support to professionals attending the meetings. They talked about the challenges for some professionals of holding and considering risk in cases where they may not have been trained to manage that level of need. For some, the element of confidence building and shared risk ownership was seen as significant.

'I think Bloom's been a really good way of people understand, ah, hang on a minute, it's risk for me but it's not actually risky in real terms.'

Bloom was seen to help create a culture which supported frontline professionals to hold ownership of cases, particularly where there may be reluctance to hold risk. Bloom encourages professionals through an attitude of *'you're still going to keep this and you're going to get some supervision on it'*. One respondent from education stated that they felt that *'we can see the confidence it's building in schools to work with families that are in some quite high-level of crisis, but without escalating it into other areas'*.

In addition, others recognised that Bloom enables professionals to continue to work with young people who have more complex needs by removing the sense of *'holding risks alone'*, providing positive feedback to professionals around their practice, and offering advice whilst the professional is still working with a young person. It was described that *'one of the biggest impacts of this type of consultation and advice is simply giving people the confidence that they can actually deal with issues in front of them and provide support'*.

Other strengths

These other strengths were mentioned to a lesser degree but are relevant to note.

Bloom was described as having **a localised approach** with local professionals that know the area well and also, know some of the families well too. Whilst knowledge shared in Bloom about the support services may also be able to be provided by others e.g. Early Help Hub, Bloom's localised approach and knowledge of the voluntary sector was recognised as a real strength.

Bloom helps **navigate around services** and it was described as helping practitioners manage a case but also find out where there are other people who can also support. *'They're a central resource as well, knowledge of what else is available in the system'*. This was seen as different to other parts of the system of support that may not have the capacity to provide expert supervision on emerging mental health issues or low-level to moderate mental health issues. One respondent asked where those who don't qualify for specialist CAMHS support would go if Bloom didn't exist and asked *'who has the picture of that across the local authority?'*. Bloom was not seen as the only forum to share information about other services but the collaborative approach of a network of professionals was recognised.

Challenges

There was less agreement amongst respondents on the challenges of Bloom; key points mentioned are outlined below.

Timeframes

It was noted by two respondents that young people's referrals to Bloom can still experience waiting times before they can be discussed and one participant described *'high numbers of meetings that get cancelled'*.¹⁷

One person raised concerns that as Bloom becomes more popular, and without a threshold in place, that it could become *'the referral of choice'* which *'could further inhibit capacity, which in turn could then inhibit the effectiveness which in turn, could mean that 24 months down the line, is it a good investment?'*

Another person described how Bloom currently has a backlog¹⁸ and that they have dropped to three blocks of meetings a week, rather than six.¹⁹

*'The backlog is an issue...if we can get people through in a timely manner, it's much better because if they're sat there on a waiting list, it's not always overly helpful.'*²⁰

It was noted that meetings may have a capacity to meet a certain level of demand and therefore *'possibly not everyone who needs to have that type of Bloom intervention and support is receiving it'*.²¹

Bloom was described by one respondent as *'very time expensive'* as they perceived that an hour and a half can be spent discussing a young person; they thought that more background checks being done beforehand could speed up the process and *'tweaking'* the meetings by *'maybe having somebody to pull that chronology together before the meeting'*.²²

Stakeholder buy in

Three respondents from education and health noted that it can be hard to engage with Primary Care services, especially in the context of Covid-19. Some remarked that GPs are still not engaging with

¹⁷ See previous footnotes regarding waiting lists and cancelled meetings

¹⁸ See previous footnote regarding waiting lists

¹⁹ The Bloom process has adapted to the challenges of Covid-19 by temporarily changing from up to six face-to-face Bloom Profs meetings a week (one per locality, where four young people can be discussed per meeting) to a virtual model of nine Bloom Profs meetings per week over Microsoft Teams, with each meeting focussing upon a single referral (or occasionally, siblings). This adaptation is under review, pending government and organisational guidelines

²⁰ See previous footnote regarding waiting lists

²¹ The CAMHS Access Team screens and allocates referrals to Bloom; it is the responsibility of the operational and clinical management of Bloom to ensure that Bloom Profs meetings are scheduled as quickly as possible following receipt of an allocated referral

²² Virtual Bloom Profs meetings are scheduled for one hour but this may need extending where the presentation, circumstances or needs are complex. The referral documentation is subject to data protection and confidentiality policies, and is therefore not shared with meeting invitees prior to the meeting which is the first opportunity to consider the case holistically. Bloom does not have the central operational or administrative resource to put together chronologies or other information from a variety of sources prior to the Bloom Profs meetings

Bloom as much as would be liked, and it was noted by one person that it was partly because of surgery times.²³

'I still don't know the answer to how to really engage GPs and the primary care more in a lot of the initiatives that are going on.... Because they're their own businesses and they've got different KPIs and all the rest of it, I still don't think we've necessarily got that right, in the same way we haven't got it right with all schools. Some GP surgeries are absolutely on board...Others aren't.'

One respondent noted that there are still GPs that are suspicious of Bloom and noted how the development of Primary Care Networks raises some questions.²⁴

'There are still some GP practices that I think are a bit suspicious, and I think now that primary care networks are getting off the ground as well, that's been a bit disruptive to Bloom. Obviously, we're not entirely sure - not all of them have got their systems in place yet, so are GP practices going to start to combine? How will that influence - who should we really be going to? I think they're some of the negative sides at the moment around that process of primary care networks being set up.'

With the pilot Bloom meeting in Penwith, it was noted that one of the features was that the GP was involved but that this is not always the case subsequently. Ensuring people are aware of the meetings and that they can attend has been a challenge previously with some improvements noted e.g. with schools, but still with challenges for GPs to attend.

There were some concerns raised by one respondent about the capacity of services to contribute regularly, such as Educational Psychology, and how it has not been practical for regular attendance to be possible, although attendance had been useful.²⁵

Reliance on clinical involvement

There was a point made by two respondents that as the meetings rely heavily on clinical involvement through the presence of a Primary Mental Health Worker and a Clinical Psychologist, that can be a challenge on resources.²⁶ It was recognised for helping the meeting to work, *'it gives that real authenticity about the formulated plans and everything coming out of Bloom. It reassures parents...so it gives that authenticity'* but that *'capacity-wise, it's an enormous drain'*.²⁷

Another respondent stated that *'the major disadvantage for me would be complete reliance on psychology'* and stated that if there is sickness, another psychologist might have to attend which could mean cancelling a clinic to ensure Bloom goes ahead. If a Psychologist is unable to go to a Bloom

²³ GP referrals made up 25% of Bloom cases closed in 2019 (65 out of 257) and 12% of Bloom cases closed in 2020 (31 out of 263), and they have come from a number of different surgeries across Cornwall [see *Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020* for detail]. GPs have not acted as Nominated Professionals to date; typically GPs do not attend Bloom Professionals Consultation meetings (possibly due to GP Surgery commitments), although a small number have done so

²⁴ The Bloom Communications Strategy and Plan includes engagement with GPs and schools / colleges, but is currently on hold due to Covid-19 and uncertainty around the structure and sustainability of Bloom

²⁵ There is no service level agreement between Bloom and organisational partners for mandatory attendance at Bloom Professionals Consultation meetings. Some specialist roles may not be able to attend due to availability or cost implications. Bloom is not a budget-holding service

²⁶ See previous footnote regarding core attendees at Bloom Profs meeting.

²⁷ NHS Kernow Clinical Commissioning Group has previously indicated that budget has been allocated to CAMHS for participation in professional consultation activity

meeting ‘...the Bloom session has to shut down, so that can be quite difficult if we’ve got staff shortages’.²⁸

For clinicians this can feel like there is a responsibility ‘that it keeps running by putting in quite a valuable resource, but we are committed and we do try’. One person said that they would like to see a ‘bit more of a multi-professional ownership of Bloom, so that if the psychologist isn’t there one day, that’s fine, the meeting can still go ahead, and that discussion can still take part if we’ve got other disciplines who could lead’.²⁹ If the meeting is cancelled then this can be impactful if there are real concerns about a young person.³⁰

It was commented that some people might be impacted by the time involved in attending the meetings and it was seen to work best where people remained committed to the meetings, which were regular. People attend regardless of whether they are there to discuss a case or provide expertise to colleagues and that it was ‘very reliant on people buying into it, kind of thing, turning up in good will’.³¹ It was noted by one person that you can tell when the meetings are not fully attended and that although the outcomes can still be good, ‘sometimes, you can just see who wasn’t there by what the formulation says’.

One of the senior stakeholders interviewed said that ‘I suppose the feedback that I sometimes get from clinicians is that it can sometimes feel like it’s a lot of their time and input into another organisation’s initiative’.³² This might be an issue for newer staff and/or when it is in newer areas where Bloom has not been established for as long. However, it was noted by one respondent ‘they often think that their job is more about the specialist side of things, and that Bloom is something that can wait, whereas my opinion and the opinion of others around me is that it’s essential that we commit this time and this resource into Bloom’.

Closing the loop

Two respondents felt that there is a reliance on a lead professional (known as a Point of Contact) to action referrals to other organisations following the formulations made at the meeting and that Bloom doesn’t have any ongoing responsibility to ensure actions are completed, which one person described as ‘a weakness, I think they should be tracking those’.³³

One person highlighted that even when referrals are made to other services³⁴, that the voluntary community sector services don’t necessarily have capacity to take those on.

²⁸ See previous footnotes regarding meeting cancellations, and cover arrangements

²⁹ See previous footnotes regarding core attendees at Bloom Profs meetings and CAMHS clinicians participating in Bloom; and meeting cancellations

³⁰ See previous footnote regarding meeting cancellations

³¹ Bloom is not able to oblige professionals to attend Bloom Profs meetings

³² Bloom is a partnership led by CAMHS and Cornwall Council through HeadStart Kernow, and has a multi-agency Cornwall-wide Steering Group at the apex of its governance architecture. It is not ‘one organisation’s initiative’ (see associated Bloom evaluation report: *Review and Analysis of the Bloom Project Pilot Business Cases and Documentation 2014 -2018, and the Development of Bloom 2018 – to date*)

³³ Bloom is not a service and its current remit does not extend to following up outcomes of recommendations, nor does it have the resource to do so

³⁴ Onward referrals are made following discussion of the Consultation Plan and suggestions for support between the Point of Contact and the family. Suggestions for support are made in good faith in the Bloom Profs meetings, and the Consultation Plan will often include more than one

'Then it's gone, nobody tracks that, nobody knows what that outcome was, whether it was beneficial, it's off their books, they've done it'.

Additionally, the point was made by one person that there have been instances (much less recently) where formulations were made for services that may require funding e.g. Educational Psychology and therefore the question was asked *'do the school have to do it, and what if the school don't think that's a helpful thing to do, or if they don't want to pay for an EP service?...it's uncomfortable because it is back down to who's going to fund this...'*³⁵

Duplication?

There were three comments from respondents about how Bloom operated some similar functions to the Early Help Hub and how this could be managed. The Early Help Hub was described by one respondent as a *'multiagency decision-making station...should be able to do, 90 per cent of what Bloom does'*.³⁶ However, it was also noted that when specific requests were made for multi-agency support then Bloom was ideal.

'[has had] family work, youth work, everything and you sort of think, okay, this needs a multi-agency response, that's an ideal situation for Bloom. I think that's a very appropriate use of that multi-agency, more intense look at that young person's need, along with the professionals that are working with them...absolutely good idea.'

It was remarked that there were some cases going to Bloom that perhaps did not need that level of multi-agency response and that could therefore be managed by Early Help Hub instead, although the time and resources to input the same analysis was noted by one respondent as limited.³⁷

One respondent commented that young people have to go to Bloom in order to be able to access HeadStart Youth Facilitator support and that could mean a delay for young people receiving that support if they are waiting to be discussed by Bloom.³⁸ It is to be noted that discussions held at a Bloom meeting may, or may not, recommend HeadStart Youth Facilitator support and that will be dependent on the needs of the young person.³⁹

Children and young people and parent involvement

Whilst Bloom's multi-agency approach was praised, two respondents felt that there should be more direct contact from Bloom with the parents.⁴⁰

'If we're supposed to be helping children and young people, you can't separate them from their parents having an input.'

³⁵ Discussions within the Bloom Profs meetings will often include suggestions for possible routes for funding the interventions and support suggested

³⁶ See previous footnote 8, which outlines the uniqueness of the Bloom model and approach

³⁷ See previous footnotes referring to the allocation of referrals to Bloom by the CAMHS Access Team which is co-located with the Early Help Hub

³⁸ Referrals for HeadStart Facilitators were discussed in Bloom Profs meetings for a period as a mechanism to permit the close management of their then large waiting lists from mid-2019. Since the advent of the pandemic, this has no longer applied

³⁹ Referrals may request one particular outcome but those attending the Bloom Profs meeting may determine that a different recommendation is more appropriate

⁴⁰ Bloom is a professional consultation model. Parents / Carers can specify who they want to attend the meeting as their Nominated Professional and that person is asked to liaise with the family before attending. Parents / Carers can also provide additional information if they did not make the referral

It was also felt to be a shortcoming that *'before they send that formulation out, it doesn't get discussed with the parent or the young person'*.⁴¹

Impact

Respondents were asked a range of questions relating to impact on young people and families, impact on wider system of support and impact on organisations/services if Bloom didn't exist or wasn't available. Some respondents identified more than one impact in response to these questions and some felt unable to answer particular questions.

Impact on young people and families

Respondents suggested that young people might be more likely to display risky behaviours, that young people's lives would remain difficult or become more difficult and there would be an impact on their families, with possibly more family breakdown.

'...it has the potential to be valuable to children and I think the impact would be, perhaps, it might relate in higher exclusion. It might relate to more risky behaviours for young people. It might be more family breakdowns. Each of those is quite massive but it could be a contributing factor to mitigating against any of those.'

A number of respondents suggested that young people might find it harder to engage in their education and that without Bloom supporting staff and young people, there might be higher exclusion within school.⁴²

'[it could] lead to school avoidance, refusal, lower grades and more punitive rather than supportive approaches.'

This was described as likely to have a significant effect on a young person's education and therefore their future outcomes.

Linked to the recognition of Bloom's role in increasing the confidence of the workforce to support young people's mental health there was a feeling that without Bloom young people may end up 'pathologised' and labelled as having mental health needs *'when in fact, if the staff supporting them in schools have the right sort of support and understanding, may be able to meet their needs within school'*.

Seven respondents from education, health and local authority felt that if Bloom did not exist, that there could be more young people waiting to see CAMHS or for other clinical input when this may not be the most appropriate support for them.

⁴¹ The psychological formulation is an element of the Consultation Plan, which is written during or shortly after the Bloom Profs meeting. A Point of Contact is agreed during the meeting, who will liaise with the family to discuss the plan and, with their and the young person's consent, take forward any of the suggestions for support within it

⁴² The incidence in Bloom closed cases of the referral factor *'Children who have not been attending school regularly'* is 22% (56 out of 257) for 2019 and 21% (54 out of 263) for 2020 [*Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020*]

Worse, that if they were inappropriately referred to CAMHS and rejected then they would be left without support and a mistrust of services.

'the impact would be a feeling of lack of support, a feeling of rejection...if their referral didn't make it into core CAMHS... I think the impact then could be a mistrust of mental health services could begin. A feeling that they don't matter to the services, and all of the things that come with that, so I think that young people would be disadvantaged without Bloom.'

There was also concern that young people wouldn't receive a service until their problem had worsened, and would be less likely to get the right support. That young people would receive 'disjointed care' with poorer signposting to support and a greater likelihood of bouncing around the system.

Impact on wider system of support

Interviewees also identified a number of negative impacts on the wider system which included a loss of professional collaboration networks, and the resulting knowledge and learning. Bloom was described as being a 'glue' for services.

'It's that continuity in-between prevention, early help, early intervention, and then more specialist support if it's needed, and it's that whole i-THRIVE model, making sure that people are getting the right support at the right time, and it's all parts of the system that need to come together to deliver that, rather than one part.'

One respondent from health noted that other professionals are looking to them for the right help at the right time and they want to be supported, so without Bloom *'they would feel as though partnership working had just been cast aside...because they do value that partnership working'*.

As mentioned in the section above there was a concern that the loss of Bloom would lead to a loss of professional knowledge and confidence.

'People would feel less confident and able to work effectively with families, because they felt it was outside of their comfort zone or they didn't have the skills and insight required.'

That loss of confidence would then lead to an increase in referrals to more specialist services.

'I think what we'd see is a pressure back in NHS England, not that there isn't a pressure anyway, particularly at the moment, but a pressure back in NHS England where you've then got clinicians taking time assessing referrals.'

With more young people *'sat in a queue for CAMHS, and because they would be lower priority, we would risk being back in a situation where we just start to have longer waiting lists'*.

There was concern by one respondent not that there would be a simple rise in demand but that there would be a rise in more complex need as without Bloom needs were not being met in a timely way.

'Arguably we would be missing the opportunity to prevent young people's distress turning into a mental health need.'

Impact on organisation/service

There was a range of perspectives on the impact that losing Bloom would have on organisations and services.

For those working for CAMHS it was definitely felt that the loss would be detrimental. Bloom was thought to have prevented *'some possible admissions into both our Tier 4 unit plus also admissions into our CAMHS service widely'* and had also improved CAMHS' reputation as they are able to give people advice at a much earlier stage as opposed to intervening in a crisis.

'We'd start to see young people with escalating mental health need, that perhaps we wouldn't have seen before, so we'd be overwhelmed with an increase in referrals.'

It was thought that it could have a big impact on the CAMHS access team capacity.

The perspective of the Early Help Hub was that the loss might actually reduce their workload noting that if there is a referral with a formulation from Bloom that the Hub do not agree with⁴³, then it can actually add to the workload there. However, it would seem that if Early Help attended all Bloom meetings then this would not be an issue.⁴⁴

It was noted that there might well have been an impact on Children's Social Care with hopefully need met at a lower level rather than escalation to Children's Social Care and that the 'best mark of success' would be for less involvement from that service if need is being met at a preventative level. Evidencing preventative impact is notoriously difficult.

For school staff and the School Nursing Team some interviewees suggested there would be a loss of peer support and clinical supervision, and a loss of professional development within schools. Bloom was seen to help staff feel able to continue working with a child or family.

'it's kind of helped school nurse confidence and also it's somewhere they can take the case for supervision, so they don't feel they're dealing with the case alone'.

A good investment

Respondents were asked whether Bloom represents a good investment of their organisation's/service's staff time and resources.

Unsurprisingly, given the high value placed on the multi-agency and collaborative nature of the Bloom meeting two respondents felt it depended on who attended the meetings.

⁴³ The Bloom Profs meetings consider each referral holistically and collaboratively, and suggestions for support are agreed in the room. There may be occasions where suggestions made are ultimately determined to be unworkable or impractical due to unavailability of service capacity, the need for funding for activity, or the young person / family deciding not to pursue a particular suggestion for help. Despite those anomalies, it is important to reflect that the CAMHS Access Team (within the Early Help Hub) screens every referral and determines whether Bloom is the most appropriate place to consider how best to help each young person

⁴⁴ Members of the appropriate Early Help Locality Team are invited to each Bloom Profs meeting, and attend a high proportion of meetings. When they are unable to attend, this is often due to unavoidable and unforeseen circumstances

*'...so if you've got good attendance at the meeting, and you get all agencies represented, but sometimes they'll only discuss two children and that's been a whole afternoon. Well, you think how many people they've got sitting around that table.'*⁴⁵

For CAMHS and non-CAMHS staff Bloom was seen as a good investment to divert and prevent inappropriate referrals to CAMHS.

'not all kids need CAMHS'

'I think what we pay into Bloom, we reap back many times over. They are able to offer that really early intervention that could mean the difference between a young person never needing mental health services again, versus a young person's mental health deteriorating, them having to come into specialist CAMHS. Having perhaps eight to ten sessions with one of our senior psychologists. Nursing time, admin time! You look at a whole treatment episode that a young person might have if they hadn't have had that early intervention in Bloom and that consultation.'

One of the respondents admitted to being initially 'sceptical about the high level of psychology input' needed but have since felt that the weight of their professional input has been a good investment.

Another respondent from the local authority felt that Bloom was a good investment as it is 'pivotal' to the Children and Young People Mental Health Partnership plan and also, to local transformation priorities. *'I think because it also cross cuts so many other priority areas, so if I think about the four One Vision priorities, it's got a role in informing and influencing each of those in terms of how we understand need, how we understand relationships in the locality, in terms of those professionals and practitioners that need to come around that young person.'* The important elements of Bloom around the transfer of knowledge, upskilling of professionals and shared risk ownership were noted as factors that made a big difference.

Measuring impact

There was limited feedback from respondents about different ways that they currently measure the impact of Bloom. Two respondents stated that they consider the impact through data from CAMHS and their waiting times and turnaround times working with young people, which have improved significantly.

One respondent stated that they collect positive feedback and data comparing before Bloom was in operation and the type/nature of referrals and the numbers of referrals now post Bloom being in place, with some difference noted.

'I think it's around the positive feedback that we get. I think we collect that information. Also, we are comparing data between before Bloom was in place around the type and the nature of referrals that we get and the number of those referrals, against what we're getting now post Bloom being in place. Actually, there has been a difference really.'

There was a concern that the impact of Bloom on the system may be harder to evidence because there were fewer referrals to CAMHS due to Covid-19 lockdown.

⁴⁵ See previous footnotes. Discussion slots are scheduled according to availability of Nominated Professionals. A HeadStart Kernow Facilitator, a CAMHS Clinical Psychologist and a Primary Mental Health Worker attend every meeting

'lockdown has complicated that algorithm....there are significant reductions on the CAMHS waiting list because there were far less referrals during the lockdown. It that because of lockdown? It is because Bloom exists, because that carried on throughout lockdown, in a remote version?'

Others were not able to evidence impact other than through anecdotal feedback.

There was a strong desire to improve the ability to evidence impact. Suggestions included:

- By hearing the stories of young people that have come through Bloom and understanding what happened to them as a result⁴⁶
- Speaking to staff who have been directly involved with Bloom and hearing their feedback⁴⁷
- If Bloom has been able to prevent admissions⁴⁸
- By measuring improvements in workforce connectivity
- Through the shared dashboard being developed across the local mental health and wellbeing transformation system and use of that process that is being developed to monitor and measure impact.
- Levels of exclusions in schools⁴⁹

Suggestions

In addition to the improvements to collection of impact evidence noted above, a number of specific recommendations were made. To avoid duplication these have been incorporated into the Recommendations section below. Those recommendations made by Core staff rather than the report authors are shown in italics.

Recommendations

The majority of the respondents said that they would support sustained future funding of Bloom in theory. However, that was not without caveats, sometimes significant, which are reflected in the recommendations.

All of the respondents were able to recognise a positive impact of Bloom with particular mention being given to the confidence and capacity building and one person said *'I think we can see the impact it's*

⁴⁶ One of the three tranches of Young People Case Studies covers young people signposted to Youth Facilitators as a result of a Bloom Professionals Consultation meeting, and any outcomes [see *Bloom Evaluation Report: Young People & Parents / Carers Strands*]

⁴⁷ There is a suite of Bloom evaluation reports, including direct feedback from both regular and occasional attendees at Bloom Professionals Consultation meetings

⁴⁸ This is not a metric previously considered and it is difficult to envisage how Bloom might quantify what could potentially result in an admission had Bloom not been available. That said, the Cost Benefit Analysis evaluation report, commissioned by the Bloom Evaluation Team from the National Children's Bureau, does include high-level costs for a small range of Health, Education & Social Care outcomes were Bloom not available [see *Bloom Evaluation Report: Cost Benefit Analysis Strand*]

⁴⁹ This type of systemic metric would require Bloom to be able to correlate individual referrals with outcomes over a period. Bloom is not a budgeted service and does not have the capacity or remit to follow individual cases

having. We can see the confidence it's building in schools to work with families that are in some quite high-level of crisis, but without escalating it into other areas...'

The benefit of interviewing senior stakeholders was the wider lens through which they viewed Bloom. It is clear from their comments that as the future of Bloom is considered it must be considered within the context of the wider system that it supports and the priorities for that system. All of the recommendations below should be viewed in that context. A crucial part of the context for sustainability will be the roll out of Mental Health Support Teams, Senior Mental Health Leads and the Link Programme.

Those recommendations coming directly from interviewees are identified by the use of italics. Those in plain type are suggestions from the authors based on the analysis of the data and wider context.

- **Enable other groups to benefit from the Bloom approach**

A number of those interviewed felt that some of the benefits of the Bloom model would benefit other or wider cohorts. If the Bloom model works, do we need to ensure that a wider group of children, young people and families can benefit from it?

- d) *Offer a Bloom approach to professionals working with more complex cases in the 18-25 age range.*
- e) *Use the Bloom model to enable a specific focus on families, including those who are struggling with infants and toddlers.*
- f) *Ensure that the Bloom model is able to pull in professionals with neurodevelopmental expertise so that the model can develop formulations for children and young people with neurodiversity.* This could be particularly beneficial for those children and young people with Autism, who are currently over-represented amongst those being admitted to inpatient units due to mental health crisis.

- **Enable Bloom to benefit from a broader professional perspective**

There was a strong desire amongst interviewees to extend the expectation of attendance at Bloom meetings to include:

- *School Nursing Team*
- *Educational Psychology*
- *Children's Disability Team*
- *GPs*
- *Community Policing*
- *Health Visiting*

School Nursing Team attendance was seen to be particularly important for ensuring that the model could further support earlier intervention

Given the very limited capacity of these resources and the expense that would be involved in having them attend meetings where their specialism wasn't needed we would recommend that such invitations should be limited to those cases where the referral process has flagged that input from these perspectives would be valuable. Where this emerges only in the meeting, that protocols are put in place to secure additional input, from those services, to the young person's formulation before it is finalised.

- **Reinforce multiagency attendance and buy-in** - *If Cornwall is committed to the Bloom model then consideration should be given to:*

- *setting clear expectations into service contracts concerning attendance at meetings*
- *having a more formal agreement with a memorandum of understanding for all agencies involved that they will continue to support Bloom; with attendance embedded into job descriptions to ensure prioritisation and prevent attendance being additional to professional's 'day jobs'.*
- *Including in the memorandum of understanding an expectation for agencies to support formulations agreed*

- **Consider a protocol or pathway for formulations where there is no funding** – *If Bloom is making formulations which include support which requires specific funding then the pathway or protocol for securing that funding needs to be clearly set out if the time spent is not to be wasted.*

- **Review referral pathways** – *It is recognised that the Early Help Hub has developed the knowledge and capacity to do some of the work of Bloom as it now includes specialist CAMHS. Given that many Bloom referrals are then routed to Early Help presentation to Bloom would seem to be an unnecessary step for these cases. Reviewing referral pathways and identifying which cases should be triaged by Bloom and which by Early Help may additionally address the increase in referrals to Bloom.*

- **Child and family voice** - *Review 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.*

- **Improved feedback on model efficacy:**
 - a) *Ensuring that data is collected and reviewed on the impact of the Bloom model on the appropriacy and number of referrals to CAMHS and Early Help services.*
 - b) *Ensure that there is feedback on the appropriacy and outcome/impact of the formulation made for the young person in the meeting.*
- **Review the Bloom footprint:**
 - a) Given the changing landscape within health services and the development of Primary Care Networks it would seem important that discussions about the future of Bloom review the locality footprint and consider the links with both family hubs and Primary Care Networks (PCNs). Links with PCNs could help to address the issue of GP involvement in Bloom meetings if this is felt to be critical. Links with PCNs could also assist with access to social prescribing.
 - b) *For some, reviewing the footprint was important for increasing capacity within the Bloom model.*
- **Further development of social prescribing** - *Bloom was seen by some respondents as having the potential to support the development of social prescribing in Cornwall; as a mechanism to identify what would suit a young person's needs and prescribe the right treatment.*
- **Increasing Bloom's role in risk management** - *There was a suggestion that there might be some instances in which children were automatically referred to Bloom. In particular where a child or young person had been excluded from school. Given current government thinking about extending the use of the Dynamic Support Register (DSR) to include all vulnerable children such a consideration should also take into account how Bloom might feed into the DSR.*
- **Review of meeting procedures:**
 - a) *There was a suggestion that a greater degree of structure was needed within Bloom meetings.*
 - b) *There was also a suggestion that in future meetings should offer a blended option to stakeholders and nominated professionals in future so that virtual attendance is still an option.*
 - c) *Another proposal was that background checks be carried out and a child's chronology pulled together before the meeting in order to save time in the meeting.*
 - d) *To consider whether or not it might be possible for meetings to go ahead without the locality Clinical Psychologist or any psychologist in attendance, and if so in what circumstances, in order to prevent meetings having to be cancelled.*
- **A focused review of local developments elsewhere in the emotional wellbeing and mental health support system for young people, with the development of a Team Around the School model (as outlined in the Turning the Tide document), Mental Health Support Teams, Senior Mental Health Leads and the Schools Link Programme and for this to be considered in relation to Bloom operationally and how they fit together.**

Appendix 2: Bloom Brochure

Who...?

- The **child or young person** who needs support is named in the request for help – they are the focus of the Bloom discussion.
- The **Nominated Professional** is someone who knows the young person well in a professional capacity, and can represent them and their family. Usually (but not always), this will be a teacher, SENCo, member of a school's pastoral support team, social worker, youth worker or family worker.
- The **Bloom Professionals Consultation Meeting** may involve professionals who work in health care, social care, education, the voluntary sector, and other organisations. Meetings are always attended by a CAMHS Clinical Psychologist and Primary Mental Health Worker.
- The **Point of Contact** will be one of the professionals present at the Bloom meeting where the young person's support plan is agreed. The Point of Contact ensures that the plan is carried out.

More support...

If you have any other questions about Bloom, please email us at one of the addresses below:

If you live in West Cornwall (Penwith or Kerrier) email: cft.bloomwest@nhs.net

If you live in Mid Cornwall (Carrick or Restormel) email: cft.bloommid@nhs.net

If you live in East Cornwall (Caradon or North Cornwall) email: cft.bloomeast@nhs.net



If you would like this information in another format or language please contact:

Cornwall Council, County Hall,
Treyew Road, Truro, TR1 3AY
e: equality@cornwall.gov.uk
t: 0300 1234 100



Welcome to Bloom



Support for young people's emotional, social and mental wellbeing.

46462 07/2020



What is Bloom?

Bloom is about helping young people to thrive. It brings professionals together so that they can look at ways to help children and young people who are experiencing difficulties with their emotional, social or mental wellbeing. The professionals – who will be people like teachers, psychologists, family worker and community workers – meet to carefully discuss each young person's presentation and needs, and consider how they might best be supported.

Who is it for?

A request for support from Bloom, also known as a referral, can be made 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 in or are educated in Cornwall.

Anyone can ask for support from Bloom by contacting the Early Help Hub:
www.cornwall.gov.uk/earlyhelphub
or call: 01872 322 277

You can download a referral form at:
<https://www.cornwall.gov.uk/media/15572920/camhs.docx>
and email it to earlyhelphub@cornwall.gov.uk

How does it work?

When a request for support is received, the Early Help Hub will consider it carefully and, based on the information provided, decide on the best way to help – which could be through Bloom or in another way.

When a **child/young person** is referred to Bloom:

- A welcome letter** and this leaflet will be sent out to the young person's parent or carer. The letter will ask for the name and contact details of a **Nominated Professional** who can represent the young person and their family at a consultation meeting for professionals. This could be a teacher, a social worker or a youth worker for example – as long as it's somebody who knows the young person well in a professional capacity.
- The Nominated Professional will be invited to attend a **Bloom Professionals Consultation meeting**, to represent the young person and talk about their situation. All Bloom meetings are attended by a CAMHS Clinical Psychologist and Primary Mental Health Worker. Professionals who work in health care, social care, education, the voluntary sector, and other organisations may also be there.
- The young person's presentation will be carefully discussed in order to develop a shared understanding of their difficulties and

to consider possible support. A suggested support plan and a **Point of Contact** will be agreed. The Point of Contact is the person who will take the plan forward.

- After the meeting the Point of Contact will get in touch with the young person and their parent/carer to discuss the plan. Copies of the plan will be sent as soon as possible after the meeting to the young person's parent/carer, their GP, the Point of Contact, and the person making the referral. The plan explains the outcome of the Bloom meeting, any suggested support, and the Point of Contact's name and organisation. Once the plan has been sent out, the Bloom referral is closed. However, a new request for support can be made at any time via the Early Help Hub.

How long will it take?

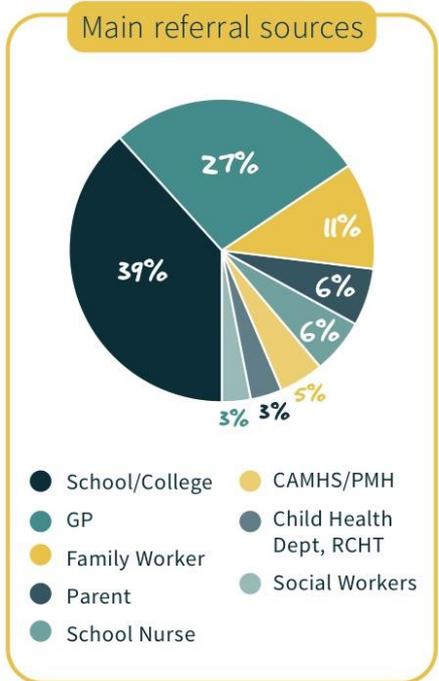
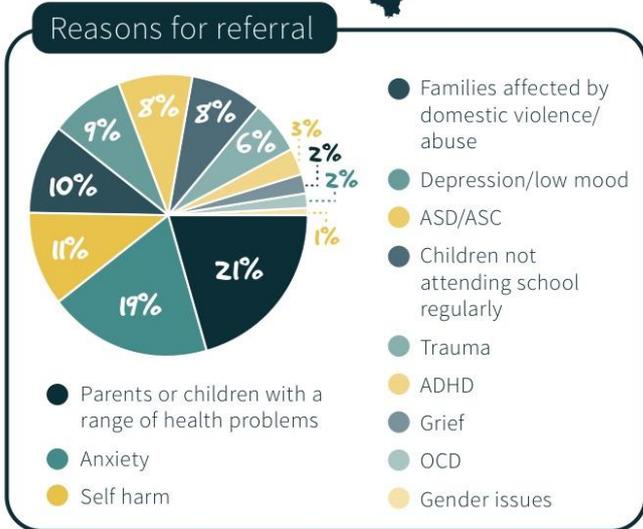
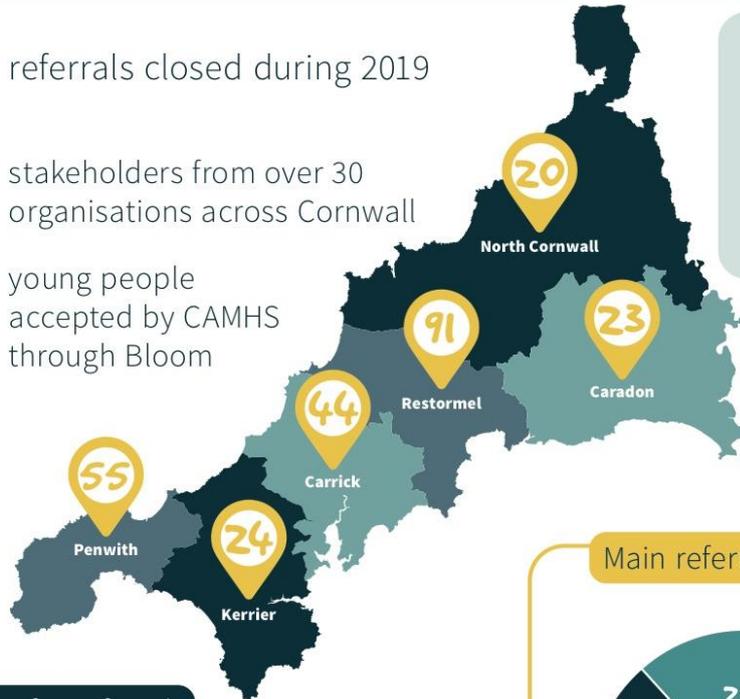
After a young person has been referred to Bloom via the Early Help Hub, we write to the parent/carer to ask for their Nominated Professional. The sooner we receive the name and details of the Nominated Professional, the sooner they will be invited to a meeting to discuss the young person and agree a plan.



Appendix 3: Bloom Infographic [2019 referrals]



- 257** referrals closed during 2019
- 30+** stakeholders from over 30 organisations across Cornwall
- 34** young people accepted by CAMHS through Bloom



Appendix 4: Bloom Infographic [Covid-19]

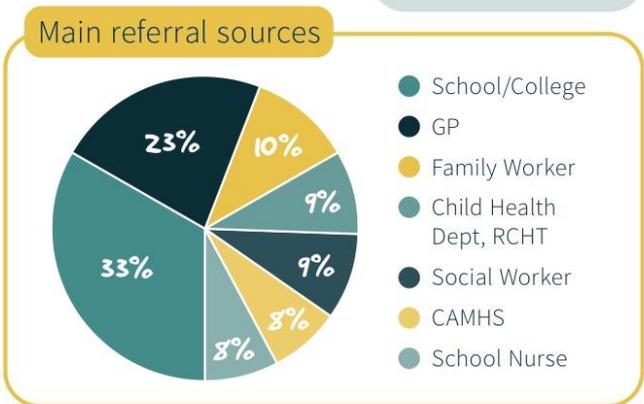
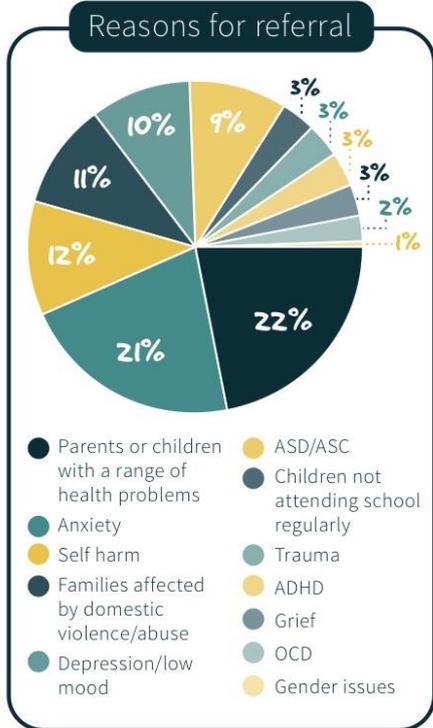
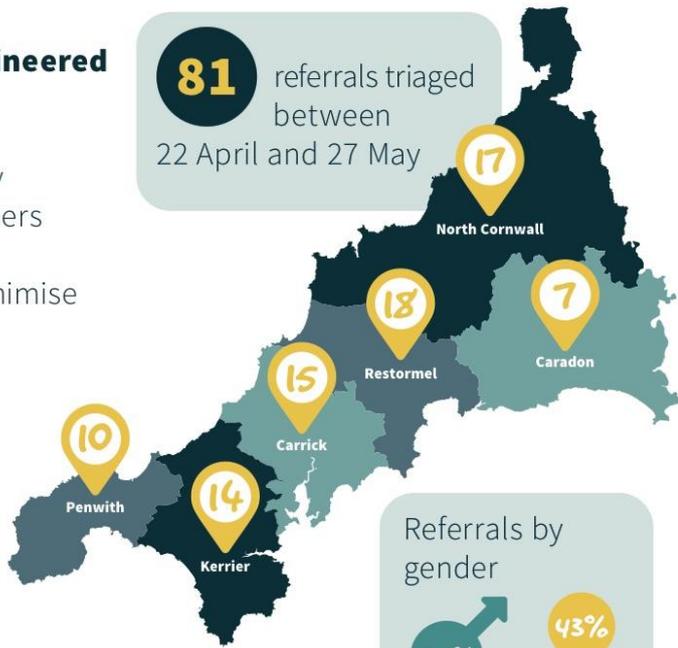
Bloom during COVID-19



23 March 2020: UK-wide lockdown announced

- ✓ **Bloom model re-engineered** for new conditions
- ✓ **Changes approved** by stakeholders and partners
- ✓ **Agile approach** to minimise disruption to Bloom

81 referrals triaged between 22 April and 27 May



Appendix 5: Bloom FAQs



Bloom

Frequently Asked Questions

What is Bloom?

Bloom is a consultation model for professionals working with children / young people who are experiencing difficulties with their emotional, social or mental wellbeing. We bring together professionals – like teachers, psychologists, family workers and community workers – to carefully discuss young people’s presentations and needs, offer advice and guidance, and consider what support may be available.

A Bloom Professionals Consultation 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 in or are educated in Cornwall.

Some professionals at the meeting may know the young person; others will not. Between them they have a range of experience, skills and knowledge, and together they discuss each request for help (referral) and agree a plan that may include support suggestions, as well as a point of contact who will take the plan forward.

Bloom partners include health care, social care, education, the voluntary sector, community groups, social enterprises and other organisations. The Bloom model is a means of identifying and accessing support from a range of organisations and services to help young people to thrive.

Parents / Carers are not able to attend these meetings due to confidentiality, as a number of young people will be discussed in any Bloom Professionals Consultation meeting. A nominated professional, chosen by the parent / carer, will represent the young person and their family at the meeting.

Why has this young person been referred to Bloom?

All requests for help relating to emotional, social or mental health wellbeing are screened by the CAMHS Access Team within the Early Help Hub. Based on the information given on the referral form, this young person’s case has been deemed appropriate for discussion at a Bloom Professionals Consultation meeting.

How does Bloom work?

Anyone can ask for support from Bloom by contacting the Early Help Hub: www.cornwall.gov.uk/earlyhelphub or telephone **01872 322 277**

You can download a referral form at:

<https://www.cornwall.gov.uk/media/15572920/camhs.docx>

and email it to earlyhelphub@cornwall.gov.uk

All requests for help are carefully screened by the CAMHS Access Team within the Early Help Hub to decide the best way to support the young person, based upon the information provided on the referral form. When a case is allocated to Bloom a welcome letter is sent to the parent / carer, asking for the name and contact details of a nominated professional who can represent the young person and their family at a Bloom Professionals Consultation meeting. The Nominated Professional will then be invited to a Bloom Professionals Consultation meeting within the young person's area.

Bloom Professionals Consultation meetings are attended by professionals from a range of partner organisations and are guided by a Clinical Psychologist and a Primary Mental Health Worker who are present at every meeting. During the meeting each case is discussed carefully and together the attendees identify support options, agree a plan for the young person, and also agree a point of contact who will take ownership of the plan. The Point of Contact will then contact the young person and their Parent / Carer* to progress the plan.

What kind of support is offered through Bloom and who provides the support?

The support agreed at the Bloom Professionals Consultation meeting depends upon the young person's needs and the organisations represented at the meeting. Support is provided by a range of organisations, for example through linking the young person to activities and / or groups. Support may be suggested from other organisations that have waiting lists and / or support criteria. Any questions about the support suggestions in the plan should be directed to the Point of Contact.

What is a 'Nominated Professional'?

A *Nominated Professional* is usually identified by the Parent / Carer. They may be a teacher, SENCo, school pastoral support, social worker, youth worker, family worker, or anyone who has experience of the young person's behaviours and needs on a professional basis, and who has known the young person over a period of time. The Nominated Professional will represent and talk about the young person at a Bloom Professionals Consultation meeting.

Parents / Carers are not able to attend these meetings due to confidentiality, as a number of young people will be discussed in any Bloom Professionals Consultation meeting. It is best practice for the Nominated Professional to speak to the young person and their family so they can bring their voices to the meeting. This could include how the young person and their family are feeling about their current situation and anything else that is going on for them. This helps the meeting to have a more complete picture of the young person and their family. It is also helpful to know about any interests or hobbies the young person may have.

What is a 'Point of Contact'?

The *Point of Contact* is agreed at the Bloom Professionals Consultation meeting. They will ensure that the plan agreed at the Bloom Professionals Consultation meeting is carried out. The Point of Contact will also contact the young person and their Parent / Carer (dependent upon the age of the young person and consents given) after the meeting.

How are Parents / Carers informed about Bloom?

If a request for help is allocated to Bloom a welcome letter, a copy of these FAQs and a Bloom leaflet are sent to the Parent / Carer* informing them about Bloom.

Once the request for help has been discussed at the Bloom Professionals Consultation meeting and a Consultation Plan agreed, the plan will be sent to the Parent / Carer*. It will explain the outcome of the meeting, outline the agreed plan and give details of the Point of Contact. When a plan is in place with an agreed point of contact, the request for help is closed to Bloom. The plan will be copied to the GP, the Point of Contact and the referrer. If required, a young person can be re-referred to Bloom via the Early Help Hub once the actions within the Consultation Plan have been completed or if young person's circumstances have changed.

How long does it take from the referral going in for a young person to be discussed?

It is difficult to give a precise time frame. Once details of a Nominated Professional are received from a Parent / Carer, that person is contacted by email and offered a choice of Bloom Professionals Consultation meetings and discussion slots. The sooner we receive the name and details of the Nominated Professional, the sooner they can be invited to a meeting to discuss the young person and agree a plan.

* If a young person has self-referred and asked for their parent / carer not to be informed the welcome letter will be sent directly to the young person. Where this is the case, the Point of Contact will contact the young person directly.

I have a different question – how do I find out more about Bloom?

Bloom does not have a contact telephone number. We hope that these FAQs have answered most questions, but if you do have another question please use one of the following email addresses:

If you are in the Penwith or Kerrier localities – cft.bloomwest@nhs.net

If you are in the Carrick or Restormel localities – cft.bloommid@nhs.net

If you are in the Caradon or North Cornwall localities – cft.bloomeast@nhs.net

Appendix 6: NCB Bloom Senior Stakeholders Interviews Topic Guide

Information Classification: CONTROLLED



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 **Senior Stakeholder** evaluation strand, with interviews scheduled to be completed from December 2020 to January 2021.
- For the purposes of this part of the evaluation, the National Children's Bureau¹ will be completing interviews with a range of Senior Stakeholders 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 Donna Darby, 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 Senior Stakeholder 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 feedback about Bloom from your own or other organisations / services?
 - a. If so, from whom / what service?
 - b. Would you share it?

Impact on organisation/service

2. Has Bloom made a difference to your organisation / service?

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

Information Classification: CONTROLLED



- a. Why do you feel that?
3. Does Bloom represent a good investment of your organisation's / service's staff time and resources?
 - a. Why do you feel that?

4. What would be the impact to your organisation if Bloom didn't exist or wasn't available?

Impact on young people and families

5. Do you feel that Bloom helps young people get the right support at the right time?
6. What would be the impact to these young people and their families if Bloom didn't exist or wasn't available?
7. 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?

Improving and developing Bloom

8. What would you say are the strengths or benefits of Bloom (across the system and to your organisation)?
 - a. How do you gauge the impact of Bloom?
9. What would you say are the weaknesses of Bloom?
 - a. What doesn't work well?
 - b. What don't you like about it?
10. Do you have any suggestions for improving Bloom?
11. What recommendations would you make to ensure the Bloom model is effective and sustainable for the future and post HeadStart?
 - a. Would you argue for sustained resourcing of Bloom in the future and why?
12. Do you have any other views you would like to share about the future of Bloom?

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