



Bloom Evaluation Report:

Young People & Parents / Carers Strands

December 2021



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About the Authors

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

Executive Summary

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

This report considers the evaluation strands which focussed on the experience of young people and of parents / carers within Bloom, and provides a narrative of the approaches to evaluation which were considered and implemented. This Bloom report reflects upon the approach used, the insights gained, and extrapolates the benefits of Bloom based upon this information.

Integral to the comprehensive Bloom evaluation being undertaken during 2020/21 was the expectation that an understanding would be gained of how Bloom is received and understood by young people and parents / carers. Their insights into their experience of Bloom, and particularly of the impact of any interventions resulting from a Bloom Professionals (Bloom Profs) Consultation meeting, were central to the initial discussions of the evaluation design.

Three sets of case studies were gathered for the purposes of this report and collectively, they confirm Bloom to be supportive, young person-centred, flexible, holistic and able to discuss complex presentations, needs, and risk. However, as the evaluation of the parental experience of Bloom was considered in parallel with that of young people, it also became apparent that there are challenges to evaluation inherent within the Bloom model and process, including:

- Bloom is not a service but rather a means of facilitating professional consultation to arrive at a psychological formulation, suggestions for support and an agreed individual to take those suggestions forward
- Bloom has no remit or resource to follow up individuals or outcomes from Bloom Profs meetings, and hence has no control over whether suggestions for help are followed up¹, or whether recommended organisations / services / agencies have capacity to provide support
- As referrals may or may not specifically request Bloom, and the CAMHS Access Team co-located with the Early Help Hub determines which referrals are allocated to Bloom, young people may not be aware or recall that they were referred to Bloom (although the parent / carer will receive a Bloom welcome letter upon allocation to Bloom)

A particular difficulty in conducting any evaluation of young people's and parents / carers' experience of Bloom and any onward journey is that referrals to Bloom

¹ See *Bloom Evaluation Report: Bloom Professionals Strand* for information about professionals' perceptions over whether suggestions in the Bloom Consultation Plan were followed (38.2% of Points of Contact responded that all suggestions were followed; 61.8% responded that some were. In no case were no suggestions followed). The Report also notes the reasons given by professionals for not following up suggestions

are made on CAMHS and occasionally Early Help Hub forms. These referral forms have no field to capture consent from parents or young people to being contacted at a later date for research purposes. Further, it also became apparent that communications about Bloom received by parents / carers did not specifically reference contacting young people or parents for feedback once a Bloom referral was closed. Their contact information was given for the purposes of the referral and discussion in Bloom, and not additionally for the purposes of providing feedback. It was therefore determined that it would not be possible to contact young people or parents for the purposes of the evaluation within the boundaries of the General Data Protection Regulation (GDPR).

Given these inhibiting factors to obtaining and evaluating the experience of young people and parents directly via interview and / or survey, various other options for gathering both groups' views of Bloom were explored, including the use of 'before' and 'after' measures. This had to be discounted due to Bloom's inability, as a model and process, to require referrers (who might be professionals or parent / carers for example) to undertake such measures. Bloom is not a service with the ability to put in place Service Level Agreements with other services / agencies / organisations, and it has limited administrative and operational resource to manage the processes and data which would derive from systematically requiring referring professionals (and parents) to undertake such measures.

It was agreed therefore that the parental strand of the Bloom evaluation would be closed, but that case studies would provide at least some insights into a young person's journey through Bloom.

Three sets of case studies were gathered for the purposes of this report:

1. Referral forms and Consultation Plans (which are written as a result of a Bloom Profs meeting) were collated to give ten case studies of individual young people's journeys to the end of their involvement with Bloom (Tranche One). These case studies are not able to give any indication of the efficacy of any of the support suggestions noted in the Consultation Plans, nor indeed is it possible to state whether any of those suggestions were followed through. These case studies were collated from closed cases during the first half of 2020.
2. Additional case studies from the HeadStart Facilitator contract were gathered where Bloom was referenced: this tranche of case studies (Tranche Two) is able to show the efficacy of an intervention suggested by Bloom, that of a HeadStart Youth or Community Facilitator providing support to a young person and, where appropriate, the family or parent / carer.

3. A further 26 closed case studies across 2020 (Tranche Three) were collated from Referral forms and Consultation Plans during 2021 to further inform this evaluation report.

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 the young people's case studies and the insights gained from them allows the following conclusions to be drawn:

Evaluation difficulties inherent in the Bloom model

There are difficulties inherent within the Bloom model and process when evaluating the efficacy and impact of Bloom on young people and parents. These are rehearsed in detail within the Methodology section of this report but GDPR and data protection considerations have inhibited the use of surveys or interviews with those whose referrals have been discussed in Bloom; and Bloom itself has no resource or remit to follow an individual beyond the Bloom Profs meeting to ascertain whether suggestions made in a Consultation Plan were followed through and how useful they were. These considerations have led to the case study approach to try to gain some understanding of young people's experience of Bloom; and to the inability to include a parent strand within the comprehensive Bloom evaluation.

Confirmation of the Bloom approach in practice

This strand of the evaluation confirms that the central tenets of the Bloom approach are recognised and appreciated:

- *Bloom keeps the young person at the centre of its approach* – the needs and presentation of the young person are held at the centre of all Bloom Profs meetings and suggested outcomes
- *Bloom is needs-based and holistic* – Bloom Profs meetings can fill in the missing details and take into account a young person's early life and formative experiences to create a deeper understanding of their needs and presentation, so enabling the most appropriate support recommendations to be made to help improve different aspects of a young person's life
- *Bloom is flexible and non-prescriptive* – through carefully discussing each young person's referral, Bloom considers each young person's individual needs, and makes suggestions for support based upon the discussion. There is no 'one size fits all' approach: Bloom considers all professionals' views in Bloom Profs meetings and is not afraid to challenge assumptions
- *Bloom is inter-professional* – Bloom understands that a referral may contain a single professional perspective and that other professionals may have valuable insights into a situation, and other information. Bloom facilitates holistic information sharing so that the Bloom Profs meeting and Consultation Plans can include specialist clinical assessment, input from professionals from differing disciplines, suggestions for support by a wide variety of agencies / organisations / services, and community-based support
- *Bloom is supportive of parents and families, and professionals* – where appropriate, Bloom can make support suggestions for parents and / or the family. Through bolstering support that is already in place, eg signposting a

professional to an organisation / service / agency of which they were previously unaware, Bloom helps affirm professionals' existing practice and supports them to continue their work with the young person

- *Bloom is inclusive* – Bloom can discuss presentations and make appropriate suggestions for any young person whose referral it receives (referrals are allocated to Bloom by the CAMHS Access Team which is co-located with the Early Help Hub). Bloom can determine the most appropriate support for any young person allocated to it, including those who already have a formal diagnosis, are awaiting assessment, or have emotional, social and / or mental wellbeing issues (which might be connected to a life-long physical health condition), including disrupted education. Bloom can offer recommendations for both short- and medium-term support options and works in tandem with, and takes into account (where known), any existing therapeutic and other existing support interventions already in place.

The importance of CAMHS and other professional links to Bloom

The participation of CAMHS clinicians in the Bloom Profs meetings is integral to the Bloom model, and their clinical perspective adds immense value. Through the psychological formulation which is derived from the discussion, a young person's presentation can be understood by the professional(s) involved with the young person, as well as underpinning the support suggestions made. Through the CAMHS partnership in Bloom, referrals are able to be opened directly to CAMHS from Bloom if that is deemed appropriate within the Bloom Profs meeting, so saving professionals' time and resource by not having to complete another referral.

Through links with the CAMHS Learning Disability (CAMHS LD) Team and other specialist teams, attendees at Bloom Profs (particularly perhaps those working directly with young people) benefit from specialist advice which they can then apply to other young people's presentations.

Complexity and risk

The case studies confirm that Bloom referrals can indicate considerable complexity in a young person's presentation and circumstances. While Bloom can facilitate early help it can also, through its inter-professional Bloom Profs meetings, help support much more challenging presentations. Bloom recognises risk and acts upon safeguarding concerns, including guiding referrers to make a separate referral to the Multi-Agency Referral Unit (MARU) because of safeguarding concerns, and suggesting, where there is known risk, follow-up actions in the event of an escalation.

Variation in detail given in referrals and Consultation Plans

The amount of information contained within referrals and Consultation Plans varies widely. Bloom has no ability or remit to amend the CAMHS referral form unilaterally, and experience suggests that no matter how carefully a form is

designed, not all users will carefully consider the headings or questions contained within it, but rather simply use the form as a vehicle to deliver the information they want to give.

Recommendations

Recommendation 1: that the feedback statement is added to the Bloom welcome letter with immediate effect, creating an opportunity for parents / carers (or young people themselves if age appropriate) to 'opt-in' for participation in future evaluations

Recommendation 2: that Nominated Professionals should be specifically reminded to liaise with the young person and their parent / carer, prior to attending a Bloom Professionals Consultation meeting, so that the 'voice of the child' is present in the discussion

Recommendation 3: that case studies be used to show a young person's narrative journey through Bloom

Recommendation 4: that consideration be given to collecting information about the volume of suggestions in the Consultation Plans being followed, not followed, and accepted or not accepted by suggested services, and the reasons for such non-acceptance

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, excepting only this one, noting the findings from one strand of the evaluation of the Bloom model and process. This report considers two strands of the evaluation: children and young people; and parents / carers. An Executive Report of the full evaluation is also available.

This report considers the findings of an analysis of case studies of young people referred to Bloom, together with a narrative explanation of how that approach to this strand was determined. In addition, there is a narrative explanation of the approaches considered to review and analyse parents'² experience of Bloom.

² The term *parent(s)* in this document denotes a parent, carer or anyone with legal parental responsibility

Methodology

As part of the comprehensive Bloom evaluation being undertaken during 2020/21, it was agreed by the Evaluation Working Group (EWG) that it would be important to try to ascertain insights into the experience of Bloom of both young people and parents, and to understand how Bloom is received and understood by those who are the focal point of the model.

There are evaluation challenges inherent within the Bloom model and process, including the following:

- Bloom is not a service but is rather a model and process which facilitates inter-professional consultations to take place which arrive at a psychological formulation, suggestions for support and an agreed individual³ to take those suggestions forward
- Bloom has no remit or resource to follow up individuals or outcomes from Bloom Professionals Consultation (Bloom Profs) meetings, and hence has no control over whether suggestions for help are followed up, or whether recommended organisations / services / agencies have capacity to provide support
- As referrals may or may not specifically request Bloom, and the CAMHS Access Team, which is co-located with the Early Help Hub, determines which referrals are suitable for Bloom, young people may not be aware they have been referred to Bloom until the family receives a Bloom welcome letter
- Referrals to Bloom are made on CAMHS forms and occasionally on Early Help Hub forms. These referral forms have no field to capture consent from parents or young people to being contacted at a later date for research purposes

These factors adversely impact on obtaining and evaluating the experience on young people and parents.

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

For more information about Bloom, please see Appendix 1.

³ This individual is known as the 'Point of Contact'

Methodology narrative

An evaluation of the parental experience of Bloom was considered in parallel with that of young people.

The Restormel Bloom Locality Steering Group had previously indicated a desire to capture qualitative and quantitative data about young people's and parents' direct experience of Bloom. As the comprehensive Bloom evaluation project developed, the EWG was established to support this work. Agreement was sought and gained from the CWSG that the EWG were empowered to make decisions about this and other evaluation strands on their behalf.

Initially various options for gathering young people's and parents' views of Bloom were explored by the EWG, including the possibility of interviewing young people and parents, and the use of the ORS⁴, WEWBS⁵, and Me and My Feelings⁶ outcome measures. The EWG agreed that the option of using ORS should be explored in more detail with CORC, and that potentially only those young people (and their parents) whose referrals had been discussed in a Bloom Profs meeting from April 2020 onwards should be contacted or interviewed about their experiences of Bloom due to the amount of time which would have elapsed since their involvement with Bloom. It was further agreed that the possibility of interviewing a 10 – 20% sample of young people and parents from these meetings should be explored with possible partners, for example CORC / Plymouth University.

Possible evaluation approach: interview

As a member of the EWG, Lee Atkins (Regional Improvement Support Officer for CORC) who is supporting the Learning strand of HeadStart Kernow, acted as a critical friend, and additional advice and guidance was sought by the Bloom Evaluation Project Team from the Anna Freud Centre, who were closely involved with the evaluation of the national HeadStart programmes. Advice received confirmed that interview would be the best means of obtaining the perspectives of parents and young people about their experience of Bloom, and further, that having multiple interviewers would be beneficial in mitigating unconscious bias in the interviewing process.

The interview process was considered in some detail alongside the guidance and advice, and included recognition that appropriate language should be used for younger children, and that they would probably want their parent with them in the interview. Consent would be required from a parent for any young person under the age of 16. Separate interviews with parents could be conducted during the same visit, if two interviewers were available, assuming the home environment was suitable (free from distractions, other siblings, etc). The

⁴ ORS – Outcome Rating Scale

⁵ WEWBS – Warwick Edinburgh Well Being Scale

⁶ a CORC measure

potential questions to young people could broadly cover the story of the referral and what, if anything, they understood about Bloom (the exact wording remained to be agreed):

- How did you feel before the support you received?
- How did you feel after the support you received?
- How did the support help you?
- What difference has the support made?

The potential questions to parents differed only slightly:

- How did you feel before the support your young person / family received?
- How did you feel after the support your young person / family received?
- How did the support help your young person / family?
- What difference has the support made?

The Bloom Clinical Lead and other CAMHS colleagues suggested that a trainee psychologist (a Plymouth University student) within the CAMHS team could undertake the interviews as a research project (a trainee psychologist within CAMHS had previously developed an evaluation survey still used following Bloom Profs meetings), or that other students at Plymouth University undertaking their psychology training would be able to do so as part of their required Service Evaluations. However, it was not possible to pursue this option due to the non-availability of students and the incompatibility of their academic timetable with the evaluation project timeframe⁷.

The Bloom Evaluation Project Team and EWG also explored the option of interviews of young people and parents by HeadStart Youth Facilitators, where they had been working with young people as a result of Bloom and had therefore already met them and their families. It was agreed that this was not a viable option due to the resource time required; and in some cases the Youth Facilitators had closed their cases many months ago, and any re-engagement by the Youth Facilitators might be inopportune.

Possible evaluation approach: 'distance travelled' measures

The Bloom Evaluation Project Team and EWG also considered quantitative feedback methods, and whether it would be possible to measure 'distance travelled' by the young person through their referral having been discussed within Bloom. The first 'score' would be at the point of referral or when the Nominated Professional liaised with the family. For consistency, it was felt that it would not be possible to rely generically on the referrer to record the initial

⁷ GDPR considerations were also a factor, which have latterly been addressed so that future evaluation strategies for this strand will be able to include interviews with young people and parents

score, since parents or young people themselves could make the referral. The second 'score' would be after any suggested intervention had been completed.

Amongst the challenges identified were ensuring the consistency of scoring, and the need to provide a methodology that could be:

- easy to use
- readily understood by non-clinical professionals, young people and their families
- suitable and relevant for any young person referred to Bloom (young people may be aged from 0 – 18 years)
- not resource-hungry in terms of administration or analysis

Concerns were also raised by the Bloom Evaluation Project Team and some EWG members about how the information would be stored.

Several existing Outcome Measures were reviewed and evaluated by the EWG and Bloom Evaluation Project Team to ascertain their suitability against the criteria which had been agreed for their use for these strands of the Bloom evaluation. These were:

- Revised Child Anxiety and Depression Scale (RCADS)
- Strengths & Difficulties Questionnaire (SDQ)
- Experience of Service (CHI-ESQ)
- Outcome Rating Scale (ORS)

The creation of a bespoke Bloom evaluation measure for both young people and for parents was also considered, but this was discounted due to a number of factors including the Bloom evaluation project timeframe, lack of resource, and the requirement to achieve sign-off from all organisations and services who would be required to use the form.

Although the ORS was thought to be the most suitable of the existing evaluation methods, it was apparent that it would not be possible to implement its use effectively and consistently, and within the timeframe of the Bloom evaluation project, such that its use would be able to generate reliable data to analyse. Its use was therefore discounted.

Possible evaluation approach: parental survey

A bespoke Bloom evaluation survey for parents was considered, and a draft was drawn up. This had to be discounted in light of the advice received regarding GDPR and the inability to contact parents following the conclusion of their involvement with Bloom (ie after they had received a copy of the Consultation Plan drawn up during or closely following a Bloom Profs meeting at which 'their' young person had been discussed).

GDPR and privacy

An important consideration throughout discussions of the young people's and parents' evaluation strands was GDPR and privacy. It was noted that the existing Bloom welcome letter did not specifically reference contacting young people or parents for feedback once a Bloom referral was closed. Their contact information was given for the purposes of the referral and discussion in Bloom, and not additionally for the purposes of providing feedback.

Referrals to Bloom are on CAMHS referral forms and are screened and allocated to Bloom by the CAMHS Access Team co-located with the Early Help Hub. These referral forms, Bloom welcome letters and Consultation Plans are held on RiO (the NHS case management system), and so the Bloom Evaluation Project Team canvassed opinion from CFT's Information Governance to gain their professional advice about the young people's and parents' strands of the evaluation and GDPR and privacy.

It was determined that it would not be possible to contact young people or parents for the purposes of the evaluation within the boundaries of GDPR for the original consent given. CFT's Information Governance advised that Bloom could add text to the Bloom welcome letter for any future referrals, such that future evaluations would be able to contact young people and parents and be GDPR compliant. A draft feedback statement was forwarded by the Bloom Evaluation Project Team to CFT's Information Governance which was approved in late 2020:

*'We sometimes contact referrers / parents / carers to learn about their experience of Bloom, and to help us improve the effectiveness of Bloom. If you are happy to be contacted for this purpose, please let us know when you advise us of your email address and nominated professional. Any consents for this purpose are held on a central register and you can contact us at any time to request the removal of your email address for this purpose. If you would like to see further details about how your data is processed please access the Privacy Notice available on our websites.'*⁸

Recommendation 1: that the feedback statement is added to the Bloom welcome letter with immediate effect, creating an opportunity for parents / carers (or the young people themselves if age appropriate) to 'opt-in' for participation in future evaluations⁹

Possible evaluation approach: conclusions

The EWG agreed that, having discussed a number of possible means to gather the views of young people, case studies should be used in order to show a young

⁸ <https://www.cornwall.gov.uk/> <https://www.cornwallft.nhs.uk>

⁹ This has since been actioned and both young people and their parents are now able to opt in to participate in future evaluations / surveys. It is interesting to note that since this has been put in place there have been no opt-ins, giving a further indication of the challenges specific to these evaluation strands

person's journey through Bloom. It was acknowledged that case studies would be unlikely to show the effect of any of the suggestions for help (interventions) which were put in place as a result of a Bloom Profs meeting. The exception to this might be where Youth Facilitators had been suggested as an appropriate intervention for the young person. As part of their contract with HeadStart Kernow to provide Youth and Community Facilitators, the Learning Partnership (LPCo) include case studies in their quarterly contract reporting, and where the involvement of a Facilitator with a young person was as a result of a Bloom Profs meeting, those case studies are able to speak to a young person's whole journey in Bloom from referral to intervention and the completion of support. The EWG agreed that the inclusion of any such case studies would enrich the young people's evaluation strand.

The conclusions of the Bloom Evaluation Project Team and the EWG were therefore that:

- no single evaluation methodology would meet the evaluation needs of the young people strand of the comprehensive Bloom evaluation, given the nature of the Bloom model and the wide variety of possible support suggestions
- it was therefore all the more important that 'voice of the child' should be present within each Bloom Profs meeting discussion
- case studies should be used in order to show a young person's journey through Bloom
- for the wider suite of Bloom evaluations being undertaken during 2020/21, it would not be possible to evaluate the parental experience of Bloom

Recommendation 2: that Nominated Professionals should be specifically reminded to liaise with the young person and their parent / carer, prior to attending a Bloom Professionals Consultation meeting, so that the 'voice of the child' is present in the discussion¹⁰

Recommendation 3: that case studies be used to show a young person's narrative journey through Bloom

Recommendation 4: that consideration be given to collecting information about the volume of suggestions in the Consultation Plans being followed, not followed, and accepted or not accepted by suggested services, and the reasons for such non-acceptance

¹⁰ This has now been incorporated into the process and Nominated Professionals are advised of this requirement in their welcome letter / email when they receive notification of meeting dates

The Bloom Project Evaluation Team collected and collated a number of illustrative individual case studies of young people from the referral to the Bloom discussion and beyond (where known). These case studies are drawn from three distinct tranches:

1. Ten young people's referral and Consultation Plan information, identified and collated by a temporary Project Assistant who assisted with Bloom administration during the first period of the Covid-19 pandemic and lockdown
2. Seven young people's narrative journey in Bloom, including insight into outcomes, identified and collated by LPCo
3. 26 young people's referral and Consultation Plan information, identified and collated by the Bloom Project Officer as a randomised sample from the 263 Bloom closed cases in 2020, balancing an even distribution across gender, locality and age

Collectively this produced 43 case studies, which is 17% and 16% respectively of the 2019 (257) and 2020 (263) closed case cohorts. These case studies form the basis of the Analysis section which follows.

It should be noted, however, that all the individual case studies within each of the three tranches identified above were deemed to be clinically sensitive following guidance from CFT's Information Governance. This report therefore contains only insights and benefits identified and derived from the case studies rather than the case studies themselves.

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 Natalie Russell (the HeadStart Kernow Learning Lead), as well as to Charlotte Hill (Head of Partnerships, Innovation & Wellbeing, Children's Health & Wellbeing, Cornwall Council; Chair CWSG) for final approval prior to publication.

Analysis

The difficulties which pertain to the ability of Bloom to follow a young person's journey from referral through a Bloom Profs meeting, to ascertaining whether a suggestion for support made by Bloom has been followed through and has been efficacious, have been rehearsed in the Methodology section of this report. As explained there, in lieu of being able to contact young people (or parents) direct, it was agreed that number of illustrative individual case studies of young people from the referral to Bloom to the Bloom Profs meeting discussion and beyond (where known) should be collected.

The Bloom Project Evaluation Team collected and collated a sample of 43 case studies, taking care to anonymise the data (for example, the gender assigned at birth was used to anonymise those young people whose referrals indicated gender issues as a referral factor¹¹). However, following guidance from CFT's Information Governance, this report contains insights and benefits derived from the case studies rather than the actual case studies themselves. All the individual case studies were deemed clinically sensitive and therefore are not included within this report.

There are three discrete tranches of case studies:

Tranche One: Ten young people's referral and consultation plan information, identified and collated by a temporary Project Assistant who assisted with Bloom administration during the first period of the Covid-19 pandemic and lockdown.

Tranche Two: Seven young people's narrative journey from a Bloom Profs Consultation meeting where support for the young person from a HeadStart Youth and / or Community Facilitator was noted within the Plan, including insight into outcomes. These case studies were identified and collated by the LPCo who deliver the HeadStart Facilitator contract for HeadStart Kernow.

Tranche Three: 26 young people's referral and Consultation Plan information, identified and collated by the Bloom Project Officer.

Collectively there are 43 case studies, forming 17% of the 257 closed cases in 2019, and 16% of the 263 closed cases in 2020.

The case studies afford some interesting insights which are noted in some detail in the considerations of each tranche. No gaps or process improvements were identified within them which is unsurprising given that these were narratives of a

¹¹ Of the 257 Bloom referrals closed in 2019, five referrals included reference to gender issues. Of the 263 Bloom referrals closed in 2020, five referrals included reference to gender issues.

referral and a Bloom Profs meeting. There are some commonalities which may be discerned, including:

- **the confirmation of the Bloom approach:** needs-based (see case studies 2B, 3F for example), inter-professional (3A, 3C), holistic (3L, 1B), non-prescriptive (3B): allowing a deeper understanding of young people's presentations and behaviours than might be apparent from a referral, and which may result in multiple suggestions tailored to a young person's needs and circumstances
- **noting the contributions of CAMHS Clinical Psychologists and Primary Mental Health Workers** within Bloom (3D, 3J): the presence of Primary Mental Health Workers (PMH) and CAMHS clinicians in the meetings means they are able to provide a clinical perspective on the information provided without the need for a PMH / CAMHS appointment
- **flexibility:** Bloom is not a one-approach-fits-all model and process (1E, 1H, 3S)
- **the complexity of referrals into Bloom:** while Bloom can facilitate early help, it can also help support much more challenging presentations (3D, 1I)
- **supporting and working with risk:** Bloom can help address risky behaviour by suggesting timely and appropriate interventions (2G, 3N, 3Z)
- **working with other support / existing diagnoses:** Bloom may suggest different forms of therapeutic support in tandem (3M, 3E, 3O, 2H)
- **the provision of family / parental support:** where appropriate, Bloom can also signpost for support suggestions parents / carers (3G, 1C)

The case studies also tangentially illustrate the wide variation in the information provided within the referrals allocated to Bloom, and thereby underline the importance of the multi-agency inter-professional approach of the model.

This section of the report reflects upon the case studies within each tranche in turn, and any insights contained within them.

Tranche One

Ten case studies were identified and collated by a temporary Project Assistant who assisted with Bloom administration during the first period of the Covid-19 pandemic and lockdown. These case studies came from a cohort of Bloom referrals that were received just before (two), or during (eight), the initial Covid-

19 lockdown. These case studies relate to the Centralised Covid-19 (C-19) model (where online Bloom Profs meetings were held with the Bloom central team, the Nominated Professional, and other professionals).

Information for these case studies was drawn from referral documents and Bloom Consultation Plans. The only changes made were for anonymisation of information that might otherwise help identify young people or their families. Nonetheless, as stated above, in line with the advice received from CFT's Information Governance, the case studies themselves have been deemed clinically sensitive and are therefore not included within this report.

Tranche One: case study insights

- 1A** This young person displayed risky behaviours. The Plan suggests community-based provision, online support and specialist support when the young person is in a position to explore more detailed work. Meeting took 1 hr 20 minutes.
- 1B** While the referral did not suggest CAMHS support was appropriate, the outcome of the meeting was a direct referral to CAMHS and a request to the GP to undertake health monitoring. Meeting took 1 hr 10 minutes.
- 1C** The Plan includes suggestions for a Family Worker, Play and Art Psychotherapy (with parent), and for parent to contact the GP to refer to the Wave Project. Meeting took 1 hr.
- 1D** This young person already had multiple diagnoses with some support in place and was subject to a Child Protection Plan. School reported that they did not feel an Education, Health and Care Plan (EHCP) was appropriate as they were able to meet the young person's current needs adequately. However, the Plan encouraged school to initiate the EHCP application process to support mainstream education and to ensure continued provision for the young person's complex health needs, and for the Social Worker to make a referral to Autistic Spectrum Disorder Assessment Team (ASDAT). Meeting took 1 hr.
- 1E** Young person on ASDAT pathway awaiting assessment, and trauma around domestic violence. Bloom recommended that the Family Worker should obtain parental consent for a referral to a specialist support service, and suggested a new referral to Bloom if that service did not feel they could support the family at this time. Meeting took 1 hr.
- 1F** It is of note that the young person had three representatives in the meeting (Family Worker, SENCo and Teacher) to present a more complete picture. In parallel with a direct referral being accepted by the PMH Team there were three suggested next steps for the parents. Meeting took 1 hr.

- 1G** The young person had three representatives in the meeting (Family Worker, Teacher, and Educational Psychologist) to present a more complete picture. The teacher agreed to be the Point of Contact and to gain consent from the parent to make a referral to a specialist support service. Meeting took 1 hr 30 minutes.
- 1H** Child Protection Plan speaks to risk. The Plan references an action for the HeadStart Community Facilitator to consider other professionals to work with the young person, as well encouraging a re-referral for an update. This case study is unusual in that it recognises there is more work to be done before a clear set of support recommendations can be made. Meeting took 1 hr 30 minutes.
- 1I** This case study indicates that the young person has an Autistic Spectrum Condition (ASC) diagnosis, recognises that several professionals are already involved, and that the school has been very accommodating to try and meet the young person's educational needs. The meeting was able to pinpoint where particular help may be most beneficial and the Plan suggests ways of supporting the parents of a child with a life-long condition. Meeting took 1 hr 30 minutes.
- 1J** Two previous referrals to the MARU from College resulted in a Targeted Youth Worker being deemed to be the most appropriate intervention, but young person did not engage. The Bloom meeting recognised the importance of ensuring that the young person's network of family and professionals fully understands their behaviours and needs. Alongside the involvement of a HeadStart Community Facilitator, the Plan recommends a further referral to the MARU, a re-referral to Bloom if required after those actions, and for the specialist ASC Team to provide direct support to the young person and their family.

This case study recognises that a previous approach has been the right one, even though it did not achieve the result needed, and also that there is already a dedicated support team for the young person's diagnosed condition (ASC), who did not seem to be already involved with the young person. Meeting took 1 hr.

Tranche One: benefits of Bloom

The following note the benefits of Bloom based on the Tranche One case studies and insights:

- Bloom's inter-professional approach draws on knowledge and experience in the room to understand which support suggestions are most appropriate, and from a variety of sources

- The collaborative and collegiate Bloom Profs meetings facilitate a deeper understanding of the young person's needs, often beyond those stated in the referral
- Bloom takes into account next steps for parents
- All professionals at a Bloom Profs meeting have an equal voice, however the psychological formulation is led by the Clinical Psychologist and PMH Worker. Bloom considers all professionals' views in the meeting and is not afraid to challenge assumptions (eg a school's view that an EHCP would not be beneficial)
- Bloom is not a one-approach-fits-all model and process. It recognises when specialist input would be beneficial and also that such support may not be available
- Bloom is not prescriptive about the role and number of Nominated Professionals who can represent a young person and their family. While a single Nominated Professional is typical for a Bloom Profs meeting, multiple Nominated Professionals are welcome as it enriches the discussion and helps gain a clearer understanding
- Within the Bloom Profs meeting the Point of Contact agreed will be the most appropriate person in the room, regardless of seniority or role, based upon who is best placed to take the suggestions forward (which may include encouraging the parents and / or the young person to take action)
- Some Bloom meetings and Plans recognise where further work is required in future or when a young person is not in the right space (therapeutically or due to life circumstances) to be able to benefit from a longer-term suggestion
- Bloom can offer suggestions for a way forward where cases are 'stuck' and organisations already involved have already considered a range of options
- Bloom recognises that sometimes a previous approach has been the right one, even though it did not achieve the result needed. Bloom's holistic approach considers previous actions and outcomes and will revisit those approaches as well as recommend specialist support
- Bloom is responsive and child-centred. While the virtual Bloom meetings, held over Microsoft Teams in response to the Covid-19 pandemic, are scheduled to last up to an hour, meetings will be longer if the case is more complex or warrants further discussion. This also speaks to the complexity of

some of the cases coming into Bloom.¹² Five of the ten meetings within this tranche were longer than an hour – three by an additional 30 minutes (50% of the allocated time)

Tranche Two

The case studies for Tranche Two included some insight into the outcomes for the young person as noted by a HeadStart Youth or Community Facilitator whose work with the young person arose as a result of a Bloom referral.

The seven case studies were identified and collated by LPCo who deliver the HeadStart Facilitator contract for HeadStart Kernow. It was not possible to know when the Bloom referral was discussed at a Bloom Profs meeting although all case studies were received by HeadStart Kernow as part of their contract monitoring with the LPCo during late 2019 and 2020.

Tranche Two: case study insights

- 2A** Two stage approach. First a Primary Mental Health Worker to explore possible Attention Deficit Hyperactivity Disorder (ADHD) and later a Youth Facilitator to signpost to community activities. Signposted to online computer game music workshop and able to access funding for a one-to-one workshop.
- 2B** Following Bloom, tailored communication by Youth Worker with the young person. Plans to help with school transition.
- 2C** One-to-one meeting with parent and signposted for support. Trauma-Informed Schools (TIS) based advice for home environment. Input from school and School Nursing Team. Bloom meeting held with Plan to be carried out by Headstart Youth and Community Facilitators working in partnership.
- 2D** This young person had a range of challenges and was under the care of CAMHS. Multi-agency approach, a series of 1 to 1 support sessions with a Youth Facilitator and support from other professionals. Involved social prescribing and able to access external funding for activities.

¹² During the latter half of 2020, following the conclusion of a Bloom Professionals Consultation meeting, core Bloom meeting attendees (the Clinical Psychologist, Primary Mental Health Worker and the HeadStart Locality Coordinator) agreed which quadrant(s) of the i-THRIVE framework the referral aligned to. Analysis of those 79 closed Bloom cases in 2020 demonstrates that the majority of referrals discussed in Bloom fall wholly or partially beyond the Getting Advice quadrant. 14% (11 referrals) fell within more than one quadrant, suggesting complexity, whilst ten referrals (13%) fell wholly or partially within the Getting Risk Support quadrant [see *Bloom Evaluation Report: Bloom Data and Analysis Comparison Report 2019 and 2020* for more detail about referrals and referral factors]

- 2E** This case study illustrates the complicated family dynamics that can impact on both the Bloom referral and any subsequent signposted help. Safeguarding concerns raised and acted upon. Multi-agency support (including HeadStart and school) lasted for most of a year.
- 2F** Child Protection Plan currently in place, but at risk of exclusion from school. The important outcome from Bloom is that a small team of professionals are working together on a shared plan to deliver a joint package of clinical, social and community provision of action.
- 2G** Risk of anti-social behaviour / becoming a young offender. Case study includes positive testimony from young person about the impact of Bloom through the provision of a HeadStart Facilitator.
- 2H** Support offered for low mood connected with a physical health condition, and also for irregular school attendance. Two sessions completed at the time when the case study was written by the HeadStart Facilitator, and young person is now open to talking about diagnosis and self-esteem.

Tranche Two: benefits of Bloom

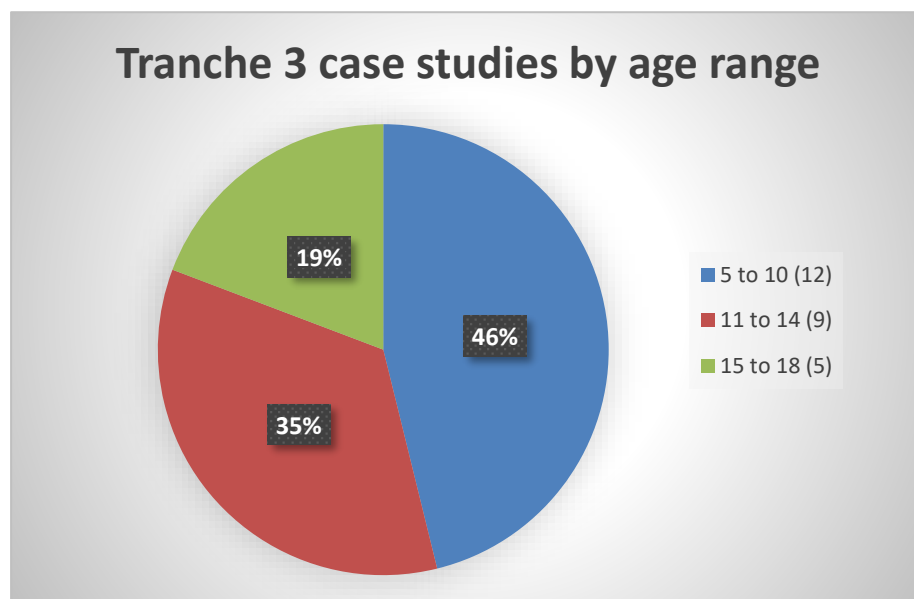
The following note the benefits of Bloom based on the Tranche Two case studies and insights:

- Bloom keeps the young person's needs at the centre of its approach and suggested outcomes
- Bloom suggests ways of helping the young person and supporting their learning needs / education
- Bloom's holistic approach aims to help improve different aspects of a young person's life
- Bloom can suggest social prescribing outcomes and other partners who may be able to access external funding for activities
- Bloom's multi-agency approach and perspective can result in suggestions for long-term support
- Collaborative knowledge sharing and working within Bloom promotes joined-up thinking about support options and partnership work rather than isolated / siloed actions
- Bloom can help address risky behaviour by suggesting timely and appropriate interventions

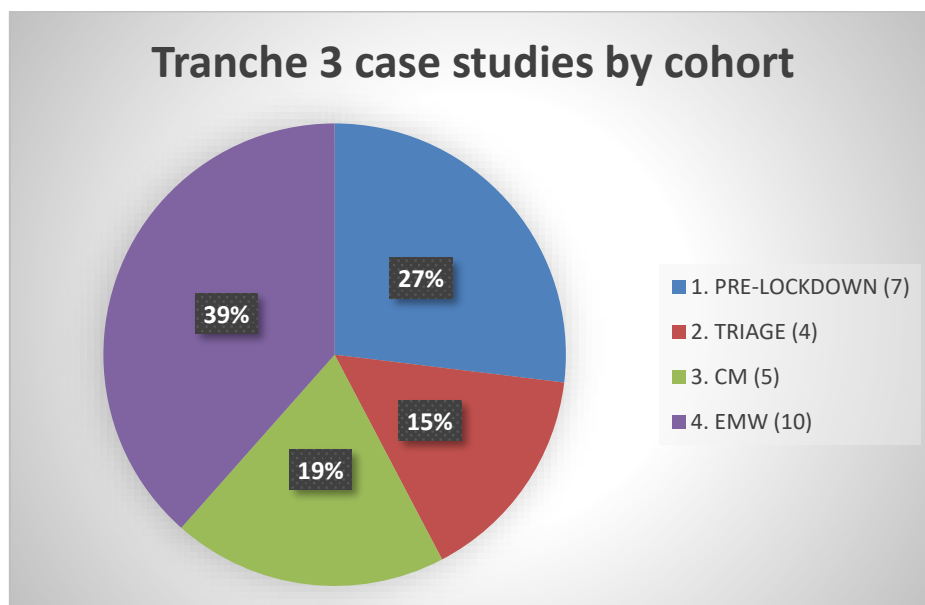
Tranche Three

Tranche Three case studies were identified by the Bloom Project Officer as a randomised sample from the 263 Bloom closed cases in 2020, balancing an even distribution across gender, locality and age. The Bloom Project Officer collated information from referral forms and Consultation Plans to give an holistic view of a young person's journey from referral to the conclusion of the Bloom Profs meeting.

Gender	
13	Female
13	Male



The case studies within Tranche Three come from all four of the 2020 Bloom cohorts¹³.



¹³ See Appendix 1 for more information

Tranche Three: case study insights

- 3A** Consultation Plan references several pieces of information not evident in the referral: that another support organisation has been involved, that the young person is behind academically, and that they appear emotionally younger than their biological age. The recommended Team Around the Child meeting continues to draw together a community of professionals to monitor and consider social, emotional and cognitive perspectives. HSK Community Facilitator to explore funding for community groups.

- 3B** Previous Child Protection Plan speaks to level of risk. Discussion explored the complexities of home life and family dynamics, and how they impact on the young person's well-being and behaviours. Plan involves two professionals / organisations, plus a Family Group Conference and online resources.

- 3C** Current Child Protection Plan speaks to level of risk. GP referral was quite sparse and discussion helped build a more complete picture, eg parent having their own wellbeing difficulties. Discussion and Consultation Plan evidence ongoing social care support for early trauma.

- 3D** The referral and Consultation Plan illustrate the challenges schools can face and the complexity of a young person's presentation and circumstances when they are referred to Bloom. The Plan also illustrates the sometimes high level of expectation (four specific outcomes) from a multi-agency professional consultation that includes CAMHS input.

- 3E** The young person was previously screened out for neurodevelopmental difficulties and there are additional health issues in the wider home environment. A parallel referral has been made for a Targeted Youth Worker and the Bloom Consultation Plan has been tailored to the Targeted Youth Worker to support them (and the young person) and to link them with other organisations.

- 3F** Previously under CAMHS. Parent made referral to Bloom after discussion with CAMHS team, but with not much detail. Presence of two Nominated Professionals from school and a PMH Worker enriched the conversation and provided valuable understanding about the young person's presentation, school, and previous physical and cognitive health considerations. Given the complexity of this young person's presentation and issues, there were eight suggested next steps in the plan.

- 3G** Young person is already on the ASD pathway, awaiting assessment. Referral indicates that issues previously resolved have resurfaced. Presentation at school is different from presentation at home. Support

suggestions include separate contact with parent to support them as well as the young person.

- 3H** GP referral was very brief (seven lines), but informative, querying one of two disorders. Consultation Plan recommended and effected an immediate transfer to the CAMHS LD Team and also provided online resources sheets.
- 3I** This was a complex case of a young person in crisis and trauma in the family, involving several agencies. The Plan noted short- and medium-term recommendations.
- 3J** The Plan for this case included the continuation of existing support and for young person and parent to complete RCADS self-assessment forms so that the PMH Team can then consider whether a referral to PMH / CAMHS is appropriate. This approach could not have happened without PMH and CAMHS staff being intrinsic to the Bloom model.
- 3K** This young person has both physical and mental health challenges. The referral details a pronounced difference in behaviour or levels of behaviour between the home and school environments. The Plan recognises the need for more current information, provides an online resources sheet in the interim and recommended a re-referral to Bloom.
- 3L** Extensive school and social care support was already in place, but access to current and future learning was severely impacted. There was a clear understanding of the young person's behaviours but the family were no closer to an explanation / therapeutic pathway. In a sense, they were stuck. The Plan includes specialist clinical assessment and community facilitator support outside the home / school environments. This speaks to Bloom's holistic approach in both the professional consultation meetings and the suggested outcomes.
- 3M** The Bloom Profs meeting provided insights about this young person's early life and the Clinical Psychologist considered a possible attachment and therapeutic treatment; and the team in the room proposed three different forms of therapeutic support in tandem.
- 3N** In this case, very little information was presented in the referral. The Plan illustrates how professionals who make referrals can be guided to take additional steps, in this case an onward referral to another agency for support and a referral to the MARU because of safeguarding concerns. This speaks to the Bloom meetings creating a space where professional input can also consider levels of risk.

- 30** This young person already had an Autism diagnosis. The Plan proposes additional scaffolding at college, signposting for parents, referral to other agencies for therapy and support, and for the GP to make a referral to the specialist Eating Disorders Service. This example recognises the wider support a young person may need, for conditions / situations that may or may not be impacted by an already diagnosed condition.
- 3P** A GP referral provided a high-level picture of this young person who already has a formal diagnosis and is on medication. The Plan recognised the support already in place and suggested the school / college contact an organisation that should already be involved since this young person has a diagnosis, and that the level of risk should be considered by those already involved. This example illustrates where Bloom recognises the valuable work already being undertaken and seeks to inform / guide those professionals to enable them to better support the young person.
- 3Q** The detailed referral revealed this young person's traumatic early life and how those traumas manifested in both home and school environments. The Plan explores this further and recommends follow-up actions by both the school / college and the carers.
- 3R** This case speaks to a combination of physical and emotional / mental wellbeing issues. This referral also references a safety plan in place. The Plan references previous support not specified in the referral and suggests a referral to explore a clinical diagnosis (ASD).
- 3S** The detailed referral outlines complex family dynamics and presentations, and the expected outcomes include multi-agency involvement and possible CAMHS involvement. Several Nominated Professionals attended for this young person's case. There are six suggested action points, which do not include further CAMHS involvement.
- 3T** This young person has complex learning needs / disabilities with additional challenges, with appropriate adjustments made for the young person's education needs. A comprehensive three-page referral concludes with a request for CAMHS involvement. However, careful consideration by the Bloom Profs meeting led to conclusion that other specialist support was more appropriate. There were five suggested actions in the Plan which related to therapeutic support, a possible referral for an ASD diagnosis, support for the parents, transition in education, and social support involving HeadStart Kernow.
- 3U** The referral detailed behaviours and issues both at school and at home. However, careful consideration of the nature of the causes meant that the suggested actions fell almost entirely within the remit of the school, plus

one other action for possible youth work. This case shows the importance of looking beyond the presentation to understand as much as possible the underlying causes, and how best to address them.

- 3V** The referral was made by a parent, and this young person has previously been under the care of CAMHS. The parent was advised to make a new referral by a professional because of an escalation in harmful behaviours. The Plan indicates that a review of previous professional engagement would be beneficial, with parental consent, and that a multi-agency approach is the best way forward.

- 3W** This young person has a lifelong condition and a complex presentation. The referral was made by Paediatrics and specifically requested the CAMHS LD team. The Plan states that an additional review was completed with feedback from the CAMHS LD team, who did not feel a referral to their team was appropriate at the time of the meeting based upon the information provided, but who requested an update from the Referrer in order to consider the case more fully within their team. In addition, an online resources sheet was sent out. This case speaks to Bloom's function as an intermediary between referrers and specialist services, where their criteria has not been met at the first approach.

- 3X** The young person is under a Child Protection Plan and this referral was made by a Child Protection Social Worker, with longstanding concerns noted by several professionals. The home environment is chaotic with evidence of neglect. This case was considered at the height of the Covid-19, when the risk threshold was raised for allocations to Bloom (bearing in mind this young person is already supported by a Child Protection Plan). A HeadStart Youth Facilitator was recommended, and an online resources sheet sent out.

- 3Y** The referral from a Family Worker requested intervention from HeadStart of similar support from a community organisation. However, the rich discussion within the Bloom Profs meeting, which also considered the young person's likes and affinities, resulted in a greater range of suggestions. These included requesting a consultation with an Educational Psychologist, the school using a TIS and PACE¹⁴ approach and 1:1 intervention if appropriate, a referral for specialist therapy if funding could be sourced (which would be discussed separately by HeadStart and Early Help colleagues), Family Worker to consider funding for an Arts related activity that was previously helpful for the young person, online resources for parents, and a referral to HeadStart for group-based support following therapy intervention.

¹⁴ PACE – Playfulness, Acceptance, Curiosity, and Empathy

This case demonstrates how Bloom does not take a referral at face value, explores the whole picture, keeps the young person at the centre of any suggestions, and makes suggestions for the immediate and future trajectory of the young person.

- 3Z** This young person was under a current Child Protection Plan (as they had been previously) so there is known risk. A referral was made because of the young person's presentation and behaviour that day at school. Existing support was recognised, with additional scaffolding and a suggestion that the Targeted Youth Support Worker make a referral to CAMHS at a later date if they feel that is appropriate (after their work is completed).

Tranche Three: benefits of Bloom

The following note the benefits of Bloom based on the Tranche Three case studies and insights:

- The Bloom inter-professional approach facilitates holistic information sharing about other agencies currently / previously engaged with supporting the young person
- The Bloom Profs meetings facilitate a deeper understanding of the young person's presentations and behaviours than might be apparent from one organisation's referral
- Bloom is not prescriptive and considers each young people's individual needs, including a need for other professional group approaches, eg Team Around the Child
- Bloom considers the impact of the young person's needs on the family, and vice versa. This approach ensures that any suggestions are appropriate for the known family dynamics
- Bloom understands that a referral is only one professional perspective and that other professionals may have valuable insights into a situation, and more information. Having participating professionals with access to RiO or MOSAIC¹⁵ helps to ensure that Bloom has a clearer picture of the young person's circumstances and those of their family
- Bloom can bolster support that is already in place, eg signposting a school / college to a specialist organisation of which they may not have been aware

¹⁵ RiO and MOSAIC are respectively the healthcare and social care case management systems used by CAMHS and Cornwall Council

- Bloom referrals can indicate considerable complexity in a young person's presentation and circumstances. While Bloom can facilitate early help it can also help support much more challenging presentations
- The participation of CAMHS clinicians in the Bloom Profs meetings brings a clinical perspective into the forum and provides a psychological formulation from a Clinical Psychologist
- Having CAMHS as one of the senior partners in Bloom has created an agreement where a referral can be passed directly to CAMHS if appropriate, saving the time of completing another referral
- Bloom works in synergy with direct support requests that occur in parallel, outside the Bloom model. If the professionals in the room are aware of a separate support request any recommendations can be tailored to take that into account ie Bloom works with other support initiatives
- Bloom has a needs-based approach, which may result in multiple suggestions tailored to a young person's needs and circumstances
- Bloom can signpost for support suggestions for those on the ASD pathway, awaiting assessment
- Where appropriate, Bloom can also signpost to support suggestions for parents / carers
- Bloom has linkages with the CAMHS LD Team and other specialist teams
- Bloom offers information about online resources
- Bloom suggests both short-term and medium-term support options
- The presence of PMH and CAMHS clinicians in the meetings means they are able to provide a clinical perspective on the information provided without the need for a PMH / CAMHS appointment
- The Bloom model does not turn any referrals away, as long as there is sufficient current information to be able to proceed. Where that is not the case, Referrers always have the option to make a new referral with more up to date information
- Bloom Profs holistic discussions and Plans may include both specialist clinical assessment, and community-based and Facilitator support

- Bloom Profs meetings may suggest different forms of therapeutic support in tandem
- Bloom recognises risk and acts upon safeguarding concerns, including guiding Referrers to make a separate referral to the MARU
- Bloom can make support suggestions for those who already have a formal diagnosis
- Bloom's holistic approach means that a young person's early life and formative experiences can be taken into account when discussing current presentations and needs
- Bloom can discuss presentations and make appropriate suggestions for a Referrer to explore a clinical diagnosis
- Bloom does not limit the number of Nominated Professionals who can represent a young person and their family, allowing for an enriched discussion about their needs and presentation, both in school / college and at home
- Bloom can suggest the most appropriate approach to getting support – and from where – which may not be from the organisation the parents or the Referrer had considered or suggested
- Bloom looks beyond the presentation(s) to understand the root causes, how best to address them, and who is best placed to offer that support
- Bloom's holistic information gathering and discussion can discern when a multi-agency approach is the best way forward
- Bloom can help determine when there is not enough information for an onward specialist referral
- Bloom can suggest appropriate support when the home environment is chaotic, potentially neglectful or unsafe
- Bloom does not take a referral at face value and explores the whole picture, including health, education and social care perspectives
- Where there is already known risk, Bloom can suggest follow-up actions in the event of an escalation

Next Steps

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

Glossary

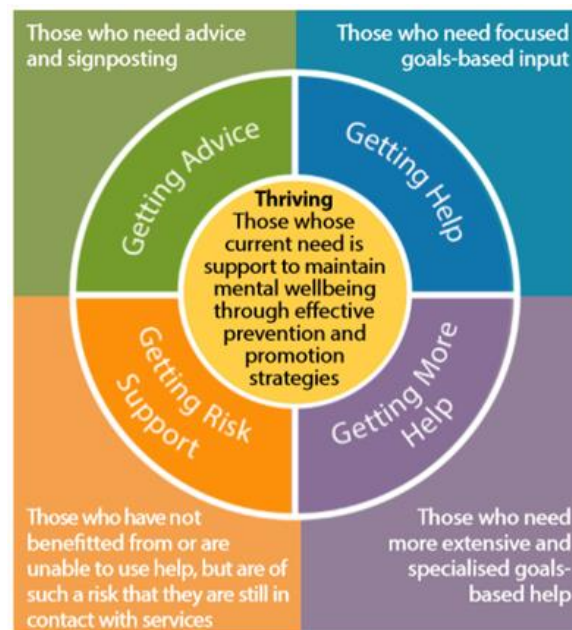
Bloom	Bloom is an innovative partnership approach with CAMHS and Cornwall Council, HeadStart Kernow and other services and organisations, and is an early intervention consultation model for professionals working with young people experiencing difficulties with their emotional, social or mental wellbeing
Bloom Covid-19 (C-19) Centralised Model	Online Bloom Profs meetings held with the central team (Dr Lisa Gilmour: CAMHS Clinical Psychologist; Bloom Clinical Lead; Henry Lewis: core Bloom Primary Mental Health worker; Deborah Clarke: HeadStart Locality Coordinator; Bloom Operational Lead) during the Covid-19 pandemic in 2020
Bloom Covid 19 East Mid West (C-19EMW) Model	Bloom Profs meetings held with area-specific core attendees (CAMHS Clinical Psychologist; Primary Mental Health Worker; HeadStart Locality Coordinator) during the Covid-19 pandemic in 2020 and 2021
Bloom Pilot Project	The Bloom Pilot Project incorporates the first two phases of Bloom: the first phase initiating Bloom from November 2014 in Penwith, and the second phase running from June 2015 as the model became more established within Penwith
Bloom Professionals Consultation meeting (Bloom Profs)	A Bloom Professionals Consultation meeting can be requested for any child/young person struggling with emotional, social or mental wellbeing difficulties, as long as they are aged 0-18 years and they live or are educated in Cornwall. Referrals are made via the Early Help Hub on a CAMHS referral form and are screened and allocated to Bloom by the CAMHS Access Team
CAMHS	Children and Young People Specialist Mental Health Services sits within Cornwall Partnership NHS Foundation Trust and provides assessment, advice and treatment for children and young people with severe and complex mental health problems. CAMHS also provides support and advice to their families or carers
CAMHS LD	CAMHS Learning Disability Team
CFT	Cornwall NHS Partnership Foundation Trust
CORC	Child Outcomes Research Consortium
CWSG	Bloom Cornwall-wide Steering Group
Early Help Hub (EHH)	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
GDPR	General Data Protection Regulation 2018 see Guide to the General Data Protection Regulation - GOV.UK (www.gov.uk)
HeadStart Kernow	HeadStart is a six-year, £67.4 million National Lottery funded programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. HeadStart aims to explore and test new ways to improve the mental health and wellbeing of young people aged 10 to 16 and prevent serious mental health issues from developing. HeadStart Kernow is led by Cornwall Council

HeadStart Kernow Community Facilitator Contract	The HeadStart Community Facilitator contract delivers services to support young people aged between 10 -16 years old, supporting them with their emotional health and wellbeing and preventing the onset of mental ill health, through the delivery of one-to-one and group support for young people, low level support for parents and families, and support for community groups. Interventions are delivered by six locality-based Youth Facilitators (who mainly deliver one-to-one and group work), and three Community Facilitators (who broadly deliver work with parents, families and community-based groups). The contract is managed by the Learning Partnership
LPCo	The Learning Partnership for Cornwall and the Isles of Scilly
MARU	Multi-Agency Referral Unit
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
PMH	Primary Mental Health (Worker)
Point of Contact	A 'Point of Contact' is agreed at the Bloom Professionals Consultation meeting. They take responsibility for discussing the Consultation Plan with the parent / carer and young person, taking forward any actions and suggestions for support that the parent / carer and young person wish to pursue
SENCo	Special Educational Needs Coordinator
TIS	HeadStart Kernow has commissioned trauma-informed training for professionals which is delivered by Trauma Informed Schools (TIS UK)
VCSE	Voluntary, Community and Social Enterprise

Appendix 1: the Bloom model, process and development

Bloom Overview

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



Bloom Pilot

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

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

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

Bloom Governance

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

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

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

Bloom Referral Route and preliminary processes

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

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

Bloom Professionals Consultation meetings

The collaborative, multi-agency Bloom Profs meetings, which always include a Clinical Psychologist, Primary Mental Health Worker and a HeadStart Locality

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

The meeting will agree a psychological formulation for the child / young person, and a plan of suggested positive next steps and actions to help them thrive including, where appropriate and possible, agreed community-based support. Pre-Covid (that is, prior to March 2020) each locality (bar Penwith¹⁶) had an established Locality Steering Group and the frequency, timings and locations of Bloom Profs meetings within each locality had been agreed as follows:

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

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

Bloom and Covid-19

With the advent of the pandemic, it was necessary to amend the Bloom model due to the inability to hold face-to-face meetings and the necessary focussing of CAMHS upon children and young people most at risk, adversely impacting on their ability to support the existing model. It remained an imperative that existing referrals to Bloom should be considered in a timely manner; it was also

¹⁶ 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.

critical that a switch be made to hold Bloom Profs meetings online via Microsoft Teams. During 2020 there were four different 'cohorts' as noted below:

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

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

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

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

Management information and data analysis

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