

HeadStart Kernow – Bloom

The Bloom professional consultation model, which operates across Cornwall, brings together a multi-agency team of professionals to discuss how best to holistically support young people with emotional, social and mental wellbeing difficulties, the outcome of which is a plan containing a psychological formulation and suggestions for support for each young person which draws from community and voluntary sector provision.

Key enablers

The main facilitators which enable the Bloom project to work well are:

- Multi-agency teamsⁱ- above all, the key contributor to the success of Bloom was felt to be the breadth of knowledge and experience that is available by bringing professional colleagues together from across CAMHS, health, social care, education and the voluntary and community sector.
- This allows for creative, holistic solutions which draw on a wide range of options and expertise, rather than being expressed from one service's perspective. This may lead to more appropriate, personalised support for each young person referred to the service.
- This also breaks down silo-working, which has implications for other work and local culture change.
- This enables professionals to feel supported and has enabled knowledge transfer and upskilling of individuals and builds confidence in the approach they are taking to support the young person.
- HeadStart Locality Coordinator and Bloom's Operational Lead, Deborah Clarke, explained, "What makes the Bloom model work so well is the rich discussion that comes from a truly multi-agency approach."

Holistic consideration of each young person's needs - Bloom seeks to break down the pathologising of need where this is not appropriate and is able to consider much wider factors which affect young people's wellbeing, including school environment, home life, sleep and socialisation.

Local ownership - each of the six localities across Cornwall has its own Bloom Steering Group which decides the frequency and location of the Bloom multi-agency meetings and provides the governance which allows the service to be responsive to local needs and patterns of work.

In-depth knowledge of the local voluntary and community sector through the HeadStart Community Facilitators - this allows the meeting to suggest support from a wide range of sources and to identify services which can meet each young person's specific needs and interests.

Challenges

- Ensuring there is sufficient capacity and resource in the voluntary and community sector to meet young people's needs.

While Bloom itself has no remit to increase the capacity of the local VCSE organisations, HeadStart Cornwall's wider work to provide Youth and Community Facilitators has increased the provision of one-to-one and group work for young people in Cornwall, and HeadStart's engagement and training with community groups has increased the capacity and resources of the local voluntary and community sector. Bloom also works with a wide network of local VCSE organisations to minimize the risk of overburdening a small number of organisations, and carefully considers each referral to ensure there is capacity.

- A young person may not be in the 'right place' in their lives to access this type of support or a placement/group they are referred to may not work out.

Young people can always be re-referred to Bloom if things do not work out or if circumstances change. Their needs and presentation will be discussed again in another Bloom multi-agency meeting and new suggestions made. Headstart Kernow Youth

Facilitators are often the bridge to the support and can provide a coaching approach to build confidence to try new experiences.

- Ensuring professionals at the meeting have access to the necessary information about each young person. This has been challenging as different records are stored on different systems, some of which sit with the local authority and others on NHS databases.

There is always a clinical member of staff at the Bloom meetings who can access NHS records, and usually a colleague from the local Early Help team who is able to access LA systems so the meeting can get a more complete picture.

- Assuring the quality and appropriateness of services that Bloom recommends to young people.

The HeadStart Community Facilitators have a strong understanding of and relationship with VCSE projects and groups in their area, which enables quality-assurance; they "know their patch well".

Background and aims

The Bloom model has existed in a pilot form in one locality within Cornwall (Penwith) since 2014. In 2018, the senior partners of Bloom, HeadStart and CAMHS, provided the resources and support to extend the model across Cornwall. Since November 2019, all six localities across Cornwall now operate their own Bloom model within broad countywide guidelines, with each model overseen by its own Bloom Locality Steering Group and drawing on local support resources.

Bloom aims to fill the gaps in emotional wellbeing and mental health provision by directing, where appropriate, children and young people who are experiencing difficulties to locality-based support options including community-based services, groups and interventions which have the potential to best meet their needs.

The Bloom model brings together a multi-agency team of professionals who consider the needs of individual young people in a holistic, creative and collaborative way, drawing from a range of support providers, which include community and voluntary projects. The multi-agency Bloom Professionals Consultation ('Bloom Profs') meetings

bring together professionals from health, social care, CAMHS and the third sector, and the meetings form the central part of the Bloom model. They also provide a reflective space for professionals to discuss challenges with others when they are struggling to support a young person; and the secondary functions of any Bloom Profs meeting (the provision of a reflective space, professional support, networking and informal educative functions) are highly valued by attendees.

Bloom is open to referrals for 0-18 year-olds who live or are educated in Cornwall. Whilst the majority of the young people who are referred to Bloom are aged between 8 and 13, younger children including a number of 4 and 5 year olds have been discussed within Bloom Professionals (multi-agency) meetings.

Bloom was initially set up as an early-help model for young people who did not meet the CAMHS referral threshold but who nevertheless would benefit from greater emotional, social and mental wellbeing support. However, the Bloom model enables an holistic view of a young person's presentation and needs, and referrals to Bloom include young people with complex needs and circumstances such as those arising from exposure to disadvantage and poverty, Adverse Childhood Experiences, those with Autism Spectrum Disorder; physical health conditions; disrupted education or at risk of exclusion from school; those at risk of admission to inpatient services; experience of domestic abuse; fractured families; or young people who have parents or siblings with serious health conditions.

Approach

Governance and organisation

Due to the demographic and social variation of each of the six localities across Cornwall, the governance structure is set up so that each locality has ownership and oversight of how Bloom operates in their area, while adhering to the principles and Terms of Reference agreed by the overarching Cornwall-wide Bloom Steering Group. Representatives from each Bloom locality steering group sit on the Cornwall-wide Steering Group to ensure it is an inclusive, rather than a top-down, model.

Each Bloom Locality Steering Group includes members from HeadStart Kernow, local schools, local VCSE organisations, CAMHS, Early Help and others. These locality steering groups shape how Bloom operates in the locality so it can best respond to local needs and fit with local services, including deciding when, where and how often the multi-agency meetings should be held.

Referrals

As is typical of social prescribing approaches, there are few barriers to referral. Referrals can come through many different places including schools, the Early Help team, youth workers, GPs, social workers, parents / carers, and young people themselves. Referrals to Bloom are screened and allocated to Bloom by the CAMHS Access Team co-located with the Early Help Hub.

Bloom Professionals Consultations meeting

Pre-Covid 19, Bloom Professionals Consultation meetings were usually held on a weekly basis in each of the six localities. Each meeting had the capacity to discuss up to four referrals. In response to the pandemic, Bloom multi-agency meetings are now held online. Capacity has been reduced to nine referrals per week. Each meeting remains locality-focussed, and is an hour-long discussion of one referral.

Bloom multi-agency meetings always include a HeadStart Locality Coordinator (who chairs the meeting), a CAMHS Clinical Psychologist and, a Primary Mental Health Worker. A HeadStart Community Facilitator and a member of the Locality Early Help team also usually attend. In the pre-Covid model, Nominated Professionals were allocated a time slot within a meeting to discuss a particular young person but they were welcome to stay for the duration of the meeting. The Nominated Professional is chosen by the parent / carer (or young person if they made the referral themselves) and is someone who knows the young person well in a professional capacity. The multi-agency meetings may also include members of the voluntary and community sector, a HeadStart Youth Coordinator, school nurses, Educational Psychologists, Family Support Workers, Social Workers and other professionals, for example from the music therapy service.

The purpose of the meeting is to create a 'safe-space' to discuss an individual young person, exploring their behaviours, emotional, social and mental wellbeing needs and their interests. Discussion includes what assets and interests the young person has, what they may want to be involved with and assess whether they are in the right place to engage with support. The multi-agency team also explore what types of support are available locally and which may be most appropriate for that young person, thinking broadly and creatively about projects and interventions, including many from the voluntary and community sector. One outcome of the discussion could be that the young person would benefit from a referral into CAMHS or Primary Mental Health. If this is the case, the process ensures that no further referral is needed and the young person will be accepted into those services from the meeting. However, often the young person's needs can be met through other interventions including community-based support (social prescribing).

Personalised plans

The final output is an agreed consultation Plan, which synthesises the discussion and suggests the support that the young person (and their family) might find helpful. In some instances, young people are matched to a HeadStart Youth Facilitator, whose role is to engage with the young person and support them into activities and / or additional support that will benefit their emotional, social and mental wellbeing, similar to the role of a link worker in a traditional social prescribing model.

Projects that have been suggested in plans include:

- the Wave Project: a surfing charity which aims to improve young people's confidence and emotion resilience;
- signposting to First Light for domestic abuse support;
- linking several young people with local riding schools to provide routine, outdoor activity and socialisation;
- connecting a young person with boxing sessions; importantly, the activity is tailored to the interests of the young person.

Nominated professionals

The nominated professional will be chosen by the family and they may or may not be the referrer. They will have worked closely with the young person or family previously and know them well in a professional capacity. They represent the young person's needs and interests and the family throughout the meeting.

This professional is involved as an equal partner in the process. Rather than being given an appointment as in a medicalised model, the meeting is arranged in discussion with them.

The nominated professional is sometimes the person who is then tasked with 'making the plan happen' by implementing it with the family. That role is termed the Point of Contact. The Bloom Consultation Plan (the only record of the meeting, and a clinical document written by the Primary Health Worker) is sent to the parent / carer, the referrer, the young person's GP and the Point of Contact.

HeadStart Community Facilitators

Community Facilitators play an important role as their mapping and in-depth knowledge of available support in their region is used in Bloom meetings to help determine the most relevant support options which meet the young person's needs, interests and circumstances. The Community Facilitators can also support young people by going with them where this is needed.

Impact

In 2019, 257 Bloom referrals were closed, the majority of which resulted in suggested support from Youth Facilitators, schools, VCS, CAMHS, and other organisations. In 2020, 263 cases were closed. A comprehensive evaluation of Bloom has taken place during 2021, the findings of which clearly show the value placed on the model by all stakeholders.

The Bloom team receives routine feedback from Nominated Professionals and other attendees at the Bloom Professionals Consultation meetings. Results from these surveys show professionals involved have a very high regard for Bloom's work. When asked whether they felt the "outcome of the meeting will effectively support the child/young

person" most professionals strongly agreed (with an average rating of 5.45 on a scale from 1-Strongly Disagree to 6-Strongly Agree.) There was an average score of 5.85, showing strong agreement, that "If a colleague had a similar concern about a child/young person, I would recommend making a referral to Bloom."

The below case studies show how Bloom has enabled young people to access socially prescribed support that meets their personal needs.

In addition to the benefits for individual young people, Bloom helps reduce silo-working, promotes collaboration and has increased health and social care professionals' awareness of available community-based support.

Case studies

Jack*, aged 14, was referred to Bloom because he was experiencing parental conflict at home, was fighting with his peers, had challenging behaviour at school and felt his moods were up and down. The network of professionals discussed his needs and interests and assessed what local support would best suit him and might improve his confidence, mental health and emotional wellbeing.

Jack was then referred to weekly boxing sessions with a qualified instructor and was given an understanding of how boxing can link to mental health.

Jack was able to access the boxing sessions and felt his mental health and wellbeing had really improved. He commented "my most significant change since starting the boxing sessions is that my attitude has changed so much that I am now being placed back into mainstream education... boxing has also given me a focus."

Chloe*, aged 12, was referred to Bloom by a school nurse and a social worker. Chloe had a very challenging home situation, was at risk of exclusion due to challenging behaviour, struggled socially and was displaying unusual and repetitive practices. Bloom brought together a wide range of professionals who were then able to put in place a shared and holistic plan of action which had elements of clinical, social and community provision.

Support suggested in the Bloom consultation plan included family therapy, a programme of music therapy and a local equine therapy provider in order to help Chloe regulate her emotions and express herself in a creative and safe way.

There was also support from a HeadStart Community Facilitator to arrange an activity she can do with her parent to build the relationship. Although the outcomes for Chloe have not yet been monitored, this close partnership working is crucial and was felt to have been unlikely to have happened without Bloom.

Next steps

The Bloom model was re-engineered to meet the impacts of the Covid-19 pandemic, with Bloom multi-agency meetings moved online.

Next steps will involve thinking about how to take the learning from this 'virtual' approach to the model previously used, what adaptations may be necessary (which could include a blended model of face-to-face and virtual meetings), and importantly the management and 'ownership' of Bloom post-HeadStart. The detailed evaluation programme undertaken in 2021 will deliver valuable insights into the efficacy and efficiency of the model.

¹ For other insights into drivers and barriers to multi-agency approaches see Summary report '[Multi-agency reform: Key behavioural drivers and barriers](#)' published by DfE December 2021