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	) <sub>18</sub>	ar a	E E
	<	エ ゅ See section in attached specifications	II.
	Inclusion- Referrals will be accepted for those presenting with low/mild	Inclusion- People who are not registered with a Nottingham/ Nottinghamshire GP practice.	The pathway is open to people of all ages who self-harm or who are at risk of self-harming
	emotional wellbeing and mental health problems with support provided to	Exclusion- Those individuals who are engaging in secondary care provision	,
	children/young people alongside their parents/carers either in drop-in clinics		
	and/or community settings such as GP practices, schools or where appropriate		
	the home environment. There will also be an online portal that can offer virtual		
	support. This will be informed by the child/young person and their families.		
	People who are not registered with a Nottingham/ Nottinghamshire GP		
	practice (excluding Bassetlaw).		
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Inclusion / Exclusion Criteria			
How the service is accessed, i.e. open access, self-referral, third party referral	Children, young people and their parents/carers will be able to self-refer to any element of the service.	Service users can self-refer or be referred into the service by other health professionals	Service users can self-refer or be referred into the service by other health professionals (e.g., IAPT, GPs, loca mental health teams) via the Harmless website, email, or by contacting the service office.
Channels of support, e.g. telephone, email, text, webchat, face-to-face,	Support should be delivered through a variety of ways including face to face,	A number of channels of support are available. Sessions are to be offered face-to-face.	Sessions are to be offered face-to-face (where safe to do so in line with current Covid-19 restrictions), via
and types of location if	drop-in sessions and online and offer a seamless experience for children, young	appearance and a second of the	telephone or online.
face-to-face	people and their parents/carers.		
Opening Hours / Availability	Monday to Friday 9am - 5pm		Monday to Friday 9am - 5pm
		users to ensure the needs of the client group are being met, and amended as necessary and some out of	
		office hours support should be provided	***************************************
	Self help and self guided materials, Online forums and apps, Peer support groups for children and young people and parents/carers and 1-1 therapeutic	Up to 12 weeks of suicide resolution intervention provided by specialist workers within the Tomorrow Project Suicide Crisis Team and Support Officers	The service will be a service that provides effective stabilisation and therapy and not be a containment or maintenance service. The service will be delivered in accordance with all relevant Department of Health and
Type of support provided, i.e. structured therapeutic counselling, peer	support	Project suicide crisis realit and support officers	NICE clinical guidelines for self-harm and treatment management and prevention.
support, helpline			
If support is provided to parents or carers	Parents/carers age-appropriate will receive information about their condition a	Yes	Information not held.
Length of support offered	No upper limit however referral on to clinically appropriate services as	No upper limit however referral on to clinically appropriate services as required.	No upper limit however referral on to clinically appropriate services as required.
If the comment is now intend to consider a second consideration of the constant of the constan	required.	Paid employees	Paid employees
If the support is provided by paid employees, freelance/contract staff, volunteers.	Paid employees with support from student counsellors	Paid employees	raid employees
Toronteers.	NHS Outcomes Framework Domains 1,2,3,4,5 and locally defined; Children,	NHS Outcomes Framework Domains 1,2,3,4,5 and The service will demonstrate a reduction in:	NHS outcomes Framework Domains & Indicators Domain 1,2,3,4,5 outcomes
	young people and families and carers who engage with the range of provision	Self harm severity	1. 80% of clients will show an overall reduction in their rate and/or severity of self-harm, becoming safer
	will have personal outcomes that align to the outcomes and developed by the	Self harm frequency	from harm. 2. 80% of clients will demonstrate a reduction in suicide risk (reducing suicidal thinking, planning
	Children and Young People Improving Access to Psychological Therapies (CYP	Suicidal thoughts	and/or increasing hopefulness) reducing chance of dying 3. 80% of clients will demonstrate an improvement
	IAPT) programme and the Young Minds Outcomes (be healthy, stay safe, enjoy	Suicidal planning	in wellbeing (improvement on mental health and/or social functioning scales) enabling them to live happier
	and achieve, make a positive contribution and achieve wellbeing). At the heart	The service will demonstrate improvements in:	lives. 4. 100% of clients will have a bio psychosocial assessment 5. Prevention of avoidable admissions and
	of the CYP IAPT programme is a vision of using patient recorded, session by session routine outcome measurements to improve the quality and experience	Tolerating distress     Tolerating thoughts	readmissions to hospital 6. Providing patients with timely access to treatment and support 7. Ensuring patients receive comprehensive, individualised plans 8. Patients have access to appropriate interventions as
	of services.	Feeling positive about relationships	per NICE guidelines 9. Reduced incidence of relapse and repeat crisis 10. People using services and their
	The purpose of using routine outcomes measures is to initially provide a	Feeling positive about daily activities	carers are satisfied with the service and feel that they are treated with empathy, dignity and respect 11.
	baseline of a young person's emotional and mental health symptoms and the	Feeling positive for the future	Improved recovery and self-care leading to increased self-awareness and crisis prevention.
	impact that they have. The use of goal-based outcomes and sessional measures	Response to referrals within 1 working day	
	can provide information as to the effectiveness of the intervention and progress	All clients requiring suicide safety plans will have them in place	
Intended outcomes for the service	towards the goal of treatment.		
	Not limited	Not limited	Not limited
any one time and/or ii)			
in any given twelve month period			
Where relevant, number of people under 18 that have been referred to		130 total numbers of referrals financial year to date (all ages)	130 total numbers of referrals financial year to date (all ages)
the service in the	year to date		
most recent reporting period (quarter or year). Due to the nature of the services, age is not always recorded therefore a number of unknowns			
are reported. The figure quoted is total number of referrals.			
Number of people under 18 supported in the most recent reporting		The ICB does not hold this information	•
period (quarter or year)			
Policy's		The second secon	
Safeguarding Policy Confidentiality Policy	+	The ICB does not hold this information	
Policy statement in relation to capacity, decision making and choice	†		
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