Behaviour Support Service

Specification

2026-2029

1. **Contextual information**
	1. **Introduction**
		1. This document sets out the commissioning requirements of Children’s Services in regard to: **Delivery of Behaviour Support Service**.
		2. The Behaviour Support Service will use a Positive Behaviour (PBS) informed approach to provide targeted assistance to children, particularly those at risk of entering long-term care placements, by addressing behaviour that challenge regardless of the root cause or diagnosis.
		3. The service is for children and young people up to age 18 with behaviour that challenges those around them and requires a holistic and whole family approach, delivered to their parents, carers and other people in their natural network as required.
		4. PBS stands for “Positive Behaviour Support” and is a framework for developing an understanding of behaviour and the reasons behind it to develop targeted interventions that address that address the root cause and not just manage the presenting behaviour. Interventions focus on building the skills of the person and of those who care for and support them using the least restrictive practice possible.
		5. Norfolk County Council and partner agencies are committed through the Children and Young People Strategic Alliance to ensuring that Norfolk is a place where all children and young people can flourish. This commitment is set out in Norfolk’s Flourishing in Norfolk Strategy (2021-2025) which is focused on working together to address four priorities:
	* Strengthening our shared focus and approach on prevention and early help
	* Working together to support children and young people’s mental health and emotional wellbeing
	* Improving support for children and young people with Special Educational Needs and Disabilities (SEND)
	* Addressing gaps in learning following the pandemic.

The Flourishing in Norfolk Strategy (2021-2025) can be found in Schedule 1, Appendix 1.

* + 1. Key Children’s Services commissioning contacts for this specification can be found in Schedule 1, Appendix 2.
	1. **Effectiveness of Positive Behaviour Support**
		1. The Positive Behaviour Support (PBS) approach has been shown to yield multiple benefits in reducing behaviour that challenges and improving outcomes for individuals and those supporting them. Service-level implementation of PBS is associated with significant and sustained decreases in the use of physical interventions (Allen, 2012) as well as reductions in both the frequency of target behaviours and the occurrence of injuries among carers and individuals (Allen et al., 2011). Crucially, comprehensive staff training enhances these outcomes: teams who have completed PBS training report lower frequencies of behaviour that challenges among those they support (McLean and Grey, 2012).
		2. A controlled comparison study by Hassiotis et al. (2009) demonstrated that specialist behavioural support, when added to standard treatment for adults with learning disabilities, resulted in improved mental status, reduced prevalence of comorbid disorders, and marked decreases in behaviour that challenges, lethargy, and hyperactivity. These findings indicate a clear trend toward the normalisation of activity levels and enhanced well-being over time.
		3. The NICE guidelines (2015) highlight functional assessment and the formulation of tailored behaviour support plans as essential strategies in the management of behaviour that challenges in individuals with learning disabilities. The guidelines further advocate for early assessment and intervention, particularly for children under 12 at risk of developing behaviour that challenges, supporting the view that timely implementation of PBS-informed practices can deliver substantial benefits.
		4. A Cochrane review by Hassiotis and Hall (2015) reinforces the positive impact of behavioural and cognitive-behavioural interventions for aggressive behaviour in people with intellectual disabilities, underscoring that reductions in behaviour that challenges foster greater social inclusion.
		5. PBS interventions are inherently holistic and adaptable, with assessments taking place in diverse settings including schools, community environments, and inpatient facilities. While the individualised nature of PBS can present challenges for controlled research, real-world outcomes consistently demonstrate improvements in behaviour and quality of life (Sailor & Paul, 2004). These findings emphasise the continued need for robust, long-term research but confirm the substantial observed benefits of PBS in supporting children with behaviour that challenges.
		6. Research shows that person-centred, evidence-based approaches can be used to promote behaviour change*.*[[1]](#footnote-1)
	2. **Legislation**
		1. This service relates to a number of Statutory Duties that Local Authorities have, including:
			+ - Section 17 of the Children Act 1989 which outlines the duty of local authorities to safeguard and promote the welfare of children within their area who are deemed to be "in need". This involves providing a range of services to support these children and their families, with the aim of promoting their upbringing within their families whenever possible.[[2]](#footnote-2)
				- Childcare Act 2006, Duty to improve wellbeing section 1 which places a general duty on local authorities to improve the well-being of young children in their area.[[3]](#footnote-3)
		2. The Provider is expected to keep up to date and adhere to relevant legislation and best practice.
1. **Statement of Requirements**

This statement of requirements is to be read in conjunction with the contextual information above.

* 1. **Aim of the Service/Function**
		1. To provide intensive behaviour support across all environments that a child lives, is educated, and plays / socialises in, to enable the child, their families and carers to remain living safely and securely in their family-based home.
		2. Successfully achieving the above will in turn reduce the need for children to live away from their families in high-cost residential units.
		3. To achieve this, the service will use PBS informed strategies to:
* Assess and understand the child’s behaviour and put in place support to sustainably reduce the frequency, intensity and duration of behaviour that challenges.
* Support the development of social and communication skills, independence and life skills for the child to improve their ability to make and maintain meaningful and positive relationships, and to experience greater stability through increased resilience.
* Support to maintain educational attendance and ongoing educational placements, to ensure the child is able to achieve their full potential and develop the skills to prepare them for life.
* Develop parents’, carers’ and professionals’ skills and confidence in caring for the child, to ensure a stable and positive home life that supports the child to flourish.
	1. **Profile of Service Users**
		1. The service will directly support families and carers where children:
* Are aged up to 18 years, **and**
* Are likely to co-present with a range of needs that are not met by existing services. This could include but is not limited to autism, ADHD or other forms of neurodivergence, personality disorders, trauma or attachment issues – with or without disabilities, **and**
* Demonstrate behaviours which put the safety and security of themselves and others at risk, **and**
* Are identified by professionals as being highly likely to come into social care, as a direct result of these behaviours in the future.
	+ 1. The criterion for the service is needs-led rather than diagnosis-led.
		2. ‘Needs-led’ will be defined and determined by frequent, intense behaviours such as aggression, destruction and/ or self-injury. These behaviours will have a profoundly negative impact on quality of life for the child, their natural networks and carers, and risk exclusion from the home or school. The child may have received previous multi-agency support & intervention which has not significantly reduced risk.
		3. Priority will be for those cases which collectively best achieve the aims of the service.
		4. Natural networks are defined as: the people in a child’s life who can provide support and care including family, friends and other significant individuals. This includes immediate and extended family, friends, neighbours, teachers and other community members who have an influence on a child’s life.
	1. **Scope of the Service/Function**
		1. To provide an intensive **PBS informed behaviour support service** for 10-15 children per year. This will target children identified by professionals as being likely to come into social care, as a direct result of behaviours that challenge and which put their own and others’ safety at risk.
		2. To provide direct whole-family, whole-system interventions and aim to keep the child in their natural network.
	2. **Detail of the Service/Function**
		1. To deliver a countywide service.
		2. To use a PBS informed approach which is flexible and responsive to the needs of children, their natural networks and carers to enable them to continue living in their family-based homes.
		3. To use the least restrictive practice possible.
		4. To operate to high ethical standards, prioritising the wellbeing of the child.
		5. To provide dedicated specialist PBS-trained key worker(s) to support children, their carers and others in their natural network for up to two years.
		6. To deliver highly intensive support with a focused cohort of 10-15 children per year across all settings (e.g. home, school, social environments, etc). This support will include delivery of:
* sustainable and practical solutions based on individual need that reduce the frequency, intensity and duration of challenging behaviour displayed.
* support which improves the development of social and communication skills, and /or independence and life skills.
* support to maintain or improve regular education attendance and an ongoing place in education where this is at risk.
* practical support, advice and techniques, which increase parents’, carers’ and professionals’ skills and confidence, in looking after the child.
	1. **Referral Pathways & Exit**
		1. Referrals to the service will be accepted from agreed professionals and services as determined by The Council.
		2. When received, referrals will be reviewed and prioritised by a multiagency allocations panel, which will include the Provider.
		3. Referrals allocated by the panel must be responded to by the Provider within 14 calendar days.
		4. The Provider must complete an individualised, holistic assessment of the child’s behaviour and create a behaviour support plan (or equivalent) within a timeframe agreed with The Council.
		5. Those undertaking assessments and support plans must be appropriately qualified, trained and supervised as defined in section 4.
		6. The behaviour support plan (or equivalent) must state in detail all the short and long-term interventions and include effective monitoring of behaviour, using the data gathered to aid the continued development of the plan.
		7. The Provider will:
* respond pro-actively to changes in the child’s presentation.
* model and practice techniques, and upskill parents, carers and wider natural networks across all settings.
* understand restrictive practices and legislation relating to deprivation of liberty.
* have a clear exit plan including a step-down approach, which is gradual, includes reviews post support to check on progress in order to prevent the support strategy from breaking down after intervention has ended.
* agree the success criteria and exit plan with the child (where appropriate), the family/ carer and any other key stakeholders.
	1. **Financial expectations & constraints**
		1. Funding for this contract is until 1 January 2029 with potential for extension for up to a further 1 year subject to the satisfactory performance of the Provider and the availability of continued funding.
		2. The Behaviour Support Service will be funded at £300,000 per annum.
		3. Providers are expected to invoice on a quarterly basis in arrears which is fully inclusive of cost.
	2. **Interface with Children’s Services and other agencies**
		1. The Provider must be able to demonstrate an organisational vision and methodology that supports the principles of partnership and collaboration underpinning the required specification.
		2. The Provider must demonstrate an ability and commitment to work proactively in partnership with a range of universal and specialist services including, but not limited to: the Family Help, Care & Support teams; School & Community teams; wider Children’s and Adult Social Care teams; schools; training providers; health services and professionals; local Voluntary, Community and Social Enterprise organisations; faith-based groups and local businesses.
		3. The Provider will be a member of Norfolk County Council’s allocation panel for this service, who will manage the requests for support and provide the allocation of referrals to the provider.
		4. The Provider must be able to demonstrate an organisational ability to deliver effectively within a multi-faith, multi-ethnic context and a commitment to working with all sections of Norfolk’s community.
		5. The Provider will be expected to work closely with Children’s Services commissioners, social work teams and partner agencies to ensure that the service delivers good quality in line with Norfolk strategic vision.
1. **Reporting, Performance Monitoring and Standards**
	1. **Reporting Arrangements**
		1. The service will be subject to formal monitoring requirements including quarterly provider returns which will report on performance against agreed actions and targets accompanied with meetings with Children’s Services staff.
		2. Monitoring visits and spot audits may be carried out to verify provider returns.
		3. Full details of reporting and monitoring requirements are set out in Schedule 2.
	2. **Performance Management & Quality Assurance**
		1. Norfolk County Council will monitor the performance of the Service through a Performance Management Framework (PMF) based on the [FLOURISH Outcomes](https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/children-and-young-people-partnerships/children-and-young-people-strategic-alliance/flourish) set out in the [Flourishing in Norfolk: A Children and Young People Partnership Strategy 2021-2025](https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/children-and-young-people-partnerships/children-and-young-people-strategic-alliance/flourishing-in-norfolk-strategy#:~:text=Flourishing%20in%20Norfolk%20is%20our,and%20young%20people%20in%20Norfolk).
		2. The Provider must monitor and report on performance including:
* Outcomes and Impact: The impact of delivery/difference that the service makes.
* Inputs and Outputs: The quantity of delivery.
* Quality: The effectiveness of professional practice, policies, procedures, and standards.
	+ 1. Quality assurance will be secured through:
* The Provider’s internal quality assurance processes.
* Assessment of submitted contract monitoring paperwork and reporting.
* Annual Health & Safety Questionnaire.
* Service Users’ feedback.

This may include quality assurance visits by The Council or independent organisations designated by The Council.

* 1. **Outcomes and impact**
		1. KPIs expected to be delivered by the Provider include:
* The child remains living in a family-based environment with their parent/carers.
* An improved quality of life for the child.
* Maintaining (where applicable) regular attendance at school and an ongoing place in education.
* Improvement in parents’, carers’ and professionals’ skills and confidence in looking after the child.
	+ 1. KPIs will be measured through, but not limited to:
* The length of time the child remains living in their family-based environment.
* A reduction in the number of children from this cohort coming into care and/or living in residential services.
* Achieving the individualised goals for the child.
* A reduction in the frequency, intensity and duration of incidents and occurrences of behaviour that challenge.
	+ 1. **Data Collection Methods:**

The service will rely on various data collection methods, which could include but not limited to:

* + **Identification**: baseline information which identifies the behaviours that challenge and require support
	+ [**Frequency Data**](https://www.google.com/search?safe=active&sca_esv=350ce77c903cf1b3&cs=0&sxsrf=AE3TifO-Gsz1Hs8dWJMXbczT61_FisaQFQ%3A1753952273693&q=Frequency+Data&sa=X&ved=2ahUKEwi73pKx3eaOAxWrUUEAHTdHLPQQxccNegQIFRAB&mstk=AUtExfCKlUEE5PsnjdiZAtG_URtbQ_Fh1d1VyBK6aDkVzNbyZXRZDC6pZOMeU4hVGNDNDKDOxn0IziYQn7VJY2J8qfjU-PLHf1em8xmBbRVY6bJnPI7l3h4e0GAcWK8NR0MkKE5NQKqTURlkMw9rYWMRzDXmD816NeyzyVmFLrH0-mMZq96aoD-R5hHN5RelFycoAIOIcriC_NnJAQPnzPpXaEuBdwatptL3JRyF30_O1LEYdCD97zgGBo6zL1aj2Lef2hRvxExMRaHdXqlSFHQttY0j&csui=3)**:** Counting how often a behaviour occurs.
	+ [**Duration Data**](https://www.google.com/search?safe=active&sca_esv=350ce77c903cf1b3&cs=0&sxsrf=AE3TifO-Gsz1Hs8dWJMXbczT61_FisaQFQ%3A1753952273693&q=Duration+Data&sa=X&ved=2ahUKEwi73pKx3eaOAxWrUUEAHTdHLPQQxccNegQIIxAB&mstk=AUtExfCKlUEE5PsnjdiZAtG_URtbQ_Fh1d1VyBK6aDkVzNbyZXRZDC6pZOMeU4hVGNDNDKDOxn0IziYQn7VJY2J8qfjU-PLHf1em8xmBbRVY6bJnPI7l3h4e0GAcWK8NR0MkKE5NQKqTURlkMw9rYWMRzDXmD816NeyzyVmFLrH0-mMZq96aoD-R5hHN5RelFycoAIOIcriC_NnJAQPnzPpXaEuBdwatptL3JRyF30_O1LEYdCD97zgGBo6zL1aj2Lef2hRvxExMRaHdXqlSFHQttY0j&csui=3)**:** Measuring how long a behaviour lasts.
	+ [**Interval Recording**](https://www.google.com/search?safe=active&sca_esv=350ce77c903cf1b3&cs=0&sxsrf=AE3TifO-Gsz1Hs8dWJMXbczT61_FisaQFQ%3A1753952273693&q=Interval+Recording&sa=X&ved=2ahUKEwi73pKx3eaOAxWrUUEAHTdHLPQQxccNegQIKRAB&mstk=AUtExfCKlUEE5PsnjdiZAtG_URtbQ_Fh1d1VyBK6aDkVzNbyZXRZDC6pZOMeU4hVGNDNDKDOxn0IziYQn7VJY2J8qfjU-PLHf1em8xmBbRVY6bJnPI7l3h4e0GAcWK8NR0MkKE5NQKqTURlkMw9rYWMRzDXmD816NeyzyVmFLrH0-mMZq96aoD-R5hHN5RelFycoAIOIcriC_NnJAQPnzPpXaEuBdwatptL3JRyF30_O1LEYdCD97zgGBo6zL1aj2Lef2hRvxExMRaHdXqlSFHQttY0j&csui=3)**:** Dividing observation periods into intervals and noting whether the behaviour occurs within each interval.
	+ **Demonstrating Effectiveness:** Recording the Antecedent (what happened before), Behaviour (what happened), and Consequence (what happened after).
	+ **Goal/Outcome Tracking:** Recording progress children make against their support plans.
	+ **Feedback:** Narrative feedback from the children and families, carers and professionals supporting them about the impact of the interventions.
		1. **Outputs**
* Number of children referred, by the following:
	+ Referral source, and reason for referral.
	+ Accepted or declined.
* Number of children assessed, by the following:
	+ Assessments began, and assessments ended.
* Number of active cases, by the following:
	+ Waiting for support and receiving support.
	+ Allocated to a Key Worker.
* Number of cases exiting the service, by the following:
	+ Natural end of service reached,
	+ Service ended before natural end
	+ Service failed to start.
* Types of activity, length, frequency, waiting times.
* Demographic profile of service user (age, gender, ethnicity, sexuality, living arrangements, location).
* Partnership & Collaborative working, including original referral source, reasons for referral, assessment, signposting & exit.
* Financial management.
* Safeguarding
* Value for money and added value.
* Workforce sufficiency.
	1. **Complaints & Escalation Procedures**
		1. Please see Clause 35 of the Terms and Conditions of Contract for our requirements in respect of complaints and escalation procedures.
	2. **Ancillary Requirements**
		1. The Provider will need to be responsive to the needs of the children and their family. There is an expectation that this service is flexible to work across a number of settings attended by the child; this could mean home, school and community settings.
		2. The Provider will be expected to take reasonable steps to ensure that any venue used for meetings / activities involving children and/ or their families are safe and accessible, with reasonable adjustments put in place to facilitate those taking part to fully engage. This includes not only physical access but also any information shared in support of the meeting.
	3. **Regulatory, Safeguarding & Security**
		1. **Licences, Permits & Registrations**
		2. Any use of outdoor or adventurous activities falling within scope of the Adventurous Activities Licensing Authority (AALA) must be led by activity providers holding current AALA registration.
		3. The Provider must ensure that they understand and are compliant with any relevant legislation and regulations, for example Ofsted, CQC etc.
	4. **Safeguarding & Personnel Vetting**
		1. Please see Clause 9 of the Terms and Conditions of Contract for our requirements in respect of Safeguarding and personnel vetting.
	5. **Data Protection, Information Sharing and Information Assurance**
		1. Norfolk County Council will be the Data Controller for personal information where it relates to the child and their care giver.
		2. The Provider will be a Data Processor acting on The Council’s behalf. This is because:
* The Council decides the lawful basis for collecting/using the personal information,
* The Council decides the purpose the data is to be used for,
* The Council will determine who the Provider is,
* The Provider does not have any apparent lawful basis to process the information (unless it is on behalf of The Council)
	+ 1. It is noted that the Provider may have some professional discretion, however what they do is ultimately on the instruction of The Council (as set out in the Contract).
		2. Providers will need to ensure that they securely collect and store any personal data and that this information is only in accordance with what is required by the service for basic record keeping and monitoring purposes.
		3. The Provider will need to ensure there is prior consent to any information sharing taking place.
		4. If the Provider is required to make referrals to a third-party organisation for further support as part of the care plan, they will need to ensure that they have adequate processes in place for agreeing to share this personal data with the third party. This could include the right to withdraw consent at this stage.
		5. The Processor and organisations such as ICB & Local Authority have information shared with them under a data sharing agreement have the option to anonymise and maintain this anonymous information for trending and analytical purposes.
		6. If the clients are still within a data retention policy time period or active during a time when the contract ends, then;
* in the case of termination, data will be transferred to The Council.
* in the case of an unsuccessful retender process, the new provider as part of transition arrangements.
	+ 1. The Provider is required to have an appropriate data retention policy, which ensures that data is destroyed within a reasonable timeframe in line with GDPR.
	1. **Physical Safety**
		1. The Provider will be expected to ensure the physical safety of service users (adults and young people), staff and visitors.
		2. All staff that come into contact with children must have personal safety training appropriate for working with this cohort of people.
		3. The Provider is responsible for their workers’ safety and wellbeing while undertaking this work, taking into account lone working during outside ‘normal’ hours.
1. **Staffing Expectations**
	1. Providers are expected to be registered with the relevant professional bodies e.g. HCPC, NMC, Social Work England or equivalent.
	2. Providers are to ensure that staff conducting this work are suitably managed and supported with regular supervisions, case management practice and on-going personal development. This also includes support for wellbeing due to the challenging nature of this work.
	3. Workers engaged to deliver services under this specification must possess appropriate qualifications, training, and relevant experience. This includes holding a qualification in Clinical Psychology (or an equivalent qualification), being registered health professionals, and demonstrating knowledge and experience in the following areas (note: this is not an exhaustive list):
2. Positive Behaviour Support (PBS)
3. Safeguarding for children and adults
4. Parental conflict
5. Trauma informed practice
6. Mental health
7. Autism and other forms neurodivergence
8. Being able to manage the differing needs and dynamics within a group environment or setting.
	1. In addition to this it is desirable for workers employed to deliver against this specification to have necessary knowledge and understanding of (this is not an exhaustive list):
9. Working effectively with families/ carers from a variety of backgrounds
10. Working effectively with adults from a range of professional backgrounds/community perspectives
11. Understand the impact of trauma both for children, their natural networks and carers to work in a trauma informed way
12. Equality and diversity including the specific challenges faced by particular groups/individuals in society, including SEN/D
13. The principles of effective participation methodology.
14. Relationship based practice e.g. parental conflict, Signs of Safety.
	1. The Provider will be required to support staff to undertake ongoing professional development.
15. **Assurance of Supply**
	1. **Resilience of the Service**
		1. The Provider will be expected to identify critical points of failure and have business continuity plans in place that will ensure they have sufficient capacity to maintain delivery, taking account of their size as an organisation.
	2. **Recoverability of the Service**
		1. In the event of a catastrophic interruption to normal business, such as the destruction of work base premises by fire or flood, the Provider will be expected to locate alternative venues, in consultation with Norfolk County Council. The Provider should be able to detail their plans around enabling continuity of service in such cases.
		2. There is an expectation that the accessibility expectations in 3.5.2 are maintained by the Provider in order to ensure services are inclusive and accessible for all.
	3. **Volumes & Work Patterns**
		1. The Provider is required to deliver work as set out within the specification with suitably qualified staff or contractors on a full time or part time basis to reflect operational requirements.
		2. The Provider will be required to demonstrate flexibility which will include work during the evenings and weekends and in non-traditional locations reflecting the needs of the children and their natural network.
	4. **Constraints**
		1. The Council reserves the right to vary the expectations of this contract should local or national policy requirements change.
		2. The Provider must indicate any constraints e.g. in terms of provision of suitable staffing, which could restrict or delay delivery from the start date of the contract, or during the life of the contract.
	5. **Lone Working**
		1. The Provider will be required to demonstrate a robust approach and have key policies and procedures in place to manage worker safety while lone working, including outside of ‘normal’ hours.
16. **Relevant Policies & Risk Assessments**
	1. Norfolk Safeguarding Children’s Partnership safeguarding requirements must be fully complied with by the Provider, including use of enhanced DBS checks for all staff & contractors who deliver this service. This includes those in frontline delivery roles and those in any back-office roles with access to personal data.
	2. The Provider shall have in place appropriate measures for identifying, quantifying, and managing risks.
	3. Appropriate risk management/assessment procedures will be required in relation to personal safety, undertaking trips and visits with children and their families, and transporting service users.
17. **Provider Arrangements for Supervision, Liaison, Permitting & Reporting of Incidents**
	1. It is expected that the Provider will record all health & safety, physical and safeguarding incidents in a log which will be available to Norfolk County Council upon request. Any incident which results in serious harm to a child or young person, member of staff or member of the public must be notified on the same day to the commissioner and relevant allocated worker from Family Help Care & Support who will decide whether any further action is needed.
	2. The incident log must be kept in a safe and secure location.
	3. A copy of the incident log must be submitted with the annual returns.
18. **Service Provider’s Responsibilities**
	1. The Provider will be responsible for all aspects of service users’ and workers’ safety and wellbeing throughout the duration of any activities and sessions led or delivered by the Provider for this service.
19. **Health & Safety Experience/Qualifications of Service Provider’s Team**
	1. The Provider is responsible for ensuring theworkers have and hold up-to-date training around Health & Safety.
1. [Positive behaviour support with children and families | BPS - British Psychological Society](https://explore.bps.org.uk/content/bpscpf/1/290/30) [↑](#footnote-ref-1)
2. [Children Act 1989](https://www.legislation.gov.uk/ukpga/1989/41/section/17) [↑](#footnote-ref-2)
3. [Childcare Act 2006](https://www.legislation.gov.uk/ukpga/2006/21/part/1/crossheading/improvement-of-young-childrens-wellbeing) [↑](#footnote-ref-3)