

Overview: Early Intervention ‘Maturity Matrix’ - A Place’s Early Intervention Journey

Early Intervention (‘EI’) is about getting extra support to children and families who need it at the right time, so costly and harmful long-term consequences are prevented. ‘Early intervention’ can refer to a range of services, systems and practices directed at this aim. It should use tried and tested approaches, responding to local need, to ensure children and young people stay on track all the way to adulthood, without facing the prospect of leaving school without qualifications, going into care or ending up in prison.

Different local places are on different stages in the journey to implementing EI as well as possible. This tool sets out the journey that a place (a local area) might go on as it works towards being excellent at EI, across all the different things that local agencies can do to make sure they are working as effectively as possible with children, young people and their families.

The tool is intended to help places identify what they are doing well on and what needs further development to make sure that all local children and families get the support they need, when they need it. It is intended primarily for use by those involved in the **design, planning, commissioning and decision-making around local early intervention services**, but may also be of interest to those involved in delivery, in considering the role different local agencies can play in contributing to different parts of the EI ‘system’.

There are different parts of the tool:

1. The **summary sheet** overleaf (p2-3) gives an outline of what you might see in a place that has reached different stages in its development on the EI journey. This is intended to be able to be understood by anyone interested in the general picture of EI in a place.

You can use this to determine an overview of which overall level of development you feel your local partnership has met, by considering if you can demonstrate the levels of development indicated.

2. The **full maturity matrix self-assessment sheets** (p4–10) that follow are intended to help people involved in planning and delivering EI locally work through the detail of how they are doing. There is a little more technical language in these that assumes some immersion in how early intervention is planned and delivered.

You can use this to challenge and assess in more detail the level of development you have reached, by considering what you can evidence for each subsection, and then taking an average score for each overarching category. These sheets end (p11) with **a template to capture discussions and action plan**.

3. An **accompanying guidance note** sets out how to use the maturity matrix in practice, what kinds of sources of evidence might be helpful to inform judgements on different parts of it, and some ideas for how to develop from one level to the next.

We will be developing this tool further as we learn more about what works from evidence and evaluation, and from places that are delivering EI in practice. We welcome all feedback, comments and suggestions for further development - please contact ann.griffiths@eif.org.uk if you would like to feed back or discuss.

Early Intervention Maturity Matrix: Summary Self-Assessment Sheet

What stage of progress has been reached? ► Important parts of delivering EI well ▼	① Basic level	② Early progress	③ Substantial progress	④ Maturity
PLAN	<ul style="list-style-type: none"> • EI is seen as important. • Not yet being put into practice via a good plan and portfolio of services. 	<ul style="list-style-type: none"> • An EI Plan (something that sets out what everyone has agreed to aim at and do to make good EI happen) is being developed • Planning is starting to inform decisions about where money should be spent. • Work underway to understand more about local families' needs. 	<ul style="list-style-type: none"> • A Plan is in place that sets out what all local agencies are doing to provide EI well. (May be either a separate document or evidenced in other plans) • Plan is based on a good understanding of what local families need. • Money is spent mostly where there is evidence that it can be used effectively. 	<ul style="list-style-type: none"> • An EI plan (either a separate plan or 'golden thread' in all major strategies and plans) has been informing how all local agencies deliver EI for a while. It is based on full understanding of local needs. • Many agencies pool money to pay for EI support, and commission it to jointly agreed outcomes. • EI Services provided for ages 0-19, with evidence to show they work.
DELIVER	<ul style="list-style-type: none"> • A few common approaches to assessing how families are doing and sharing this information between agencies. • A few staff are beginning to focus on EI as a priority. 	<ul style="list-style-type: none"> • Increasing use of shared approaches to assessment of families' needs. • Processes for allocating families to the right support are being improved. • Information sometimes being shared so everyone who needs to know about a family does. • Some staff aware of EI and are being trained to better deliver effective early help for families. 	<ul style="list-style-type: none"> • There are consistent approaches to assessment across many agencies. Reasons for allocating families to different types of help are clear. • Information is often shared effectively. • Lots of staff understand and talk about their role in providing good EI. • Many are given good support to help. • Staff often join up to do work with families alongside other agencies. 	<ul style="list-style-type: none"> • There are clear, aligned processes for identifying, assessing providing appropriate help to children and families at an early stage, understood and agreed across all local partners. • Information on family needs and strengths is being shared efficiently all the time. • All staff have an excellent understanding of EI and the roles they play. They have high quality training and support to do their jobs. • Staff always deliver in a joined up way.
EVALUATE	<ul style="list-style-type: none"> • Measuring the success of services is seen as important • It isn't always done, and when it is, it is to varying levels of quality. 	<ul style="list-style-type: none"> • Some services are being monitored to check how well they are doing, some to a high standard. • There is a lot of variation in what is being looked for and measured. 	<ul style="list-style-type: none"> • All services are being monitored and their success measured. • Work is happening to design an approach that does this so that everyone is working to the same goals, have good quality results, and can measure how things change over time. 	<ul style="list-style-type: none"> • Everyone is working to the same ultimate goals around improving children's lives, and have agreed measures to check how well they are meeting them. • All services are having their success and impact measured in a good quality way. • This information helps inform planning about how to run services better.
LEAD	<ul style="list-style-type: none"> • Some important local agencies support EI and talk about its importance. 	<ul style="list-style-type: none"> • A partnership group is responsible for EI and there's an agreed definition of what it means. • They are owning the plan. • Some key partners are talking publicly about EI. 	<ul style="list-style-type: none"> • A partnership actively owns the EI Plan. • It is clear who is in charge of which bits of delivering the plan. • Everyone talks about EI with the same understanding and messages. • Lots of partner promote EI. 	<ul style="list-style-type: none"> • All local partnerships play a part in delivering EI. • The group that leads the plan makes sure everyone knows what is happening and their role. • Senior leaders are all 'champions' for EI in public locally and nationally.

FAMILY FOCUS	<ul style="list-style-type: none"> Children and families are sometimes asked for their views on how things are going or what is it best to do to provide effective help. A lot of services aren't yet as joined up as they could be. 	<ul style="list-style-type: none"> Children and families are asked what they think and feel about EI services through formal consultations. Some families get support that is centred on them, their needs and their strengths, but this is still patchy. Some community projects are helping out. 	<ul style="list-style-type: none"> CYPF are often involved in coming up with how services and support should be designed and run. When a family needs help they can often go to one point of contact and get a range of services. Help is provided through joined up work around families. This adds to some support from communities. 	<ul style="list-style-type: none"> Families are involved in designing and delivering services. It is easy to access all support needed through one point of contact. ('No wrong door') All families get well coordinated help delivered by joined-up teams. Families are at the centre of the support provided. Support takes account of family and community strengths, which are a big part of local delivery.
As a result of these things...	<p><i>Some families get support that helps them when they need it. There is a lot of demand for late intervention services. Outcomes vary and some children are not doing as well as they could be.</i></p>	<p><i>Families say that they can often get help that works, when they need it. A lot of outcomes for children and families are showing signs of improvement. Overall children are doing around as well as nationally.</i></p>	<p><i>Most families say they are getting support that works when they need it. This is reflected in improving outcomes across priority groups and overall children are doing better than average. It is clear where more improvement is needed and plans are in place for how to get there.</i></p>	<p><i>All children and their families from groups that are a priority in a local area can access the support they need, when they need it. Outcomes for children, particularly those in 'target groups' who might otherwise not have done so well, are excellent and continuing to get better.</i></p>

Key enablers:

We believe from what we have learned from our work to date that there are three key enablers that will drive success in delivering early intervention locally and can give an overarching indication of the level of maturity of your local work.

These have been selected as underpinning strategic aspects of local planning and delivery that our initial work with places suggests are key to having a holistic and robust approach to early intervention. We will be testing this in our ongoing work with places and as we develop our understanding of the evidence base for EI further.

The three key enablers are:

- The breadth and depth of your local partnership (within 'leading')
- Having a clear strategic approach, which includes use of the best evidence based programmes (within 'planning')
- Rich use of data to assess how well things are working locally (within 'evaluating')

With the focus of all of these things being to improve outcomes for children and young people.

These are highlighted (in lilac) in the sheets that follow.

If a place cannot demonstrate these, the overall level of development will not be above 'Level 2: Early Progress' overall.

Early Intervention Maturity Matrix: Full Self-Assessment Tool

Progress Level ▶		1	2	3	4
Key elements ▼		Basic level Principle accepted and commitment to action	Early progress Early progress in Development	Substantial progress Initial results achieved and outcomes evident	Maturity Embedded good practice, others learning from achievements
PLAN Strategy, Planning, Commissioning and Funding	STRATEGY	<p>A number of partner agencies aspire to having an evidence-based EI strategy/plan.</p> <p>EI mentioned in existing strategy documents but little evidence of impact on planning, commissioning or implementation.</p>	<p>EI Strategy or plan has been drafted, or is embedded in other strategies in a robust way.</p> <p>Delivery may be at an early stage, but action plans are in development.</p>	<p>Up-to-date multi-agency EI strategy/plan, addressing EI across social, emotional, behavioural, parenting etc needs. Other major strategies refer to EI. Primary prevention role of universal services clear.</p> <p>Action plan in place, being delivered and monitored.</p>	<p>Whole partnership strategy/plan for EI across 0-19, actively engaged with by all local partner agencies (including Council, Police, NHS, VCS, education, housing and others). This may take the form of an 'Early Help' Strategy or be achieved through a genuine, consistent 'golden thread' in other plans, if this clearly achieves other areas set out below.</p> <p>Sets out clear logic model for change as a result of EI, informed by evidence and robust local needs and resource assessment, including roles of other local services.</p> <p>All other partnership strategies include EI as a priority; clear coherence between action plans. Comprehensive action plan being delivered and monitoring in place, with evidence of results.</p>
	NEEDS ANALYSIS	<p>Needs analysis and information gathering in place but mostly as per statutory requirements.</p>	<p>Partners collaborate to analyse strategic-level data on the population and needs analysis identifies some target groups.</p>	<p>Range of partners share data for strategic analysis of need, identifying target cohorts for EI.</p> <p>Beginning to learn from intelligence to tailor future data collection for strategic decision-making.</p>	<p>Robust multi-agency needs, demand and provision analysis informed by partnership-wide shared population data.</p> <p>Analysis used routinely to identify target groups, design services, agree priorities and measures to monitor progress, and forecast future trends, and plan future strategy.</p>
	EVIDENCE BASED PROGS	<p>Some EI services are in place, but no clear relation to needs assessment. No coherent portfolio of evidence-based services.</p>	<p>EI services targeted broadly where analysis indicates need is, but patchy coverage - no coherent system of evidence-based services from 0-19, but work towards this.</p>	<p>Services are largely targeted at identified priority groups.</p> <p>Some evidence based programmes across whole 0-19 cycle embedded in mainstream service offer.</p>	<p>Strategy translated into changed delivery on the ground, with a coherent portfolio of evidence based programmes to meet local needs, across the whole 0-19 cycle.</p>

FUNDING	<p>Buy-in from agencies to the principle of investing in EI, but little investment in practice beyond business as usual funding for services such as children's centres.</p>	<p>Pots of funding, perhaps redirected from other grants, dedicated to EI work.</p> <p>May be work towards pooled or aligned budgets to achieve explicit EI goals.</p> <p>Work underway to evaluate current or planned EI spend. CBA may be beginning.</p>	<p>Some dedicated pooled or aligned funding used to resource defined EI projects or services.</p> <p>Business case for investment is in development.</p> <p>Mapping of EI spend and CBA is happening and is being used to inform future allocation of resource.</p>	<p>Evidence of significant shifts in investment towards EI, following evidence and identified need. Business case effectively made to partners – and possibly external investors – to attract a range of investment.</p> <p>EI is a key consideration in mainstream budget setting process, and resource use reflects EI as a priority.</p> <p>Evidence of impact as a result of investment, with ongoing iteration of CBA, business cases, and joint/pooled use of funds.</p>
COMMISSIONING	<p>Commissioning occurs according to traditional priorities and may not be focussed on EI.</p> <p>Little joint commissioning. Ambition to commission more to focus on earlier support.</p>	<p>Commissioning targeted broadly at needs. Little strategic decommissioning.</p> <p>Work towards joint commissioning across partners underway.</p>	<p>Commissioning clearly aligned to strategy priorities and target outcomes. Some decommissioning occurring where strong evidence for an alternative approach.</p> <p>Market development work underway.</p> <p>Some joint commissioning and work on extending this.</p>	<p>Commissioning and decommissioning occurring in line with the strategy's key aims and target outcomes, from well-developed market, informed by CBA and evaluation as routine.</p> <p>Joint commissioning is extensive and routine.</p>

DELIVER Operational use of data, targeting	DATA & INFORMATION SHARING	Commitment to data sharing but in practice still siloed use of data with little sharing and combining data across agencies for EI purposes.	Some information sharing happening across teams core to EI service delivery.	Information sharing across a range of agencies and teams, used to inform delivery of services.	Routine and timely sharing and matching of data across all agencies to identify and assess individual and family risks, need and strengths. Timely identification and referral ensures allocation into the relevant evidence based service is clear and efficient. Fewer families identified late as a result.
	COMMON ASSESSMENT & OUTCOMES FRAMEWORK	Patchy use of common assessment approaches. Little collective monitoring of impact of activity on risk.	Use of common assessment approaches is widespread in EI focussed services. Work is underway to roll out coordinated thresholds, common assessments and referral processes more broadly. Effective targeting is monitored, but mostly according to different services' own monitoring systems.	Consistent thresholds, coordinated referral and common assessment process across major EI, universal and specialist services, have been developed and agreed, and are being implemented. Clear basis for allocation of cases to different programmes in a portfolio increasingly targeted at understood needs of populations. Work on a common outcomes framework for this underway.	There are clear and consistent thresholds for need and risk within an agreed common assessment and family outcomes framework. (This may include CAFs, 'Early Help Assessments', or other localised approaches, that meet statutory and regulatory requirements.). Practitioners across all agencies use the agreed framework to ensure effective targeting. Active monitoring of impact for individual cases, including tracking over time of any paths between EI and wider universal or specialist services.
	USE OF OPERATIONAL DATA	Limited connection between outcomes and monitoring on the ground, and strategic decisions, but there is recognition that this need development.	Intelligence from practitioner reporting is sometimes used to inform strategic needs analysis and service design work.	Information from delivery on the ground is often used in strategic needs analysis and service design work.	Intelligence from delivery monitoring feeds back routinely into evaluation, strategy, commissioning, service design and workforce development activity.

DELIVER
Practice and
Workforce

AWARENESS/ UNDERSTANDING	Some key professions aware of EI and the case for it.	EI understood and prioritised across many key professionals, but responses patchy across agencies.	Clarity across the workforce about the importance of EI and what it means for their work (e.g. which needs to identify and how to respond). Many staff champion EI.	Clear commitment to EI, common understanding of risk factors and responses implemented in all relevant agencies' workforces. Staff across services and agencies consistently champion EI principles, goals and delivery approaches .
LEARNING AND DEVELOPMENT	Some initial work beginning to identify needs and appropriate development activity to help further awareness and response to EI. Appropriate training is in place where manualised programmes used.	Workforce development and quality assurance of delivery are recognised as key parts of EI and plans to improve these are in progress. Skills audits or training reviews may be underway. Training programmes may be beginning to be tailored to EI goals beyond just training for clinical specialisms and manualised programmes.	Workforce development needs have been identified and analysed across all professions relevant to EI. Training and support is being commissioned and beginning to be delivered to meet these needs in a number of services and agencies. Indicators of staff performance, awareness and satisfaction are positive.	Multi-agency workforce receives common, high quality training and development support in key elements of EI (social and emotional skills, child development, attachment, assertive effective programmes, multi-disciplinary working etc). L&D activity is tailored to meet local needs and learning priorities. Professional competencies needed to deliver EI well understood. Organisations demonstrate a learning culture; feedback informs future training and practice across agencies. Staff are engaged and report high satisfaction levels. Performance ratings are high and improving.
COORDINATED WORKING	May be some EI-specific project teams. Most teams operate to traditional priorities, later intervention; little integrated working. Plans in place to develop more integrated working.	Some co-location of professionals and/or effective joint working to deliver EI beyond EI-specific project teams. 'Team around the family' working is in development where appropriate.	Multi-disciplinary working in 'team around the family' approaches being developed across localities for EI work, where this is appropriate.	Coordinated multi-agency teams working around families are business as usual, and effective. Teams and individuals understand their roles in different contexts and are accountable for their part of EI delivery .
SUPER-VISION	High quality professional supervision is seen as important but used variably in EI services.	Some EI practitioners receive high quality professional supervision.	Majority of EI practitioners receive high quality professional supervision.	All EI practitioners receive high quality professional supervision .
IMPLEM. QUALITY	Fidelity to evidence based programmes is seen as important but implementation is variable.	A number of evidence based programmes are being used; fidelity is average and plans are in place to ensure that this improved.	A range of evidence based programmes are being implemented with high fidelity.	A range of evidence-based programmes are implemented with full fidelity, as part of a portfolio of services. Implementation fidelity is contributing to achievement of excellent outcomes.

EVALUATE
Monitoring
and
Evaluation

OUTCOMES FRAMEWORK & MEASUREMENT	<p>No agreed EI outcomes framework.</p> <p>Traditional PIs may be measured and reported on, and used to inform evaluation. May still be a focus on input and some output indicators.</p>	<p>Outcomes framework for EI strategy and indicators to measure these is in development.</p> <p>Many legacy data collection systems may still be in use. Plans to resolve this if needed.</p>	<p>Defined EI outcomes framework based on goals of strategy shared across relevant partners.</p> <p>Clear measures for assessing achievement of these have been agreed. Beginning to implement these in day-to-day delivery. Shift from legacy data collection systems towards proactively defined outcomes data for EI.</p>	<p>Partnership-wide framework of outcomes and indicators agreed and embedded in use.</p> <p>Robust and consistent measures are mainstreamed across all services. Gives a clear picture of the impact of</p> <p>Real-time data being collected to monitor performance.</p>
EVALUATION FRAMEWORK & STANDARDS	<p>Evaluation recognised as important. Some services are evaluated, but not to a consistently high quality, agreed standards or criteria, or with direct relevance to EI outcomes.</p>	<p>Some good quality evaluation of services relevant to EI, though not yet to consistent outcomes measures or criteria across different services and agencies.</p>	<p>Recognised goal of consistent approach to evaluation. Work on an evaluation framework underway.</p>	<p>Common evaluation framework applied across all services.</p> <p>Evaluation is carried out to agreed consistent standards of evidence.</p> <p>As a minimum evaluation includes pre- and post-intervention measurement (including sustained impact) and a good comparison group.</p>
USE OF MONITORING & EVALUATION	<p>Little evidence of evaluation findings being used to inform future service change at a strategic or operational level.</p>	<p>Evaluation used to inform some changes to operations and broad service planning decisions.</p>	<p>Outcomes analysis and evaluation inform tactical and operational decisions. Beginning to influence strategy and more sophisticated planning decisions.</p> <p>Locally defined EI outcomes have been baselined robustly and there is initial evidence of improvement.</p>	<p>Clear view on which bits of the system are working well. This is used to inform analysis of impact and strategy, including to forecast future change.</p> <p>Also used operationally, to hold providers to account and inform service development and design.</p> <p>Outcomes being measured show consistent improvement, and where sufficient improvement is not seen, analysis is underway to understand why.</p> <p>As a result a local evidence base is being built and learnt from to inform future service development.</p> <p>Evidence used by other places to support their own policy decision process.</p>

LEAD Leadership, Governance & Partnerships	PARTNERSHIP OWNERSHIP/ACCOUNTABILITY	<p>A number of partner agencies bought into principle of EI, as stated in strategies or documents. Engaged partners may be fairly few; resulting partnership not yet broad.</p> <p>May be some discussion of EI at partnership boards, but not yet a developed governance structure to deliver goals. Little depth of impact.</p>	<p>An identified partnership group has responsibility for EI and is working to an agreed definition.</p> <p>This brings together a broadening group of partner agencies and there is willingness to deliver actions and own shared responsibility.</p> <p>Actions in developing strategy and action plan are willingly owned, indicating growing depth of impact.</p>	<p>Identified partnership group(s) has shared responsibility for EI and owns an action plan. Governance of delivery is clear. Partnership is both broad – most agencies are involved actively – and there is increasing depth of impact as actions are being delivered across agencies.</p> <p>Key partners demonstrate understanding of goals and contribution. Some open constructive challenge in partnership groups.</p>	<p>Influential and effective partnership group(s) own strategy and action plans; take decisions to lead and continuously develop EI agenda and lead effective delivery across all local agencies. (This may be a specific EI Partnership, or another partnership that actively leads the agenda).</p> <p>Governance, accountability and roles for different parts of the EI system are embedded. EI is a priority in all partnerships with clear links to/between HWBB, CYP Boards, LSPs, LEP, LSCB as a minimum.</p> <p>Partners hold themselves and each other to account for delivery. Timely delivery of actions occurs as routine, with breadth and depth of impact. Constructive challenge between different partners and players with a focus on the common end goal is making a positive impact on outcomes.</p>
	CHAMPIONING	<p>Evidence of increasing awareness of need for EI. One or two local advocates support EI.</p>	<p>Consistent messages on EI beginning to be communicated across partners. A number of senior partners advocate for EI.</p>	<p>Active buy-in from local elected representative and senior officials, evidenced by commitment of time, resource, consistent understanding, advocacy and support for EI voiced across agencies.</p>	<p>All senior speakers speak with ‘one voice’ on EI. Senior officials and elected representatives are advocates and actively promoting EI; this high profile is impacting on all local and national agendas.</p>
	EXTERNAL ASSESSMENT	<p>Some minor weaknesses may be identified by external peer challenge or inspections around partnerships or leadership relating to services delivering EI (and ‘early help’).</p>	<p>Inspections and formal reviews of services (and including ‘early help’) identify no major weaknesses in processes to support EI.</p>	<p>Good results are seen in inspections of related services (and including ‘early help’) in reference to partnerships and leadership.</p>	<p>Consistently excellent results in inspections and reviews, particularly in reference to leadership and partnerships, and all areas relating to ‘Early Help’.</p>

FAMILY FOCUS:
putting children, young people, families and communities at the heart of everything that's done

ENGAGEMENT & INVOLVEMENT	CYPF are engaged through formal consultation and engagement mechanisms. Views gathered through consultation are taken into account in strategy and services. This may be generic rather than EI-specific.	Views of CYPF inform strategy through formal consultation focussed on EI issues.	CYPF engaged in codesign of strategy and priorities for delivery. The customer journey is considered and used to inform service and workforce development.	CYPF engaged in coproduction of strategy and delivery plans. Review and planning of services is routinely informed by experiences of the service users and engagement mechanisms are integrated into business as usual.
CUSTOMER JOURNEY	Customer satisfaction is measured as part of service monitoring. Customer journeys are not assessed further.	Work is underway to develop a virtual or real 'single front door' so that families need only tell their story once to begin to access all the help they need.	A 'single front door' approach has been agreed with all main partners and is being implemented.	Families experience a smooth journey through the process. The customer journey is central to design and delivery and there are established mechanisms for reviewing this. A Single front door is in place and its use embedded across all partners. Families report ease of access to appropriate support.
COORDINATED FAMILY-CENTRED DELIVERY	Delivery is often child-focussed but involves a number of services interacting with a family. Coordinated work around families is limited.	Family-centred working practices, such as team around the family and coordinated plans, are being implemented but usage is patchy.	Children and families are central to most delivery. Family centred working practices such as team around the family are commonplace in all key services and are being rolled out more broadly.	Family centred working practices such as team around the family are embedded in all relevant services, and coordinated with activity in universal and specialist services. All EI support is provided with a focus on family outcomes jointly agreed with the family but aligned to a consistent outcomes framework, focussing on their needs and strengths.
COMMUNITY CAPACITY	There may be some community-led projects and services helping deliver and support EI but this is not yet part of a coherent strategy.	There are a number of EI projects being delivered by communities for communities, some of which are part of an increasingly coherent EI service offer aligned to a developing strategy.	Local community capacity is taken into account in responses to need. Work is underway to develop the capacity of communities and voluntary organisations to contribute to EI. There are a number of services and projects contributing to a coherent strategic approach to EI across 0-19 cycle.	Peer support, community development and involvement in delivery is a key part of the local portfolio of services and support. Communities are actively providing EI where this can meet need effectively across the whole 0-19 cycle; they are also part of evaluation and monitoring arrangements. Capacity building projects are underway to develop future potential further, and building resilience and effective peer support is a central part of the service offer.

EI Maturity Matrix Self-Assessment write-up: *[local area X]*

Discussion/workshop held: *[DATE]*

	Evidence for current progress level	Gaps and areas for development	Actions to develop to next level
PLAN Score: 0 1 2 3 4	•	•	•
DELIVER Score: 0 1 2 3 4	•	•	•
EVALUATE Score: 0 1 2 3 4	•	•	•
LEAD Score: 0 1 2 3 4	•	•	•
FAMILY FOCUS Score: 0 1 2 3 4	•	•	•

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