

Early Intervention to prevent gang and youth violence: 'Maturity Matrix'

Early intervention ('EI') is about getting extra support to children and families showing signals of risk. This can improve outcomes for children and young people and is more cost effective. 'Early intervention' can refer to a range of services, local systems and practices directed at this aim. It should use tried and tested approaches, relevant to local need, to ensure children and young people develop well and stay on track all the way to adulthood, without facing the prospect of leaving school without qualifications or employment, experiencing poor mental health, abuse, neglect or exploitation or ending up involved in offending, gangs and violence or in prison.

The Early Intervention Foundation is working in partnership with the Home Office to support Ending Gang and Youth Violence areas to identify risk and vulnerability at the earliest possible stage and implement successful early intervention approaches.

Any approach to intervening early to prevent gang involvement and youth violence needs to be rooted in and fully integrated within an areas broader approach to early intervention. Different local places are on different stages in the journey to implementing early intervention as well as possible. The full EIF ['Maturity Matrix'](#) sets out the journey that a local area might go on as it works towards this. It is designed to help places identify what they are doing well and what needs further development to make sure that all local children and families get the support they need, when they need it.

This tool draws on the full EIF 'Maturity Matrix' to set out some of the specific questions that those leading work locally to tackle gang involvement and/or youth violence may want to ask of themselves and their wider partners. It also offers a way for Ending Gang and Youth Violence areas to assess their own progress towards an effective and fully integrated approach to preventing youth violence and gang involvement through early intervention. It is designed to be compatible with the full maturity matrix, but also for use as a tool in its own right.

How to use the 'Maturity Matrix'

The maturity matrix sets out what you would expect to see in a local early intervention system at different stages of development, from basic progress through to maturity. It does this across five different aspects of the local system, which we believe are essential to consider and address to be able to plan and deliver EI well.

To assess your level of progress, simply work through one dimension at a time and consider which level of development best describes how things are currently working in your local area. The template at the end of the matrix are for you to note the evidence for the level you believe the local area has currently reached, identify areas for development, and log potential actions for ways forward. You can find more detailed ideas and examples of the ways we would expect areas to be able to evidence achievement of each level of development in the full maturity matrix [guidance document](#).

There are a number of ways you can use this tool and it can be used as a basis for group discussions or to form an individual perspective. In our experience, it is best used in workshops, where key agencies and local representatives come together to consider different sections of the matrix, share their views and ideas, and agree a way forward collaboratively. These discussions could usefully involve for example, the police, community safety, youth offending team, youth support service and voluntary and community sector organisations. The important thing is that the matrix is completed collaboratively by a number of partners with different perspectives, and used to inform joint planning about ways to improve.

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

	1 Basic level	2 Early progress	3 Substantial progress	4 Maturity
1. PLANNING	<ul style="list-style-type: none"> • Early intervention seen as an important way to prevent GYV. • Not yet being put into practice via a good plan and a portfolio of services. 	<ul style="list-style-type: none"> • Plan for work to prevent GYV through early intervention is being developed. • Planning starting to inform decisions about where money is spent. • Work underway to understand more about which young people are at risk of involvement in GYV. 	<ul style="list-style-type: none"> • Plan in place which sets out each agency's contribution to good early intervention to prevent GYV. • Plan is aligned to wider early intervention plans/strategies and partnership strategies, e.g. Police & Crime Plan. • Plan based on a good understanding of what children, young people and families need. • Money is spent mostly where there is evidence that it can be used effectively. 	<ul style="list-style-type: none"> • Plan for early intervention to prevent GYV based on a full understanding of the needs of children and young people at risk of GYV and their families. • Plan fully integrated into wider early intervention plans/strategies and consistent with related partnership strategies. • Agencies have pooled (or aligned) money to pay for early intervention to prevent GYV and commission it to jointly agreed outcomes. • Service provision is based on a good understanding of what works and provides value for money.
2. LEADING	<ul style="list-style-type: none"> • A few staff and wider partners are beginning to focus on EI to prevent GYV as a priority. 	<ul style="list-style-type: none"> • Some key leaders and partners talking publicly about the importance of EI to prevent GYV. • Work to prevent GYV is part of the wider partnership approach to EI. 	<ul style="list-style-type: none"> • Partners talk about the importance of EI with the same understanding and messages. Roles are clear. • Community safety partners have a strong voice and influence over wider EI plans and strategies. 	<ul style="list-style-type: none"> • All partners play their part in delivering EI to prevent GYV. Roles and responsibilities to achieve agreed outcomes are clear. • Senior leaders are all 'champions' for EI in public, locally and nationally.
3. DELIVERING	<ul style="list-style-type: none"> • Some sharing of information between agencies to identify children and young people at risk of GYV. 	<ul style="list-style-type: none"> • Increasing use of shared approaches to assessing the needs of young people and families, including in relation to GYV. • Processes for referring young people and families to the right support are being improved. • Information is sometimes being shared so that everyone who needs to know about a young person or family does. 	<ul style="list-style-type: none"> • Consistent approaches to assessment of risk and need across many agencies. • Information often shared effectively to identify and support young people at risk or involved with GYV. • Staff often join up with other agencies to provide the right support to children, young people and families. 	<ul style="list-style-type: none"> • Clear, aligned processes for identifying, assessing and providing appropriate help to children, young people and families at risk of GYV at an early stage, understood and agreed by all partners. • Information on children and family risks and needs is being shared effectively all the time. • Staff always deliver in a joined up way.

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4. EVALUATING	<ul style="list-style-type: none"> Measuring the success of services to prevent GYV is seen as important. Outcomes and impact are not often tracked and when it they are, it is to varying levels of quality. 	<ul style="list-style-type: none"> Some services aimed at preventing GYV 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 aimed at preventing GYV are being monitored and their success measured. This information helps inform planning about how to run services better. 	<ul style="list-style-type: none"> Success measures are aligned to wider, shared partnership goals around improving children’s lives. All EI and prevention services have their impact measured in a good quality way. This information informs planning about how to run services better.
5. FAMILY FOCUS	<ul style="list-style-type: none"> Children, YP and families sometimes asked for their views on how things are going or how effective help to prevent GYV can best be provided. 	<ul style="list-style-type: none"> Children, young people and families asked what they think and feel about EI services through formal consultations and surveys. 	<ul style="list-style-type: none"> Children, young people and families often actively engaged in helping informed how EI services and support to prevent GYV can best be designed and run. 	<ul style="list-style-type: none"> Children, young people and families consistently involved in designing, delivering, and providing views on success of services wherever appropriate.
<i>As a result of these things...</i>	<p><i>Some children and young people showing signals of risk of GYV and their families get the support they need when they need it. Still a lot of demand for late or crisis point intervention. Outcomes vary.</i></p>	<p><i>Children and young people identified as showing signals of risk of GYV and their families can often get help that works, when they need it. Outcomes in relation to preventing GYV are showing signs of improvement.</i></p>	<p><i>Most children and young people showing signals of risk of GYV and their families are getting support that works, when they need it. This is reflected in improving outcomes. It is clear where more improvement is needed and plans are in place for how to get there.</i></p>	<p><i>All vulnerable children and their families (including those showing signals of risk of GYV) can access the support they need, when they need it. Outcomes for children, particularly those in ‘target groups’ (including those at risk of GYV), are excellent and continuing to get better.</i></p>

EI Maturity Matrix Self-Assessment write-up:

Discussion/workshop held:

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

Date: