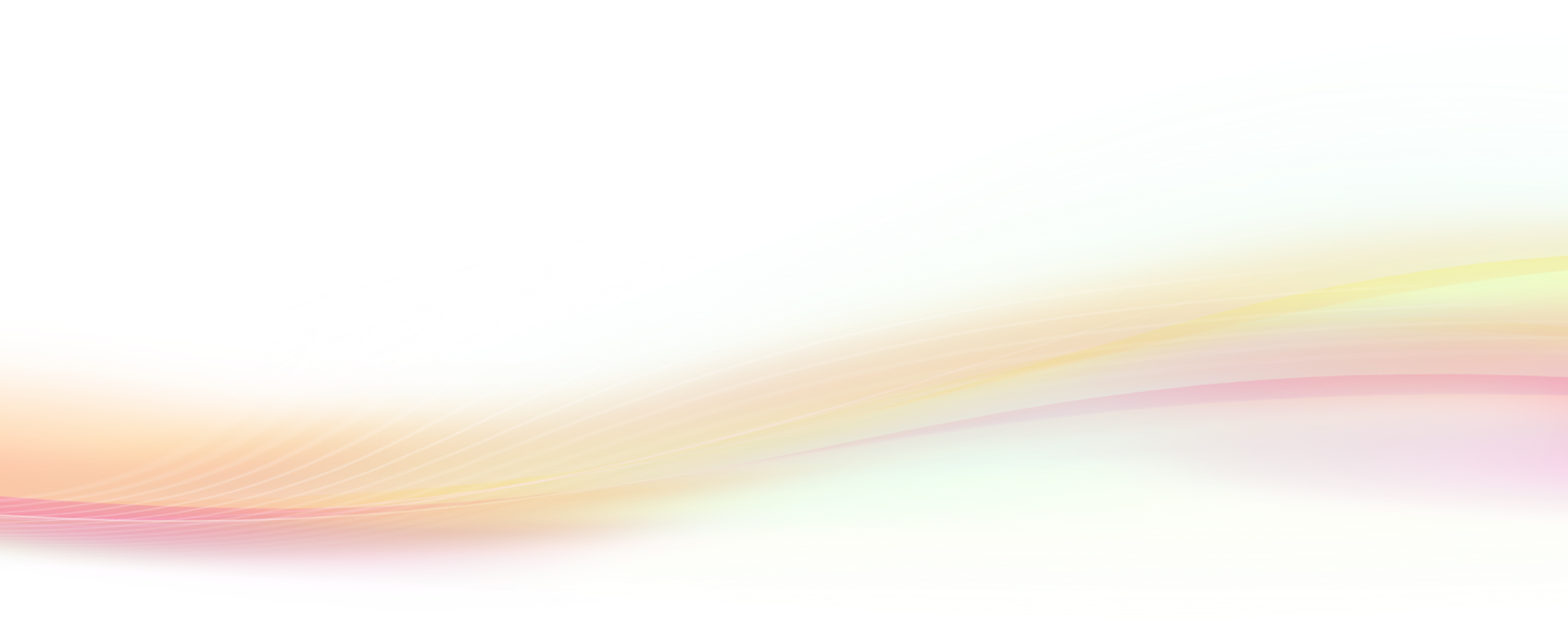
Evaluation Framework for Early Help

South East Sector Led Improvement Programme



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**Introduction**

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Three other early help papers accompany this framework: An Overview Report of Early Help Interviews with the South East Authorities; an Early Help Literature Review and Examples of Thresholds for Early Help across the Region. These papers can be found on the South East Sector Led Improvement Programme (SESLIP) website: <http://seslip.co.uk/home>

The South East Local authorities, as part of SESLIP, have worked together to develop a framework for the evaluation of early help. This framework is not intended to replace existing local authority performance management and outcome frameworks, but instead to focus on the key questions to be addressed in evaluating early help. It therefore draws upon some of the measures, which local authorities are already using and enhances them with further means of addressing the vital questions in early help.

***Who is the Framework for?***

The evaluation framework is aimed at all those working in early help. It therefore includes all partners across the continuum of work: Local Authority services, Health Trusts, early years and childcare providers, schools, the Police; voluntary sector organisations; and LSCB Chairs and partners etc. It is recognised that LSCB’s have a responsibility to monitor the impact of early help services on children and families and assess the effectiveness of the early help offer, *Working Together (2015).* It is hoped that this evaluation framework can be used for that purpose.**Definition of Early Help**

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Early help is a complex and sometimes confusing and ambiguous term. It is therefore recognised that early help services differ across the region. Some have a greater focus on prevention and others, more on early intervention. In fact the term “early help services’ is not used across all authority areas and so talking about an “early help response” is more helpful. We all acknowledge the generic term “early help” and have agreed the following definition for the purposes of this evaluation framework:

*“Early help means that we ensure that needs are identified quickly and that support is provided as soon as a problem emerges.* It can be required at any stage in a child’s life. The aim of early help is to reduce or eliminate the need for support and to promote resilience in the child and family. *Early help responses draw upon multi-professional expertise and are delivered in a timely and responsive way, to promote wellbeing and positive outcomes for children and families.”*

This definition is underpinned by the following principles:

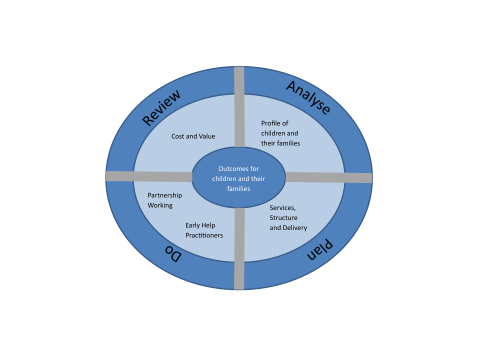
* All children have a right to grow up safe from harm, with opportunities to achieve to the best of their potential, and to enjoy life.

* Early help is everyone’s business: it requires everyone to work together to put the child or young person at the centre of everything they do, in order to meet needs and improve outcomes.
* Early help should be at the lowest tier appropriate to meet the needs of the child and prevent the need for specialist services.
* School commissioned and delivered support is an integral part of the early help offer.
* Established protocols and close working between the MASH and early help ‘front doors’.
* The child is at the centre of our work and their needs are paramount. They will be listened to and have their voices heard.
* Professionals will establish good relationships with families: adopting a family centred approach, which promotes participation and co-design with children, young people and families.
* Families are asked to make a commitment to change.
* We will promote personal responsibility, not create dependency.
* Work will build on the strengths and positive elements of families’ lives.
* Professionals will adopt a systemic approach to work with children and families.
* Partnership resources will support early help responses.
* Children, young people and their families will receive support for all their needs through a single integrated offer.
* We will involve as few professionals as possible, who can also prioritise support to make things happen.
* We will always keep a critical focus on the needs and safety of children and young people.
* Effective early help is outcome focused.
* We seek to leave parents and children feeling that things have improved for them.

It is important that early help services are not designed in isolation, but instead are part of a whole system approach. Early help is part of a continuum of responses from universal services through to acute, all of which are aimed at improving the lives of children[[1]](#footnote--1). In order to ensure that families access the right services and responses at the right time, each local authority area has a clear threshold document. Whilst there are commonalities in these documents, thresholds are often linked to levels of need and specific services. For these reasons, it is important that the framework is applied within the context of local thresholds. See **Appendix I,** which contains links to regional threshold documents and also the SESLIP website, which includes some examples of Thresholds for early help.

**Framework For Evaluating Early Help**

The model below underpins the framework.



The framework is underpinned by the belief that early help requires a whole system approach, with all partners, communities and families working together to improve outcomes for children.

It is intended that the framework begins by identifying needs and then looks at how services meet those needs in order to deliver required outcomes. In each of the five domains, (profile of children; services; early help practitioners; partnership working; and cost and value) there are key questions to be addressed in order to satisfy ourselves that early help is having a positive impact on the children and their families that we work with. Understanding and knowledge to address these questions, is gained through a combination of quantitative and qualitative information, which includes data, audit information, user feedback and professional observations. The framework therefore provides a menu of information and performance indicators that might be available to a local authority to begin addressing the questions. Authorities may therefore have varying amounts of information available to them and so it is intended that the framework can be used as a whole or in part.

It is hoped that in answering these questions, we will not only demonstrate that families are better off as a result of the help we provide but also inform the future development of early help responses and in doing so, explore some important overarching questions:

* Does early help work and how do we know?
* What impacts are we looking for – what are good outcomes for families?
* What impacts on a family’s problems at an early stage?
* How effective are we at identifying the right children and families for support? I.e. are we helping the “right’ children at the right time?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Profile of Children and their Families** | | | | |
| **Question** | **Quantitative Measures** | | | **Qualitative Measures** |
| What are the key characteristics of those families requiring early help? | * Needs analysis which includes:   + No.s of children living in poverty.   + No.s of families with multiple problems.   + No.s of young carers   + No.s of children living with parental mental ill health.   + No.s of children living with parental substance misuse.   + Children living with domestic violence. | | | * What do families tell us they need? (Surveys) |
| What are the issues for families? | * Analysis of CAFs/ EHAs. | | | * Aggregated feedback from families, highlighting key issues for those families receiving early help support. |
| What do families tell us makes the difference for them? |  | | | * Aggregated feedback from families (after receiving support) about what made a difference to them. |
| Are we addressing the needs of children and their families? | * Mapping services / responses to need factors (levels of deprivation, free school meals etc). | | | * Matching needs to outcome data and undertaking a Gap Analysis |
| Does needs analysis inform strategic planning? |  | | | * Strategy documents demonstrate responses to need and are understood by practitioners and families (Documents and Surveys) |
| **2. Outcomes for Children and their Families** | | | | |
| **Question** | | **Quantitative Measures** | **Qualitative Measures** | |
| Is life better for families as a result of what we do? | | * No.s of children living in poverty. * No.s of families with multiple problems. * No.s of young carers * Repeat referrals to early help services within 6 months / 1 year of closure. * Levels of demand for specialist services. (See section 3)   **Health**   * Breastfeeding prevalence, measured by :  1. % mothers initiating breastfeeding with 48 hours 2. % mothers breastfeeding at 2 weeks after birth 3. % mothers breastfeeding at 6-8 weeks after birth  * Rates of maternal smoking at delivery per 100 * MMR immunisation by age 2 years (as % of children age 2 years) * A&E attendances (0-4 years) per 1000 population 0-4 * Hospital admissions caused by injuries in children (0-14 years) * Hospital admissions caused by injuries in young people (15-24 years) * No. of hospital admissions for asthma (under 19 years) * No. of hospital admissions for mental health conditions (0-17) * % children classified as obese or overweight in a) Reception (aged 4-5 years) and b) Year 6 (aged 10-11 years) * Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years) * No.s of children living with parental mental ill health. * No.s of children living with parental substance misuse.   **Early Years**   * No. of Children age 2 - 4 in early years setting * % of eligible disadvantaged two year olds taking up free entitlement * % of 3 and 4 years olds taking up free entitlement * % of disadvantaged 3 and 4 year olds taking up free entitlement   **Education**   * Achievement gap between pupils eligible for free school meals and their peers achieving the required level at key stage 2. * GCSE’s achieved (5A\*-C including English and Maths) * No. of unauthorized absences * No. of children referred for attendance problems * Exclusions:  1. At least 3 fixed term exclusions in the 3 consecutive terms. 2. 4+ Fixed Term incidents over 2 years 3. 6+ days lost to Fixed Term exclusions over 2 years 4. Permanent exclusions  * Persistent absence rate (Secondary schools). * No. of prosecutions for non-attendance at school. * No. of children in alternative educational provision for children with behavioural problems   **Housing**   * Rate of family homelessness   **Work**   * No. of adults in receipt of out of work benefits * No. of adults in sustained employment (13-26 weeks following benefit claims) * Increase in parent/carers uptake of activities associated with developing work related skills such as literacy/numeracy and ICT. * No. of parents and carers supported into training and /or employment * % of young people aged 16-18yrs who are NEET.   **Anti-social behaviour**   * No. of domestic Abuse incidents involving children. * No. of young people referred to MARAC more than once in 6 mths. * No. of Anti-Social Behaviour Orders in families with children under 16years. | * Feedback from families (after receiving support) about what made a difference to them. * Families report feeling resilient and supported to tackle issues and problems as soon as they arise (Surveys) * Reviewing cases 1 year on from referral and / or closure. * Longitudinal studies. * Information from ‘distance traveled tools’ such as The Outcomes Star, SAF wheel etc. | |
| **3. Services** | | | | |
| **Question** | | **Quantitative Measures** | **Qualitative Measures** | |
| Are there good assessments and plans (linked to services and outcomes)? | | * Compliance with EH assessment time frames. * Compliance with service intervention timescales. * Average length of time from notification to assessment. * Average length of time from notification to plan. * Of cases audited, the % judged to be receiving “inadequate”, “requires improvement”, “good’ or “outstanding” early help. * Of the cases audited, receiving step-up support, the % identified as receiving “inadequate”, “requires improvement”, “good” or “outstanding” support. * Of the cases audited receiving step-down support, the % identified as receiving “inadequate”, “requires improvement”, “good” or “outstanding” support. * Of the cases audited, the % of CAFs/EHAs rated as “inadequate”, “requires improvement”, “good” or “outstanding” * Of cases audited, the % of early help plans rated as “inadequate”, “requires improvement”, “good” or “outstanding” * Of cases audited the % where assessment and plans demonstrated management oversight. | * A “tracker” system is in place. * Audits of case files. * Auditing of outcomes of CAFs/ EHAs to identify success factors i.e. those things that resulted in positive outcomes for the child and their family. * Auditing of CAFs/ EHAs with poor outcomes to identify why and where improvements could have been made. * Observation of practice. * Feedback from families about assessments and plans: their involvement in them, accuracy and relevance of information and achievability. | |
| Are we delivering the support that families want and need – ensuring that problems do no escalate? | | * No. of CAFs / EHAs. * No. of early help plans. * No. of children, young people and families receiving Early help services. * Average case duration. * No. and % of cases stepped down * No. and % of cases appropriately stepped up. * % of re-referrals for Early help support. * No. and % of step-down cases that result in a referral for step-up services within 6months of being stepped down. * No. receiving help by service, (commissioned services). * No. of individual children attending children’s Centres. * Attendance at youth service provision (by age groups). * No. of parents completing parenting programmes. * No. of young people attending preventative programmes within the youth service. * No. of young people accessing young carers support. * No. of CAFs / EHAs in a given period. * % of children functioning at a higher level following CAMHS treatment. * % of cases closed but referred for another CAF/ EHA within 1 year of closure. | * Aggregated feedback from families (after receiving support) about what made a difference to them. * Reviewing cases 1 year on from referral and / or closure. * Longitudinal studies | |
| What is the impact of early help on higher-level statutory intervention? | | * No. and % of children identified as on the ‘cusp’ of statutory intervention. * No. and % of CAFs/ EHAs indicating that children who were on the threshold of statutory intervention, but following early help support, are no longer and are not “stepped up”. * No. of referrals to Children’s Social Care * Rate of referrals to Specialist Children's Services per 10,000 under 18 population * % of re-referrals to Specialist Children's Services within 12 months of a previous referral * No. of re-referrals to Children’s social Care * No. of children receiving a statutory service from children's social care -\*/following assessment. * No. of CIN * No. of S47 enquiries * No. of families with more than one S47 enquiry in 12mths * No. of children with CP plans * No. of children with repeat CP plans * No. of LAC * No. of open referrals to EWS. * No. of first time entrants to the YOT. * No. of young people receiving support from the YOT. |  | |
| **4. Early Help Practitioners** | | | | |
| **Question** | | **Quantitative Measures** | **Qualitative Measures** | |
| Is there clarity about the early help workforce and the competencies required? | |  | * There is clarity about the service delivery model/s – clearly articulated in the early help strategy and key Children’s Services documents. * Early help practitioners are clearly identified as part of the workforce development plan. | |
| Do Practitioners have the skills required to meet children and families needs? | | * % of practitioners completing core training at different levels. | * Early help practitioners and their ongoing professional development are clearly identified as part of the workforce development plan. * Lead professionals report being well supported to develop plans and implement them through multi-agency working. (Practitioner Surveys). * Audits of supervision files. * Annual appraisals. | |
| Do practitioners have the information and research they require to make informed decisions? | |  | * Staff report having access to research to inform decisions (Practitioner Surveys) * Case file auditing shows that practitioners reference relevant research. | |
| Is there clear management oversight? | | * No. and % of audits which show management oversight to be “inadequate”, “requires improvement”, “good” or “outstanding”. | * Evidence of relevant learning being shared from SCRs. * There is clear recording of learning from reflective supervision. * Audits of case files clearly demonstrate management oversight. * Audits of supervision files clearly demonstrate management oversight. * Practice observations | |
| Is decision making good? | | * No. and % of audits which show decision making to be “inadequate”, “requires improvement”, “good” or “outstanding”. | * Audits of case files demonstrate decision making * Audits of supervision files demonstrate decision making * Practice observations | |
| **5. Partnership Working** | | | | |
| **Question** | | **Quantitative Measures** | **Qualitative Measures** | |
| Have all key partners been involved in applying this evaluation framework? | |  | * Breadth of involvement in the application of the evaluation framework. * Gaps in involvement. | |
| Are there explicit ways in which public engagement is being promoted? | |  | * Early help is part of a broader preventative agenda, designed to build community resilience. This link with universal and community services is clearly articulated in key documents, including the early help strategy. * Public health investment supports early help e.g. health visiting, school nursing etc. | |
| How are partners working together? | | * No. of CAFs / EHAs by service/agency. * Of the cases audited, the % demonstrating “good” or “outstanding” partnership working. | * There is a clear partnership governance structure. * Audits | |
| Do all partners understand early help? | | * % of universal services that understand how to access early help. |  | |
| Is there clear governance including reporting, scrutiny and challenge around early help? | |  | * There is an Early Help Partnership in place. * Early help is regularly reported to the Health and Wellbeing Board (and/ or a Children’s Partnership Board feeding into the health and Wellbeing Board) * Early help is regularly reported at the Youth Justice Board. * Evaluation of early help is part of the LSCB business plan. * Findings and from LSCB multi-agency audits demonstrate good multi-agency working. * Actions completed as a result of multi-agency auditing and LSCB challenge, demonstrate continuous improvements. * Learning from SCRs and serious incidents where strengths or issues were identified for early help services/responses. * Shared LSCB learning from SCRs and serious incidents in other parts of the country. | |
| **6. Cost and Value** | | | | |
| **Question** | | **Quantitative Measures** | **Qualitative Measures** | |
| Are early help services well used? | | * No. of CAFs / EHAs by service/agency. * No. of children, young people and families receiving early help services. * No. receiving help by service, (commissioned services). * No. of individual children attending children’s Centres. * Attendance at youth service provision (by age groups). * No. of parents completing parenting programmes. * No. of young people attending preventative programmes within the youth service. * No. of young people accessing young carers support. |  | |
| Where are the service gaps? | |  | * Gap analysis based on needs analysis and service demand. | |
| To what extent is decision making about early help budgets linked to broader health and social care strategies? | |  | * Early help is part of wider strategic budget setting. | |
| Is demand management an explicit part of business plans? | |  | * Business plans across partner agencies refer to demand management. * There is a system to track demands within specific segments of children’s services. | |
| Are there demonstrable reductions in the need for specialist services? | | * A reduction of referrals to Children’s Social Care * A fall in the rate of referrals to Specialist Children's Services per 10,000 under 18 population * A fall in the % of re-referrals to Specialist Children's Services within 12 months of a previous referral * A fall in the no. of re-referrals to Children’s social Care * A fall in the no. of CIN * A fall in the no. of S47 enquiries * A fall in the no. of families with more than one S47 enquiry in 12mths * A fall in the no. of children with CP plans * A fall in the no. of children with repeat CP plans * A fall in the no. of LAC * A fall in the no. of open referrals to EWS. * A fall in the no. of first time entrants to the YOT. * A fall in the no. of young people receiving support from the YOT. | * Estimated cashable savings based on reductions | |

**Applying the Framework**

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***Using The Framework***

It is expected that the framework will be implemented with all key partners. It is intended that individual local authorities and their partners can use the framework or elements of it to self assess and evaluate the impact of early help services / responses. In addition it is hoped that the framework can be used at a regional level to:

1. begin to benchmark some of the quantitative and qualitative data identified in the framework; and
2. develop a process of peer reviews for early help.

In order to develop this work further an ongoing South East Early Help Network has been established, bringing managers together to discuss issues, embed the framework across the South East and ensure ongoing continuous improvements.

***Quantitative and Qualitative Measures***

The South East Regional Data Benchmarking Group has an established core data set and this includes some existing data that could contribute to the framework. These indicators include:

* No. of CAFs / EHAs
* No. of children subject to a CP plan
* No. of referrals to Children’s Social Care
* No. of repeat referrals to Children’s Social Care
* No. of LAC
* Troubled families Family Progress Data (FPD) returns.

In addition to these, similar work is taking place across many local authorities in the region to develop more specific early help data (captured in the framework). It is therefore hoped that, after further work to agree definitions, the following indicators could be added to the regional benchmarking work:

* Numbers of referrals to early help
* Repeat referrals to early help
* Numbers of early help plans
* Numbers of repeat early help plans
* Number of children and their families stepped down to early help
* Aggregated information from distance traveled tools (if consistent coding could be applied across the region)

Most of the performance indicators identified in the framework, when looked at in isolation, will not demonstrate that early help has been effective. However when the data is put together with other qualitative information, we can begin to triangulate findings and reasonably conclude that there is a high likelihood that the outcomes are the result of early help. Thus a positive data and information in response to one of the questions in the framework provides strong evidence of the impact of early help. To put this in statistical terms: the evidence would be both reliable and valid.

***Breakthrough indicators of a positive impact***

Potentially there is a great deal of information to collect in the framework and making sense of this will be important. One way in which we hope to develop this in the future is to use the data to provide greater intelligence. We can begin to identify trends and link data together to tell a story; we can link input data to correlating output data; and identify those important indicators, which over time help us to see the early warning signs that something big (both positive and negative) is happening. This is sometimes referred to as “big data” or “the canary in the coalmine”. Identifying these indicators therefore helps us to improve processes, create new opportunities, manage issues, and mitigate risks. It is hoped that this will be possible through the development of the core data set for early help and by us working together across the region. The proposed Early Help Regional Network in conjunction with the Regional Benchmarking Group will take this work forward together. In the meantime, we have identified what we consider to be the 8 vital signs of an early help impact:

1. An improvement in child development as measured at the end of the early years foundation stage
2. A reduction in the number of Children in Need (S17)
3. A reduction in the number of CP investigations (S47)
4. A reduction in the number of children receiving statutory support, where their parents/carers have mental ill health, substance misuse or from domestic abuse households
5. A reduction chronic absence from school (below 50% attendance at school)
6. A reduction in first time entrants to the youth justice system
7. Increased scoring from families in the distance traveled tool
8. A reduction in permanent and fixed term exclusions

It is recognised that there are other connected indicators feeding into these 8 that may also be used to show movement towards achieving these.

**Appendix I – Links to Threshold / Levels of Need Documents**

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**Bracknell Forest:**

<http://www.bracknell-forest.gov.uk/preventionandearlyintervention>

**Brighton and Hove:**

<http://www.brighton-hove.gov.uk/content/children-and-education/childrens-services/early-help>

**Buckinghamshire:**

<http://www.bucksfamilyinfo.org/kb5/buckinghamshire/fsd/parent.page?parentchannel=24>

**East Sussex:**

<https://new.eastsussex.gov.uk/childrenandfamilies/keypolicies/trackingchildrenatrisk/>

**Hampshire:**

<http://www3.hants.gov.uk/earlyhelp>

**Isle of Wight:**

<https://www.iwight.com/Council/OtherServices/Support-and-Advice-for-Families/About-Early-Help>

**Kent:**

<http://www.kent.gov.uk/jobs/careers-with-us/careers-in-early-help-and-preventative-services/how-we-are-changing-early-help-and-preventative-services>

**Medway:**

<http://www.medwayfisd.com/kb5/medway/enterprise/service.page?id=mUoQy59Uz1g&practitionerschannel=9>

**Milton Keynes:**

<http://www.milton-keynes.gov.uk/children-young-people-families/early-help>

**Oxford:**

<https://www.oxfordshire.gov.uk/cms/content/early-intervention-service>

**Portsmouth:**

<https://www.portsmouth.gov.uk/ext/learning-and-schools/pre-school/family-information-service.aspx>

**Reading:**

<http://www.reading.gov.uk/article/5081/Early-Help-Hub>

**Southampton:**

<https://www.southampton.gov.uk/health-social-care/families/early-help/early-help-team.aspx>

**Slough:**

**Surrey:**

<http://www.surreycc.gov.uk/social-care-and-health/surrey-children-and-young-peoples-partnership/early-help-for-children-and-families>

**West Berkshire:**

<http://info.westberks.gov.uk/index.aspx?articleid=30030>

**West Sussex:**

<https://www.westsussex.gov.uk/social-care-and-health/social-care-and-health-information-for-professionals/think-family-and-early-help/>

**Windsor and Maidenhead:**

<http://www3.rbwm.gov.uk/info/200147/child_protection/228/children_in_need/8>

**Wokingham:**

<http://www.wokingham.gov.uk/children-and-families/family-support/early-intervention-and-common-assessment-framework/>

**Appendix II – Local Area Early Help Information**

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**Bracknell Forest:**

<http://www.bracknell-forest.gov.uk/bf-lscb-thresholds.pdf>

**Brighton and Hove:**

<http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/BHCC%20Children%27s%20Services%20Threshold%20Document%202014%20rev%2022%20Oct.pdf>

**Buckinghamshire:** [http://www.buckslscb.org.uk/professionals/thresholds-document/](http://www.bucks-lscb.org.uk/professionals/thresholds-document/)

**East Sussex:** <https://czone.eastsussex.gov.uk/continuum>

**Hampshire:**

<http://documents.hants.gov.uk/childrens-services/ThresholdChartJuly2015.pdf>

**Isle of Wight:**

<https://secure.toolkitfiles.co.uk/clients/25263/sitedata/files/Thresholds%20Chart%20Final%2001%2004%2014.pdf>

**Kent:**

<http://www.kscb.org.uk/__data/assets/pdf_file/0020/50249/Kent-Threshold-Criteria-for-Children-and-Young-People-V11.pdf>

**Medway:**

<http://www.mscb.org.uk/pdf/Medway%20Threshold%20Criteria%20for%20Children%20in%20Need%20August%202015%20v%207%20Oct.pdf>

**Milton Keynes:**

<http://www.mkscb.org/mkscb-professionalsandvolunteers/documents/Final_MKSCB_Levels_of_Need_October_2015.pdf>

**Oxford:**

<http://www.oscb.org.uk/wp-content/uploads/Threshold-of-Needs-Matrix-FINAL-update-numbers.pdf>

**Portsmouth:**

<http://portsmouthchildcare.proceduresonline.com/chapters/p_threshold.html>

**Reading:**

<http://www.readinglscb.org.uk/GetAsset.aspx?id=fAAzADAAOQA3AHwAfABGAGEAbABzAGUAfAB8ADMANgB8AA2>

**Southampton:**

<http://www.4lscb.org.uk/documents/Threshold%20criteria%204%201022349.pdf>

**Slough:**

<http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-local-safeguarding-children-s-board.aspx>

**West Berkshire:**

<http://www.mkscb.org/mkscb-professionalsandvolunteers/documents/Final_MKSCB_Levels_of_Need_October_2015.pdf>

**West Sussex:**

<http://www.westsussexscb.org.uk/wp-content/uploads/West-Sussex-Threshold-Guidance.pdf>

**Windsor and Maidenhead:**

<http://berks.proceduresonline.com/chapters/p_app_three.html>

**Wokingham:** <http://wokinghamlscb.org.uk/Levels_of_Need_and_Intervention_-_Thresholds>

1. Where the word “children” appears in this document it refers to both children and young people. [↑](#footnote-ref--1)