

# Outcomes framework

*Annex to A positive approach to a  
parenting: Part 2 of the Independent Family*

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December 2022

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## Table of Contents

Executive Summary .....	3
1. Background .....	6
2. Methodology .....	7
3. Current challenges .....	9
1.1. Inconsistencies around the use of outcomes .....	9
1.2. Measurement .....	12
4. An outcomes framework that delivers for children and families .....	13
4.1. What we learnt from The Big Ask .....	13
4.2. Outcomes framework for children .....	19
4.3. What we learnt from the Family Review part 1 .....	21
4.4. Outcomes framework for families .....	23
5. Recommendations .....	27
References .....	29

## Executive Summary

Almost all families, at some point in their lives, will need to support from professional services. At a fundamental level, most families will have contact with schools, GP services, and health visitors. For others, they might require more specific support, this might be to support a child with special educational needs (SEND), mental health support for themselves or their children, or specialist healthcare. For families in crisis, these services might be more involved, for example when a child needs support from a social worker or when families need support with domestic violence. These services can help strengthen existing family support networks or can exist in lieu of these so that every family has a support system they can rely on when things get tough. Regardless of why or what support is required, in Part 1 of the Family Review, families told us they wanted services that supported them as a family unit, rather than individuals. At a fundamental level, parents want to know what services were available, and for them to be there when they needed them. When accessing these services, what they valued was something that felt similar to family, which was caring, based on relationships, and working with their existing networks.

A high-level outcomes framework which is seeking positive outcomes for children and families is vital. Too often, services are working in siloes, working to different objectives based on their work with an individual, rather than seeing the family as a whole. This can mean too many families and children fall through the gaps in provision and struggle to support each other effectively.

Such an outcomes framework, from which all services - be they national, local or individual - can work from has been discussed and considered for many years. However, the delivery of such a framework has proved challenging. Although there have been many good attempts at creating a high-level outcomes framework, such as the Supporting Families programme, and local level family outcomes framework, more work is needed.

To inform this work, the CCo organised a day long workshop, inviting just over 50 professionals from different services and government departments, to share challenges, expertise and best practice. This workshop, along with the work of Kindred and For baby's sake, produced a set of challenges currently faced in creating a high-level outcomes framework that works for all families and children.<sup>1</sup>

## **Challenges**

The main challenge found was the inconsistencies around the use of outcomes and a lack of shared understanding when it came to the concepts, definitions and purposes of an outcomes framework. The three main areas which needed collective agreement and shared understanding were:

**Definitions:** currently there is no collective understanding and use of high-level outcomes.

**Concepts:** outcomes frameworks are defined and measured by indicators and metrics, however, depending on the service they are being understood and used in vastly different ways. Outcomes, indicators and metrics – what they mean and the way they are used – need to be clearly articulated and agreed upon.

**Purpose:** There have been many attempts to find consensus on how to use an outcomes framework, the Government Outcomes Lab have come up with six potential uses. However, the CCo sees these differently and instead see's outcomes having benefits in four ways:

1. Improve the quality of public services by providing a galvanising impact for quality and reform.
2. To drive alignment and cohesion between public services by making explicit elements of common purpose.
3. To ensure public services are providing genuine and tangible benefit to children and families by demonstrating a wider social benefit.
4. To improve the relationship between children/families and professionals by establishing common goals.

It is important to note that outcomes may be used in different ways, and certainly with different metrics, depending on the purpose for which they are deployed. For example, across different support services the service user and supporting keyworkers may devise a set of agreed goals which they will work towards. Achieving these goals has subjective benefit to the service user and working towards these goals improves the relationship between the service user and professional. However, given the subjective nature of this process, these goals may not be serve as an objective measure of impact. On the above, such an approach serves purpose (3) above, but not (1) or (2).

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It is important to note that purpose 2 above – the alignment of different services – can only be achieved if there is consistency and cohesion between the outcome framework and concepts used within different services. This is why the Children’s Commissioner is so keen to create a framework that has buy in and understanding across all sectors.

Finally, one of the biggest challenges in adopting an effective, positive outcomes framework are issues around measurement. In the absence of the ability to accurately measure the outcome a service is seeking, there is often a temptation to instead focus on a system-level output or indicator. There are inconsistencies, overlaps and gaps in how services and practitioners define and measure success when it comes to children and family level outcomes.

The CCo are proposing the creation of a high-level outcomes framework that can be adopted by all services at a national, local and individual level. This should be easily accessible with the detail of how the outcomes might be achieved - possible indicators and metrics - sitting below.

The table below outlines the proposed buckets the CCo believe should make up this high-level outcomes framework for children and families, based on what they told the CCo they wanted for themselves and what they wanted from services.

**Figure 1: Infographic showing CCo’s proposed buckets for the outcomes framework**



## 1. Background

In part 1 of the family review, the CCo research found that it was clear that when families face challenges, their preference for getting help is to turn to their own networks – wider family, close friends but also platforms which connect families in similar situations including social media and online forums. Families describe multiple kinds of help they receive ‘informally’, including high levels of practical help such as informal childcare. In the FLS, 33% of parents said they had asked a grandparents, another relative, friend or neighbour for help with childcare.

However, for some families additional, professional support may be required. Whether this is for mental health support for themselves or their children, specialist provision for a child with special educational needs, or support if the family unit starts to breakdown. Next to specialist support, not all families feel that they can turn to family or friends for help - there are a whole host of services families might call upon. Regardless of the reason for seeking support from professional networks, we need to ensure that these networks are working together to provide consistent support that helps families thrive.

At a fundamental level, parents wanted to know what services were available, and for them to be there when they needed them. When they access these services, what they valued was something that felt similar to family, which was caring, based on relationships, and working with their existing networks.

At a delivery level, public services should be explicitly pursuing the positive outcomes of all families having strong, healthy relationships which in turn provide both love and practical support. However, too often services are working to different objectives based on their work with an individual, rather than seeing the family as a whole. There have been moved towards changing this model of working – in the Supporting Families programme, and local level family outcomes framework – but more work is needed.

For Part 2 of the Family Review, the CCo have been exploring the approach and content of a high-level outcomes framework, which focuses on family strengths. Currently, most outcomes are measured at the child or parent level rather than the family level. The CCo strongly believes that all public services should be working to support a positive conception of family life, which looks to work with families to develop their inherent strengths and promotes positive and tangible outcomes for families.

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## 2. Methodology

Given the challenges with siloed working when it comes to service working to support families as a whole, rather than just individuals, the CCo held a day long workshop to fully explore the current challenges and potential solutions to the problems we are currently facing. Recognising the need for more alignment between what families want and services and professional, we used this workshop as an opportunity to present some of our research on what we have learned about outcomes through The Big Ask and qualitative research for the Family Review.

We invited just over 50 professionals from various different services and fields to share their experiences, best practice and thoughts on how a high-level outcomes framework could be created and delivered. Attendees included policy advisors from the Department for Education, the Department for Health and Social Care, and the Department for Levelling Up, Housing and Communities. As well as colleagues from various what works centres, Number 10 and universities. The CCo brought these professionals together to learn from and highlight the importance of genuine collaboration to drive change, innovation, and communication. To shape the discussions, in advance of this meeting we asked the attendees the following three questions:

- What do we mean by the term 'outcome' and how does this differ from other ways of measuring public service performance: targets, service performance metrics, benchmarking data etc?
- What do children and families want for themselves? How can we use this to inform an outcomes framework, and express outcomes in a way that resonates with children and families?
- How can we use an outcomes framework to drive public service improvement and alignment? In particular, can we use an over-arching framework to bring cohesion between different public services using different data and striving for different, but inter-connected, end points?

The breakout sessions we facilitated over the course of the day looked to answer these questions from different perspectives. From a high level – discussing what we mean by the term 'outcome' and the importance of and how we might define outcomes, metrics, indicators and drivers – to more specific sessions which focused on learning from best practice – Dr Claire Powell from UCL presented her work

*on reaching consensus amongst families, practitioners and researchers for domestic abuse and child maltreatment core outcome sets.*

Hearing from experts who had already created outcomes frameworks to support the groups they were supporting shone a light on *how* an outcomes framework might be created and the current challenges faced by practitioners in using them to support positive outcomes for families.

To inform the development of a high-level outcomes framework for children, the CCo uses data from The Big Ask to analyse the correlations between children's responses to the questions on happiness and future priorities. The CCo use clustering, a statistical technique, to identify groups of respondents based on their responses to the questions on happiness and future priorities.



### 3. Current challenges

During the workshops there was considerable consensus around the need for a common set of high-level outcomes, that could be used from both a system-level and a service level. Several barriers to creating a shared outcomes framework and important lessons learnt from previous attempts were identified during this workshop. Organisations like Kindred Squared, The For baby's Sake Trust and the Early Intervention Foundation, have been calling for the use of consistent definitions and a national articulation of aspirations for children and have developed a high-level framework to act as a starting point. CCo agree that this is needed, not just for children but for their families as well. There needs to be a high-level framework within which national, local and service level efforts could be orientated.

#### 1.1. Inconsistencies around the use of outcomes

Throughout all of CCo's discussions around how to create and use an outcomes framework that works for all was a consensus that there was a lack of shared understanding when it came to the concepts, definitions and purposes of an outcomes framework. Without having a shared consensus around these outcomes and how they are supposed to be used, a high-level outcomes framework will be ineffective at joining up services and empowering them to support families towards positive outcomes.

There needs to be a shared understanding around the following three things:

**Definitions:** There is a real need for services to come together to develop which outcomes are required to ensure that children and families are working towards positive outcomes. Currently, there is no one shared understanding of the outcomes children and families should be working towards. Different services are often seeking different outcomes which are dictated by the profession they work in. In this way, it makes it hard for services to work together to support and work towards a set of shared and agreed outcomes. Another challenge in this space is how outcomes are interpreted by different services and practitioners. Regardless of how many high-level buckets are proposed for the outcomes framework, there needs to be a shared understanding of what these mean, irrespective of the service you are looking to provide. For example, if you take the 'healthy' bucket that has been proposed, for children level outcomes, in this paper - whether you are working in healthcare, social care or education, there needs to be a consensus around what an outcome of being 'healthy' looks like. These definitions

need to be applied to each child and take into consideration the relative context of their lives. All professionals should then be able to work towards this specific outcome for this child.

**Concepts:** Currently, outcomes frameworks are defined and measured by indicators and metrics. However, there are various different definitions of these which greatly affects the way in which they are used, if at all. During our workshop, it was clear that, for services and government departments, the lack of consistency on how these things are used and defined prevents them from working together from a shared framework. If services are to work together from a shared outcomes framework, there needs to be collective agreement and understanding of what we mean by outcomes, indicators and metrics and how we can use these to monitor impact. In partnership with The For Baby's Sake Trust and the Early Intervention Foundation, Kindred Squared funded an initial piece of work which came up with proposed;

- **Outcomes:** These are overarching states or conditions to be achieved for all children and families
- **Indicators:** These suggest (to a greater or lesser degree) that an outcome has been achieved or is being achieved, e.g breastfeeding, weigh and oral health may be indicators for health. Crucially, indicators may change over time – depending on, for example, the age of the child - but outcomes are unlikely to change. The extent to which a given indicator is predictive of an outcome will vary depending on contextual factors, such as a child's age, and improving evidence.
- **Metrics:** These are how indicators are measured e.g the proportion of children who are a healthy weight at age 5 or the percentage of children still breastfed at 6-8 weeks. These can be used to measure population level outcomes, i.e progress towards overarching outcomes for particular populations, and service level, i.e how well a service or intervention is performing relative to comparable services, or a pre-defined benchmark.

Irrespective of what the final agreed outcomes are, they need to be clearly defined alongside clear explanations of indicators and metrics and how they are to be used at a national, local and individual level.

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**Purpose:** There have been many attempts to define the purpose of an outcomes framework. These are often dictated by the groups that are designing them and so often don't work or aren't adopted by different sectors and services. The Government Outcomes Lab have described seven practical uses or applications of an outcomes framework, these are; budgeting, commissioning and procurement, governance and decision making, frontline practice, transparency/democratic engagement, service monitoring/contract management or evaluation of impact.

The Children's Commissioner sees a common approach to outcomes as having benefits in four ways:

- To improve the quality of public services by providing a galvanising impact for quality and reform.
- To drive alignment and cohesion between all public services and the voluntary and community sector by making explicit elements of common purpose.
- To ensure public services are providing genuine and tangible benefit to children and families, and in so doing to support the case for investment in children and families by demonstrating a wider social benefit.
- To improve the relationship between children/families and professionals by establishing common goals.

It is important to note that outcomes may be used in different ways, and certainly with different metrics, depending on the purpose for which they are deployed. For example, across different support services the service user and supporting keyworkers may devise a set of agreed goals which they will work towards. Achieving these goals has subjective benefit to the service user and working towards these goals improves the relationship between the service user and professional. However, given the subjective nature of this process, these goals may not serve as an objective measure of impact. On the above, such an approach serves purpose (3) above, but not (1) or (2).

It is important to note that purpose 2 above – the alignment of different services – can only be achieved if there is consistency and cohesion between the outcome framework and concepts used within different services. This is why the Children's Commissioner is so keen to create a framework that has buy in and understanding across all sectors.

## **1.2. Measurement**

One of the biggest challenges in adopting an effective, positive outcomes framework are issues around measurement. In the absence of the ability to accurately measure the outcome a service is seeking, there is often a temptation to instead focus on a system-level output or indicator. There are inconsistencies, overlaps and gaps in how services and practitioners define and measure success when it comes to children and family level outcomes. These are often poor proxies for what the service is ultimately trying to achieve. There has been significant progress in the last five years in developing a range of metric and measurement tools which capture valid and reliable outcomes. However, there is much more to be done to make these measurement tools routinely used within and across public services.

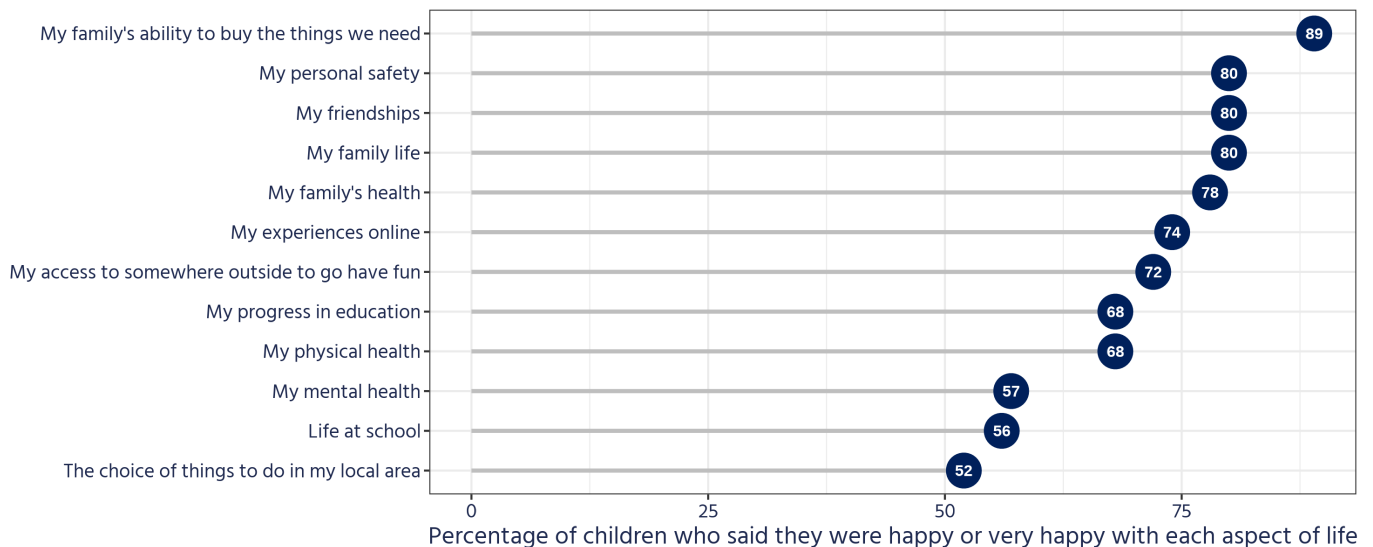
Currently, the approach to data collection is fragmented between organisations and services. There are currently multiple and separate data systems used by practitioners with little understanding of the legal basis of data-sharing or how to establish data sharing agreements. There is less a lack of data across the system, but that much of this data cannot be shared or utilised. The current legislation and guidance is complex and time-consuming which leaves services duplicating data collection. The CCo have produced a report on how data collection can be better utilised to improve the experiences and outcomes of children and families in accessing public services.

## 4. An outcomes framework that delivers for children and families

### 4.1. What we learnt from The Big Ask

Children were most likely to be happy with their family's ability to buy the things they need (89%) and least likely to be happy with the choice of things to do in their local area (52%).

**Figure 2. Percentage of children who said they were happy or very happy with each aspect of life**



### How does happiness in one aspect of their life relate to happiness in other areas?

Using clustering to group children based on their happiness in different areas of life suggests there are several groups of children who are generally:

- 1) Happy in all areas of life (37%)
- 2) Happy in all areas of life except the choice of things to do in their local area (18%)
- 3) Happy in all areas of life except their education progress (10%)
- 4) Not happy with any areas of their life except their family's ability to buy the things they need

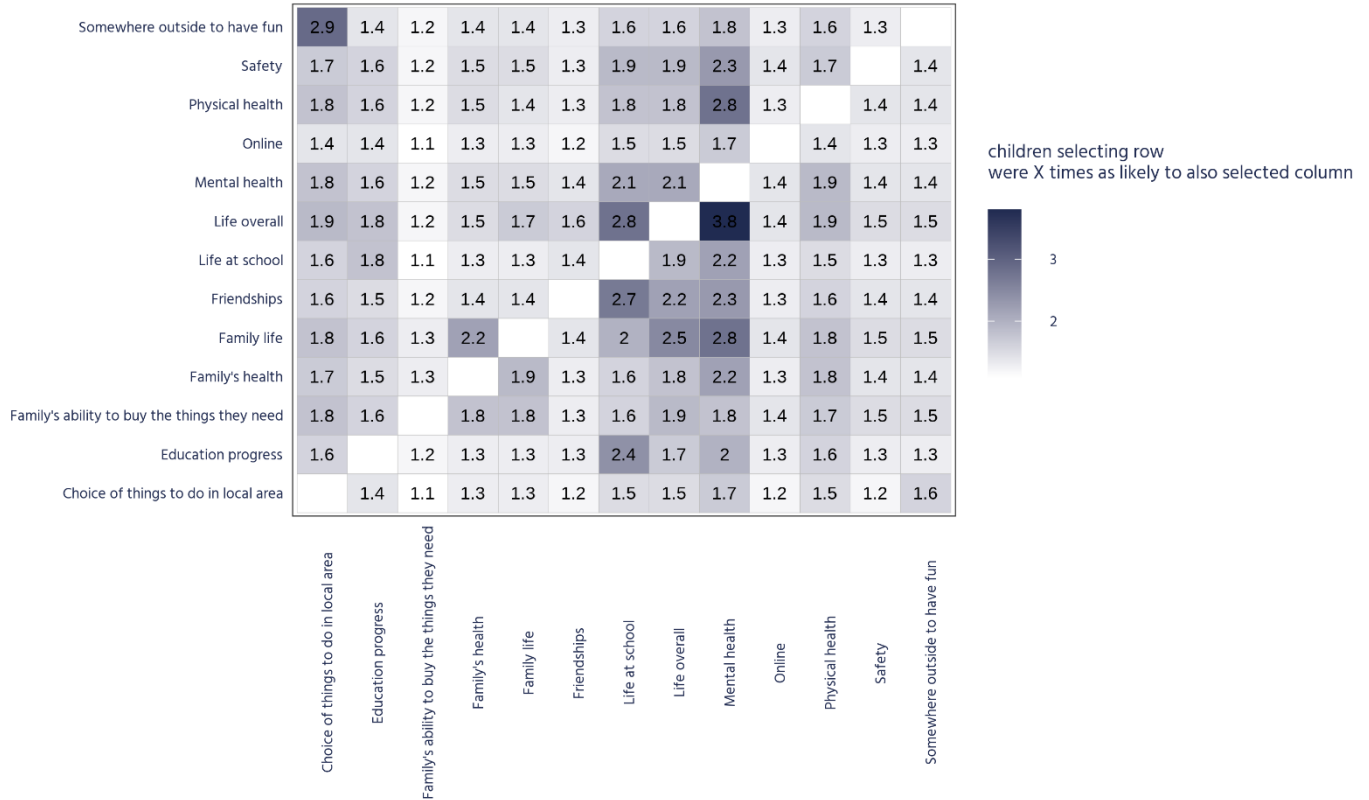
(10%)

- 5) Happy in all areas of life except life at school and mental health (9%)
- 6) Happy in all areas of life except life at school, mental health and the choice of things to do in their local area (7%)
- 7) Happy in all areas of life except mental health, choice of things to do in their local area and somewhere outside to have fun (4%)
- 8) Not happy with any areas of their life except their family's health, family's ability to buy the things they need, life online and somewhere outside to have fun (4%)

Several areas of happiness were correlated with each other:

- Children who were happy with having somewhere outside to have fun were 3 times more likely to say they were happy with the choice of things to do in their local area.
- Children who were happy with their physical health were 3 times more likely to say they were happy with their mental health.
- Children who were happy with their friendships were 3 times more likely to say they were happy with their life at school.
- Children who were happy with their family life were 3 times more likely to say they were happy with their mental health.

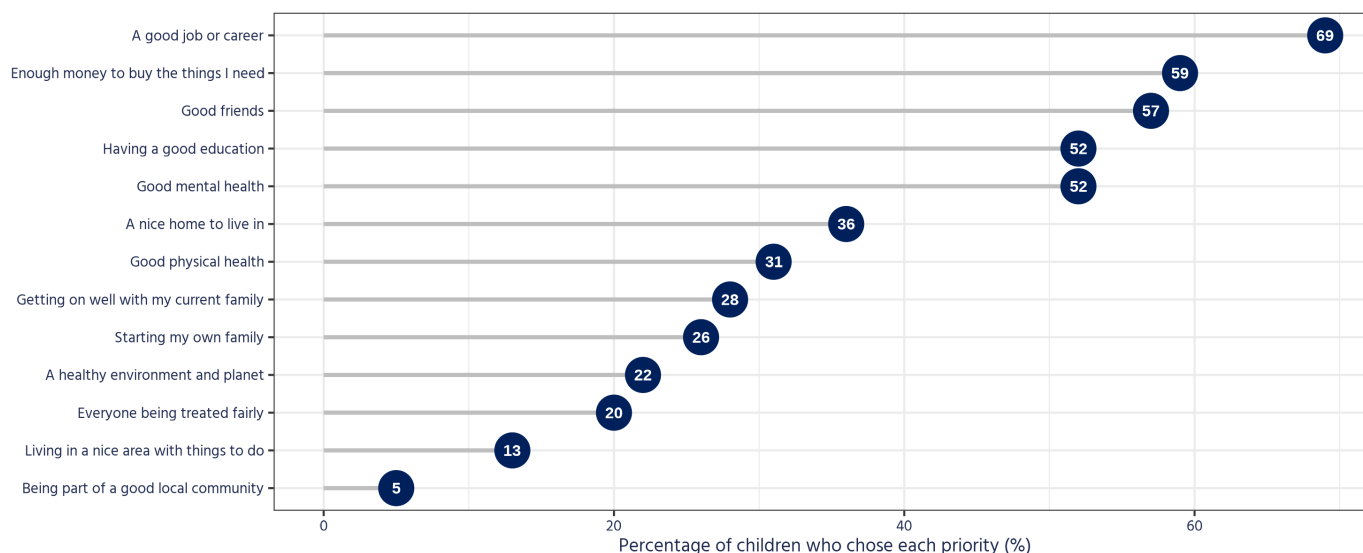
**Figure 3. Correlations across children’s happiness in different areas of life**



## What do children think is important for their future?

We asked children to choose up to 5 things from a set of 13 they thought were important for their future. Figure 4 shows that the three most popular responses were “A good job or career” (69%), “Enough money to buy the things I need” (59%), and “Good friends” (57%).

**Figure 4. Share of children who chose each priority in The Big Ask**



## How do children's priorities relate to their happiness overall and with different areas of life?

Children had similar priorities regardless of whether they were happy or unhappy with their life overall. Children who were unhappy with their life overall were more likely to prioritise everyone being treated fairly (1.3 times) and good mental health (1.2 times). Children who were unhappy with their mental health were also more likely to prioritise good mental health (1.4 times) and everyone being treated fairly (1.4 times)

## How do children's priorities relate to one another?

Using clustering to group children based on their priorities suggests that children fall into four groups:

- 1) Children with environment and fairness priorities (26%)
- 2) Children with family and career priorities (23%)
- 3) Children with health priorities (24%)
- 4) Children with education and financial priorities (27%)



12 of the priorities fall into 6 “pairs” of priorities that are often chosen together.

#### **Everyone being treated fairly & a healthy environment and planet**

- 36% of children who selected “Everyone being treated fairly” also selected “A healthy environment and planet”. Children who selected “Everyone being treated fairly” were 1.9 times as likely to select “A healthy environment and planet”, a higher likelihood than for any other option.
- 33% of children who selected “A healthy environment and planet” selected “Everyone being treated fairly”. Children who selected “A healthy environment and planet” were 1.9 times as likely to select “Everyone being treated fairly”, a higher likelihood than for any other option.

#### **A nice home to live in & enough money to buy the things I need**

- 65% of children who selected “A nice home to live in” also selected “Enough money to buy the things I need”. Children who selected “A nice home to live in” were 1.2 times as likely to select “Enough money to buy the things I need”.
- 40% of children who selected “Enough money to buy the things I need” selected “A nice home to live in”. Children who selected “Enough money to buy the things I need” were 1.3 times as likely to select “A nice home to live in”, a higher likelihood than for any other option.

#### **A good job or career & having a good education**

- 54% of children who selected “A good job or career” also selected “Having a good education”, more than any other option. Children who selected “A good job or career” were 1.2 times as likely to select “Having a good education”.
- 72% of children who selected “Having a good education” also selected “A good job or career”, more than any other option. Children who selected “Having a good education” were 1.1 times as likely to select “A good job or career”, a higher likelihood than for any other option.

#### **Living in a nice area with things to do & being part of a good local community**

- 65% of children who selected “Living in a nice area with things to do” also selected “Being part of a good local community”. Children who selected “Living in a nice area with things to do” were 1.3 times as likely to select “Being part of a good local community”, a higher likelihood

than for any other option.

- 16% of children who selected “Being part of a good local community” also selected “living in nice area with things to do”. Children who selected “Being part of a good local community” were 1.3 times as likely to select “Living in a nice area with things to do”, a higher likelihood than for any other option.

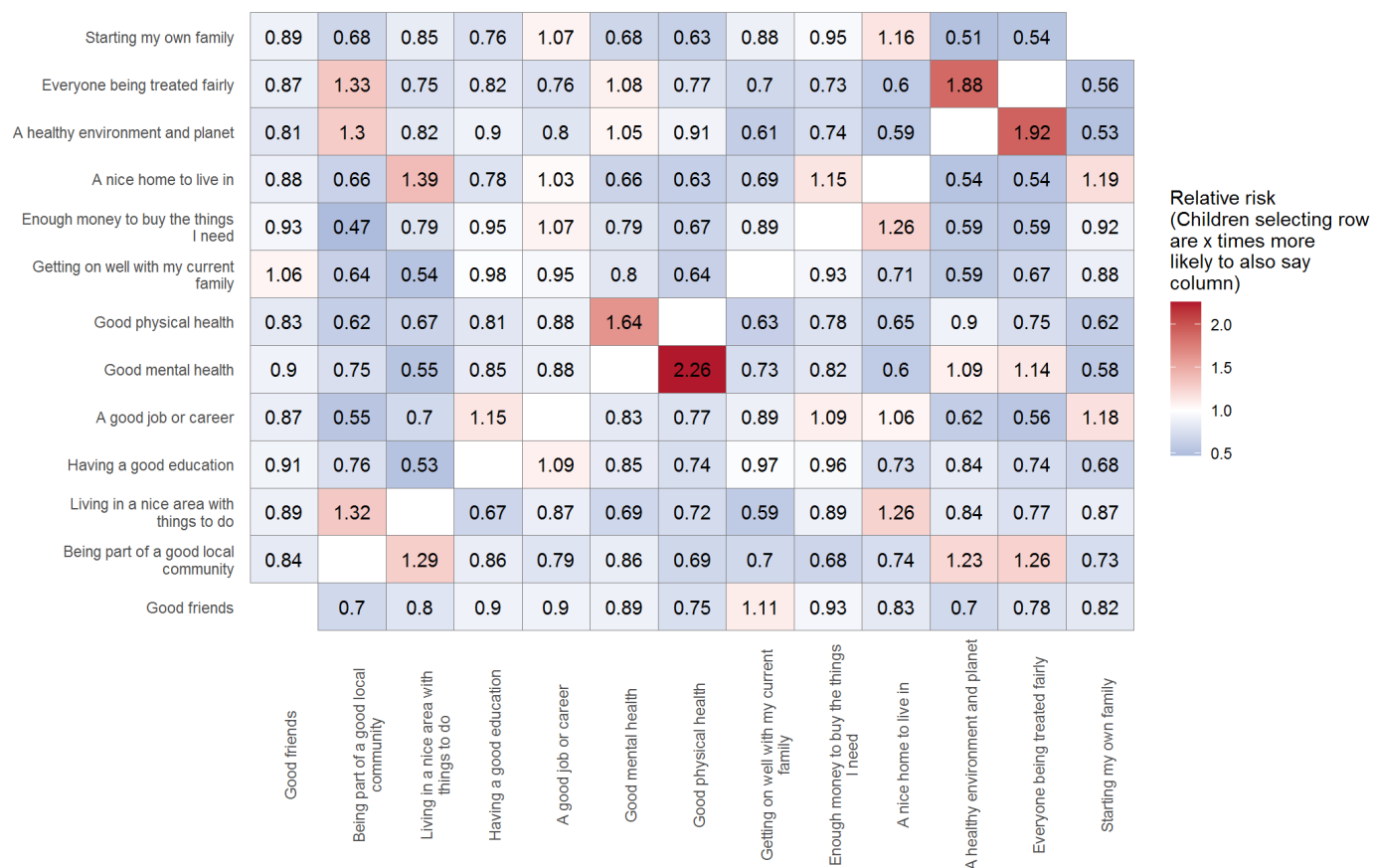
### **Good physical health & good mental health**

- 71% of children who selected “Good physical health” also selected “Good mental health”, a higher share than for any other option. Children who selected “Good physical health” were 1.6 times as likely to select “Good mental health”, a higher likelihood than for any other option.
- 43% of children who selected “Good mental health” also selected “Good physical health”. Children who selected “Good mental health” were 2.3 times as likely to select “Good physical health”, a higher likelihood than for any other option.

### **Good friends & Getting on well with my current family**

- Children who selected “Good friends” were 1.1 times more likely to select “Getting on well with my current family”.
- Children who selected “Getting on well with my current family” were 1.1 times more likely to select “Good friends”.

**Figure 5. Correlations across children's priorities**



## 4.2. Outcomes framework for children

Kindred and For baby's sake have done some extensive work on creating a high level illustration of what an overarching outcomes framework might look like. They have made a case for a national framework for children that could act as a 'map' for all efforts to improve children's lives and prospects. Through their research, they have presented four long term aspirations for children. These are that all children are safe, happy, healthy and learning<sup>2</sup>. The CCo broadly agrees with the high-level outcomes that have been presented by Kindred and For baby's sake but, based on what children have told us we are recommending happy and healthy are grouped together, and that being part of a community be added to the framework.

**Bucket one: All children should be safe**

Safety includes not only a child's physical safety, i.e making sure they have shelter and are protected from physical harms at home, school and in their local community, but also that they are protected from severe or immediate threat to their health, happiness and learning. Kindred and For baby's sake have provided some example indicators which include absence from school, homelessness, crime in the local area and, at a parent or family level, extreme poverty or imprisonment.

**Bucket two: All children should be happy and healthy**

In The Big Ask, it was clear that children did not see the dichotomy between being physical health and mental health. Children told us that they wanted children's wellbeing in general, and, where it is needed most, the speed of their access to good healthcare. For this reason, and to ensure that an outcomes framework supports the asks of children, the CCo are recommending that happy and healthy form one outcome bucket. Healthy is used here as ensuring that children are protected from preventable diseases, are free from chronic illness and have healthy lifestyles. Example indicators include the height and weight of a child, their vaccinations, and child alcohol, tobacco or drug use. At a parent or family level they include, physical and mental health, lifestyle choices which include obesity, alcohol, smoking or drug use, parenting skills and employment.

**Bucket three: All children should be learning**

Simply, this outcomes bucket is ensuring that all children are developing cognitively and metacognitively. All children should be gaining the knowledge and skills they need for later childhood and adult life, children should be learning how to learn and be able to develop their own interests and talents. Example indicators might include attainment in KS1, KS2, GCSEs and A-levels, absence or exclusions from school, Ofsted grades and internet access. From a parent/family level, indicators include their education level, employment and earnings and the home learning environment of the children.

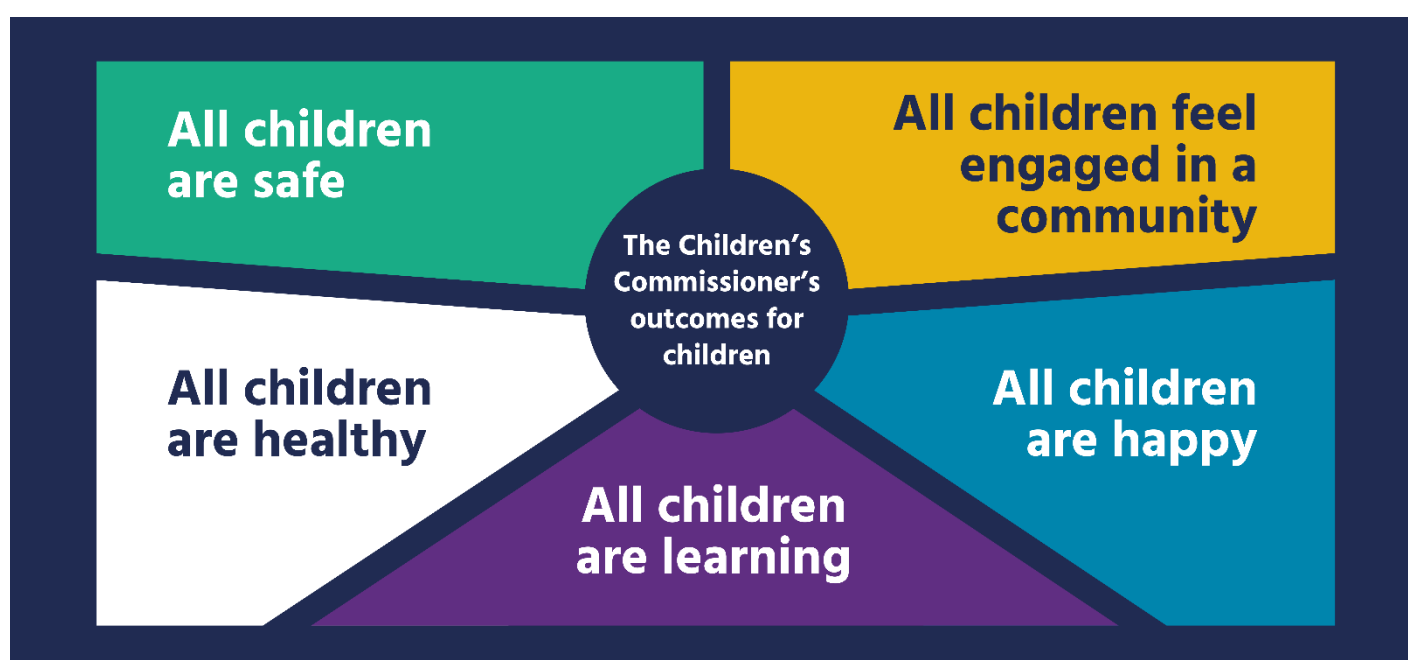
**Bucket four: All children should feel engaged in a community**

For children, community means good friends, family they get on well with as well as feeling as though they belong in a group more generally. The CCo want every child to have, at least, two strong relationships with adults – be they related family or professionals – that they can rely on and take them

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through to adulthood. Being able to be engaged in a community also means having things to do and places to go in their local area. Only 52% of children told us they were happy with their local offer – there needs to be safe and affordable places for children to go in their local community so they can build, maintain and be engaged in their communities.

**Figure 6. The Children's Commissioner's outcomes for children**



### **4.3. What we learnt from the Family Review part 1**

In part 1 of the Family Review, the CCo spoke to just over 160 children and families and did a nationally representative survey of over 2000 people asking them what family means to them and their experiences of family services. The CCo did this to inform how a high-level outcomes framework could help support services to work together and support individuals as part of a family unit, rather than just an individual. This how families saw themselves, and wanted the services they use to mirror that.

Through these discussions, the CCo learned about what we call the 'protective effect' of family – families recognise it and those who work with them acknowledge it. It is what can insulate families against the challenges of everyday life and enable them to go on to make happier and healthier decisions for

themselves and their family. This protective effect is more about the quality of family relationships rather than the composition or relative position of the family in society.

So, to inform the CCo's thinking around what good outcomes framework would look like and how it would work for children and families, we turned to our research. The CCo looked into how families talk about what they want for services and the aspirations they have for themselves.

Three main messages came from the research:

**Quality time:** when speaking about family, children and adults often talked about family in terms of what they do for each other and what they do together. A key ask from families throughout our research was to have more opportunities to have special experiences together. Spending quality time together was mentioned by children and adults, despite taking different forms for both. For children, it was activities like going on holidays together, eating meals together, and reading together. For adults, these tangible experiences also featured in discussions of family life, but there was greater reflection on memories and experiences from the past. These particular shared experiences were seen as fundamental in developing strong bonds but are dependent on the local offer of such experiences.

**Support network:** Families want to be able to support themselves and offer support to one another. Families told us that their preferences for getting help was to turn to their own networks – wider family, close friends but also platforms which connect families in similar situations including social media and online forums.

**Access to services:** Families want to be able to support themselves and offer support to one another. However, some families will need to access support from professional services, whether this is because they do not have a support network of their own for support, or whether its for specialist care such as mental health support or additional support for a child with SEND. Families want to have access to these services without feeling like they have to fight for them. They want these services to feel local and familial.

## **4.4. Outcomes framework for families**

From what the CCo heard about what is important to children and families, we have developed five high-level outcomes buckets that we think services could use to help families achieve positive outcomes.

### **Bucket one: All families have healthy relationships**

Families told the CCo that they want to get along, they want to have strong and harmonious relationships within their family units. Family relations may begin organically, but support can help them be maintained and strengthened. Services should be able to promote healthy relationships that can withstand external pressures. Parenting programmes, systemic family therapy and the reducing parental conflict programme all have strong evidential basis in supporting harmonious relationships within families. Moreover, there is clear evidence that external strains, particularly poverty and poor housing, undermine positive family relationships. Services should seek to help families remove these barriers to healthy relationships so they can create and maintain strong, enduring and supportive relationships.

### **Bucket two: All families can access support and are able to make decisions in their best interests**

Families want the means and agency to support themselves and provide support to one another. This requires resources, in the broadest sense, including time and knowledge. At a basic level of financial means is essential for this families want the means to support themselves, make financial decisions in the best interests of their family and be able to offer practical support to their wider family network. Families want to be able to make decisions in the best interests of their family and sometimes, they will need additional support from services in order to do so. In these instances, families shouldn't have to fight to get the support they need. These services and additional support should be easily accessible, local and familiar. The CCo sees that these buckets could be split into two if necessary.

### **Bucket three: All families feel part of a wider network**

Like children, families also value having a community they can rely on when things get more challenging. Families told the CCo that they wanted to have the opportunity to develop and maintain strong relationships both across their extended family and/or within their community. This wider network could be immediate or extended family or connecting with other parents going through the same things that

they are. In a survey undertaken for this review, the top service requested by parents was a coffee morning where they could meet other parents. These social interactions can often be supported or facilitated by public services, but it is not explicitly recognised as an outcome they should be seeking. Using this bucket as a high-level outcome will encourage services to think about the additional services they could provide to ensure that all families, no matter their composition, feel like they have strong bonds with support network around them for when times get tough.

#### **Bucket four: All families get to spend quality time together**

This bucket links directly with what families told us they wanted. The four key families described as defining family life were; emotional connection (love and joy); shared experiences of family life; strong, positive, and enduring relationships; the ability to depend on one another for practical and emotional support. These are elements which the CCo have taken as supporting and strengthening the protective effect of family and come from the ability for families to spend quality time together. And, families told us, directly, that they want to be able to spend time together, including doing fun and novel activities which underpin shared connections. The time families can spend together is protected by working time limits, paid holiday and family leave policies. Moreover, a key ask from families throughout our research was to have more opportunities to have special experiences together. These activities also need to be accessible in every sense of the word, from the ways families can travel to these experiences, to their affordability for all and how well-known they are to people living in the area. These shared experiences were seen as fundamental in developing strong bonds.

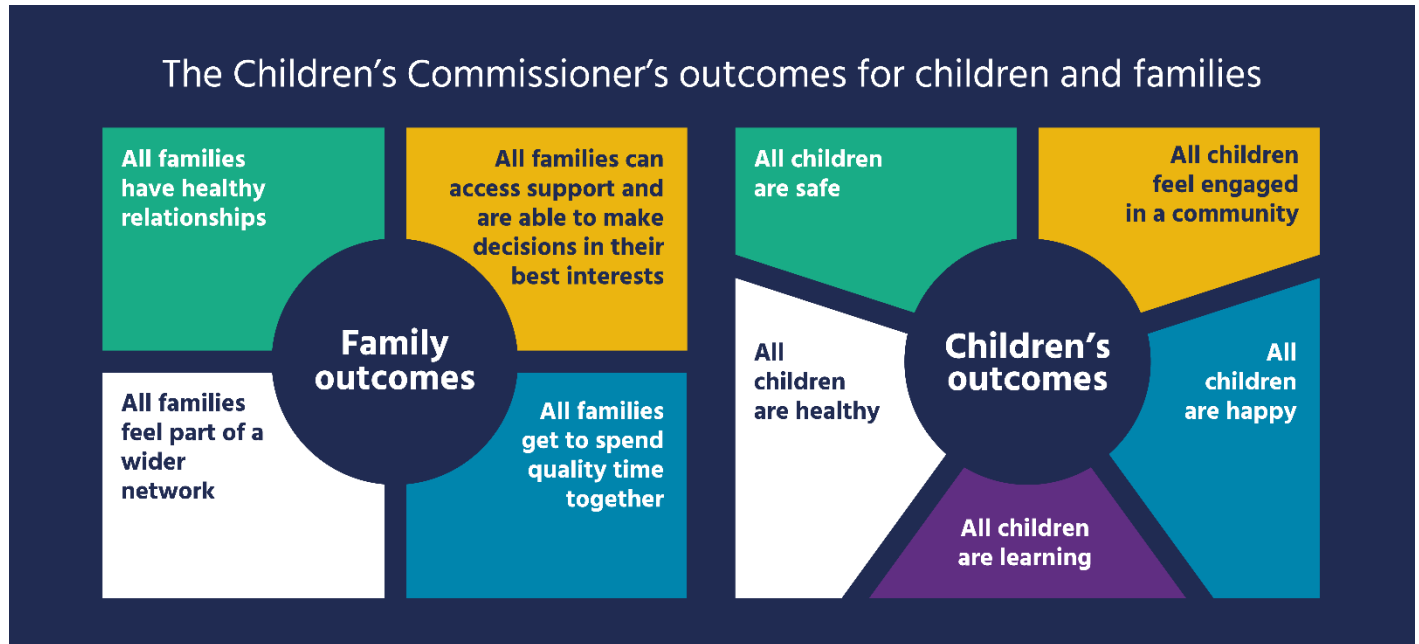
#### **Figure 7. Infographic showing The Children's Commissioner's proposed outcomes for families**





## An outcomes framework for children and families

Figure 8. The Children's Commissioner's proposed outcomes framework for children and families



Using the CCo research from both the Big Ask and the Family Review part 1, we have presented ten recommended outcomes buckets that should provide the foundation for any overarching outcomes framework to be used at a national, local and individual level.

## 5. Recommendations

Outcomes are a vital element of public policy implementation. However their use across services working with children and families is fragmented and inconsistent.

There has been significant progress in developing a range of metric and measurement tools which capture genuine improvements in the situation of children or other family members. However, these measures remain under-utilised, meaning the system remains overly reliant on administrative data and the measurement of system outputs rather than family outcomes. The recommendation below seeks to address this:

The Children's Commissioner recommends the establishment of a task-and-finish group to provide high-level guidance on the application of outcomes frameworks across the public sector. The Outcomes Annex published alongside this Review explains why this is needed and what it could achieve. This should be cross-Government and include the What Works Centres Network. The Commissioner would be pleased to work with Government on taking this forward, including chairing the group. The group should consider:

- A common set of definitions to make sure terms and concepts are used consistently; including outcome, output, indicator, metric and driver.
- Set-out the different reasons for using outcomes and explain why these different purposes often have different approaches.
- Be clear that an outcome should be a positive and tangible difference made to the lives of a person or group of people. All public services should be seeking to demonstrate such improvements in the lives of those they work with and should not be confused with system outputs or other performance metrics.
- Set-out a small number of high-level positive outcomes that all public services should be seeking to achieve. These should be expressed in such a way that children, families, and other members of the public understand and acknowledge as positive goods for them. Doing this is vital to

bringing cohesion between public services. In this paper, the CCO has put forward our recommendation for what these high-level outcomes should be.

- Set-out a plan to improve the use of outcome metrics which can accurately capture tangible improvements in the situation of children and families. This should draw on existing work to develop metrics around child-wellbeing, domestic violence, reducing parental conflict and consider how their take-up could be encouraged in relation to the Supporting Families outcomes framework, the Start for Life outcomes framework, and children's social care outcomes.
- Consider how to pilot outcomes frameworks in some local areas to test out the development of a local, cross-agency approach to outcomes as a tool for galvanising service delivery which would include co-development with families. This would be an opportunity to use local data linking projects including longitudinal studies to test out how a shared outcomes framework could work on the ground.

## References

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<sup>1</sup> Kindred and For baby's sake, *Children and families: towards a core outcome framework*, 2022, [Link](#).

<sup>2</sup> Kindred and For baby's sake, *Children and families: towards a core outcome framework*, 2022, [Link](#).



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