Children and families: towards a core outcome framework

Summary

This document takes a broad view of the existing frameworks for and approaches to outcomes for children in England. It notes areas of overlap and gaps between frameworks, and where there might be opportunities for those involved in outcomes work to improve consistency and collaborate with one another. The case is made for a national framework for children that could act as a 'map' for all efforts to improve children's lives and prospects, acting as a point of orientation for other frameworks that focus on specific aspects of children's lives. Such a framework could also operate on the local or service-specific level, and would enable better cooperation 'on the ground' by ensuring that efforts and incentives are better aligned across all organisations, government departments, local areas, and services working for children and families.

Where we currently stand

Areas of overlap

Though the exact contents of existing outcomes frameworks and sets around children varies depending on their specific focus, frameworks demonstrate a considerable degree of overlap in terms of high-level outcomes.[1] For example, most outcomes frameworks or outcomes sets show an interest in children's:

- safety
- physical health
- socio-emotional wellbeing and development
- learning (in terms of cognitive development and educational attainment)

Where these outcomes are included, there is again some agreement on the indicators and metrics[2] to be used to determine whether or not these outcomes are being achieved, and to measure progress towards achieving them. For example:

- Commonly used indicators relating to children's safety include:
  - Hospital admissions for unintentional and deliberate injury
  - Domestic or intimate partner violence
  - Child abuse, neglect and maltreatment
  - Homelessness

- Commonly used indicators relating to children's health include:
  - Birth outcome (birth weight and gestational age)
  - Maternal behaviours and exposure to substances during pregnancy (in relation to smoking, alcohol, drugs)
  - Parental mental health (including maternal perinatal mental health)
  - Breastfeeding
  - Height and weight

[1] See Annex D for a summary of some key outcomes sets and frameworks around children and families.
[2] For the definition of the terms 'outcome', 'indicator' and 'metric' as used in this document, see Annex A.

    - Oral health

- Commonly used indicators relating to children's socio-emotional status include:
    - Early socio-emotional development (including specific aspects or proxies such as self-regulation, behaviour, peer relationships, participation in play)
    - Parental mental health
    - Parental support networks

- Commonly used indicators relating to children's learning include:
    - Progress and attainment at school
    - Early communication and language development
    - Parental education
    - Take-up of early education
    - School absence and exclusions

There is some agreement on the best metrics to use to monitor these indicators. This was especially the case in relation to indicators of children's health, where standard metrics include:

- Rates of children with a good birth outcome (i.e. rates of children born at a low birth rate and at less than 37 weeks gestation)
- Prevalence rates for overweight and obesity (usually for children in Reception and Year 6)
- Maternal smoking and carbon monoxide exposure rates, as well as rates of alcohol and substance use during pregnancy
- Breastfeeding initiation rates and rates of breastfeeding at 6-8 weeks

For indicators of other outcomes, there were certain 'stand-out' metrics that were commonly used, including:

- Rates of children in need (CIN) and in care, and rates of looked after children (LAC)
- Rates of hospital admissions caused by unintentional and deliberate injuries in children (either age 0-4 or 0-14 depending on the focus of the framework)
- Rates of children achieving expected scores from the Ages and Stages Questionnaires (ASQ) for early child development at age 2-2 ½, specifically communication and language (ASQ-3) and socio-emotional development (ASQ:SE)
- Rates of children reaching a 'good level of development' and at least the 'expected level of development' in the Early Years Foundation Stage Profile (EYFSP) at age 5 (often referred to as 'school readiness'), as a metric for both early cognitive development and early socio-emotional development

Many frameworks also make reference to child characteristics or contextual factors such as gender and ethnicity, special educational needs and disabilities (SEND), and economic context, which is often gauged using rates of parental unemployment, take-up of benefits such as Universal Credit, or children's eligibility for free school meals (FSM).

Gaps and inconsistencies

However, frameworks do not always agree on how to articulate outcomes, indicators and metrics, nor on which indicators and metrics to use for certain outcomes. This makes it very difficult to tell how the frameworks, and the organisations, initiatives and interventions they relate to, feed into one another and contribute to shared goals. In particular, frameworks may differ with respect to:

- Scope and coverage; while this is sometimes due to differing focus between frameworks, it also comes down to a lack of basic agreement about what 'good' looks like for children.

- Language used to express key concepts; the meaning of 'outcome' and 'indicator' varies between frameworks, for example, while similar or identical indicators may be referred to with differential terminology, even where they are gauged using the same metric (for example, 'domestic violence [and abuse]' vs 'intimate partner violence'; 'substance abuse', 'substance misuse', 'substance use' vs 'drug problems', 'drug use', 'drug misuse', 'drug dependency').

- Conceptualisation of hierarchy, priority, causality, and the strength of associations between specific outcomes, indicators and metrics, as well as between population-level and service-level indicators and metrics.

- Ways of measuring an indicator, and of articulating a single metric; frameworks may use a single metric or multiple metrics for the same indicator, or combine multiple metrics into one, composite metric. The same metric may also be articulated in either a positive or a negative way: for example, participation in school may be measured in terms of absence rates or attendance rates; child weight may be measured in terms of an overweight / obesity rate, or as a rate of children at a 'healthy weight'.

- The direction in which frameworks are constructed; that is, whether they are created through a 'top-down' approach based on the establishment of overarching core outcomes for which indicators and then metrics are established, or from the 'bottom-up', based on existing systems, processes and metrics. In essence, this comes down to a difference in outlook between those frameworks that take a more aspirational view by trying to measure what we *need* to measure, even where doing so is very difficult and unreliable, and those that limit their scope to what we know we *can* measure reliably, even where this doesn't necessarily give us an accurate insight into overarching outcomes.

All this means that different frameworks inevitably fail to interact, resulting in siloed working and an absence of meaningful dialogue between different organisations working with and for children and families. As a result, while there may be considerable overlap between the efforts of particular organisations and frameworks, opportunities for collaboration are lost and gaps in policy and provision are missed.

A consideration of different frameworks alongside one another reveals one area in particular where collaboration could lead to more clarity: currently, there is little agreement of what 'good' looks like in relation to children's social, emotional and (inter-)personal wellbeing and of how to measure it, despite the importance of this outcome for other outcomes. Where measurement in this area is strongest is perhaps in the early years, where children's socio-emotional development is gauged as part of health visits at age 2 (using ASQ:SE) and the Early Years Foundation Stage Profile (EYFSP) at age 5. After the early years, however, the priority for measurement shifts to academic attainment; though various attempts have been made and are being made to establish suitable indicators and metrics, as yet, opportunities to collaborate on this at a national level are apparently being missed. This is worrying, because there is strong evidence to suggest that children's socio-emotional development and their interpersonal relationships have a considerable impact on key outcomes, such as their health, happiness and learning. Focusing solely on academic attainment and neglecting socio-emotional indicators can result in perverse incentives and service harm; for example, pushing some children to attain academically without proper support for their socio-emotional development may lead to psychological and emotional issues that result in poorer learning, creating a vicious cycle, and may have knock-on effects on other outcomes, such as children's health, that extend into adulthood.

Meanwhile, though perhaps more pragmatic, the 'bottom-up' approach to constructing an outcomes framework can result in a skewed focus on driving improvements only in those indicators that are easiest to measure, which can lead to perverse incentives and unintended results. This approach can also result in an understanding of overarching outcomes that is not, in fact, meaningful. This can be seen most clearly in those frameworks that are built around what are often termed 'outcome domains' or 'outcome areas'; rather than meaningful articulations of what to aim for, these are often simply artificial categories created as a way of grouping existing indicators or metrics together and do not provide much insight into children's actual wellbeing.

The case for cooperation

The degree of overlap between the frameworks in terms of their basic content suggests that it would be possible to align all outcomes frameworks for children and families under a shared set of core outcomes, a shared language and a shared idea of what success looks like. A national framework could act as a universal 'map' by which all other frameworks could orient themselves. The benefits of having such a map would be considerable:

- Each organisation, service and intervention would have a clear idea of where it sits in relation to the national picture, what its contribution should be and actually is, and where it might find help, support and cooperation from others.

- Efforts to support children and families across age range, geographic range, policy areas and levels of government could be situated in relation to one another and coordinated more effectively. This would help ensure that gaps in evidence, policy and provision are identified and addressed, duplication of effort is avoided, opportunities for collaboration and cost savings acted upon, and unintended consequences avoided if negative or, if positive, exploited.

- No organisation, service or intervention would need to 'reinvent the wheel' when drawing up its own plans; the national core outcomes framework could act as a starting point and cynosure for the establishment of local and service- or intervention-specific aims and targets.

- As new research on the nature and strength of associations between outcomes, indicators and metrics becomes available, this could be systematically worked into the national framework through regular, high-level discussion about its import and impact at a national level, and then fed from there into local and service-level frameworks, ensuring that policy and practice at all levels is evidence-based and aligned.

This state of affairs would enable a more coordinated approach to policy and provision around children and families at national, local and service levels, removing barriers to cooperation and collaboration and aiding the collection of meaningful evidence of impact.

Steps towards a national framework

Achieving this alignment through the creation of a national outcomes framework for children would require, at a minimum, the following:

1. Agreement on what 'good' looks like, and how this can be articulated for *all* children in a high-level, general way. This should ultimately be an ideal vision for the future. What does this ideal state of affairs look like for children? What are the overarching outcomes we want for

each and every child? Once decided upon, these should drive all other aspects of the framework (i.e. a 'top-down' approach).

2. High-level (*not* service-specific or local) agreement on:
    a. The best indicators to use of whether or not these outcomes are being achieved at different points across childhood;
    b. The overall conditions that need to be in place for these outcomes to be achieved (e.g. eradication of child poverty);
    c. The overarching actions needed in order to move towards these outcomes;
    d. The best metrics and tools to use to measure progress towards these outcomes, and how to articulate this measurement (e.g. 'school attendance rates' vs 'school absence rates').

3. A continuous review process for the above, that takes into account the highest-quality evidence for the associations between particular metrics and the indicators they relate to, and between specific indicators and the outcomes they relate to; in other words, a process of regular, evidence-based quality assurance at all levels of the national framework and of the more specific frameworks that rely on it.

4. Agreement on a shared language around, and definitions of, key concepts, including the distinction between 'outcomes', 'indicators' and 'metrics' (see Annex A). This is not simply a linguistic issue; ensuring that there is a shared sense of what is an end sought for its own sake and what is simply a milestone or a means to an end is essential if frameworks are to be aligned successfully and the creation of perverse incentives and system harms is to be avoided.

5. Dialogue between national government, local government, services and charities working with children and families about how to set out the framework in a way that enables all organisations at all levels to situate themselves within it and to link their priorities clearly with national ones.

6. Agreement on a focus on the **child**. The family around the child is absolutely crucial to that child's wellbeing, and efforts to improve family functioning should thus be sought; but the framework should make it clear that it is the child who is the ultimate focus, rather than the adults (though improving outcomes for the child should, hopefully, both be driven by and result in better outcomes for the adults and family as a whole).

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Annex A: Key concepts and terminology

Below, I set out some of the issues around how key aspects of outcomes frameworks are conceptualised and the language used to describe them. I make some suggestions about terminology and definition based on how terms are commonly used and confused with one another in existing frameworks. However, it is important to note that the language used is a means to an end - the important consideration is not what word is used, but that the underlying concepts are understood and utilised consistently both in relation to one another and across frameworks at a national, local and system-specific level. So if, for example, the decision is made to use the word 'aim' instead of 'outcome' to refer to the high-level ends of a framework, or if 'indicators' come to be referred to as 'risk factors' and 'protective factors' instead, this is no problem, so long as these terms are used consistently by everyone and the underlying concepts are clear to all.

Outcomes, indicators and metrics

Existing frameworks tend to disagree over the definition of and distinction between outcomes and indicators and on how to refer to the means by which these are gauged or measured. To take breastfeeding as an example:

- In *A Better Start*, breastfeeding sits under its 'diet and nutrition' strategic outcome [domain].[3] In one place it calls breastfeeding an 'outcome' and gives breastfeeding rates as an 'indicator' used to measure it,[4] but at another point it refers to breastfeeding as an 'indicator'.[5] Elsewhere, it refers to breastfeeding rate as an 'operational outcome' and then almost immediately describes it as an 'indicator'.[6]

- *Measuring What Matters* suggests 'more mothers who breastfeed' as an 'essential outcome'[7] and refers to breastfeeding rates as a 'measure'[8] or 'indicator'[9].

- The government Public Health Outcomes Framework includes 'breastfeeding' as an indicator within the 'health improvement' domain;[10] while the Office for Health Improvements and Disparities' (OHID) 'Fingertips' data tool lists breastfeeding rates as 'indicators' and breastfeeding itself as a 'topic'.[11]

- In its national policy framework for children, Ireland includes breastfeeding under its 'active and healthy' national outcome area, with breastfeeding rates as an indicator for this outcome.[12] Jersey's outcomes framework for early childhood likewise includes breastfeeding under its outcome 'All young children in Jersey live healthy lives', with breastfeeding rates as an indicator.[13]

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[3] Bonin et al. 2016. The document varies in how it refers to its three core outcomes. For 'strategic outcomes', see pp 7, 17-18, 41-2; for 'strategic outcome domains', see pp 14, 24; for 'outcome domains' or simply 'domains', see pp 11, 17, 20, 23.
[4] *Ibid*. p 48.
[5] *Ibid*. p 23.
[6] *Ibid*. p 42.
[7] Roberts et al. 2014: 7.
[8] *Ibid*. pp 14, 68-9.
[9] *Ibid*. pp 22, 34.
[10] Public Health Outcomes Framework 2019–2022 At a glance.
[11] Child and Maternal Health - Data - OHID.
[12] Government of Ireland 2014: 108.
[13] Government of Jersey 2011: 13.

This matters, because clear and consistent language helps to regulate clarity and consistency in the understanding of the underlying concepts. Though most frameworks seem to be clear on the fact that breastfeeding is something pursued because of its benefits for children's nutrition, and therefore for their health, this underlying clarity is not always present for other items. This lack of clarity poses risks to frameworks' efficacy, as those that treat the indicators of outcomes as outcomes in themselves may be insufficiently clear about priorities and are at risk of creating perverse incentives.

For example, a framework that establishes 'improving child behaviour' as an outcome may fail to address *why* it is that children's behaviour is important - the answer being that behaviour is important because poor behaviour *indicates* underlying socio-emotional issues, and perhaps even safety issues. Treating the improvement of behaviour as an outcome in its own right may lead to actions that appear to 'fix' the behaviour problem without dealing with the socio-emotional and safety issues that underlie it, and may even exacerbate these (such as overly strict school exclusion policies, for example). By confusing overarching outcomes with the indicators that they are or aren't being achieved, such a framework creates perverse incentives and may lead to service harms.

To ensure that all who use frameworks are on the same page about ultimate priorities, I suggest making a distinction between outcomes and indicators, as follows:

- **Outcomes**: these are overarching states or conditions to be achieved for *all* children, e.g. 'All children are healthy.'

- **Indicators**: these suggest (to a greater or lesser degree) that an outcome has been achieved or is being achieved, e.g. breastfeeding, weight and oral health may be indicators for health; educational attainment in terms of test and exam results may be an indicator for learning; behaviour and feelings of happiness may be indicators for children's socio-emotional state; injuries, parental conflict and housing status may be indicators for children's safety.

An important distinction to note is this: *indicators may change over time, but outcomes will never change*. This is because the extent to which a given indicator is predicative of an outcome will vary depending on contextual factors, such as a child's age, and over time, often depending on the research evidence. For example, being 'a healthy weight' has a strong relationship with being healthy, but does not guarantee it; weight may fall out of favour as an indicator of health if new research evidence determines that weight is no longer a reliable proxy for underlying health, but the overarching outcome desired - that 'All children are healthy' - will not change. Similarly, the way children's safety is gauged may vary depending on new research, policy directions and the changing nature of the threats to children's safety; but the drive to achieve a state of affairs where 'All children are safe' will always exist.

To distinguish indicators, such as weight, from how change and progress towards targets is measured, I suggest a further distinction between 'indicators' and 'metrics':

- **Metric** - how an indicator is measured e.g. the proportion of children who are a healthy weight at age 5; the percentage of children still breastfed at 6-8 weeks.

Metrics will often be expressed in terms of rates and percentages. A single indicator might be measured using multiple metrics that relate to different aspects of the indicator; for example, breastfeeding as an indicator may be gauged using a combination of breastfeeding initiation rates, rates of children still breastfed fully or partially at 6-8 weeks, and the percentage of new mothers in an area who are attending breastfeeding peer support groups.

To compare outcomes, indicators and metrics, let's take breastfeeding as an example; its place in the framework would look like this:

Outcome ('All children are…)	**Indicator** ('We know this is strongly associated with the desired outcome')	**Metric** ('One way we can tell whether the indicator is present, and therefore whether the outcome is being achieved, is by looking at')
Healthy	Breastfeeding	Breastfeeding initiation rate

This distinction means a framework can show a clear 'cascade' downwards from an overarching outcome we want for all children, to the indicators that *indicate* whether that outcome has been achieved or is being achieved, to the metrics by which those indicators are *measured*, demonstrating more clearly the chains of causality and association involved and the assumptions underlying particular decisions, and enabling a more clear-sighted approach to the setting and negotiation of priorities.

Population-level and service-level indicators and outcomes

A further key distinction to be made is between population-level indicators and metrics, and service-level indicators and metrics:

- **Population-level** - indicators and metrics that tell us about what progress is being made towards overarching outcomes for particular populations.

- **Service-level** - indicators and metrics that tell us how well a particular service or intervention is performing.

The former tell us more directly whether or not an outcome is being achieved; the latter tell us about the performance of a service that may, directly or indirectly, be contributing to certain outcomes. Again, this distinction is important, because some frameworks that are more focused on delivery and action fail to distinguish between indicators that show actual movement towards the outcomes, and indicators that show a service is working as planned.

Though the direction of service performance and progress towards overarching outcomes should bear a relationship to one another, in practice they are not always aligned. For example, recent research into how to tell whether children's social care services make an actual, positive difference to children's lives found that there was little correlation between Ofsted judgements about individual services (a service-level indicator) and data on children in need and looked after (a population-level indicator);[14] in other words, where children's safety is concerned, how well services are deemed to be performing is not an indication of whether or not children are actually safe. This is, of course, not an ideal situation, but it is not uncommon. Therefore, while service-level indicators are important, they should always be treated as secondary to more direct indicators of outcomes for children, as improvement in one does not necessarily imply improvement in the other; the nature and strength of the relationship between service-level indicators and population-level outcomes should be subject to regular review to avoid the creation of perverse incentives and service harms.

Positive and negative articulation

[14] La Valle et al. 2019: 13.

Another area in which clarity could be improved and different frameworks better coordinated is in how outcomes, indicators and metrics are articulated. These may be expressed in a positive, negative or neutral manner. I mean this not on a purely linguistic level, but in terms of whether they 'point' towards a state of affairs that is to be desired, or one that is to be avoided. A focus on a 'negative' outcome may be articulated in 'positive' terms linguistically, and vice versa. For example:

- An outcome related to children's safety might be articulated as 'Children are safe' or 'Children are free from / not in danger'.
- An outcome relating to children's health might be articulated as 'Children are healthy' or 'Children are free from illness / not ill'.

As a general rule for avoiding confusion and duplication of effort, I would suggest that frameworks articulate **core outcomes** in terms of what is to be *achieved*, rather than that which is to be avoided.

The case with indicators and metrics is more complicated, as in some cases the best evidence of an outcome being achieved may be that certain *negative* indicators are *not* present, rather than that their *positive* counterparts *are* present. This is especially the case for outcomes where a good state of affairs is less easily visible; for example, in terms of children's socio-emotional state (where bad behaviour may be a first warning sign that all is not well) or health (where the development of symptoms of illness may be the first sign that someone is no longer in good health). This in itself is not necessarily a problem, as long as there is widespread agreement on how indicators are articulated and measured, and the extent to which positive outcomes can be predicted via negative indicators.

However, there are sometimes more obvious opportunities for joined-up thinking. Different frameworks may present the same indicators and/or metrics in the opposite way, potentially placing an unnecessary barrier in the way of the identification of opportunities for collaboration and coordination of effort. For example:

- Whether or not a child is in school is a potential indicator of learning: but is this to be articulated in terms of absence or attendance, and so tracked using absence rates or attendance rates?

- Whether or not a child is a healthy weight is a potential indicator of health: but is this to be articulated in terms of healthy weight or overweight / underweight, and so tracked using rates of children at a healthy weight or rates of overweight (and obesity) and rates of underweight?

There is no 'one-size-fits-all' answer to this issue, as the most suitable metric to be used will depend on context. However, agreement at a national level about how certain indicators are to be articulated and measured will help to coordinate efforts across national, local and service-specific levels. Perhaps a good rule of thumb might be to try to articulate and measure indicators in a positive sense, and only to articulate or measure them in a negative sense if this genuinely necessary, easier or more reliable. When new types of indicator become available, or indicators change, it would help stakeholders to have this conversation about articulation with one another early on.

Suggested terms and definitions for other concepts

Terms commonly used in frameworks, and of which a shared definition might be beneficial, include the following (I have provided an example definition for each that can be adapted as a national framework is developed):

- **Action** - something that needs to be done to achieve an outcome, e.g. ‘We need to establish a breastfeeding support service…’

- **Aim / goal** - what an action is oriented towards, e.g. ‘...in order to increase breastfeeding rates.’

- **Measure** - this word is often used as an alternative to ‘indicator’ or ‘metric’ (e.g. ‘measures of breastfeeding initiation’), but it can also be used to mean specific policies or actions to be adopted (e.g. ‘we’re going to implement measures to improve breastfeeding rates’). For this reason, to avoid confusion, it may be better to avoid using this word as a noun entirely and to use its verbal form, ‘to measure’, as a way of describing what it is that metrics are for.

- **Target** - a particular numerical milestone to be used to quantify aims / goals, e.g. if our aim is to increase school attendance rates among 16-year-olds, a suitable target might be to see 97% of 16-year-olds attending school regularly by 2025.

- **Risk factor** - conditions that may act as barriers to the achievement of outcomes. This is an alternative term for ‘negative’ indicators that places more emphasis on causality; for example, smoking during pregnancy is a risk factor for child health, and so smoking status (presented positively or negatively) acts as an indicator for child health.

- **Protective factor** - conditions that are considered to aid progress towards outcomes. This is an alternative term for ‘positive’ indicators that places more emphasis on causality; for example, breastfeeding is a protective factor for child health, and so breastfeeding status (presented positively or negatively) acts as an indicator for child health.

- **Characteristic** - neutral conditions that apply to individuals or groups, including age, ethnicity, gender, SEND, and socio-economic status. These may be associated with certain indicators but assumptions of causality should be made only with extreme caution and based on high-quality research. In general, characteristics should be used to contextualise data and to flag up issues where further investigation is needed; e.g. if data suggests children of a certain ethnic or socio-economic background are underachieving at school, research should be conducted into why this is the case and how the educational barriers facing these children can best be overcome.

Annex B: Suggested core outcomes for a national framework

The Irish Government and the government for the Island of Jersey have both created outcomes frameworks for their children which each articulate a set of core outcomes (five for Ireland, six for Jersey). The Welsh Government has created an early years outcomes framework founded on six key outcomes, and the National Children's Bureau selected three of Jersey's six strategic outcomes for children for the framework it created for early childhood (EC) in Jersey. In 2003, HM Treasury published a Green Paper, *Every Child Matters*, which sought to articulate a shared vision for policy and practice around children and families in England, founded on five key outcomes. The core outcomes of each of these frameworks are compared in the table below (outcomes reordered for easy comparison):

Ireland ('All children and young people…')	**Jersey** ('We want all children and young people to…')	**Wales** ('All children in the early years (0–7)...')	**England** (ECM) ('five key outcomes really matter for children and young people's well-being')
Are active and healthy with physical and mental well being	Be healthy (EC framework: 'Live healthy lives')	Are healthy	Being healthy
Are achieving full potential in all areas of learning and development	Achieve and do (EC framework: 'Learn and achieve')	Learn and develop	Enjoying and achieving
Are safe and protected from harm	Be safe (EC framework: 'Grow up safely')	Are and feel safe	Staying safe
Have economic security and opportunity		Do not live in poverty	Economic wellbeing
Are connected, respected and contributing to their world	Be responsible and respected	Are cared for, supported and valued	Making a positive contribution
	Grow confidently	Are resilient, capable and coping	
	Have a voice and be heard		

Core outcomes

Based on a comparison of these frameworks, I would suggest the following core outcomes for a national framework for children and families. These outcomes describe **an ideal state of affairs which, together, cover everything that we could want for a child**:

1. All children are **safe**.

2. All children are **healthy**.

3. All children are **happy** (suggested as a shorthand for children's social, emotional and personal wellbeing).

4. All children reach their **learning** potential.

These core outcomes are *ends in themselves* - i.e. the answer to *why* we want them for children is self-evident and cannot be otherwise explained (other than by the argument that they either enable life or make life worth living). They are neither categories into which other outcomes, indicators etc. fall, nor are they supposed to be realistic, short-term targets.

The outcome relating to learning potential is a little different from the other three. We might say that learning is a good outcome in its own right, and so even if a child is unsafe, unhealthy and unhappy, if they are learning then at least something is going right. Alternatively, or additionally, we might say that in the case of children, learning is oriented towards *future* safety, health and happiness: even if a child does not enjoy learning at school, doing so will ensure they gain the knowledge and skills to ensure their own safety, health and happiness once they are adults (or even later on in their childhood).

Though these core outcomes are distinct, they interact and are mutually reinforcing. Most policy areas, services and interventions will work towards more than one of these outcomes at a time, and some actions and indicators will relate to more than one at a time. This is especially the case in the early years, where children's health, happiness and learning are closely intertwined, and where indicators of one outcome often act as indicators of another; e.g. breastfeeding acts as an indicator of both health (as it contributes to children's nutrition) and happiness (as it contributes to children's socio-emotional development, through attachment).

Taken together, these core outcomes can act as cynosures for all efforts to support children over time, across different areas of the country, levels of government and types of organisation or service. All policies and services relating to children should be oriented towards and built around them, and other sub-outcomes, indicators and metrics should cascade down from them. It is suggested that these outcomes form the basis for the development of a national framework for children.

Indicators

Consideration of what achievement of these outcomes looks like in practice will yield a number of indicators. These indicators, taken together, can tell us whether an outcome has been achieved. An indicator may have relevance for more than one outcome.

The precise relationship of specific indicators to the core outcomes will vary, especially with regards to causality and conditionality. Some indicators, such as views gathered through surveys or assessments of children's early development, do not cause the outcome with which they are associated (my belief that I eat well may be an indicator of my health, but does not necessarily contribute to my health; scoring within the normal range on a test of cognitive development does not cause me to develop cognitively). Other indicators, such as breastfeeding or school attendance, may be causally related to the outcomes with which they are associated (breastfeeding contributes to children's health, school attendance to their learning). The nature and strength of the associations between indicators, and between indicators and outcomes, should be established based on research, and updated as the evidence develops around their connection to core outcomes and to other indicators.

Cross-cutting aspects

Cutting across this chain of outcomes are various aspects that relate to children's characteristics. These characteristics are important to take into account for achieving the outcomes, but they are not outcomes in themselves. The core outcomes remain the same across characteristics but a focus on certain characteristics may influence which indicators are relevant, or how they are measured.

One of these is children's age. Though we want all children to be safe, healthy, happy and learning no matter how old they are, some indicators of safety, health, happiness and learning will be different for children of different ages. For example, good nutrition is an indicator of health for all children, but breastfeeding is a suitable indicator only for babies, while access to fresh fruit and vegetables will be a relevant indicator only for older children. Similarly, indicators of learning will vary for younger children and older children (e.g. ASQ-3, EYFPS, KS1 and KS2 tests, GCSEs, etc.).

Another cross-cutting characteristic is socio-economic status. Many frameworks have 'reducing poverty' as an outcome. The question to ask is: why? The answer, surely, is because poverty is one of the factors that prevents children from becoming safe, healthy and happy, and from learning. In other words, it is a means to an end, not an end in itself. Put it this way: giving families money is not in and of itself a goal - the goal of giving families money is to achieve (one or more of) the outcomes of safety, health, happiness and learning for the children (or potential children) in that family.

A number of frameworks make 'achieving equality' between children (or 'reducing disadvantage') an overarching outcome, based on characteristics such as socio-economic status, gender, ethnicity etc. This, however, is flawed logic. If equality were an end in itself, then it could be achieved by making children *less* safe, healthy and happy, so that all children are equally as unsafe, unhealthy and unhappy! Equality is important, but not because it is an outcome. Instead, it is important for the first word of each of the core outcomes: '**all**'. Reducing inequality is a proxy for efforts to ensure that *all* children are safe, healthy, happy and learning, not just *some* children. It is about finding out what barriers lie in the way of children's safety, health, happiness and learning, and removing those barriers.

For an illustration of how these core outcomes, indicators and cross-cutting aspects work together, see **fig. 1** (provided as a separate image).

Annex C: frameworks and other sources consulted

Frameworks, studies and reports for England

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