Final report

FOUNDATIONS' OUTCOMES FRAMEWORK AND MEASURES DATABASE

Foundations
What Works Centre for Children & Families

foundations.org.uk

Authors

Lydia Marshall, Anushay Mazhar (Oxford MeasurEd), Brittney Chere (The Brilliant Club), and Emma Rigby (Association for Young People's Health).

Acknowledgements

We'd like to say thank you to the experts who contributed their wisdom and experiences during the development of the Outcomes Framework and Measures Database. This includes the young people and caregivers who provided invaluable inputs, including Foundations' Experts by Experience panel.

We are also grateful to Astrid Pickenpack, Minha Khan, and Robert Wishart for their work on the Measures Database, and to Jonah Bury for project management. Thanks also to Lauren Bellaera, who led the first stages of the work to develop the Outcomes Framework while at The Brilliant Club.

Funding and competing interests

Foundations – What Works Centre for Children & Families provided funding to a consortium, led by Oxford MeasurEd and including The Brilliant Club and the Association for Young People's Health, to develop our Outcomes Framework and Measures Database. Foundations is funded by the Department for Education, England.

About Foundations, the national What Works Centre for Children & Families

Foundations, the national What Works Centre for Children & Families, believes all children should have the foundational relationships they need to thrive in life. By researching and evaluating the effectiveness of family support services and interventions, we're generating the actionable evidence needed to improve them, so more vulnerable children can live safely and happily at home with the foundations they need to reach their full potential.

About Oxford MeasurEd

Oxford MeasurEd is a boutique consultancy dedicated to working with partners to collect and analyse data and improve outcomes for children and young people around the world. Oxford MeasurEd works across four key technical areas: outcome measurement, research, evaluation, and organisational learning and growth, bringing niche expertise in measuring outcomes and specialising in measuring things that are hard to measure.

About The Brilliant Club

The Brilliant Club is a UK-wide charity with over 10 years' experience delivering and evaluating programmes that support young people from less advantaged backgrounds to access and succeed in higher education. Its consultancy arm, Brilliant Consulting, provides research and evaluation support to mission-aligned organisations, specialising in strategy development, outcome framework design, mixed-methods impact and process evaluations, and capacity building.

About the Association for Young People's Health

The Association for Young People's Health (AYPH) works across the UK to understand and meet the particular health and wellbeing needs of 10–25-year-olds. AYPH leads expert participation and co-production with young people in the health sector and beyond, with a focus on work with groups of young people more likely to be affected by health inequalities.

If you'd like this publication in an alternative format such as Braille, large print or audio, please contact us at: communications@foundations@org.uk.

CONTENTS

Glossary....5
Introduction....6
Foundations' Outcomes Framework....8
Understanding the Outcomes Framework....8
Using the Outcomes Framework....11
Foundations' Measures Database....12
Understanding the Measures Database....12
Using the Measures Database....14
How the resources were developed....19
How the Outcomes Framework was developed....19
How the Measures Database was developed....21
References....25
Appendix 1. Changes from the protocol....26
Outcomes Framework....26
Measures Database....27
Appendix 2. Existing outcomes frameworks reviewed....29
Appendix 3. Appraisal rubrics....32
Appendix 4. Information Recorded for Measures....35
Appendix 5: Accessibility text....38
Figure 1. Foundations' Outcomes Framework....38
Figure 2. Distribution of measures by outcome area....40
Figure 3. Distribution of child-level measures by age group....40
Figure 4. How to use the database....41
Figure 5. Outcomes Framework development process....41
Figure 6. Measures Database development process....41
Figure 7. Measures Database dashboard....42

GLOSSARY

Term	Definition
Administrative data	Data that is routinely gathered by government departments or other organisations for non-research purposes.
Family network	A group of people close to a child, made up of relatives and non-related connected people. A family network could include step-parents, siblings, aunts, uncles, cousins, grandparents, or close family friends. See DfE (2026).
Measure	A measurement tool or data source that can be used to measure whether an outcome has been achieved or is being achieved.
Observational measure	A tool used by trained observers to systematically record, rate, or quantify behaviours or other phenomena.
Outcome	An overarching state or condition to be achieved for babies, children, young people, caregivers, and/or families.
Psychometric properties	Evidence of whether a measure does what it is expected to do and how well it does it.
Survey	A questionnaire tool used to gather information from people.

INTRODUCTION

As the national What Works Centre for Children & Families, Foundations' work focuses on babies, children, and young people from birth to 25 years of age (referred to as 'children' for brevity in this report). It focuses on three priority groups of children affected by family-level risks – where strengthening relationships can make the greatest difference to safety and stability and long-term outcomes:

1. **Children who face family-level risks at home and whose families need targeted support:** Foundations wants children and families facing risks such as parental conflict, mental ill-health, substance misuse, or domestic abuse to get help early.
2. **Children experiencing harm and abuse in their home:** Foundations wants fewer children to reach the point of statutory intervention, and for those who do, to receive evidence-based support that keeps them safe and strengthens family relationships wherever possible.
3. **Children in care and care leavers:** Foundations wants fewer children to enter care, and for those who do, to receive evidence-based support that helps them remain connected to their family network and sustain loving, stable relationships into adulthood.

Foundations wants all children to be able live safely and happily at home, with the foundations they need to reach their full potential, and for children who cannot live at home to have the stable, enduring relationships they need. To achieve this mission, Foundations focuses on achieving four strategic child outcomes (see Foundations, no date):

1. Children are supported by their families to develop and thrive.
2. Children are safe in their homes.
3. Children and their families stay together as much as is safely possible.
4. Children in care and care leavers have stable, loving relationships.

These outcomes align with the National Children's Social Care Framework (DfE, 2026). Foundations focuses on these four outcomes because:

- Every child needs safety and stability, and loving family or family-like relationships to grow, develop, and lead happy, healthy lives.
- Where children experience adversity, particularly risks in the home to their development or wellbeing, their families need support to prevent further escalation, stop, or reduce these risks.
- Evidence shows that supporting parents and carers to provide warm, loving, and confident parenting is the most effective way to improve children's outcomes; wider networks of family and friends can help to bolster support for children and their families.
- Where parents and carers are supported to care for children and keep them safe, more children can stay with their parents and within their wider family network.
- Where it is not safe for children to remain with their parents or family network, children should grow up in a stable, supportive family-like environment and have a positive care experience.

To deliver these outcomes, Foundations generates and champions actionable evidence to improve support for children and families. Foundations' research asks whether an intervention or approach improves outcomes, for whom, how, why, and in what context.

This report introduces Foundations' Outcomes Framework and Measures Database – two resources to guide the organisation's work and strengthen its evidence generation. The Outcomes Framework is a structured model defining the specific changes (outcomes) that Foundations intends to achieve, and the Measures Database is a repository of tools and data sources that can be used to measure the outcomes in the Outcomes Framework.

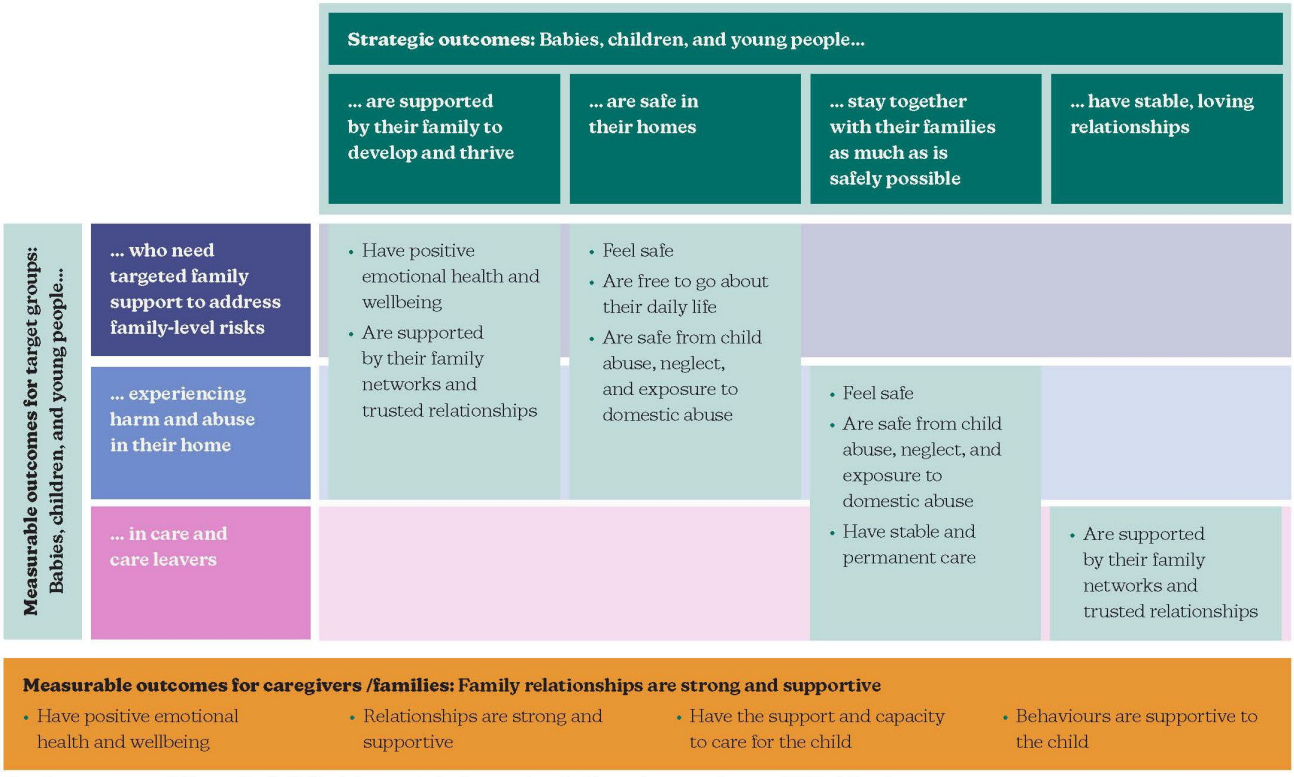
The report first provides information on the content and nature of the two resources, and how they should be used. It then describes how the Outcomes Framework and Measures Database were developed. Appendices provide further detail.

FOUNDATIONS' OUTCOMES FRAMEWORK

Foundations' Outcomes Framework is **a structured model defining the specific changes (outcomes) that the organisation intends to achieve**. It entails 10 measurable outcomes that underpin the organisation's four strategic child outcomes (Figure 1). It shows how these 10 outcomes map onto Foundations' four strategic outcomes and are relevant to the three target groups of children supported by Foundations and to caregivers and families.

The framework includes outcomes for caregivers and families given Foundations' evaluations include programmes that address family-level risks for children who need targeted support. In addition, caregiver and family outcomes can sometimes be used as a proxy for these children's outcomes.

Figure 1. Foundations' Outcomes Framework (go to accessibility text)



Note that outcomes are **influenced by individual characteristics** (Age, gender, ethnicity, socio-economic status, SEND, EAL etc)

Understanding the Outcomes Framework

The tables below provide **more detail on the measurable outcomes in the Outcomes Framework** and reference key sources that Foundations drew on to finalise its definitions.

Table 1. Outcomes for babies, children, and young people

Outcome	Definition
Children have positive emotional health and wellbeing	How children are and feel in relation to normal functioning. This includes feeling happy and confident, having the ability and motivation to grow and learn, having self-understanding, having the ability to manage emotions, being connected to others, and having the skills to be resilient (Powell et al., 2022; Wigelsworth et al., no date).
Children are supported by family networks and trusted relationships	Having positive, supportive, enduring, and trusting relationships with people who understand them, are there for them, and want the best for them (Powell et al., 2022; YEF, 2022; Wigelsworth et al., no date).
Children feel safe	Feeling psychologically and physically safe (Powell et al., 2022).
Children are free to go about their daily life	Being and feeling free to participate in and make choices about their normal daily routines and activities without fear of coercive control (Powell et al., 2022).
Children are safe from child abuse, neglect, and exposure to domestic abuse	Being and feeling safe from the occurrence, recurrence, and risk of various types of child abuse, neglect, and domestic abuse exposure (Powell et al., 2022).
Children have stable and permanent care	Having consistent long-term care, and experiencing stability and permanence.

Table 2. Outcomes for caregivers/families

Outcome	Definition
Caregivers have positive emotional health and wellbeing	How caregivers are and feel in relation to normal functioning. This includes feeling happy and confident, having the ability and motivation to grow and learn, having self-understanding, having the ability to manage emotions, being connected to others, and having the skills to be resilient (Powell et al., 2022; Wigelsworth et al., no date).
Family relationships are strong and supportive	Families are functional and cohesive, providing emotional connections along with reciprocal support and care (Powell et al., 2022; Roman et al., 2025).

Outcome	Definition
Caregivers have the support and capacity to care for the child	Caregivers are supported so they have the time, energy, and resources to positively and effectively meet the child's needs.
Caregiver behaviours are supportive to the child	Caregiver behaviours are nurturing, coupled with appropriate discipline, warmth, and praise to benefit the child.

The Outcomes Framework is grounded in Foundations' strategy and remit, so it **does not cover every outcome that matters for children and families**. Foundations knows that broader structural factors such as poverty, homelessness, and parental unemployment influence and interact with family-level risks. These contextual factors are outside the scope of Foundations' work and are therefore not included in the Outcomes Framework but remain an important consideration when interpreting findings across Foundations' research and evaluation. Moreover, the Outcomes Framework aims to reflect the complex and holistic nature of the factors that impact children's lives, acknowledging that:

- **Children's outcomes do not occur in isolation:** Strengthening family and family-like relationships underpins Foundations' mission and strategy, which is why the Framework includes outcomes for caregivers and families as well as for children.
- **All of the outcomes are interconnected:** Positive change towards one outcome is likely to contribute positively to others.
- **Individual characteristics matter and interact with the outcomes in the framework:** This includes gender, ethnicity, socio-economic status, special educational needs and disabilities, speaking English as an additional language (EAL), and many more factors.

While the Outcomes Framework reflects the organisation's current strategic focus on children's outcomes, **it does not limit the totality of Foundations' work**. Foundations anticipates that the framework will evolve over time to reflect the full work programme and its impact.

An important factor that was considered when finalising the Outcomes Framework was **language**. Consultations with experts by experience (see 'How the Outcomes Framework was developed') highlighted that negatively framed outcomes can unintentionally place blame on babies, children, young people, caregivers, and families. Therefore, Foundations and the consortium sought to use neutral language and avoid focusing on negative outcomes that can reinforce a deficit approach, where the emphasis is placed on reducing or eliminating undesirable behaviours rather than fostering positive outcomes. We also tried to use language that is inclusive, such as recognising the importance of relationships with "family networks" rather than the narrower "families". We recognise, however, that although we made efforts to ensure that the language we have used is appropriate and inclusive, language is dynamic and continually evolving and what is considered acceptable and informed by best practices may shift over time.

Using the Outcomes Framework

The Outcomes Framework will **support Foundations to achieve its strategic aims by focusing funded work around a common core set of outcomes**, so that over time the research and evidence base for each outcome is coherent. Foundations will primarily use the framework for:

- **Funding decisions:** The framework will guide funding calls and inform decisions about which projects to fund. Foundations will also use it to communicate priority outcomes to current and potential partners.
- **Aligning research and evaluation:** The framework will focus Foundations' research and evaluations around a common set of outcomes, helping evaluators identify relevant outcomes to measure and supporting Foundations to synthesise evidence.

The Outcomes Framework provides clarity that supports commissioned partners to strengthen applications for Foundations' funding, and to facilitate discussions with partners during project set-up and theory of change workshops.

FOUNDATIONS' MEASURES DATABASE

Foundations' Measures Database is a **repository of tools and data sources that can be used to measure the outcomes in Foundations' Outcomes Framework**. The database provides practical and statistical information about the measures, to support evaluators and researchers to decide how to measure outcomes and impact – identifying relevant outcome measures and weighing up the pros and cons of different measurement tools.

Understanding the Measures Database

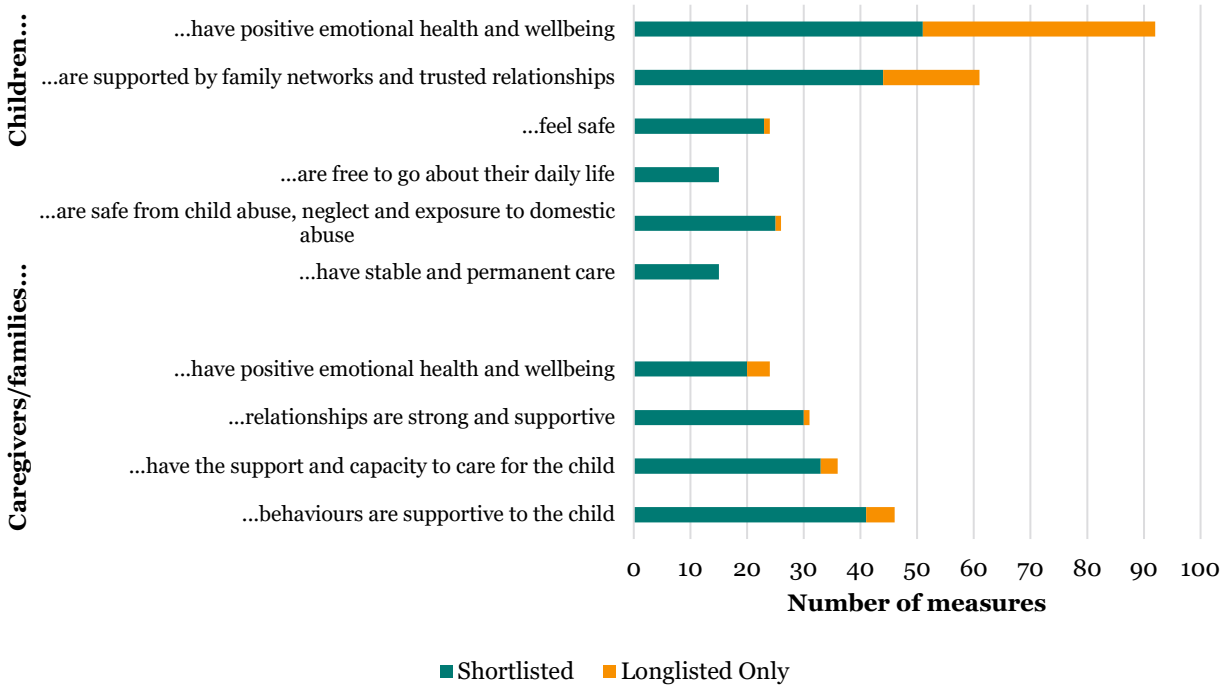
The database currently includes **202 measures** relevant to at least one of the outcomes in Foundations' Outcomes Framework (Figure 1), of which **143 measures** were shortlisted for full appraisal (see 'How the Measures Database was developed'). The measures in the database include:

- **Administrative data:** e.g. the number of times a child changes school in a year
- **Surveys** asking about many aspects of children's lives
- **Observational measures** of caregiver and child behaviours.

The database is filterable by outcome so relevant measures can be easily identified. Figure 2 shows the number of measures currently in the database for each outcome.[1]

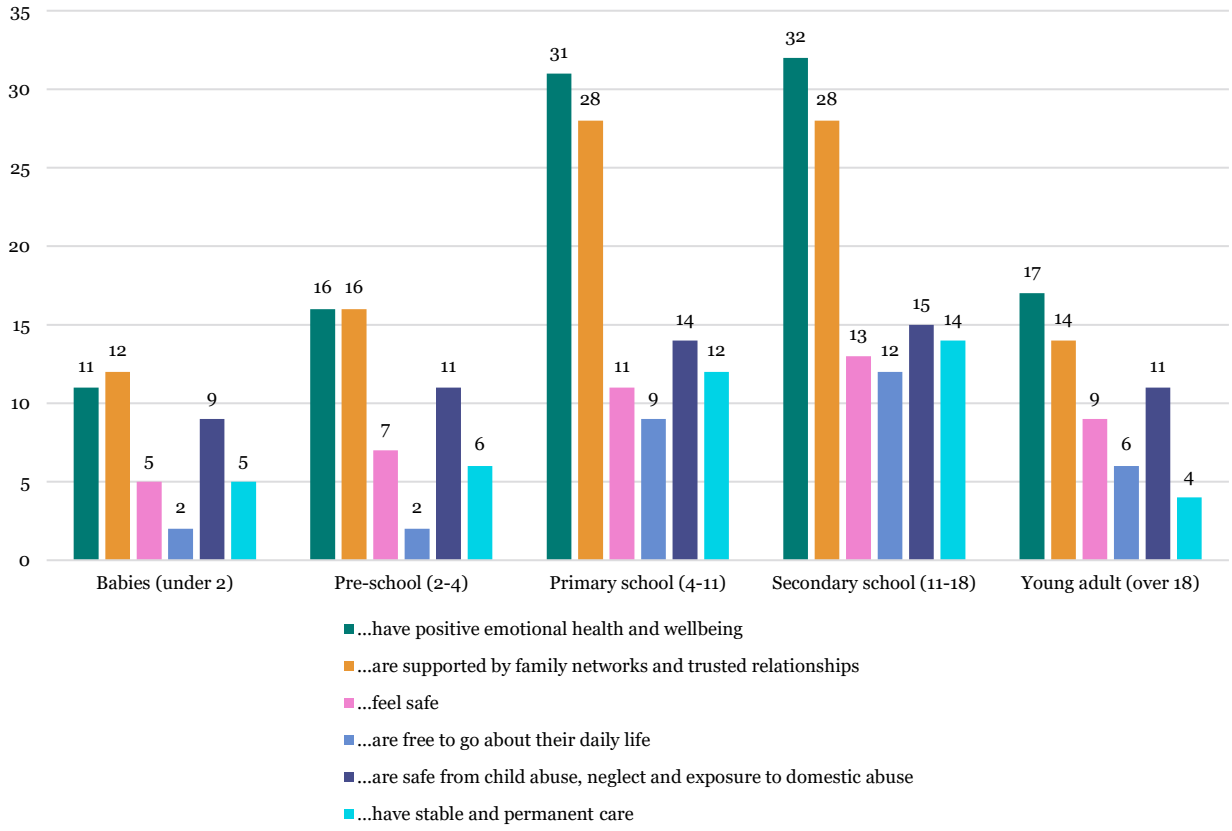
[1] The number of measures available for each outcome adds up to more than the total of number of measures, because some measures capture more than one outcome.

Figure 2. Distribution of measures by outcome area (link to raw data) (go to accessibility text)



The database also indicates which age groups the measures for babies, children, and young people are designed for. As shown in Figure 3, the measures span a broad age range from babies under 2 years to young adults over 18, though coverage is strongest for primary and secondary school-aged children.

Figure 3. Distribution of child-level measures by age group (link to raw data) (go to accessibility text)



The database includes descriptive information on access, administration, calibration for use in the UK, and intended use for all measures. Additional information is included for shortlisted measures, including:

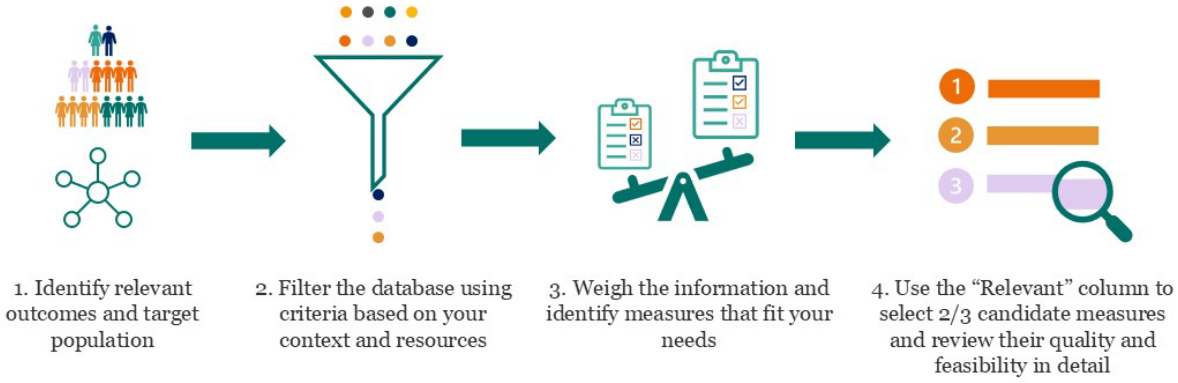
- Detailed information on the measures' psychometric properties
- Practical administration factors (e.g. time, cost)
- Equity and inclusion considerations, including information on use with care-experienced and young people (see Appendix 3 and Appendix 4).

Foundations intends to update the database going forward – adding other measures that are used in funded evaluations, and updating the information recorded about the existing measures to include learning from their use in Foundations' work.

Using the Measures Database

This section provides guidance on how to use Foundations' Measures Database to identify, review, and select relevant outcome measures, following the steps outlined in Figure 4.

Figure 4. How to use the database (go to accessibility text)



1. Identifying outcomes and populations of interest

Begin by clarifying which outcome(s) in the Outcomes Framework are most relevant to your requirements, and whose outcomes you are seeking to measure (for example, children, caregivers, or families). In the case of evaluations, this should be based on the theory of change for the intervention you are evaluating[2], including thinking about *when* outcomes can be expected to occur. If you are focusing on child-level outcomes, you should also consider the age range of your target population.

2. Filtering the database

To filter the database, click the arrow in the column header of the column of interest, untick "Select all" and tick the box next to the value(s) you are interested in. For example, if you want to filter the list to see *only* measures for the outcome "Babies, children, and young people feel safe", filter this column to show "Yes" and the other outcome columns to say "No".

Start by filtering the database by outcome and age group. If the resulting list still includes many measures, you may wish to further filter the database to show shortlisted measures only, as these include additional information on feasibility, inclusivity, and psychometric properties.

Tip: As you navigate the list of measures, you can mark measures as relevant or not using the "Relevant" column. You can then use this column as a filter, narrowing down the list iteratively as your review progresses.

[2] We recommend the Outcomes Framework as a useful resource for facilitating theory of change discussions focused on intended outcomes.

The order in which you apply other filters will depend on your context and resources. If you have sufficient time, expertise, and budget, you may choose to begin by filtering on psychometric properties, prioritising measures with stronger evidence in domains most relevant to your work (for example, sensitivity to change or consistency of scores). Where resources are more limited, it may be more practical to focus first on feasibility by filtering on criteria such as access (open source, academic, or commercial), mode of administration, calibration for UK use, and intended purpose (for example, research or evaluation). These fields can help quickly exclude measures that are unlikely to be workable for your purposes.

For several practical fields (such as completion time, cost, and expertise required), the database includes both a category column (designed for filtering, using standardised labels such as low/medium/high) and a corresponding detail column, which provides more specific information where available. Similarly, the psychometric domains are also rated using simple symbols (+/-/?), with an accompanying "Explanation" column which provides evidence of the rating.

Tip: Filter using the category columns first, then review the detail columns to compare measures side by side.

You are encouraged to apply filters gradually and iteratively, reviewing how each step affects the resulting list and retaining a small number of candidate measures using the "Relevant" column where feasible. If filters have been applied and you wish to return to the full list of measures, select "Clear filter" from the relevant column header or use Excel's "Clear" option under the "Data" menu to reset all filters.

3. Weighing up the appraisal information

Shortlisted measures include ratings of measurement quality across several psychometric domains, including content validity, structural validity, internal consistency, reliability, responsiveness, and construct validity (see Appendix 3). Each of these domains is rated using simple symbols:

+ indicates evidence of good performance
– indicates limitations or weaker evidence
? indicates that evidence was unclear or not available.

These ratings are intended to support comparison between measures, rather than to identify a single "best" option. You are encouraged to review across domains and consider patterns in the ratings, rather than focusing on any one symbol in isolation. For example, a measure may show strong evidence for consistency of scores but limited evidence for detecting change over time.

Different domains may be more important depending on how the measure will be used. If your aim is to assess change over time (for example, before and after an intervention), you may wish to prioritise measures with stronger evidence for responsiveness. If you are working with care-experienced children, validation or use with this population may be more important. The database allows you to filter by these domains to identify measures with stronger evidence in areas most relevant to your work.

Note: It is common for measures to show mixed patterns of evidence, particularly where research is limited. A "?" rating does not necessarily mean that a measure is poor quality; in many cases it reflects gaps in published evidence rather than known weaknesses. Where this occurs, you may wish to review the explanation column and review this information alongside other considerations.

Information on whether measures have been used with children in care or care-experienced young people, together with equity, diversity, and inclusion notes, should also be reviewed as part of this process. These fields highlight whether children and young people were involved in measure development and whether any strengths or limitations have been reported for specific groups. You may also want to consider whether tools have been validated with/for children who have experienced or are affected by domestic abuse. As there are very few measures that have been used/validated with children in these groups, selection may not always be straightforward in prioritising validated measures alone. Rather, where no such evidence exists, you should carefully consider the appropriateness of a measure for the target population, and whether adaptation and/or further piloting is needed. This can help ensure that selected measures are not only robust, but also appropriate and meaningful for participants.

4. Making a final decision

A practical approach to final selection is to reduce the list to two or three candidate measures using the "Relevant" column, review their appraisal and feasibility information side by side, and select the option that best fits your context and priorities. You are encouraged to document your rationale for selection, including any compromises made, to support transparency and learning across contexts.

Tip: We also encourage you to do your own research on your preferred measures at this point. The information in the Measures Database is intended to provide an initial indication of what using the measure might look like and require, but you should do your due diligence to establish feasibility and appropriateness. We provide links in the Measures Database to support this exercise.

Other considerations

Foundations hopes that the Measures Database is a useful resource to help researchers and evaluators weigh up different tools to measure the outcomes in Foundations' Outcomes Framework. The database – like the Outcomes Framework – is designed to guide and inform decision making, not dictate it.

In addition to the information documented in the database, there are other things that are important to consider when choosing measures and planning *how* to implement them. Based on Foundations' and the project consortium's experience, and consultations with young people, we recommend considering:

- **Accessibility:** Research tools need to use language that is understood by the people completing them. If a tool has not been used with your target population, you may need to pilot its use to check understanding. Consider whether the language is age- and stage-

appropriate, and how participants can access more information or explanation. If collecting data in person, researchers can explain and rephrase questions (following clear guidance to avoid impairing the reliability and validity of the data). With online surveys, this is not possible and so you may need to provide explanation within the tool. As well as the tools you use, the way that you communicate about the research needs to be accessible and engaging, providing important information without becoming overwhelming.

- **Safeguarding and risk:** You should have a clear plan for handling safeguarding disclosures and be open with participants about this from the outset to build trust and ensure reassurances about anonymity and confidentiality are not undermined.
- **Trauma-informed approaches:** Your research may cover sensitive topics and include young people in vulnerable circumstances. It is important to understand the topic and think about what it might bring up for people. Consider which topics are appropriate to engage people on, in which circumstances (e.g. in group discussions, in remote methods without someone there to support the participant). Ensure that researchers have the skills to respond if participants become distressed – demonstrating professional compassion without pity. Signpost to further support where appropriate. Anonymity, confidentiality, and non-judgement are key.
- **Context-informed approaches:** Consider how a young person's relationship with a caregiver might affect how the caregiver views and reports their outcomes. How will you take this into account during data collection and analysis? Consider how the mode of administering a tool might affect engagement – for example, having a researcher there to explain and encourage young people to keep going might help them to complete longer measurement tools.
- **Reciprocity:** Consider how you will recognise people's contributions to your research. This can include financial and other incentives, but also communicating back to participants how their inputs have been used and how the findings have been actioned. Where this isn't possible, explain to participants why this is the case.

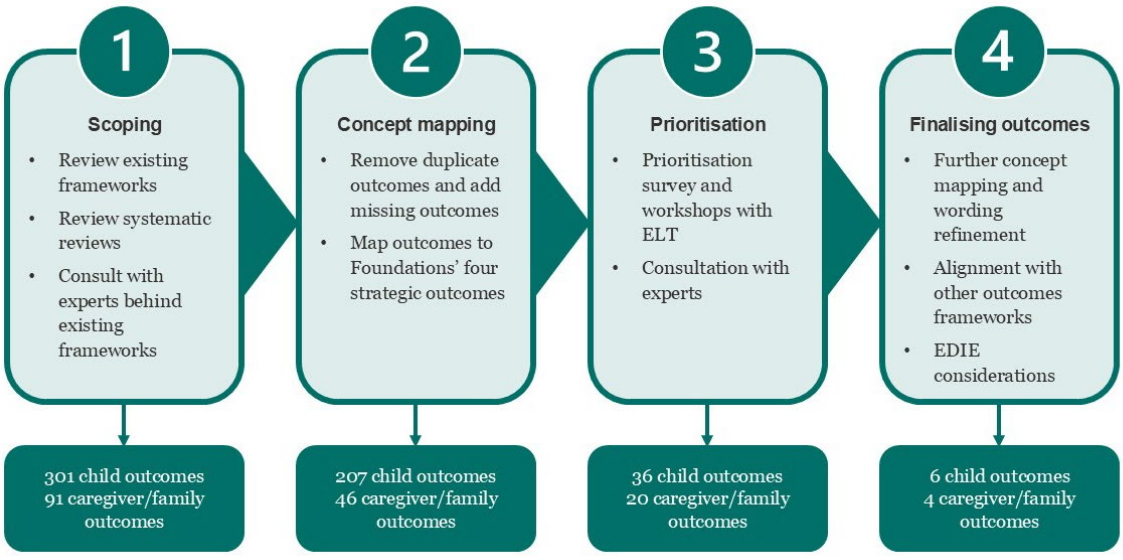
HOW THE RESOURCES WERE DEVELOPED

Foundations commissioned a consortium led by Oxford MeasurEd[3] and including The Brilliant Club[4] and the Association for Young People's Health[5] to support the development of the Outcomes Framework and Measures Database. This section of the report provides an overview of how the two resources were developed. Further detail can be found in the published protocol[6], with the amendments to the protocol outlined in Appendix 1 of this report.

How the Outcomes Framework was developed

Figure 5 summarises the process followed to develop the Outcomes Framework. A wide range of possible outcomes were identified and then iteratively refined to reach the six child-level and four caregiver-/family-level outcomes that are included in the final framework.

Figure 5. Outcomes Framework development process (go to accessibility text)



[3] See: https://www.oxfordmeasured.co.uk.

[4] See: https://thebrilliantclub.org.

[5] See: https://ayph.org.uk.

[6] See: https://foundations.org.uk/wp-content/uploads/2025/04/protocol-outcomes-framework-measures-database.pdf.

1. Scoping possibilities for the framework and longlisting outcomes

Desk review

The project consortium reviewed 32 relevant outcome frameworks focused on children's and young people's and their family's safety and wellbeing (see Appendix 2). This **identified a longlist of 392 outcomes** included across the different frameworks, and gathered insights on how the frameworks were developed, organised, and structured.

The consortium also reviewed 20 systematic reviews to understand the evidence underpinning the importance of the outcomes identified across the frameworks, and to inform conceptual grouping of outcomes.

Expert consultations

The project consortium consulted individuals and organisations who had developed similar outcomes frameworks, to ensure that the approach used to develop Foundations' Outcomes Framework was informed by best practice and lessons learnt from similar exercises. This included insights on the methodologies used to develop frameworks, and how to ensure that frameworks are practical and accessible. The learning gained through these conversations reinforced the planned approach to undertake a light-touch evidence review and engage with a range of stakeholders, including people with lived experience. It also highlighted the importance of using an established structure (in this case Foundations' four strategic child outcomes) to guide the refinement of outcomes, as well as the value of recognising that children's and families' outcomes are inter-related and shaped by the contexts they live in.

2. Concept mapping

Following the desk review and expert consultations, the project consortium conducted a conceptual mapping of the 392 identified outcomes and aligned them against Foundations' four strategic outcomes (Foundations, no date). This process aimed to (a) reduce duplication of outcomes, and (b) add outcomes that were not identified in the review but important to Foundations' remit and mission. It resulted in a **revised longlist of 253 outcomes**.

3. Prioritisation

The project consortium developed a shortlist of outcomes through a prioritisation survey and three workshops with the extended leadership team (ELT) at Foundations, and consultation with parents/caregivers and young people with expertise by experience, representatives from mission-aligned organisations, an academic doing mission-aligned research, and two social workers. The external consultations focused on identifying outcomes most important to stakeholders, the language used, the accessibility of the framework structure, and the criteria that should be used to further shortlist the outcomes. All external input was incorporated equally. Following prioritisation, **56 outcomes were mapped to Foundations' 4 strategic outcomes**.

4. Finalising the Outcomes Framework

The project consortium supported Foundations to further prioritise, group, and refine the wording of outcomes, resulting in the final Outcomes Framework presented in this report, which includes **six outcomes for babies, children, and young people, and four caregiver-/family-level outcomes** (see Figure 1). This included work to:

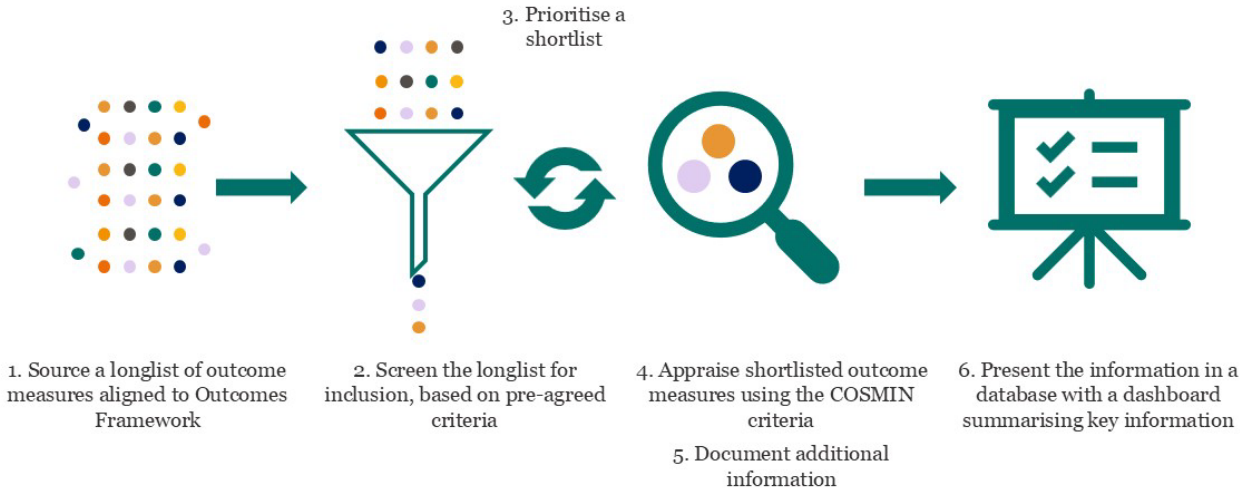
- **Incorporate equality, diversity, inclusion, and equity considerations (EDIE):** Foundations carried out a rapid literature review on the state of evidence for children from minoritised ethnic backgrounds, focused on the outcomes and needs of those in care and those with experience of domestic abuse. Foundations also consulted with its Senior Fellow for Race Equity, and the consortium consulted with external experts (see above), to consider how best to make the framework inclusive across different contexts and cultures.
- **Align with other outcomes frameworks:** This included work to develop a core set of outcomes specifically developed for interventions that relate to child maltreatment and domestic violence and abuse (CM/DVA-COS – see Powell et al., 2022). We also made efforts to align the language in the framework with the Common Outcomes for Children and Young People Collaborative's guidance around common language (no date) and common outcomes framework (2024), the Children's Social Care National Framework (DfE, 2026), and the Children's Social Care Outcomes Framework (Children's Commissioner, 2023).

Note: The project consortium and Foundations worked to align with the CM/DVA-COS across a number of outcomes, adapting the wording and definitions where needed to meet the needs of the Outcomes Framework.

How the Measures Database was developed

Figure 6 summarises the process the project consortium followed to develop the Measures Database, including identifying relevant measures, prioritising, appraising, and documenting information about measures.

Figure 6. Measures Database development process (go to accessibility text)



1. Sourcing a longlist of outcome measures

The project consortium **sourced a longlist of outcome measures for each outcome in the Outcomes Framework**. Measures were sourced from the frameworks and systematic reviews reviewed during the development of the Outcomes Framework, and evaluations carried out for Foundations and its predecessors. Foundations and the project consortium also identified a few other relevant measures used in the sector that were not identified through these searches. This was a pragmatic search process and will not have been exhaustive. It resulted in an initial longlist of 184 measures.

2. Screening the longlist for inclusion

The project consortium **screened the longlist of measures to ensure that all were relevant for inclusion** (measuring one or more of the outcomes in the Outcomes Framework, and still available for use). Only three measures identified through the searches were not included – two because they were no longer available for use and one because it was a qualitative facilitation tool.

3. Prioritising a shortlist

The initial searches and screening process identified more measures than the project had resources available to appraise,[7] and identified more measures for some outcomes relative to others. The project consortium and Foundations therefore agreed to **appraise all the measures identified for the less represented outcomes, and to apply shortlisting criteria to only appraise priority measures for the outcomes with more measures available** (see Appendix 1). The

[7] The project consortium estimated that it would appraise around 112 measures with the resources available. In the end, 143 measures were shortlisted, of which 129 had at least some validation information available.

consortium also conducted targeted manual searches to identify measures for the outcomes that were particularly underrepresented after the initial searches, including measures of feelings of safety and being safe from domestic abuse among young people aged 18 and over.

4. Appraising the shortlisted outcome measures

The project consortium reviewed several properties of the shortlisted measures, namely **content validity**, **structural validity**, **internal consistency**, **cross-cultural validity**, **reliability**, **measurement error**, **criterion validity**, **construct validity**, and **responsiveness**. Each property was rated using standardised rubrics based on the COSMIN[8] criteria and cut-offs set out in Mokkink et al. (2024). The rubrics are provided in Appendix 3 and in the Measures Database itself.

The project consortium documented the justification and sources for the appraisal ratings. Where psychometric properties had been reported for more than one study/validation exercise, the appraisals were based on the most recent or most relevant instance (for example, administration in the UK context).

5. Documenting additional information

The project consortium's review of cross-cultural validity/measurement invariance documented any evidence of differences between groups by age, gender, ethnicity, care experience, and special educational needs and disabilities (SEND). In addition, the project consortium documented where measures had been validated or used with care-experienced children or adults. The Measures Database also includes practical information about how measures are administered, including who completes them and in what mode, whether the measure is freely available, how long it takes to complete, and any reported EDIE issues (see Appendix 4 for a full breakdown of the information provided).

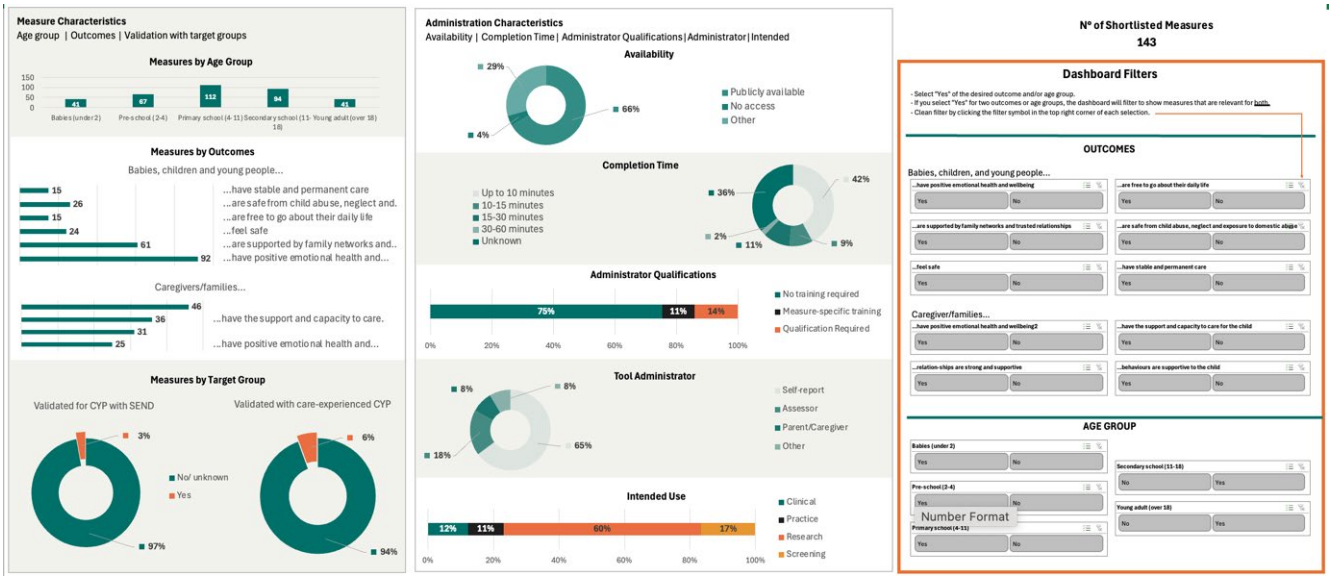
6. Presenting the information in a database and dashboard

The project consortium documented the appraisal and other information about the measures in an Excel database, which Foundations will share with partners and publish on its website.[9] The database includes an interactive dashboard summarising the availability and nature of measures for each outcome (shown in Figure 7).

[8] COnsensus-based Standards for the selection of health Measurement INstruments

[9] See: https://foundations.org.uk/wp-content/uploads/2026/06/foundations-measures-database.xlsx

Figure 7. Measures Database dashboard (go to accessibility text)



REFERENCES

Children's Commissioner (2023) *Children's Social Care Outcomes Framework Consultation*. London: Children's Commissioner for England. Available online at https://assets.childrenscommissioner.gov.uk/wpuploads/2023/09/cc-childrens-social-care-outcomes-framework-consultation.pdf (accessed 26 February 2026).

Common Outcomes for Children and Young People Collaborative (no date) *A Common Approach to Language*. Available online at https://www.commonoutcomes.org.uk/language (accessed 8 April 2026).

Common Outcomes for Children and Young People Collaborative (2024) *The Framework*. Available online at https://www.commonoutcomes.org.uk/the-framework (accessed 8 April 2026).

Department for Education [DfE] (2026) *Children's Social Care National Framework*. Available online at https://assets.publishing.service.gov.uk/media/69b3f02cfdbfc4d58fc8cf22/childrens-social-care-national-framework.pdf (accessed 8 April 2026).

Foundations (no date) *Building the Foundations: Our Refreshed 2023–2027 Strategy*. Available online at https://foundations.org.uk/about-us/our-strategy (accessed 26 February 2026).

Mokkink, L. B., Elsman, E. B., and Terwee, C. B. (2024) COSMIN guideline for systematic reviews of patient-reported outcome measures version 2.0. *Quality of Life Research*, *33*(11), 2929–2939. Available online at https://link.springer.com/article/10.1007/s11136-024-03761-6 (accessed 19 February 2025).

Powell, C., Feder, G., Gilbert, R., Paulauskaite, L., Szilassy, E., Woodman, J., and Howarth, E. (2022) Child and family-focused interventions for child maltreatment and domestic abuse: Development of core outcome sets. *BMJ open*, *12*(9), e064397.

Roman, N. V., Balogun, T. V., Butler-Kruger, L., Danga, S. D., Therese de Lange, J., Human-Hendricks, A., Thelma Khaile, F., October, K. R., and Olabiyi, O. J. (2025) Strengthening family bonds: A systematic review of factors and interventions that enhance family cohesion. *Social Sciences*, *14*(6), 371. Available online at https://doi.org/10.3390/socsci14060371 (accessed 19 February 2025).

Wigelsworth, M., Humphrey, N., and Stephens, E. (no date) *Social, Psychological, Emotional, Concepts of Self, and Resilience Outcomes: Understanding and Measurement (SPECTRUM): A brief report of a conceptual mapping exercise*. London, EEF. Available online at https://d2tic4wvo1iusb.cloudfront.net/production/documents/evaluation/outcome-measures-and-databases/EEF_SPECTRUM_Guidance_Document_Conceptual_mapping.pdf?v=1740406749 (accessed 26 February 2026).

Youth Endowment Fund [YEF] (2022) *Outcomes Framework*. Available online at https://youthendowmentfund.org.uk/wp-content/uploads/2022/08/YEF-Outcomes-Framework-August-2022.pdf (accessed 26 February 2026).

APPENDIX 1. CHANGES FROM THE PROTOCOL

This appendix includes notes from the project consortium on changes to the methodology from what was documented in the project protocol[10] (Marshall et al., 2025).

Outcomes Framework

We adapted the processes we used to build consensus within Foundations and draw on external expertise, to (a) best align with Foundations' ways of working, and (b) ensure that all activities were iterative and built on one another to result in a coherent framework aligned with Foundations' strategy. We explain the process we took in Appendix table 1 below. This information supersedes the process outlined in pages 9–14 of the protocol.

Appendix table 1. Adaptations to approaches detailed in the protocol

Activity	Details of approach taken
Stakeholder consultation on existing frameworks	We spoke to representatives from the following organisations: • The Youth Endowment Fund (YFF) • The Education Endowment Fund (EEF) • The Common Outcomes for Children and Young People Collaborative • The team working on Foundations' domestic abuse project (DVA-COS) • The project lead that developed the outcomes framework for Nuffield (based at the University of Sussex).
Prioritisation – internal consultations	We completed the following set of activities with Foundations: • Foundations' ELT completed an insights questionnaire • Facilitated three workshops with the ELT at Foundations • Foundations' ELT completed an outcomes ranking survey. Of note, we did not facilitate any consultations with Foundations' teams due to changes in the project timeline.

[10] See: https://foundations.org.uk/wp-content/uploads/2025/04/protocol-outcomes-framework-measures-database.pdf.

Activity	Details of approach taken
Prioritisation – external consultations	We met and consulted with: • Two social workers • Representatives from six mission-aligned organisations • One academic leading mission-aligned research • Caregivers who are experts by experience • Young people who are experts by experience.

Measures Database

Sources of measures

In the protocol[11], we said that we would source measures from relevant databases agreed with Foundations (e.g. PsycInfo, MEDLINE, Embase). In actuality, the other sources (the frameworks and systematic reviews reviewed during the development of the Outcomes Framework, evaluations carried out for Foundations and its predecessors, and a small number of other relevant measures identified by Foundations and the project consortium as used in the sector) surfaced sufficient measures without turning to these databases.[12] The consortium also conducted targeted manual searches to identify measures for the outcomes that were particularly underrepresented after the initial searches, particularly measures of feelings of safety and being safe from domestic abuse among young people aged 18 and over.

Inclusion/exclusion criteria

In the protocol we said that we would screen the longlist of measures for inclusion, based on criteria agreed with Foundations. In the end, we included all identified quantitative measures that were relevant to one of the outcomes in the Outcomes Framework, that had not been discontinued. While we discussed other inclusion criteria with Foundations (e.g. the cost of purchasing/accessing the measure, expertise needed to administer the measure, duration of completion, extent of validation or use), we agreed to include as many relevant measures as possible and so did not apply any further inclusion/exclusion criteria. Some of these considerations were included as shortlisting criteria (see Appendix table 2).

[11] See: https://foundations.org.uk/wp-content/uploads/2025/04/protocol-outcomes-framework-measures-database.pdf.

[12] We estimated that we would be able to appraise around 112 measures with the resources available. In the end, 143 measures were shortlisted, of which 129 had at least some validation available.

Appendix table 2. Shortlisting criteria used for measures aligned with each outcome[13]

Outcome		Shortlisting criteria
Children, babies, and young people …	… have positive emotional health and wellbeing	Validation information available, prior use in the UK, and open source
	… are supported by family networks and trusted relationships	Validation information available and prior use in the UK
	… feel safe	N/A
	… are free to go about their daily life	N/A
	… are safe from child abuse, neglect, and exposure to domestic abuse	N/A
	… have stable and permanent care	N/A
Caregivers/ families …	… have positive emotional health and wellbeing	Validation information available
	… relationships are strong and supportive	Validation information available
	… have the support and capacity to care for the child	Validation information available
	… behaviours are supportive to the child	Validation information available and prior use in the UK

[13] Where a measure aligned with more than outcome, we used the most relaxed inclusion criteria.

APPENDIX 2. EXISTING OUTCOMES FRAMEWORKS REVIEWED

Appendix table 3 lists the existing outcomes frameworks that were reviewed to inform the development of Foundations' Outcomes Framework. As a broad approach was taken to generate the initial list of potentially relevant outcomes, the frameworks included come in varying levels of structure and depth of development.

Appendix table 3. Outcomes frameworks included in the review

Outcome framework (hyperlinked)	Group/organisation/government/council
EIF Guidebook	Early Intervention Foundation
Reducing Parental Conflict outcomes framework	Early Intervention Foundation
YEF Outcomes Framework	Youth Endowment Fund
Early Years Outcomes framework	Welsh Government
Children, young people and families outcomes framework	Scottish Government
Common Outcomes Framework	Common Outcomes for Children and Young People Collaborative
The Children's Commissioner's outcomes for children and families	Children's Commissioner
Social Justice Outcomes Framework	UK Department for Work and Pensions
Children and Young People's Outcomes Framework 2020–23	Bristol City Council
Children and Young People's Emotional Health and Wellbeing Framework	UK Department for Education and UK Department of Health and Social Care
Indicators of national wellbeing in the UK	Office for National Statistics

Outcome framework (hyperlinked)	Group/organisation/government/council
Children's well-being and social relationships	Office for National Statistics
The National Supporting Families Outcome Framework	UK Department for Education and UK Department for Levelling Up, Housing, and Communities
Outcomes Framework – Parenting and Family Support Service	City of Bradford Metropolitan District Council
National Parenting Strategy outcomes framework	Scottish Government
Outcomes framework for children and young people in Hampshire, England	Hampshire County Council
Outcomes framework for children's social care services	Rees Centre, University of Oxford (Funded by the Nuffield Foundation)
Adolescent Wellbeing Framework	UN H6+ Technical Working Group on Adolescent Health and Wellbeing
Child-Centred Outcomes Framework	The Alliance for Children in Care and Care Leavers
Full Outcomes Framework	Community Planning Aberdeen
Core Outcome Set for Trials and Evaluative Studies in Adult Social Care	The Quality Safety and Outcomes Policy Research Unit (funded by NIHR)
SPECTRUM domain concept mapping	Education Endowment Fund
Children and Young People's Subjective Wellbeing Conceptual framework	What Works Centre for Wellbeing's Work & Wellbeing
Getting it right for every child wellbeing indicators	Scottish Government
A Comprehensive Framework for Nurturing the Well-Being of Children and Adolescents	Children's Bureau An Office of the Administration for Children and Families
Child well-being outcomes	Organisation for Economic Co-operation and Development
Child and adolescent health and wellbeing needs	World Health Organization and UNICEF

Outcome framework (hyperlinked)	Group/organisation/government/council
Hackney Child Wellbeing Framework	London Borough of Hackney
Sure Start outcomes	UK Department for Education
An Equal Start: Improving outcomes in Children's Centres	UCL Institute of Health Equity (funded by 4Children)
Children's Social Care National Framework	UK Department for Education
An outcomes-based approach for children's centres in Suffolk	Suffolk County Council

APPENDIX 3. APPRAISAL RUBRICS

Appendix table 4 documents the scoring rubrics used to score the psychometric properties of the measures in the Measures Database. These are based on the COSMIN appraisal criteria set out in Mokkink et al. (2024).

Appendix table 4. Appraisal rubrics

Domain	Rating	Criteria
Content validity	+	• Included items are relevant for the construct, target population, and the context of response options and recall period that are appropriate. • No key concepts are missing. • Items and response options are appropriately worded, and instructions and response options are understood by the population of interest as intended.
	?	• Not enough information reported to establish the above criteria OR not applicable.
	-	• Included items are not relevant for the construct or target population. • Key concepts are missing. • Items and response options are not appropriately worded or not understood by the population of interest as intended.
Structural validity	+	Classical test theory: • Factor loadings of each item on its factor is >= 0.30. • Maximum of 10% of the item shave factor loadings of >= 0.30 on multiple factors. • Explained variance >= 50% and structure is in line with the theory about the construct measured, OR results on scree plot or Kaiser criterion (Eigenvalues > 1) are in line with theory about the construct to be measured. IRT/Rasch: • No violations or unidimensionality: CFI or TLI or comparable measure >0.95 OR RMSEA < 0.06 OR SRMR <0.08. • No violation of local independence: residual correlations among the items after controlling for dominant factor <0.20 or Q3s <0.37. • No violation of monotonicity: adequate looking graphs OR item scalability >0.30. • Adequate model fi: IRT χ^2 > 0.01. • Rasch: infit and outfit mean squares >= 0.05 and <= 1.5 OR Z-standardised values > -2 and <2.

Domain	Rating	Criteria
	?	• Not enough information reported OR not applicable.
	-	• Criteria for '+' not met.
Internal consistency	+	• At least low evidence for sufficient unidimensionality. • Cronbach's alpha >= 0.70.
	?	• Criteria for "at least low evidence for sufficient undimensionality" not met OR evidence for insufficient undimensionality. • Insufficient evidence reported OR not applicable.
	-	• At least low-quality evidence for sufficient undimensionality. • Cronbach's alpha <0.70.
Cross-cultural validity/ measurement invariance	+	• No important differences found between group factors (such as age, gender, language) in multiple group factor analysis OR no importing DIF for group factors (McFadden's R^2 < 0.02).
	?	• Not enough information reported OR not applicable.
	-	• Important differences between group factors OR DIF was found.
Reliability	+	• ICC or (weighted) kappa or Pearson/Spearman correlation >= 0.70.
	?	• Not enough information reported.
	-	• ICC or (weighted) kappa or Pearson/Spearman correlation < 0.70.
Measurement error	+	• SDC or LoA < MIC.
	?	• MIC not defined OR not enough information reported.
	-	• SDC or LoA > MIC.
Criterion validity	+	• Correlation with gold standard >= 0.70 OR AUC >= 0.70.
	?	• Not enough information reported OR not applicable.
	-	• Correlation with gold standard < 0.70 OR AUC <0.70.

Domain	Rating	Criteria
Hypothesis testing for construct validity	+	• >= 75% of the results is in accordance with predefined hypotheses.
	?	• No relevant results were found.
	-	• >= 75% of the results deviates from predefined hypotheses.
Responsiveness	+	• >= 75% of the results is in accordance with predefined hypotheses or AUC >= 0.70.
	?	• No relevant results were found.
	-	• >= 75% of the results deviates from predefined hypotheses OR AUC <0.70.

APPENDIX 4. INFORMATION RECORDED FOR MEASURES

This appendix details the information recorded for each measure in the Measures Database.

Appendix table 5. Information recorded for all measures

Field	Description
Measure	Full name of the measure, commonly used abbreviation for the measure, where relevant, and year of publication.
Source	Name of the publisher or author(s), and a link to access or purchase the measure.
Measure summary	A summary of the test obtained directly from the author/publisher, if available.
Outcome(s) mapped	The 10 outcomes from the Outcomes Framework to which the measure has been mapped.
Population	Categorisation of the target group (babies and children and/or caregiver and families), and age range of the children (babies, pre-school, primary school, secondary school, or young adult) for which the measure has been developed.
Access	Availability of the measure (open source, academic publication, or commercial), including licence or permissions required where known.
Administration	Who completes or administers the measure (e.g. self-report, caregiver report, practitioner-administered, observer-rated).
Calibrated for UK use	Whether the measure has been validated, normed, or adapted for use in the UK context.
Purpose	Intended use of the measure (e.g. research, evaluation, clinical, screening).

Appendix table 6. Information recorded for shortlisted measures only

Field	Description
Content validity	Rating the evidence relating to the relevance, comprehensiveness, and comprehensibility of the measure content.
Structural validity	Rating the evidence on the underlying factor structure of the measure.
Internal consistency	Rating the evidence on the degree to which items within a scale are inter-related.
Cross-cultural validity/ measurement invariance	Rating the evidence that the measure performs similarly across groups or contexts.
Validated with care-experienced children	Whether there is evidence on whether the measure has been validated with in-care or care-experienced children.
Validated for children with SEND	Whether there is evidence on whether the measure has been validated for in-care or care-experienced children with special educational needs and disabilities.
Reliability	Rating the evidence on stability and consistency of scores (e.g. test–retest, inter-rater reliability).
Measurement error	Rating the evidence on the degree of random or systematic error in scores.
Criterion validity	Rating the evidence on how well the measure relates to a gold standard, where applicable.
Hypothesis testing for construct validity	Rating the evidence that observed relationships align with theoretically derived hypotheses.
Responsiveness	Rating the evidence on the ability of the measure to detect meaningful change over time.
Cost	Cost of using the measure, if applicable, or indication that cost information is not publicly available.
Mode of completion	Format in which the measure is completed (e.g. paper-based, online, interview-based).

Field	Description
Expertise required	Level of training or qualifications required to administer, score, or interpret the measure.[14]
Duration of completion	Typical time required to complete the measure, with additional detail where available.
Used with children in care/care-experienced young people	Evidence that the measure has been used with children in care or care-experienced populations.
EDI considerations	Reported equity, diversity, and inclusion considerations, including involvement of children and young people in measure development and any noted strengths or limitations.
Notes	Additional comments relevant to interpretation, feasibility, or use in evaluation.

[14] This is based on the guidance from the measure developer or provider, where available. We note that requirements can sometimes be adapted – for example, the project consortium has experience where providers have allowed people with lower levels of qualification to administer measures for research and evaluation purposes, rather than for the purposes of diagnosing individual children.

APPENDIX 5: ACCESSIBILITY TEXT

Figure 1. Foundations' Outcomes Framework

Figure 1 presents Foundations' Outcomes Framework, which includes 10 measurable outcomes. The framework shows how the 10 measurable outcomes in the framework relate to Foundations' four strategic child outcomes and how these outcomes apply across three priority groups of children, as well as to caregivers and families.

Target groups of children

The framework identifies three target groups. These are babies, children and young people:

1. Who face family-level risks at home and whose families need targeted support
2. Experiencing harm and abuse in their home
3. In care and care leavers

These groups sit alongside outcomes relating to **caregivers and families**.

Strategic child outcomes

At the highest level, the framework is organised around **four strategic child outcomes**.

Babies, children and young people:

1. Are supported by their families to develop and thrive
2. Are safe in their homes
3. Stay together with their families as much as is safely possible
4. Have stable, loving relationships

Measurable outcomes for children

For each strategic outcome, the framework identifies outcomes that we will measure in our evaluations, and which specific target groups each of the measurable outcomes apply to

Babies, children, and young people are supported by their families to develop and thrive

This strategic outcome applies to babies, children and young people:

- Who need targeted family support to address family-level risks
- Experiencing harm and abuse in their home

The measurable outcomes are:

- Babies, children and young people have positive emotional health and wellbeing
- Babies, children and young people are supported by their family networks and trusted relationships

Babies, children and young people are safe in their homes

This strategic outcome applies to babies, children and young people:

- Who need targeted family support to address family-level risks
- Experiencing harm and abuse in their home

The measurable outcomes are:

- Babies, children and young people feel safe
- Babies, children and young people are free to go about their daily life
- Babies, children and young people are safe from child abuse, neglect, and exposure to domestic abuse

Babies, children and young people stay together with their families as much as is safely possible

This strategic outcome applies to babies, children and young people:

- Experiencing harm and abuse in their home
- In care and care leavers

The measurable outcomes are:

- Babies, children and young people feel safe
- Babies, children and young people are safe from child abuse, neglect, and exposure to domestic abuse
- Babies, children and young people have stable and permanent care

Babies, children and young people have stable, loving relationships

This strategic outcome applies to babies, children and young people:

- In care and care leavers

The measurable outcomes are:

- Babies, children and young people are supported by their family networks and trusted relationships

Measurable outcomes for caregivers and families

The framework also includes **four measurable outcomes for caregivers and families**:

- Caregivers have positive emotional health and wellbeing
- Family relationships are strong and supportive
- Caregivers have the support and capacity to care for the child
- Caregiver behaviours are supportive to the child

Return to main report

Figure 2. Distribution of measures by outcome area

Bar chart showing the number of shortlisted and longlisted-only measures across two outcome groups.

For Children, the outcome "have positive emotional health and wellbeing" has ~90 measures, and is the largest bar); "are supported by family networks and trusted relationships" (~60); "feel safe" (~25); "are free to go about their daily life" (~20); "are safe from child abuse, neglect and exposure to domestic abuse" (~28); and "have stable and permanent care" (~20).

For Caregivers/families, the outcomes are: "have positive emotional health and wellbeing" (~22 measures); "relationships are strong and supportive" (~30); "have the support and capacity to care for the child" (~38); and "behaviours are supportive to the child" (~45).

Each bar is divided into teal (shortlisted measures) and grey (longlisted only measures). Shortlisted measures make up the majority of each bar.

Return to main report

Figure 3. Distribution of child-level measures by age group

Grouped bar chart showing the number of shortlisted measures for six child outcome areas across five age groups: Babies (under 2), Pre-school (2–4), Primary school (4–11), Secondary school (11–18), and Young adult (over 18).

The six outcome areas, represented by different colours, are:

- Teal: have positive emotional health and wellbeing
- Orange: are supported by family networks and trusted relationships
- Light pink/cream: feel safe
- Light blue: are free to go about their daily life
- Dark navy: are safe from child abuse, neglect and exposure to domestic abuse
- Purple: have stable and permanent care

Values by age group:

- Babies (under 2): 11, 12, 2, 5, 9, 5
- Pre-school (2–4): 16, 16, 7, 2, 11, 6
- Primary school (4–11): 31, 28, 11, 9, 14, 12
- Secondary school (11–18): 32, 28, 13, 12, 15, 14
- Young adult (over 18): 17, 14, 9, 6, 11, 4

Measures increase from younger to older age groups, peaking at secondary school age, then declining for young adults. "Have positive emotional health and wellbeing" and "are supported by family networks and trusted relationships" consistently have the highest counts across all age groups.

Return to main report

Figure 4. How to use the database

A four-step process diagram illustrating how to select measures from the Measures Database, shown as icons connected by arrows moving left to right.

Step 1 – Identify relevant outcomes and target population: Icons of people in various group sizes and a network/connection diagram.

Step 2 – Filter the database using criteria based on your context and resources: A funnel icon with coloured dots entering the top and being filtered down, representing narrowing a large set of options.

Step 3 – Weigh the information and identify measures that fit your needs: A balance scale icon with a clipboard/checklist, representing evaluation and comparison of measures.

Step 4 – Use the "Relevant" column to select 2/3 candidate measures and review their quality and feasibility in detail: A numbered list (1, 2, 3) with orange and purple horizontal bars and a magnifying glass, representing close review of shortlisted candidates.

Return to main report

Figure 5. Outcomes Framework development process

Flowchart illustrating the four-step process followed to develop the Outcomes Framework, including scoping, concept mapping, prioritisation, and finalising outcomes. Each step is numbered and described within teal-bordered boxes:

1. Scoping: review existing frameworks, review systematic reviews, consult with experts behind existing frameworks
2. Concept mapping: remove duplicate outcomes and add missing outcomes, map outcomes to Foundations' four strategic outcomes
3. Prioritisation: prioritisation survey and workshops with ELT, consultation with experts
4. Finalising outcomes: further concept mapping and wording refinement, alignment with other outcomes frameworks, EDIE considerations

Corresponding outcome counts are shown in dark teal boxes below each step, highlighting a reduction from 301 child outcomes and 91 caregiver/family outcomes at scoping to 6 child outcomes and 4 caregiver/family outcomes at finalising.

Return to main report

Figure 6. Measures Database development process

A process diagram illustrating how the Measures Database was developed, shown as icons connected by arrows moving left to right.

Step 1 – Source a longlist of outcome measures aligned to Outcomes Framework: Illustrated by a pool of coloured dots.

Step 2 – Screen the longlist for inclusion, based on pre-agreed criteria: A funnel icon with coloured dots entering the top and being filtered down, representing narrowing a large set of options.

Step 3 – Prioritise a shortlist: A circular arrow icon to indicate that prioritisation was iterative.

Steps 4 & 5 – Appraise shortlisted outcome measures using the COSMIN criteria and document additional information: A magnifying glass icon representing closer interrogation of shortlisted measures.

Step 6 – Present the information in a dashboard summarising key information: A presentation screen icon with tick symbols and lines indicating text.

Return to main report

Figure 7. Measures Database dashboard

A screenshot of the Measures Database dashboard, which shows information on the number and characteristics of measures in the database, filterable by outcome and age.

Return to main report