Research Article

Is Alternative Care on the Violence Against Children Agenda? A Review of Pledges Made at the 1st Global Ministerial Conference on Ending Violence Against Children

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Abstract

In 2024, the 1st Global Ministerial Conference on Ending Violence Against Children (VAC) brought together 103 governments to make formal commitments to prevent and respond to VAC. This review analyses the pledges announced at the time of the conference, while acknowledging that some governments may have subsequently refined or expanded their commitments, as noted in the limitations. With a focus on how alternative care, family strengthening and family-based care feature within broader VAC strategies. Recognising that violence is both a driver for entry into care and a significant factor within care systems, the review explores trends, gaps and emerging priorities across national contexts. It identifies where countries have made explicit commitments to care reform, highlights financial and accountability mechanisms, and considers the implications for children in alternative care. The findings underscore the need to integrate care reform as a central pillar in efforts to end VAC globally.

Keywords

Alternative care, youth, childhood and youth studies, social work, social policy, violence/abuse

Introduction

Violence against children (VAC) is a global crisis. It is estimated to affect over 1 billion children each year, which is half of all children (World Health Organization [WHO], 2022). This violence, which includes neglect and physical, emotional and sexual abuse, leaves lasting impacts on children's health, development and overall

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well-being (WHO, 2016). The United Nations Convention on the Rights of the Child (UNCRC), adopted in 1989, marked a fundamental step towards safeguarding children's rights, emphasising that every child has the right to protection from violence and to a family environment conducive to their development. Ending VAC is also central to the Sustainable Development Goals (SDGs), specifically target 16.2, which calls for ending abuse, exploitation, trafficking and all forms of violence against and torture of children by 2030 (UN, 2015).

Alternative care is meant to serve as a protective response for children who have experienced violence and cannot safely remain in their family environment. Evidence suggests, however, that in many cases, children placed in care, particularly in residential care and poorly regulated settings, face increased risks. These care environments can lack the stability and individualised attention children need, and large-scale residential care settings have been categorised as a form of structural neglect (van Ijzendoorn et al., 2020). As a result, research evidence suggests that children in alternative care are at risk of experiencing violence across multiple settings and of poly-victimisation (Brodie & Pearce, 2017). A significant body of research underscores the importance of the family environment and family-based alternative care solutions, which provide a more supportive environment and foster resilience through more consistent, individualised and nurturing relationships with carers than those in residential settings (van Ijzendoorn et al., 2020). The UN Guidelines for the Alternative Care of Children (UN, 2009) acknowledge this growing consensus in the literature and advocate for prioritising family-based care over residential care to ensure children experience environments closest to family life. Building on these concerns, the UN General Assembly Resolution on the Rights of the Child (2019) called on states to take effective action to support families and to prevent unnecessary child–family separation, to replace institutionalisation with quality alternative care prioritising family- and community-based services, and to protect children from all forms of violence and abuse in all care settings, ensuring mechanisms for children to report violence, abuse and other concerns (United Nations General Assembly, 2019). This positions care reform as integral to VAC prevention because violence can be both a driver of child–family separation and a risk within poorly regulated care settings.

In 2024, the first-ever Global Ministerial Conference on Ending VAC gathered representatives from over 100 countries in Bogotá, Colombia, to address the multi-dimensional challenges of VAC. This conference promoted cohesive, cross-sectoral strategies, from legal reforms to strengthening community systems, aimed at protecting children in all settings, from the family home to schools and online spaces. A landmark satellite event on the links between VAC and alternative care was convened by an inter-agency working group during the conference, featuring a high-level panel of speakers from government and civil society. The session highlighted the critical importance of recognising children in care within broader efforts to address VAC, and advocated for the inclusion of care reform in national pledges and action plans (Better Care Network, 2024). Significantly, the discussion extended beyond VAC experienced by children already in care to include violence as a driver of child–family separation, emphasising how violence can lead to children entering the care system in the first place.

Over 2 days, ministerial delegations and civil society groups made actionable pledges at the conference to prevent and respond to VAC. This rapid review aims to critically assess the governmental pledges made at the Global Ministerial Conference, examining the extent to which alternative care, family strengthening and family-based care solutions are incorporated within these broader VAC commitments. Through this analysis, the review seeks to determine the level of priority given to alternative care reform within global VAC strategies and assess the implications of these commitments for children in alternative care settings.

Research Questions

1. Which countries have made pledges referencing alternative care, care reform, residential care settings, family strengthening, family-based care and inclusive education?
2. What funding commitments have been made specifically for alternative care, family strengthening or family-based care?
3. What mechanisms for accountability and time-bound goals are included in the pledges, and how do these mechanisms vary?

Methods

This content-based review examined government pledges submitted to the 1st Global Ministerial Conference on Ending VAC, assessing the extent to which alternative care and broader aspects of care reform were featured. A rapid review approach was used to support a streamlined yet robust synthesis of evidence, balancing rigour with efficiency in analysing a large volume of material (Tricco et al., 2017). This method allowed for the identification of both patterns and omissions in how children's care and alternative care were addressed within global VAC strategies.

Recognising that care reform extends beyond the transition from residential to family-based care, the review also considered measures aimed at strengthening families, preventing unnecessary separation and supporting gatekeeping mechanisms to ensure children enter alternative care only when truly needed. Therefore, pledges referencing family strengthening were examined not only as social protection commitments, but as key elements of care reform with implications for VAC prevention.

The review employed a qualitative content analysis to systematically identify and examine recurring themes in the pledges (Bryman et al., 2021). This approach is particularly effective for extracting meaning from textual data (Krippendorff, 2018), making it well-suited to exploring how concepts such as family strengthening, care reform and alternative care were framed across diverse national contexts. The analysis considered both the language used and the prominence given to alternative care themes within broader VAC agendas.

Pledges were sourced directly from the official conference website and associated public records. The data set comprised government pledges publicly posted by the organisers in the period immediately following the conference. A structured search

of each full-text pledge was conducted using predefined keywords: 'alternative care', 'care reform', 'residential care', 'family preservation/strengthening', 'family-based care', 'foster care', 'adoption', 'inclusive education', 'funding allocated' and 'timelines/accountability'. These keywords ensured comprehensive and consistent data capture. Coding and theme development were conducted collaboratively across the research team to support analytical rigour and inter-coder reliability.

Thematic coding enabled the grouping of related concepts and the identification of trends across countries and regions. This facilitated an exploration of how children's care and alternative care were prioritised within wider VAC commitments, including references to funding, timelines and system reform. The findings were used to highlight promising developments, identify gaps and assess the prominence of care reform across different policy settings.

As the review was based entirely on publicly available information, no ethical approval was required. However, attention was paid to accurate and respectful representation of the language and intent of each pledge, with care taken to avoid overinterpretation and to preserve contextual nuance.

Limitations

While this review provides a comprehensive snapshot of global commitments made in the context of the Bogotá global conference, it is important to acknowledge the limitations inherent in analysing pledges. Not all countries were able to submit pledges or attend the conference, and those that did provided varying levels of detail and specificity. These documents are often aspirational in nature and may not reflect actual policy implementation or resource allocation. In some contexts, making public commitments, particularly those involving financial targets or measurable indicators, requires alignment with formal domestic accountability processes, which may limit what can be included in a pledge. The absence of independent verification mechanisms means that the review cannot assess whether pledges translate into practice. Additionally, some countries have made pledges after the VAC Conference. Others might have undertaken significant reforms without submitting formal pledges, meaning their progress is not captured in this analysis. Nonetheless, pledges offer valuable insight into national priorities and political will regarding violence prevention and care reform.

Findings

The following findings are based on a content analysis of the 103 pledges submitted to the First Global Ministerial Conference on Ending VAC. Four key themes emerged from the pledges, reflecting shared concerns as well as variations in emphasis, detail and ambition. These themes are: transitioning from residential to family-based care; preventing violence through parent and caregiver support; financial commitments and priorities; and accountability mechanisms. Two cross-cutting safeguarding themes also emerged: prohibiting corporal punishment in all settings and strengthening support for care leavers. Each theme is explored below,

highlighting where promising practice has emerged and where further action is needed to translate pledges into meaningful progress for children. Together, they respond to the review's research questions on the presence of alternative care in the pledges, any funding commitments and accountability mechanisms.

Table 1 provides an overview of which countries' pledges fell under each theme and indicates their level of specificity.

We now explore each theme in turn, tracing variation in ambition, costing and accountability, and the points at which safeguarding priorities intersect with care reform.

Transitioning from Residential to Family-based Care

Although the 1st Global Ministerial Conference on Ending VAC brought together pledges from 103 countries, only a small number explicitly recognised care reform as part of their strategy in addressing VAC. This is notable given the estimated 5.4 million children living in residential care institutions and the well-established evidence base linking residential care to negative outcomes (van

Table 1. Country Pledges that Relate to Each Theme.

Theme	Countries (As Referenced in Pledges)	Level of Specificity (Examples)
Family-based care/ deinstitutionalisation	Burkina Faso; Kenya; Philippines; Panama; Paraguay; Fiji; Nigeria; Austria; Madagascar; Sweden	*Targets/time-bound*: Kenya (70% transition by 2027); Philippines (≥10 licensed foster carers per municipality; 9-month adoption timeline by 2030); Nigeria (roll-out of guidelines by December 2024; adaptation across 36 states + FCT by 2030; legislative reform). *Legal step*: Madagascar (decree on foster families by end-2025). *General intent*: Panama, Paraguay, Fiji. *Quality/ oversight, no clear indicators*: Austria, Sweden.
Parent and care-giver support/family strengthening	Kenya; Rwanda; Ukraine; Burundi; Guinea-Bissau; Bhutan; Cambodia; Trinidad and Tobago; Namibia; Zimbabwe	*Targets/coverage*: Kenya (scale positive parenting to 2 m families by 2027); Guinea-Bissau (indicators and 2030 goals). *Programmatic expansions*: Bhutan (parenting, mental health, social support); Cambodia (expand positive parenting). Ukraine (minimum package incl. ECD, disability support, reintegration). *Centres/services*: Trinidad and Tobago (comprehensive services in each reception centre by 2026). *Disability/inclusion lens*: Rwanda, Namibia, Zimbabwe (link to inclusive education).

(Table 1 continued)

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Theme	Countries (As Referenced in Pledges)	Level of Specificity (Examples)
Financial commitments	Kenya; Philippines; Bhutan; Guinea-Bissau; USA; Austria; Burundi	*Quantified*: Kenya (KES 16bn ($123 million USD) Child Welfare Fund; KES 600m ($4.6 million USD) care reform); Bhutan (BTN 25m ($283k USD) for MH/social support; BTN 120m ($113k USD) for child protection); Guinea-Bissau ($2m USD) parental education). *Resourcing instrument*: Philippines (foster care subsidies). *Intent without certainty*: USA and Austria (bilateral aid pledges). *Policy commitment without figures*: Burundi.
Accountability mechanisms	Kenya; Guinea-Bissau; Türkiye; Cambodia; Austria; Sweden	*Stronger*: Kenya (annual reviews; numeric targets); Guinea-Bissau (coverage indicators; 2030 target); Türkiye (transition accountability mechanisms). *Weaker/absent*: Cambodia (no clear timelines); Austria, Sweden (noted gaps in measurable indicators).
Corporal punishment bans (all settings)	Burundi; Kyrgyzstan; Panama; Sri Lanka; Tajikistan; Benin; Cabo Verde; Papua New Guinea; Czechia	*Time-bound*: Burundi (ban by end-2028). *Commitments to legal reform/strengthening*: Others, with variable clarity and enforceability.
Care leavers/transition from care	Türkiye; Trinidad and Tobago	*Mechanisms/support*: Türkiye (integration into education, employment, social life). *Time-bound activity*: Trinidad and Tobago (life-skills and transition workshops in 2025).

Note: ECD: Early childhood development; FCT: Federal Capital Territory; MH: Mental health.

Ijzendoorn et al., 2020), including heightened risk of abuse and neglect (Goldman et al., 2020).

Several pledges did commit explicitly to reducing reliance on residential settings in favour of family-based alternatives. Notably, 10 governments, including Burkina Faso, Kenya, the Philippines, Panama, Paraguay, Fiji, Nigeria, Austria, Madagascar and Sweden, referenced this transition directly. However, the level of detail, clarity of implementation pathways, and accompanying resource commitments varied considerably across these pledges.

Kenya demonstrated one of the most ambitious commitments, pledging to transition 70% of children in residential care into family-based settings by 2027. This was backed by 600 million Kenyan shillings ($4.6 million USD) and included strategies for family reintegration, kinship care and improved regulation. The inclusion of annual progress reviews also signals a significant commitment towards accountability. The Philippines is similarly committed to growing the

national foster care system, aiming for at least ten licensed foster parents per municipality and providing monthly subsidies for foster children. It also pledged to streamline domestic adoption processes, setting a 9-month timeline by 2030, an encouraging sign of time-bound planning. These commitments reflect a clear focus on reducing reliance on residential care by prioritising family-based solutions.

Panama and Paraguay both pledged to prioritise family reintegration and decentralised services. Panama's pledge included a broad commitment to transform the care system, while Paraguay aimed to expand its National Programme for Alternative Care and Adoption by increasing the number and support for foster families. Fiji signalled its intent to legislate for family restoration and community-based care, although it did not include specific timelines or allocated funding. Madagascar pledged to adopt a decree on foster families by the end of 2025, with the goal of strengthening alternative care provision for children deprived of parental care. This time-bound legislative commitment signals the importance of developing foster care in care reform efforts and efforts to prevent VAC.

Nigeria's pledge included both legislative reform and national policy implementation. It is committed to replacing the outdated Borstal Institutions and Remand Centres Act 2004 with the Children and Youth Correctional Institutions Bill 2024, focused on strengthening protection and reintegration pathways for children in conflict with the law. In addition, Nigeria pledged to roll out the National Guidelines on Alternative Care of Children and its Implementation Strategy by December 2024, with adaptation planned across all 36 states and the Federal Capital Territory by 2030. Together, these commitments reflect both a targeted response to institutional harm in custodial settings and a broader systems-level effort to improve alternative care provision nationally.

Austria and Sweden, while also referencing care reform, adopted a dual approach. Both countries are committed to improving the quality of existing residential care while simultaneously supporting transitions to family-based care. Austria's pledge on care is committed to supporting care reform as a donor, and it also focuses particularly on children with disabilities, emphasising the need for inclusive policies that address the vulnerabilities of disabled children in residential settings. Sweden outlined plans to enhance oversight and regulation of care providers to ensure the safety and well-being of children who remain in smaller-scale residential care.

While these examples offer insight into explicit care reform pledges, other countries addressed elements of care reform through more implicit or component-based language. For instance, Rwanda pledged to strengthen family-based care by expanding parenting support programmes to prevent separation, including for children with disabilities. Türkiye is committed to increasing the number of children benefiting from family-based services through the promotion of foster family models, framing this within efforts to prevent unnecessary separation.

Ukraine outlined a broader strategy to introduce a minimum package of social services in pilot communities, including day-care for children with disabilities, early intervention and support for families raising children deprived of parental care and orphans. It is also committed to developing evidence-based training

programmes for prospective foster and adoptive parents. These pledges did not always use the language of care reform or deinstitutionalisation, but nonetheless reflected core principles, including prevention, family strengthening and investment in non-residential alternatives.

As highlighted, the countries' pledges varied widely in specificity, ambition and resource allocation. Kenya and the Philippines, for instance, included measurable targets and financial commitments, while others, such as Fiji and Austria, outlined more generalised intentions. This variation reflects some progress but also the ongoing challenges of translating care reform into practice across diverse national contexts.

While some pledges included measurable targets and financial commitments, others were more general in their framing. It is important to acknowledge that this variation does not necessarily reflect differences in political will or national progress. Rather, it highlights how countries interpreted the format and scope of the pledging process, and the extent to which they were willing or able to articulate detailed commitments in a high-level global forum. Limited guidance and short time frames likely shaped what was included. For example, although Rwanda has well-established national targets on care reform, these were not reflected in its pledge. Recognising these dynamics is essential to understanding the pledges as political signals rather than comprehensive reform plans.

The UK's pledge focused on international efforts to strengthen care systems. It highlighted violence prevention across a range of settings, including alternative care. It also endorsed the strengthening of families and child protection systems. However, while advocating for global reform, the UK made no new domestic commitments regarding its own care system. Notably, the recommendations of the Independent Review of Children's Social Care called for a shift towards earlier intervention and greater investment in family-based care, which have yet to be implemented. The USA similarly directed its pledge towards international efforts, but with a significant emphasis on alternative care and the development of family-based systems through global partnerships.

While only 10 of the 103 pledges explicitly recognised care reform as integral to ending VAC, these commitments provide important insights into emerging global priorities. The pledging countries represent a wide geographic and economic spectrum—across Asia, Africa, Europe and Latin America—signalling that care reform is not solely driven by high-income nations or Global North agendas. Instead, these pledges seem to reflect a broader global recognition of the need to strengthen family-based care, showing that there is momentum building across diverse contexts through local leadership, policy alignment and cross-sectoral partnerships.

It is also notable that so few pledges acknowledged residential care and child institutionalisation as a potential site of neglect and violence. This limited recognition stands in contrast to a growing evidence base documenting the developmental and safeguarding risks associated with residential settings, including disrupted attachment, cognitive delays and increased vulnerability to abuse and neglect (Goldman et al., 2020; van Ijzendoorn et al., 2020). The limited emphasis on care reform in many pledges indicates that its significance within

broader violence prevention strategies is not yet fully appreciated. As Goldman et al. (2020) argue, violence prevention strategies must include care reform, as children in residential settings face heightened risks and require access to safe, family-based alternatives. Without such integration, efforts to address VAC may overlook a significant structural driver of harm. Strengthening care systems, particularly by reducing reliance on residential care, should be recognised not as a parallel priority but as a central pillar of effective violence prevention.

Preventing Violence Through Parent and Caregiver Support

Preventing violence within the family is not only essential for children's safety and well-being, but also for reducing the need for alternative care placements. Many children enter care not only because of abuse or neglect, but also due to family breakdown linked to poverty, stress and a lack of support. Strengthening caregivers through parenting programmes, mental health support and economic assistance can therefore play a dual role: protecting children from violence and enabling them to remain safely within their families. This makes parent and caregiver support a vital strategy within both care reform and broader efforts to prevent VAC.

Parent and caregiver support emerged as a central strategy in the majority of pledges made at the 1st Global Ministerial Conference on Ending VAC. In total, 58 out of 103 country pledges included references to strengthening families and supporting caregivers as a means of preventing violence and reducing the risk of family separation. These initiatives ranged from national parenting programmes and psychosocial support to system-wide investments in social protection and data infrastructure.

Kenya pledged to scale its National Positive Parenting Programme to reach 2 million families by 2027, promoting nurturing relationships, positive discipline and equitable caregiving. In parallel, the government committed KSh 16 billion ($123 million USD) to a Child Welfare Fund aimed at supporting 4.2 million families in realising children's social security rights. The inclusion of measurable targets enhances the potential for meaningful monitoring and evaluation.

Burundi presented a strong focus on capacity-building for parents and caregivers. Its pledge includes the provision of positive parenting, psychosocial support and mental health services to families in half of its provinces by 2027. This approach aims to prevent abuse and strengthen family units in regions where VAC risks are increased by socio-economic stressors. Guinea-Bissau also demonstrated leadership in this area, announcing a national parental education programme targeting regions with high rates of physical discipline. The programme includes clear indicators to measure its impact by 2030, reflecting a commitment to accountability in its implementation.

In Asia, Bhutan emphasised reintegration services for children affected by violence, supporting their return to safe and nurturing family environments. Cambodia pledged to expand its positive parenting initiative, which integrates

community-based education with parenting strategies to promote protective family settings.

Across these commitments, several strategies for family strengthening stand out. Parenting programmes were consistently highlighted, with a focus on equipping caregivers with positive discipline techniques and fostering a culture of nurturing care within families. Economic empowerment measures, such as cash transfers and financial assistance, were also central to many pledges. These programmes aim to alleviate economic stressors that often exacerbate family instability and contribute to VAC. In addition to parenting and financial support, several countries committed to strengthening the broader system of services available to families. For example, Ukraine pledged to introduce a minimum package of social services in pilot communities, including day care for children with disabilities, early intervention, support for families raising children deprived of parental care, and services for care leavers. Reintegration support was also highlighted, such as Trinidad and Tobago's plan to establish comprehensive services in each Reception Centre by 2026, offering individualised plans, family counselling, community resource mapping and ongoing mental health support. Community engagement also emerged as a critical strategy, with countries like Cambodia and Bhutan planning to leverage local networks to deliver targeted support and raise awareness of VAC.

While most pledges focused on parenting programmes, economic strengthening and psychosocial support, Zimbabwe was the only country to explicitly reference inclusive education as part of its broader child protection strategy. This is significant given the well-established role of quality education in preventing violence and promoting long-term well-being. By including inclusive education, Zimbabwe acknowledged that children with disabilities often face additional barriers, and access to education can often come at the expense of being institutionalised. Accordingly, enabling children with disabilities to live within their families must involve ensuring access to safe, inclusive learning environments. Rwanda also made this connection, pledging to strengthen the family-based alternative care system by increasing support to parenting programmes that prevent separation, including for children with disabilities. Namibia further highlighted the intersection of education, disability and poverty reduction by pledging to expand school feeding to Early Childhood Development centres, revise disability grant assessment criteria to reflect actual care costs by disability type and enrol orphans and vulnerable children into national child grants. These pledges offer valuable models for integrating inclusive education, disability-responsive services and social protection within broader violence prevention strategies, and contribute meaningfully to the realisation of SDGs 4 and 10. The limited but notable inclusion of inclusive education, particularly for children with disabilities, signals an underused lever that can reduce both exposure to violence and the likelihood of separation.

While countries like Kenya and Guinea-Bissau included measurable targets in their pledges, many others lacked clear accountability mechanisms or timelines. Additionally, the diversity of family structures and needs was not always addressed comprehensively. Notable exceptions include Austria's pledge, which emphasised

the inclusion of children with disabilities, acknowledging the specific vulnerabilities they face in accessing family-based care. Similarly, Burundi's commitment to positive parenting and mental health support implicitly recognised the challenges faced by families in low-income contexts, where socio-economic stressors are prevalent. However, few pledges explicitly addressed the unique needs of kinship carers, who represent a common form of caregiving, particularly in low-income countries. These omissions highlight the need for VAC strategies and plans to recognise the diversity of family forms and children's needs across cultural and socio-economic contexts.

Nonetheless, the widespread recognition of the critical importance of strengthening families, reflected in 56% of the pledges, aligns with growing international evidence that supported family environments play a central role in reducing children's exposure to violence. For example, a systematic review of VAC programmes in Sub-Saharan Africa found that family-focused interventions, such as parenting skills training and improved parent–child relationships, were effective in reducing VAC (Edwards et al., 2023). It also reflects a broader policy emphasis found in frameworks such as the INSPIRE strategies (WHO, 2016), which highlight family support and positive parenting as key pillars of violence prevention.

Extending Protection: Corporal Punishment and Transitions from Care

While much of the focus in pledges was on strengthening family environments, two additional themes emerged that relate to safeguarding care-experienced children and young people: (a) the prohibition of corporal punishment in all settings; and (b) the safeguarding of young people transitioning out of care.

A number of countries used their pledges to reaffirm or expand their commitment to prohibiting corporal punishment of children in all settings, including alternative care. This is a notable development, as many countries that have banned corporal punishment in homes or schools have yet to extend these protections to residential or family-based care environments. For example, Burundi pledged to prohibit all forms of corporal punishment in all settings by the end of 2028. Kyrgyzstan, Panama, Sri Lanka and Tajikistan made similar commitments to amend legislation and close existing protection gaps. Others, such as Benin, Cabo Verde, Papua New Guinea and Czechia, signalled intent to strengthen measures or declare corporal punishment unacceptable, though with varying levels of clarity and enforceability. These pledges reflect growing recognition that all children, including those in alternative care, must be protected from violence through consistent legal frameworks.

Another under-acknowledged area of risk relates to young people leaving care. Transitions from care can be marked by vulnerability to exploitation, homelessness and continued exposure to violence. A small number of countries included commitments to improve support for care leavers, linking transition support to VAC prevention. For example, Türkiye pledged to improve accountability mechanisms

for children transitioning from residential care, with an emphasis on integration into education, employment and social life. Trinidad and Tobago is committed to delivering life skills and transition workshops for care leavers in 2025 to prepare them for independent living. These efforts represent promising steps towards recognising and addressing the risks associated with life beyond care.

Together, these commitments signal an emerging awareness that violence for care-experienced people can occur not only within families or residential care settings, but also through the failure to adequately protect children at critical points in the care journey.

Financial Commitments and Priorities

While many countries articulated ambitious goals, the extent to which financial commitments were included varied significantly. The inclusion of financial commitments in pledges offers a signal of political will and the feasibility of implementation. However, the extent and specificity of financial pledges varied widely among countries.

Kenya stood out for the clarity and specificity of its financial commitments. Its pledge allocated KSh 16 billion ($123 million USD) to establish a Child Welfare Fund aimed at supporting over 4.2 million families. Additionally, 600 million Kenyan shillings ($4.6 million USD) were earmarked for care reform, including the ambitious goal of transitioning 70% of children in residential care into family-based settings by 2027. These commitments reflect a deliberate effort to link funding with measurable outcomes. However, it is important to note that the inclusion of financial details in pledges may reflect differences in how countries approached the process, rather than differences in commitment. For some, stating financial commitments in a non-binding global forum is straightforward; for others, it may require complex internal coordination or legal approvals. As such, the absence of explicit financial figures should not be interpreted as an absence of intent or investment.

In Asia, the Philippines demonstrated a similar commitment to care reform and developing fostering and adoption, pledging subsidies for foster parents and streamlining domestic adoption processes. By resourcing foster care and setting a timeline for adoption reforms, the Philippines linked its financial commitments to specific actions, making its pledge one of the more actionable submissions at the conference.

Bhutan also committed resources, with 25 million Bhutanese Ngultrum (BTN) ($283k USD) allocated to enhance mental health and social support services nationwide. These funds aim to ensure access to child-sensitive reintegration services and rehabilitation programmes for children affected by violence. Additionally, 120 million BTN were pledged to strengthen and expand the child protection system through legislative reviews, multi-sectoral approaches and evidence-based interventions. Bhutan's financial commitments underscore its integrated approach to addressing VAC while focusing on prevention and long-term systemic improvements.

Guinea-Bissau also allocated financial resources, committing $2 million USD to a nationwide parental education programme targeting regions with high prevalence rates of physical discipline. The programme includes specific indicators for monitoring progress, such as the percentage of families reached and the reduction in reported cases of physical discipline. This financial commitment reflects an integrated approach to preventing VAC by addressing harmful practices at the family level.

By contrast, some countries made strong policy commitments without specifying the financial resources required to implement them. For instance, Burundi pledged to provide positive parenting, psychosocial support and mental health services to families in half of its provinces by 2027, but offered no indication in their pledge of the funding needed to achieve these targets.

The US highlighted the importance of preventing family separation during emergencies or poverty-related crises within its international development commitments. They broadly pledged to invest in family tracing and reunification mechanisms, alongside gender-responsive parenting programmes targeting intimate partner violence and parental substance misuse, which are key drivers of VAC. The pledge further emphasised strengthening social service systems, improving data collection and enhancing multi-sector coordination to support family well-being. However, despite its scope, the implementation of this commitment is now uncertain following substantial US Agency for International Development (USAID) funding cuts initiated by President Trump's administration in early 2025. These cuts have significantly disrupted global child protection, family support and humanitarian programmes (First Focus on Children, 2025), potentially undermining the practical implementation of the US pledge. The impacts of cuts to development budgets are echoed in international contexts such as the UK, where global pledges are not always backed by sufficient resources (Save the Children, 2025).

The lack of detail on funding strategies in many pledges highlights the need for stronger international cooperation among governments, donors, philanthropic actors, international non-governmental organisations (NGOs) and the private sector, including global partnerships to mobilise resources and bridge funding gaps. Coordinated support is essential to turn commitments into effective, long-term action to end VAC. While countries like Kenya, the Philippines and Guinea-Bissau offer promising examples of aligning financial commitments with specific goals, others may need external support to do the same. Looking ahead, this work will also be supported by the follow-up mechanisms spearheaded by the conference organisers, including the global pledge platform, annual updates tied to the conference anniversary, and plans for future ministerial gatherings. These initiatives provide an opportunity to maintain momentum, track implementation and inspire countries to strengthen and resource their commitments over time.

Accountability Mechanisms

While many countries outlined ambitious goals to address VAC, the inclusion of specific indicators, timelines and monitoring mechanisms varied widely across

pledges. These elements are essential to ensuring that commitments translate into measurable and actionable outcomes.

Kenya's pledge included measurable targets, such as transitioning 70% of children in residential care into family-based settings by 2027, supported by annual reviews to track progress. While setting a numerical target demonstrates ambition, the goal of transitioning 70% of children within 2 years is not well-defined and may be unrealistic, particularly given the slow progress of care reform in Kenya over the past decade. As such, this figure should be viewed as an aspirational signal rather than a reliable measure of accountability. Nonetheless, including a target in the pledge shows a willingness to articulate a vision for reform, even if the feasibility of implementation remains uncertain.

The Guinea-Bissau pledge focused on its parental education programme, aiming to reduce physical discipline in high-risk regions. It specified outcomes such as the percentage of families reached and reductions in reported violence, alongside a target year of 2030, reinforcing implementation through measurable indicators.

In contrast, many pledges lacked these critical components. For example, while Cambodia made strong commitments to family strengthening and parenting support, its pledge did not include specific timelines or monitoring tools, which are necessary to transform broad intentions into concrete action.

A notable divergence emerged between countries of differing resource levels. However, it is important not to assume that the presence or absence of specific targets reflects political will alone. Some high-income countries, including Sweden and Austria, focused on broader policy goals but omitted measurable indicators or deadlines. This may reflect differences in national accountability processes. Countries may be cautious in making specific international commitments that could be scrutinised at home, while others may be more comfortable stating ambitious goals in a non-binding global forum. Making a pledge at a global conference is different from implementing it, and the political dynamics of what is said internationally can differ from what is prioritised domestically. Examples like those of Kenya and Guinea-Bissau illustrate the importance of articulating targets and timelines as part of the pathway from ambition to implementation, even where feasibility and delivery require further scrutiny and support. To support countries in improving accountability, greater international investment in technical support and capacity-building may be needed. Accountability and timelines are not just bureaucratic requirements; they are essential levers for implementation. Without them, even the most ambitious and concrete pledges risk remaining aspirational. Embedding measurable targets, regular progress reviews and transparent reporting into national action plans will be key to ensuring that the commitments made at the ministerial conference lead to real and sustained progress in ending VAC.

Implications for Advocacy, Policy and Practice

The analysis of 103 pledges from countries participating in the First Global Ministerial Conference on Ending VAC highlights significant progress and

commitment to addressing VAC. While our analysis critically examines these pledges, highlighting gaps in accountability, financial commitments and specificity, it is essential to recognise and respect the efforts of these countries. Participating in this global dialogue and making formal pledges represent significant steps towards aligning national policies with the broader VAC agenda. It is equally important to acknowledge that not all countries participated in the conference or made formal commitments, underscoring the need for sustained advocacy to engage all nations in the need to tackle VAC.

The diversity among participating countries reflects the varying stages of their journeys in addressing VAC. Some countries have developed detailed pledges with measurable goals, national surveys and baseline data to inform their efforts. Others are building on established frameworks by committing financial resources and action plans to strengthen family-based care and reduce reliance on residential care settings. At the same time, it is evident in the pledges that some countries are in the initial stages of their VAC response, focusing on broad policy statements that signal intent but lack the specificity needed for implementation. Recognising these differences is critical for designing tailored approaches that meet countries where they are in their VAC journeys.

A key finding of this review is the insufficient integration of care system reform within most VAC pledges and action plans. Effective strategies to end VAC must acknowledge and address the role of alternative care systems in both protecting and caring for children who have experienced violence. However, these systems can also be sites of harm (van Ijzendoorn et al., 2020), exposing children to further abuse when they are poorly regulated or under-resourced (Brodie & Pearce, 2017). There is also significant crossover between the two agendas: approaches such as positive parenting, psychosocial support and economic strengthening not only contribute to preventing violence, but also reduce the likelihood of unnecessary family–child separation. Integrating these strategies is therefore crucial to the success of both VAC prevention and care reform. Some pledges, such as those from the Philippines, which prioritised fostering and adoption over residential care, and Kenya, which, despite the limitations discussed above, included numerical targets for transitioning children to family-based care, demonstrate the potential to embed care reform into VAC strategies. Where targets are set, realism and sequencing matter. Phased plans with interim milestones are more likely to be delivered than single, transformational end-points. As highlighted in *It's Time for Care* (Better Care Network, 2020), efforts to strengthen care systems during COVID-19 combined urgent responses with longer-term investments in quality care, underscoring the importance of realistic, sustainable progress rather than rapid, large-scale change (Better Care Network, 2020). Ensuring that reforms are both protective and achievable is essential if children are not to be placed at further risk within the very systems designed to safeguard them.

Despite progress in recognising violence within care settings, few pledges referenced mechanisms for redress or accountability for historical abuses and past violations against children in alternative care. This gap persists despite clear guidance from the Committee on the Rights of the Child and the Committee on

the Rights of Persons with Disabilities following the 2021 Day of General Discussion (UNCRC, 2021). Embedding redress mechanisms within care reform strategies is essential to ensuring justice, building trust and stopping the repetition of these abuses against children.

In summary, to maximise the impact of these pledges and ensure they translate into meaningful change, several policy and practice implications emerge:

1.   Acknowledging the value of commitment:

Despite our critical analysis of these pledges, the act of pledging itself signals political will and creates a foundation for further action. While some pledges may lack specificity, they represent an important step in mobilising national and international attention towards ending VAC. Respecting and encouraging these initial steps is essential to fostering continued engagement.

2.   Strgthening global participation:

The absence of pledges from 91 UN countries highlights the need for continued global advocacy and engagement. International organisations must work to ensure broader participation in future conferences and initiatives, particularly from regions who were underrepresented at this conference.

3.   Tailoring support to national contexts:

Countries with comprehensive national VAC surveys and baseline data are better positioned to develop targeted action plans. For those without such data, international support should prioritise capacity-building to establish evidence-based foundations for their VAC strategies. This includes conducting national VAC surveys and ensuring they are inclusive of children in alternative care settings, who are often omitted due to ethical and practical concerns. These children may face heightened risks of violence, yet their experiences remain underrepresented in existing data. Developing ethically sound and context-appropriate methodologies to safely include children in care is essential for building robust and inclusive monitoring frameworks that leave no child behind.

4.   Building on cross-country learning:

While it is important to acknowledge the complexities of cross-cultural adaptation, countries with more established VAC action plans and robust baseline data can provide valuable models for others to learn from. Adaptation must be culturally appropriate and locally led, but mechanisms for structured knowledge exchange, such as peer learning platforms, technical assistance and the sharing of promising practices, should be strengthened. These forms of collaboration can support countries in earlier stages of developing their VAC responses without imposing one-size-fits-all solutions.

5.   Ensuring equity in resource allocation:

The pledges reveal persistent disparities in the capacity of countries to implement ambitious VAC strategies, particularly in lower-income contexts.

To translate these commitments into action, international donors, multilateral agencies and philanthropic actors should prioritise support for lower-income countries through targeted, long-term investment and capacity-building. This includes not only financial resources but also technical assistance to strengthen national systems and deliver on key reforms, such as family strengthening and care transformation.

6. Integrating care system reform into VAC strategies:

Building on these pledges, future national action plans and policies must embed care system reform as a core component of VAC strategies. These systems not only serve as protective spaces for children who are victims of violence but also, when poorly managed and monitored, risk becoming sources of further harm. Governments must consider the United Nations Guidelines on Alternative Care (2010), prioritising suitable family-based care solutions, strengthening oversight of alternative care systems and ensuring that care settings are safe and well-regulated.

Viewed together, these implications underscore that care system reform and VAC prevention are complementary and mutually reinforcing. Family-strengthening measures reduce both violence and unnecessary separation, while reforming alternative care systems reduces the risk of violence for children who must enter care. Few governments stated this explicitly, yet pursuing both tracks in tandem is essential because many of the same approaches serve both aims.

Conclusion

The First Global Ministerial Conference on Ending VAC marked a milestone in international cooperation, with 103 countries pledging to prioritise this urgent issue. Yet, with nearly half of UN member states unrepresented, the pledges underscore both progress and the ongoing need for more inclusive global engagement. Realising the vision of a world free from VAC will require more than goodwill. Pledges must be translated into concrete action, supported by sufficient funding, measurable goals and accountability frameworks. Crucially, care system reform must be recognised as central to any effective VAC strategy. While alternative care systems are intended to provide protection, poorly regulated or under-resourced systems may inadvertently expose children to further harm. Ensuring they are safe, trauma-informed and grounded in family- and community-based care is essential for protecting the most vulnerable. Countries are at different stages in addressing VAC, from those with established action plans and national data to those beginning to define policy goals. This diversity highlights the need for tailored support and capacity-building. It also opens opportunities for mutual learning through cross-country exchange, peer support and adaptation of promising practices in culturally appropriate ways.

In addressing the core research questions, this review found that while relatively few countries explicitly referenced care reform, those that did came from a wide range of regions and income levels, demonstrating a global, if uneven, momentum. References to family strengthening were more common, particularly

in low- and middle-income contexts. However, inclusive education was largely absent from the pledges, with Zimbabwe standing out as a rare exception. Funding commitments were unevenly distributed, with only a handful of countries linking pledges to concrete financial allocations. Similarly, mechanisms for accountability varied significantly, with some examples like Kenya and Guinea-Bissau highlighting the importance of timelines and monitoring frameworks. Nevertheless, it remains important to restate that commitments at a global forum may reflect differences in domestic administrative processes and political contexts rather than differences in genuine intent or long-term commitment. These findings suggest that while promising models exist, more consistent integration of care reform, resourcing and evaluation is needed across VAC strategies.

The conference demonstrated what is possible when nations and civil society come together around a common cause. To maintain this momentum, the global community must engage more countries, address disparities in resources and infrastructure and ensure that pledges lead to tangible, lasting change. Child protection systems must not only be well-intentioned on article but also effective in practice. Embedding care reform into VAC strategies is not a peripheral concern; it is a foundational requirement for building a future where all children grow up free from violence and with the care they need to thrive.

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