



**Wilton  
Park**

**Report:  
Children's care reform: from  
commitment to collective action**

Wednesday 28 – Friday 30 January 2026

**In association with**  
Foreign, Commonwealth  
and Development Office



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This Wilton Park dialogue aimed to accelerate global progress around children's care by building on the momentum of the Global Campaign for Children's Care Reform, launched in January 2025, and the Global Charter for Children's Care Reform, launched during the 2025 United Nations General Assembly.

The meeting convened approximately fifty representatives from across the world including representatives of governments, civil society, faith-based organisations, United Nations (UN) agencies, academia, youth and people with lived experience of care, to share learning, challenge assumptions, and identify practical pathways to systemic change.

These discussions will inform the setting of priorities for a Global Campaign roadmap that will articulate the objectives, activities and strategies for the campaign to leverage the momentum and energy of existing care reform efforts and to propel action on children's care reform further into the spotlight.

**David Lammy, Deputy Prime Minister of the United Kingdom introduced the meeting with this message:**

“Every child, every child deserves not just care but love. Every child deserves connection, and every child deserves a sense of belonging. That truth is what lies at the very heart of the Global Campaign on Children’s Care Reform.

Yet we all know the reality across the world, millions of children are growing up not with the love and care of a family, but in institutions too often separated from their families, not because it’s in their best interest, but because of poverty, crisis, disability or displacement, or simply a lack of support for families.

And this isn’t just a policy failure, it’s a moral failure, because none of this is inevitable. We have the tools to fix it, my friends, that’s why we stand together now at a pivotal moment. The recent launch of the Global Charter for Children’s Care has set a bold vision. It calls for more than promises, more than statements of intent. It calls for decisive collective action.”

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## Summary

Despite existing international frameworks, including the UN Convention of the Rights of the Child, recognising the importance of families for children's growth and well-being and growing national efforts, an estimated 5.4 million children still live in institutional settings without the care of a family. This is an issue to which the Global Campaign for Children's Care Reform and its Global Charter, has brought renewed political attention. At the time of writing, this charter has 35 Government signatories and over 135 organisational endorsements.

Participants at the dialogue shared an overarching vision for all children to grow up in a safe and loving family environment, prioritising family-based care when alternative care is necessary, and progressively ending the use of institutions for children's care.

It was agreed that strong collaboration and collective action between governments, international agencies, civil society, academia, professional practitioners, and those with lived experience of care systems, including children and young people, can drive real policy change, leading to implementation of reforms and transformation of children's care systems globally.

It was further agreed that local actors, including community leaders, civil society organisations, care workers, families, women, young people, children and, in particular, those with lived-experience of the care-system, were key for decision-making that would best serve the interests of children and families, especially given the different contexts which participants represented.

While examples of good practice exist, many participants highlighted their current challenging economic, policy, legislative, and operational environments. There was recognition and awareness of the sizeable systemic barriers that can slow reform, such as harmful social norms, data and evidence gaps, lack of coordination across social sectors, policy and funding constraints. These were identified as some of the challenges facing reformers - challenges that no single actor can address alone.

Six 'accelerators' were identified and discussed as strategic approaches to catalyse long-term, systemic change. These accelerators were seen as key to facilitating the transformation to prioritising family-based care over institutions and to delivering the objectives of the Global Campaign on Children's Care Reform. The six 'accelerators' identified were:

- I. Social norms and behaviour change
- II. Accountability for children's care
- III. Coordinated action addressing the inter-sectoral nature of care
- IV. Financing for children's care
- V. Data-informed and evidence-based approaches
- VI. Community and child-centred transformation

Participants discussed each of these six accelerators to hear positive examples of their effective implementation at country level to strengthen care reform efforts, share lessons learned, explore challenges, and identify where action would be most effective in the short, medium and long-term future. The country examples, together with follow up discussions, underlined how these six accelerators were interlinked and operated together as key strategies to 'move the needle' on care reform, not just at country level but also globally. They highlighted how approaching global efforts to encourage care reform through the six accelerators could result in systemic and measurable action that could transform care for children beyond individual initiatives and pilot projects, while addressing international drivers that undermined national progress.

## **1. Why the Global Campaign for Children's Care Reform matters**

The Global Campaign for Children's Care Reform highlights the harmful effects of loss of family care and child institutionalisation, and calls for decisive action to provide greater support to families and family-based alternative care. The Global Charter responds to this call, aiming to raise awareness globally and to bring multiple allies, champions and stakeholders together to coordinate action and confront cross-cutting issues.

As one young person with experience of care at the meeting said, "children and young people are not only the future, but they are also the primary stakeholders of the present." Across the globe, issues collide such as the environment, climate change, food insecurity, and poverty. Investing in social protection and livelihoods is not enough; parents and families need proper support to love, nurture, protect and provide for children.

The convening opened with three countries that were among the first to make commitments to reform as a response to the Global Charter. One highlighted that its

main policy and legal frameworks on children's care were not created in isolation by the State, and were all the result of strong social mobilisation, built collaboratively between government, civil society, professionals and researchers, and grounded in evidence. They represented social and political agreements, not top-down decisions. The country representative concluded by reminding participants of the critical role that love plays in children's care and encouraged participants to keep it at the centre of discussions.

The experience of a second country highlighted that public awareness of children's rights and needs were heightened through a documentary about the poor conditions of care homes, and this exposure led to the government adopting a national strategy for rehabilitation and deinstitutionalisation of children. The past twenty years of progress could be credited to a combination of strong political will, a framework for action, financial investment, skilled professionals, and partnership between the state, civil society, and international organisations. The country representative encouraged participants to focus on practical insights, tested solutions, and to foster solidarity.

A third country shared its endorsement of the shared principles of the Global Charter, identifying two specific commitments it focused on to strengthen families and prevent unnecessary family separation. Firstly, it had strengthened the role of Family Centres, with particular attention to the first 1,000 days of a child's life. These trusted entry-points supported parents from the start of their parenting journey, providing information and connections to services where needed. Secondly, the country's approach focused on enhancing the preventive function of foster care, understood as a temporary, supportive, and preventive measure and as a tool for family empowerment and child protection. This sought to ensure safe and nurturing family-based alternative care designed to ensure that children could return to their biological families once the conditions allow.

In the discussions it was highlighted that for many across the world, children's care reform was a complex and context-specific issue, and people work in challenging policy, legislative, or operational environments. While knowledge about and evidence of good children's care reforms exists, state, community, and religious powers can be resistors of change. Political will and finance are, therefore, both of critical significance.

## 2. Ambitions for the Global Campaign on Children's Care Reform

Participants discussed what their view of success for the Global Campaign on Children's Care Reform would look like in the short-, medium-, and long-term. Key points are below:

### Short-term success (0-12 months)

- 1 At least 50 countries have signed the Global Charter, with 50% having clear commitments to reform. Some countries have carried out awareness raising activities, and children and young people with lived experience of care systems have contributed to the Global Campaign.
- 2 Indicators exist for the Global Charter to track progress at national, regional, and global levels.
- 3 A new global alliance among countries leading good practice in children's care has been formed, with new voices included in the effort, contributing to sustaining the movement towards family care.

### Medium-term success (1-3 years)

- 1 Children, young people, parents and families, including those with experience of the care system, are clear leading voices in the Global Campaign.
- 2 At least 80 countries have signed the Global Charter in total, and 50% of these countries have adopted clear and measurable commitments to reform.
- 3 A global collective of ministers uses its power to leverage political and financial changes in children's care globally.
- 4 Regional commitments allow for monitoring and accountability to drive change and align with other relevant global commitments and efforts such as the Global Caregiver initiative and the Violence Against Children global movement.
- 5 Relevant funding flows from governments, the private and faith sectors, and international organisations are identified and mapped with a view to tracking, regulating and ideally redirecting funding to family care and away from residential care.
- 6 Family-based care is recognised as a fundamental part of optimal early childhood development.

- 7 Cost-modelling is used to articulate the financial cost of inaction, for example the cost of the care system against the individual harm and societal cost, including loss of income, productivity, and tax.

### **Long-term success (3-5 years)**

- 1 The Global Campaign is on a sustainable footing with strong local, national, regional and global leadership continuing to galvanise action. Civil society, faith groups and young people and children with experience of care continue to have a strong voice in shaping action.
- 2 All signatory countries have adopted evidence-based and child-centred family policies that strengthen the capacities of families to care for their children, prevent harmful separation, and support family based alternative care where clearly needed.
- 3 There is clear progress on redirecting resources away from institutions and to community and grassroots solutions to address root causes and strengthen families.
- 4 Institutions are being responsibly closed with fewer children entering and a higher proportion of children in need of alternative care being placed in families with appropriate support services as needed.
- 5 Governments have been supported to conduct cost modelling and develop financing strategies to improve children's care.
- 6 50% of signatory countries are actively implementing commitments that relate to both domestic reforms of their care systems and addressing the harmful impacts of extra-territorial actions, whether immigration policies, the overseas conduct of charities, foreign funding, volunteering, and others.

### **Overarching vision, not bound by time**

- 1 Every country has a children's care system that is adequately resourced and staffed.
- 2 There are zero children in institutions, and all children grow up in a loving family environment.

### **3. Six Accelerators for Global Children's Care Reform**

The dialogue centred on six accelerators for action, operating at different levels to reinforce local, national, regional and global efforts for change. These accelerators were identified as key strategies and approaches that catalyse transformation within care systems for children and address barriers that have hampered progress. Key messages and recommendations for action are below. Two to three speakers provided specific examples relevant to each of the accelerators. The short presentations provided useful insights, including successes, challenges, and lessons learned, in the specific accelerator and provided a helpful segue into further discussions.

#### **Accelerator I: Social norms and behaviour change**

A country representative responsible for children's services shared their understanding of the role of social norms in children's care. They spoke about social norms as informal, unwritten rules that guide acceptable behaviour in a community. They are often very deep-rooted and are influenced by culture and tradition, religion and faith leadership, and gender roles and economic realities, among other factors. They can have both positive and negative impacts on children.

Social norms shape what kinds of care societies believe children need, what kinds of harms can be quietly tolerated, and who to trust to make decisions on behalf of children. Social norms are powerful and influential throughout all of society: from families and communities to government, regional, and international agency policies and institutions.

In the context of children's care, belief that institutions are a necessary element of the care-continuum remains widespread. In some instances, the language of orphans and orphanages reinforces this position, despite evidence suggesting that some 80% of children in so-called orphanages have at least one living parent. In other cases, there is a persistent belief that institutions offer better care and greater opportunities for children, especially children with disabilities, again, often in the face of both empirical and anecdotal evidence to the contrary.

Discussions focussed on how the Campaign should seek to replace these harmful and mistaken beliefs and assumptions, with new, evidence-based narratives, targeted community conversations that engage leaders, the championing of good practice, and improved national policies with family-based care as the norm.

Engaging faith and religious institutions in this accelerator was seen as critical. Interventions by faith groups could be protective and positive but experience showed that harmful interpretations of what is best for children persist, together with vested interests that can drive child and family separation and child institutionalisation. In some contexts, an ‘orphanage industry’ had emerged that advocates and facilitates individual giving to institutions and could ‘pull’ children into unnecessary alternative care rather than offering family strengthening support.

This type of charitable giving, although often well-intended, could weaken community capacity, undermine national efforts to prioritise family-based care, and violate children’s rights. Examples from two countries showed how faith-based actors had played important roles in reshaping social norms and harmful narratives around institutions and disability, towards stronger family care and greater inclusion.

Norm changes are often slower than legislation, but legislation can also challenge and reshape norms. The experience of another country showed an evolution of how society sees children emerging from a long-term interaction between scholarship, public debate, professional practice, and law, each shaping the others over many decades.

The Global Campaign can play a role in strategic communications, ensuring consistency in key messages and facilitating coordinated engagement among influential stakeholders, using evidence of good practice to influence social norms in favour of family-based care. Participants noted that messages must be communicated in language that is easy to understand, and that, often when children’s voices were given a platform, change occurred.

### **Roadmap priorities: recommendations for action**

- Convene an interfaith leaders’ dialogue with global, regional, and national representation to embed faith leaders and faith communities in the Global Campaign.
- Organise highly visible global public awareness-raising campaigns to address harmful social norms and communicate, via key messages, solutions for children’s care reform.

Both these recommendations could influence social norms to improve children’s care reform, as well as connecting these concerns with wider changes in norms relating to

disability and centred on the agency of children, young people, and adults with lived experience.

## **Accelerator II: Accountability for children's care**

Under international law, States are required to provide suitable, quality alternative care for children deprived of their family environment. To ensure effective accountability, a national childcare system must clearly assign responsibility for children's wellbeing and safety, development and outcomes. It should provide for independent scrutiny to monitor performance, listen to the views and recommendations of children and young people who are in care or are care-experienced, and ensure there are real consequences when standards are not met.

The basis of strong accountability must be a regulatory framework that sets the laws, standards, licensing requirements, inspection powers, and safeguards that govern children's care. Accountability should ensure clearly assigned duties for ministries, local authorities, regulators and service providers, and be reinforced by independent scrutiny. It should combine monitoring and reporting on safety, quality, and outcomes using reliable data systems. Crucially, it should include enforcement mechanisms so violations of children's rights and poor performance lead to corrective action.

Such systems can play a key role to ensure children's right to family life and the provision of safe, nurturing, and appropriate alternative care for children who need it. However, even where sufficient regulatory frameworks are in place, there is often limited capacity, mandate, or powers to ensure accountability for the implementation of these standards. When the care system fails children and allows suboptimal care or, worse, abuse and exploitation to continue unchecked, there may be few safe and effective mechanisms in place to prevent or address them, and for children's right to access justice for the violations of their rights.

To be effective, accountability mechanisms should be shaped by those who have direct lived experience of being in care or in contact with the children's care and protection system. This should start from the design of the system itself, to the setting of standards and their implementation, to the mechanisms for making decisions about care and the suitability and quality of services provided in care and after leaving care, all the way to the accountability mechanisms, including monitoring and oversight of the system.

Examples from two countries were shared, highlighting the powerful impact that advocacy by care-experienced children, young people and adults had in strengthening systems, addressing systemic failures, and ensuring solutions were responding to the actual realities and needs of those who experience these systems. These accountability mechanisms should include formalised devolved structures that routinely involve children and young people at all levels, including policy development, from national, to sub-national, to local community levels.

Accountability that is external and independent of the state authority overseeing a care system is also crucial. There must be mechanisms for independent monitoring of the situation of children in alternative care, to ensure they are protected from threat and retaliation from governments and other power holders, including private entities that fund, manage or run alternative care services.

The closed nature of residential care can – if effective accountability systems are not in place - limit access and make the reporting of violence and other forms of harm against children and young people particularly challenging and unsafe. Ensuring children can access safe and independent mechanisms to prevent and address violations of their rights in those settings is particularly critical, including effective access to justice.

Linking to relevant international systems of accountability and coordination between countries, including through joint action, was also identified as a critical part of efforts to regulate and interrupt international drivers of institutionalisation, including foreign funding, volunteering / voluntourism, orphanage trafficking and exploitation.

The promotion of peer accountability between signatory countries around the implementation of Campaign commitments was another important aspect of discussions. A shared results framework and a data dashboard could support mutual learning, keep countries on track with their commitments and prevent the campaign from being tokenistic and without serious and sustained action on commitments made by the signatories.

The Global Campaign can be used to catalyse the integration of children's care and care reform as a special issue within regional intergovernmental bodies and their human rights mechanisms, including a rapporteur or commissioner position created within regional human rights mechanisms to monitor the status of care reforms and the situation of children in alternative care.

## Roadmap priorities: recommendations for action

- Embed the Global Campaign in regional and international governmental bodies and mechanisms, securing high-level political commitment and integrating children's care and care reform into relevant global and regional agenda and strategies.
- Map countries' alignment to international human rights standards and progress in care reform and utilise existing accountability mechanisms, including human rights treaty bodies and rapporteurs, to encourage and track implementation.
- Document best practice and develop guidance through peer-to-peer learning and participation of care-experienced children and young people to ensure accountability mechanisms for children's care are embedded in lived experience, from the setting of standards for alternative care services to the design and implementation of monitoring and oversight mechanisms to ensure the suitability and quality of care.
- Support learning and documentation of effective interventions to prevent and respond to violence and other forms of harm against children in the context of care, to inform global efforts to end all forms of violence against children, including recommendations from children, young people and adults who are care-experienced.
- Set up and support a public observatory or Ombudsperson (an independent body mandated with monitoring to ensure coherence to the Global Charter's vision) which gathers and publishes country and regional data about progress on indicators for the Global Campaign, guided by a steering committee with experts from civil society and those with lived experience.

## Accelerator III: Coordinated action addressing the inter-sectoral nature of care

Care reform must be inter-sectoral; no single sector or set of actors can adequately address all of the issues related to care, protection, and support for children and families. Given the multiple and interconnected challenges affecting children's care on a daily basis, no single government agency or organisation can—or should seek to – address them in isolation. As one country representative aptly observed, children do not experience a health issue on Monday and an education issue on Wednesday; these needs arise simultaneously and, therefore, require a coordinated, inter-sectoral response. This representative also shared their country's four-step approach including

family-oriented care services, preventive and protective measures, foster care enhancement and, importantly, an interagency coordination mechanism with a legislative framework, strategic planning, and a high-level permanent monitoring board.

Coordinated actions across sectors and actors is essential to strengthen prevention of family separation, support children to grow up in a safe, nurturing family environment, and enable a progressive end of institutions for children. However, it is challenging to bring multiple sectors on board until there is a broad acceptance that family-based care is critical to health, mental health, education and other outcomes.

Another country representative spoke about the challenge of putting the child at the centre when their issues are multisectoral. Institutions across ministries had different interests and concerns yet needed to see the family and the community in the same way and be able to coordinate. A strong legal framework and a five-year strategy and action plan required every actor in government to bring specific commitments for children, the problems were not always the same. It was challenging to work with the family in the same way, with the same approaches and language.

Coordination across government ministries and services was noted as challenging to achieve. It was vital to assess which ministry is most capable and effective at leading the coordination, along with implementing shared budgeting. An interagency coordination mechanism with a supportive legislative framework, and a high-level and permanent monitoring body can provide a way forward.

Several country representatives shared their experiences of this. One spoke about the country's national care reform team chaired by the ministry of labour and social protection and including other ministries such as health and education. Also, an inter-sectoral and multi-agency advisory committee was made up of service managers and technical experts in areas related to care reform.

A second country representative contributed comments about an integrated social services approach developed with ministries of education, health, social protection, and social welfare which tried to put the family at the centre when looking at services at national and subnational levels. All services (such as cash transfers, social worker visits, parenting support etc) were now tracked into an integrated service management system.

A third talked about its multi-agency safeguarding hub, noting that at local government level, a meeting about a child's wellbeing cannot take place without multiagency presence such as housing, health, and education.

A fourth shared experience of decentralisation of coordination, demonstrating the complexity of many different committees at district, regional, and national level. Committees developed the budget together, in discussion with community leaders across different sectors. Civil society organisations also sat around the table, working on costed service provision and influencing government to take on some costs. As there was competition for resources, when a committee advocated for one specific issue, another issue was left out. Committees at all levels needed to be inclusive, addressing multiple concerns such as health, education, women's affairs, and poverty. It was important to understand the different levels of power and influence depending on the structure of decentralisation.

Finally, a fifth country representative spoke about its national child policy which provides for a coordination mechanism at city, district, and parish levels. This coordination was important for families, extended families, and households as a child has an entire ecological system, and therefore a holistic socioecological model and approach was required.

Ensuring that actors in all parts of the system understood their role in preventing separation and addressing issues before separation begins was important, along with understanding the entry point of the children's care system and the pathway of access to care.

The Global Campaign can help ensure that all ministries see themselves reflected in the Global Charter and understand their role in coordination.

### **Roadmap priorities: recommendations for action**

- Embed efforts to end violence against children (VAC) in the context of alternative care within the broader VAC global agenda.
- Develop messaging on the Global Charter to communicate the relevance to different ministries that provide children's services, ensuring children's perspectives are highly visible.
- Develop economic evidence on the value of inter-sectoral collaboration which avoids siloing and duplicating services.

- Document and share good practice models of inter-sectoral collaboration at national and local levels, including coordination mechanisms, convergent budgeting and shared resources, and integrated policies, strategies and services.
- Convene a series of national, regional, and global cascading events to bring together both established networks and new allies, including inviting a range of ministries.

## **Accelerator IV: Financing for children's care**

Investing in children's care reform and prioritising family-based care makes good economic sense. Better outcomes for children through family-based care will, in the long-term, generate both social and financial returns while reducing public expenditure associated with expensive residential alternatives and addressing a broad range of social challenges, including mental health, youth justice, and homelessness.

The financing component of care reform is complex and multi-dimensional. It requires rigorous cost/benefit analysis, robust financial modelling, and inter-ministerial engagement to secure increased long-term budget allocations for children's care, while also mobilising short-term investment to support the costs of the reform process itself.

In parallel, there is also a need to strategically manage the redirection of existing public and private funding streams to bring them into alignment with care reform objectives.

In many countries, limited domestic investment in social services for children and families is combined with a significant reliance on externally controlled funding streams. Such funding can originate from foreign governments through official development assistance or from private donors, and is frequently channelled directly to non-governmental organisations and private service providers rather than through government systems. This makes it more challenging for a government implementing a reform process to exert control over these funds and strategically redirect them to support its care reform ambitions.

Experience from one country showed how external sources of funding are being directed to service providers to a huge extent. The follow-up Barna study has estimated US Christian support of residential care at USD 4.5 billion annually. The scale of private funding directed towards residential care can create the perception that

sufficient resources already exist to meet both the short-term and longer-term investment requirements for care reform, provided these private funds can be redirected. In practice, however, this is difficult to achieve.

While regulation can play an important role in curtailing the flow of funds to residential care, regulation is inadequate for the redirection. Additional strategies are required to actively incentivise, facilitate, and coordinate redirection.

One representative spoke about their country's strategic efforts to deinstitutionalise children, employ and train higher numbers of child protection specialists at local levels, and expand a model where children can get legal, psychosocial, and forensic support all under one roof. The nation has consequently benefitted from support and partnerships from the EU, the Council of Europe, and UNICEF. Now the government combines national and EU budgetary sources, with previous support from USAID, and the ministry responsible for children's care is active in lobbying the ministry of finance for funding as an investment in the future.

Another country representative suggested that current trends in funding tend to focus on response, rather than prevention and that spending on residential and urgent and emergency children's care is seen as a greater priority than preventative work. This is an argument that must be won when it comes to children's care reform. Children who have experienced institutionalisation suffer disproportionately poor outcomes with long-term consequences including mental ill-health, poorer employment prospects and contact with the justice system. In this context it is important to look at – and be clear about the costs of inaction. Often governments and key decision makers are not sufficiently incentivised to focus on the long-term cost / benefits. It was agreed that the Charter provided an opportunity to change the narrative and tell a different story around children's care reform.

A major part of the Global Campaign should, therefore, be to develop evidence, generate data, develop examples of good practice, learn from countries where reforms are taking place, and demonstrate the cost-effectiveness of family-based care over institutional care.

Examples from two other countries were touched upon, where tools were developed to make the case with the ministry of finance to advocate increasing family-based care, with investment cases around the social service workforce highlighting the costs of inaction. In one country, the cost of violence against children was framed against a

small intervention in the workforce and child protection services, providing a tangible case to the ministry of finance which resonated.

Costing strategies and the implementation of care reform at national and local levels is vital. A country representative shared the example of a project to identify what it costs to implement care reform and integrate children into families in one particular region. This information was critical to bring partners and donors together. Another country suggested advocacy and voices were important for ministries of finance and financial leaders to consider emerging concerns, backed by evidence-based proposals.

Fostering collaboration between public and private funders also presented opportunities. A country representative shared their experience of developing an alternative funding model in educational initiatives where investors financed a philanthropic foundation and received a return on their investment.

Another shared their focus on the community level, where a parish development model provided a fund for communities, which was also supported by local fund raising from banks, and diaspora funding through microfinance initiatives. The work had been framed as intersectional, so that families become the focus.

The Global Campaign could be used to develop innovative funding mechanisms and mobilise catalytic investment, build new narratives around investment, and elevate country stories of cost-effectiveness and impact.

Changing the narrative to support investment in children's care reform and creating accountability and incentives is important, including learning from countries where reforms are taking place.

### **Roadmap priorities: recommendations for action**

- Establish a catalytic investment fund, to support signatory countries take strategic actions related to the accelerators, to enable long-term actions.
- Conduct economic cost-benefit analyses of children's care systems in countries, with locally sustainable systems as the goal.
- Conduct mapping to understand and demonstrate how funding flows to and from countries and regions, with a particular focus on resources that support and sustain residential care and engage donor and recipient communities in the transparent redirection of funds towards family strengthening and family-based care.

## **Accelerator V: Data-informed and evidence-based approaches**

Reliable data systems, research and evidence drive better outcomes for children's care by providing key information for practitioners and policymakers to make decisions and inform policies, strategies, and practice.

Examples from two countries, although at different stages in investing in data systems, clearly highlighted that having reliable data was critical for governments to understand what was happening with children, families, staff, and resources. Quantitative data should provide information on population and prevalence of alternative care (e.g. number and rate of children in alternative care by type); entry, exit and pathways through alternative care; safeguarding and case management; workforce capacity; financing and resource allocations and child outcomes in education, health and other areas. Wherever possible, data should be disaggregated to provide a rich understanding of the situation of children in all contexts.

In addition, qualitative data should provide insights into how the system feels to those it is meant to protect, the reasons why families separate, reunify, or disengage, how and why individual decisions are made, whether accountability mechanisms work in practice, and why certain care models persist.

Developing a national child protection information system, and promoting the integration of data of children and families across government, can help to guide policy making. Better integration of data across systems and between sectors is also needed. Interest in the International Classification of Alternative Care, which is being proposed for adoption at the UN Statistical Commission session in March 2026 (BG-4e-4-International\_Classification\_of\_Alternative\_Care\_of\_Children\_(ICare)-E.pdf) is growing and should be explored.

The type of evidence required to improve national level decision-making and practice includes data on case management processes, on families at risk of separation, and on measuring wellbeing in families and outcomes of family-based care versus institutionalisation.

Children and young people should be involved in all data and evidence approaches, and there should be more investment in child-centred data systems.

At the global level, a shared theory of change, global standards, and a global accountability framework, with standardised data collection and reporting, would enable data comparison. It is important to have a mechanism in place to ensure follow-through on commitments, and a public dashboard with milestones and key indicators would support this. In addition, evidence from collective regional programmes could be helpful to this process.

Data to track funding flows to children's care is vital to gather evidence to inform a regulation framework. Country representatives noted the importance of peer learning exchanges, in particular learning from other countries' practices and solutions to address challenges in care reform.

### **Roadmap priorities: recommendations for action**

- Build upon existing global initiatives such as the International Classification for Alternative Care to promote the use of common terms and definitions in the development of national-level statistical and administrative data systems that will allow for global conversations about progress.
- Establish a results framework with standardised indicators and a public-facing dashboard, without blaming and shaming, but rather an approach supportive of learning, sharing experiences and co-creation.
- Encourage a peer-to-peer approach, with countries sharing experience and learning around care reform.
- Provide support and guidance to governments, civil society organisations, and people with lived experiences to co-produce data, evidence, and learning of what is working that can flow into decision making at country level.

### **Accelerator VI: Community and child-centred transformation**

The participation of key stakeholders and networks including children and young people with care experience, parents, carers, and local communities is critical in shaping and owning the responses and solutions around care reform.

Community-based and child-centred care will only become embedded when decision-making sits close to children and families, and when policy and programming are shaped by their lived experiences. As a young person with care experience powerfully noted, describing positive outcomes as a matter of being "lucky" is unhelpful: luck is not a policy. Children's outcomes do not improve through chance or individual

resilience alone, but through a functioning local ecosystem. This meant one where local authorities were working together with children, families, care workers, civil society organisations, and community leaders to implement practical solutions, and were enabled and mandated to act. A country representative shared that when local actors were supported to intervene, children's lives changed. Care reform must, therefore, be grounded in local realities and underpinned by coherent policy, not left to chance.

Strategies are needed to create opportunities and support those with lived experience to participate meaningfully in strategic policy spaces. Another person with care experience underlined the need to work with those who have experience of the care system (e.g. care leavers, foster carers) and work with them, as they have first-hand experience about what does or does not work and, in parts of the world, they are proven pioneers in reforming the care system. Furthermore, efforts must be made to ensure the meaningful participation of people with disabilities and their organisations, to ensure that efforts reflect their unique experiences and knowledge of solutions that respond to the needs of children and caregivers with disabilities.

It is also important to remember that lived experiences differ greatly and are sometimes hard to communicate in formal spaces. Inclusion looks different according to who you are, where you live, and the complexity of your care needs. It is vital to respect and promote bottom-up perspectives from a wide range of service-users.

When introducing children and young people to advocacy spaces where they are asked to participate, their ethical and safe participation is paramount. Vulnerable children and young people should not be asked to share stories, which can be traumatic, without proper support.

The Global Campaign can bring people with lived experience in all their diversity together, safely, to participate in advocacy and the influencing of social norms and policy, contributing to building the evidence and data on what works to strengthen care systems.

### **Roadmap priorities: recommendations for action**

- Ensure the safe participation of children and young people in the global campaign, potentially replicating the '1000 voices campaign' at a global level, speaking to all the accelerators.

- Feed national examples of good practice and lessons learnt into regional level campaigning.
- Ensure a national set of standards and guidelines for the safe, meaningful, and effective participation of children and young people with experience of care, recognising different contexts and that they are not one homogenous group.
- Convene different stakeholder groups to raise awareness and advocate for effective children's care reform, ensuring representation from all groups including persons with disabilities.

## Summary

As David Lammy said at the start of the meeting, “Our paths are not identical. All of us are navigating different stages of reform shaped by distinct histories, cultures and challenges. There is no single blueprint, no universal solution and progress must be rooted in local realities crafted by those who know their communities best and tailored to the unique needs of every child.”

This dialogue around the Global Campaign for Children's Care Reform aimed to capture the ambitions and visions for the future from a wide range of stakeholders representing different countries, sectors, and communities. The Campaign will now chart a way forward, supporting and maintaining the momentum and energy of all involved and inviting new allies to join, so that the lives of children and families across the world can be transformed.

Alison Dunn

Wilton Park | April

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