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ISPCAN BUILDING POLITICAL WILL ADVOCACY

TOOLKIT

Catalyzing a Public Health Approach to Funded and Effective Child Protection Systems. In Every Nation.



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INTRODUCTION

This toolkit shares practical tools and messages to help end child abuse and neglect. It uses ISPCAN's global evidence and is for policymakers, practitioners, advocates, researchers, and partners working to strengthen prevention and response systems.

We hope it makes it easier for you take action and make the case to build political will, funding and advocate for change.



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WHY URGENT CHANGES ARE NEEDED GLOBALLY

Child abuse and neglect affect children in every country, with consequences that can last a lifetime and ripple across families, communities, public services and economies. Despite this, child protection systems remain persistently underfunded and skewed towards a focus on response over prevention.

Changing this requires sustained political leadership, effective coordination across ministries leading each sector and, critically, strategic investment in both prevention and response.

This Toolkit focuses on the evidence, messages and approaches most likely to build support for strong child protection systems where children can grow up safe and supported, free from abuse and neglect.

It is not enough to say people should care about children and the cost of violence; we need to show people the money gained, quality of life, increased GDP and productivity of a nation to drive real change.

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MAPPING THE PATH

How to develop a country-specific Theory of Change to drive political will.

Every country is at a different stage in creating child protection systems and advancing a public health approach to ending child abuse and neglect.

Setting out a clear Theory of Change and Strategic Approach ensures advocacy efforts are focused to build support, strengthen ownership and accelerate progress.

An Investment Case is one such tactic in this approach that has vast potential for political leadership, multisectoral buy-in and fully funded action plans that focus on both prevention and response.

See **APPENDIX A** for a set of questions to guide the development of a country specific Theory of Change. Select and adapt those that are most relevant to engagement for the national or local context.



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CRITICAL STEPS FOR BUILDING POLITICAL WILL AND MOMENTUM

Several elements are important for securing and building momentum behind a public health approach to preventing and responding to child abuse and neglect and securing support for an Investment Case.

The table on the next page sets out these key elements, the outcomes to work towards at each stage, and the impact they can have when successfully secured.

Together, they provide a practical pathway for building the political commitment, cross-government ownership and investment.

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Table 1. Critical steps for momentum building

Critical element to secure	What needs to change	Impact if secured
Identifying and addressing barriers	The strategy needs to identify what is causing resistance and stopping the change from happening	Barriers specific to the context identified, able to be addressed to support meaningful change
Political prioritisation	Leaders understand child protection as a rights, development and public finance issue	Political mandate to explore increased investment secured
Multisectoral ownership	Delivery and finance actors share responsibility for the process	Multisectoral steering mechanism and agreed objectives
Evidence base	The scale of harm, system gaps and existing expenditure are understood	Evidence map, situation analysis and budget analysis can be built
Costed solution	Government knows what should be funded and how it can be implemented Prioritised and phased financing scenarios as basis for investment proposition	Investment proposition Costs, benefits and trade-offs are presented credibly Validated investment case and clear recommendations
Advocacy and decision-making	Evidence and impactful framing reach the right audiences at the right time	Commitments incorporated into plans and budgets
Implementation and accountability	Allocated funds reach services and are used effectively	Stronger systems, expanded services and better outcomes for children

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IDENTIFYING AGENTS OF CHANGE

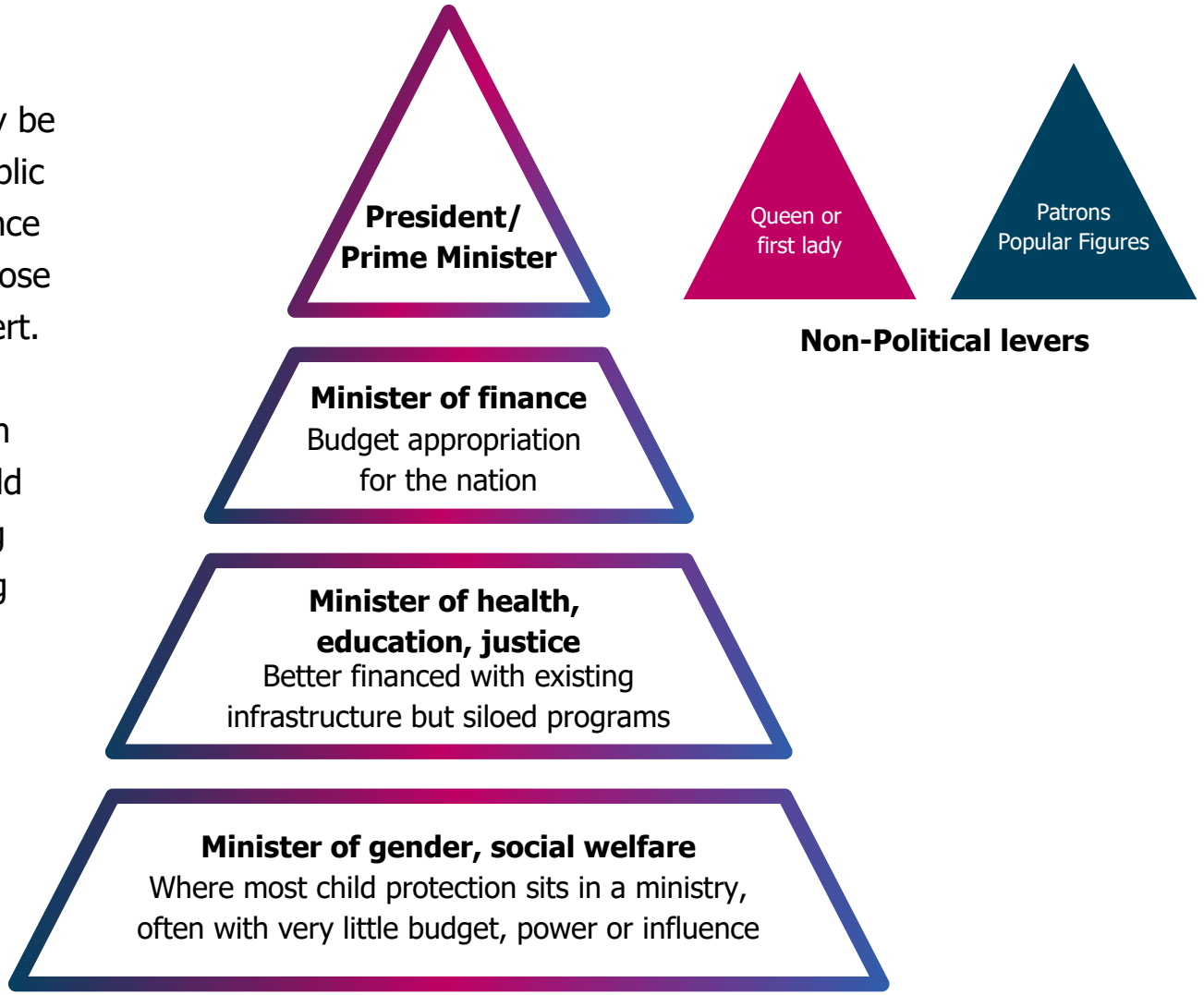
No single actor can prevent and respond to child abuse and neglect alone. Progress depends on a multisectoral approach, with sustained commitment and action across government.

In many contexts, momentum also requires a high level champion or lead ministry with sufficient influence, convening power and budget to drive action across sectors. Which ministry is best placed to play this role will vary by country.

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In some settings, the Ministry of Health may be well positioned because of its resources, public health infrastructure, influence and experience with public health approaches, working in close partnership with all other ministries in concert. Together they can form a **National Multisectoral Leadership Taskforce** with power, funding and authority to prevent child abuse and neglect over a lifespan, collecting data, monitoring progress and implementing programs through every community.

POLITICAL HIERARCHY



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Table 2. National Level Coordinating Bodies with Power and Influence

Use this table to help identify the principal agents of change that have budget, power and influence in your country and define the actions they can take to enable, develop, finance and use an investment case. These Agents are listed in order of typical power structures.

Agents of change	Desired actions
Heads of government, prime ministers	• Publicly recognise child protection as a national development and human rights priority. • Mandate a whole-of-government process to develop and implement an investment case. • **Fund, prioritize and require cooperation across ministries as a national priority by creating a Multisectoral Taskforce for Child Protection** • Maintain commitment through political transitions and competing crises.
Ministries of finance, interior, treasury and national planning	• Develop an investment case. • Appoint a senior political champion and require cooperation across ministries. • Ensure that investment-case recommendations inform national development plans, sector priorities and budget decisions. • Maintain commitment through political transitions and competing crises. • **FUND child protection as a significant line item recognizing the investment.**

Ideally the Multisectoral Taskforce for Child Protection hold the power, authority and leadership from each ministry to implement the national action plan with feedback loops, data and accountability that reports back directly to the PM.

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Table 2. National Level Coordinating Bodies with Power and Influence

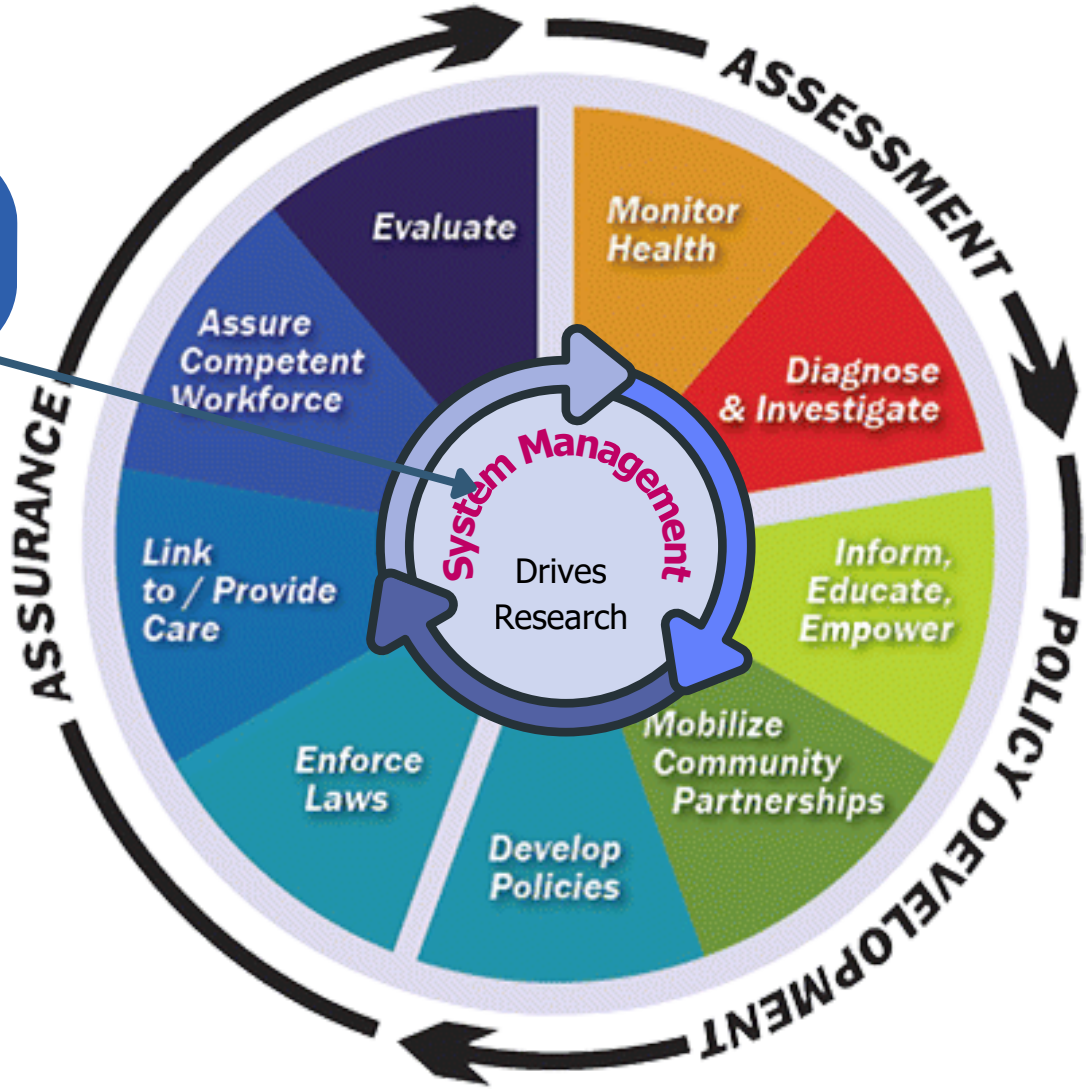
Agents of change	Desired actions
Health **Education** **Justice** **Housing**	• Identify how violence against children affects their mandates, services and expenditure. • Contribute relevant prevalence, administrative, service-use and cost data. • Identify existing programmes and budgets that contribute to child protection. • Agree on multisectoral priorities, referral pathways and institutional responsibilities. • Include relevant child protection investments in sector plans and budget submissions. • **ONE or more of these well funded ministries must take a lead role**
Ministries responsible for child protection or gender	• **Spark more politically powerful ministers to convene the investment-case process and meaningful participation by other sectors in the Multisectoral Taskforce for Child Protection.** • Provide administrative, workforce, service and expenditure data to be a strong knowledge base to lead the national action plan for child protection. • Translate investment-case recommendations into annual plans, budget submissions and implementation targets. • Report publicly on allocations, expenditure and results.
Sub-national governments and local authorities	• Map local needs, services, workforce capacity, expenditure and coverage gaps. • Contribute data and practical implementation knowledge to national costing scenarios. • Integrate child protection priorities into local plans and budgets. • Advocate for predictable and equitable intergovernmental transfers. • Track whether national allocations reach districts, municipalities and frontline services. • Training of competent workforce. • Feedback loops with accountability and case management to ensure good outcomes for children and families.

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What does this Multisectoral Leadership Body Look Like in a public health approach?

System management is led by the
National Multisectoral Taskforce for Child Protection
(Ministries of Health- Justice-Social services-Education-PM)





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Multisectoral National Leadership over all public health pillars required for Effective Child Protection Systems

Each pillar in the public health system strengthening wheel needs to be led with a multisectoral lens for all the elements to work together effectively across the lifespan of a child. There must also be a strong focus on prevention rather than reaction to problems after they cause a lifetime of issues. Assessment via data, policy development and assurance loops over time create a long term, sustainable public health model that is coordinated and effective in reducing abuse and neglect.

This requires defined, proactive leadership.



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DATA THAT MATTERS

Research is a central component to a public health approach and identifying the data that evaluates the public health system in all phases to continuously understand what is working well.

Advocates should connect violence against children to the outcomes each Ministry is responsible for and show how prevention and early intervention can improve those outcomes.

Wherever possible, start with data governments already collect. Common data sources nclude national household surveys such as Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS), Violence Against Children Surveys where available, Education Management Information Systems (EMIS), health information systems, police and justice records, child protection administrative data, civil registration systems and national budget data.



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Table 3. How to use data to secure the attention of each ministry to engage on child protection

Sector	What data matters to this sector?	Common national data sources to look for
Heads of government, ministers and ministry of interior	• **Scale:** national prevalence and number of children experiencing violence, abuse or neglect • **Geographic disparities:** regions, districts or communities with the greatest prevalence or service gaps • **National progress:** trends in violence, child deaths, serious incidents and delivery against national targets	• National household / Violence Against Children surveys • Civil Registration and Vital Statistics (CRVS), including child deaths • Police, local government and administrative records • National SDG and development-plan monitoring
Ministries of finance, treasury and national planning	• **Fiscal impact:** estimated costs of child abuse and neglect across health, education, justice, social welfare and lost productivity • **Current investment:** how much government spends on prevention and early intervention compared with crisis and remedial responses • **Financing gap and value:** cost of implementing national commitments, available financing and evidence of potential cost avoidance or return on investment	• National and sector budgets and Medium-Term Expenditure Frameworks • Government expenditure / public expenditure reviews • National accounts and labour/productivity data • Cost-of-violence, costing and economic-impact studies • Costed national action plans and programme expenditure data
Ministry of health	• **Health burden:** injuries, deaths and mental or developmental consequences associated with violence and neglect • **Service demand:** emergency, hospital or primary-care presentations involving violence or family risk • **Early intervention:** families identified and supported through maternal, child and primary healthcare	• Health Management Information Systems / facility records • Hospital and mortality data / CVIS • MICS and DHS health and household surveys • Injury and violence surveillance where available.

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Sector	What data matters to this sector?	Common national data sources to look for
Ministry of education	• **Participation:** attendance, absenteeism, dropout and completion • **Learning:** achievement and progression, particularly among children experiencing adversity • **Safety:** bullying, school violence, violent discipline and children reporting that they feel unsafe	• Education Management Information System (EMIS) • School attendance, enrolment and examination records • School-based surveys and household surveys. EMIS commonly captures enrolment, attendance, completion, learning assessment and other administrative information.
Ministries of justice / police	• **Scale:** children reported as victims of physical or sexual abuse and exploitation • **Repeat harm:** repeat reports involving the same child, household or perpetrator • **Justice response:** reporting, investigation, prosecution, case completion and timeliness	• Police crime and incident records • Prosecution and court administrative data • Forensic / medico-legal records • National victimisation or violence surveys
Ministries responsible for child protection or gender	• **Demand:** referrals, reports and children/families requiring support • **Escalation:** repeat referrals, repeat maltreatment and entry into alternative care • **Prevention:** families accessing parenting, family-strengthening and early-support services before crisis	• Child protection case-management / administrative systems • Social welfare and alternative-care records • Multiple Indicator Cluster Surveys and other household surveys, including measures such as violent discipline
Sub-national governments / Local authorities	• **Local concentration of need:** mapping levels of violence, family stress, school disengagement, poor health or poverty across districts and communities • **Service access:** gaps in local prevention, family support, safe spaces and referral services • **Local delivery:** whether national child protection commitments are reaching children, communities and vulnerable populations	• District / municipal administrative data • Local health, education, police and social welfare records • Local budgets and expenditure reports • Community surveys and service-mapping data • Local development plans, social registries and civil society service data

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MAKING THE INVESTMENT CASE

While data helps quantify the issues, another key way to get the attention of governments is by understanding the cost of child abuse and neglect, and the benefits to investing in prevention. An investment case brings these different forms of evidence together into a coherent argument for action. It uses economic and other evidence to demonstrate the scale of a problem, identify a credible response, estimate the resources required and assess the benefits that could be generated.

This may be our greatest tool to shift the narrative and get more funding and prioritization of child protection by making the investment case.

Cornerstone Economic Research sets out five connected elements to establish an investment case:



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INVESTMENT CASE TOOLS

In partnership with ISPCAN, Cornerstone Economic Research has designed two tools to complement global investment case efforts. Drawing on key data, the tools help demonstrate the case for investment across government by estimating the costs of child abuse and neglect and the potential benefits of investing in prevention and response.



The tools provide a high-level snapshot of the scale of need and potential returns on investment.

They are intended to catalyse investment case discussions, strengthen cross-government engagement and build momentum towards more comprehensive analysis, financing and action.

CORNERSTONE | INFORMING STRATEGIC DECISIONS

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NEW ISPCAN TOOLS TO CATALYZE MOMENTUM

Quickly get the cost of violence and economic benefits with these two new tools ISPCAN developed with Cornerstone economists that build an instant snapshot of how your nation can benefit from investing in prevention. We must demonstrate that potential increase to GDP in order to drive political will.

These two innovative new tools will enable you to customize your advocacy briefs (see Appendix A) and make the case specifically for your nation to start shifting the mindsets and priorities across sectors. These can be one of the important assets you develop to make the case stick.

CORNERSTONE | INFORMING STRATEGIC DECISIONS





Explore the tools!
www.ispcan.org

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STAKEHOLDER SPECIFIC MESSAGES, EVIDENCE AND ASSETS

Table 4. Getting started with making the case in your country or context

Stakeholder	Key Messages	Evidence	Asset Suggestions
Heads of government, ministers and ministry of interior **TEMPLATE ADVOCACY BRIEFING linked HERE** See Appendix for Foundational Advocacy Briefing Templates specific to each ministry	• Ending child abuse and neglect is a whole-of-government leadership issue, not the responsibility of one under-resourced ministry. • Ending violence against children accelerates progress across health, education, gender equality, poverty reduction, decent work, justice and sustainable development. • The country has an opportunity to adopt a clear, visible and achievable national commitment backed by adequate resources. • High-level leadership can overcome fragmented mandates, secure multisectoral cooperation and turn commitments into implementation. • Investing in children's safety creates benefits across generations and demonstrates delivery on national and international commitments.	• National prevalence and trend data, including inequalities by sex, age, disability, geography and socioeconomic status. • Evidence of the consequences of violence for educational achievement, health, crime, poverty and national productivity. • Population projections and future demand for services. • Public opinion, child and survivor perspectives, and evidence of community concern. • Progress against national development plans, the Sustainable Development Goals and international commitments. • Comparison with peer countries' commitments, financing models or progress.	• Cost-of-violence and return-on-investment tools. • National development narrative positioning child protection as an accelerator across multiple goals. • Executive investment-case summary with three to five headline figures. • National map showing prevalence, service coverage or financing gaps. • Draft Cabinet decision establishing leadership, financing and accountability arrangements. • High-level roundtable involving finance and key sector ministers. • Public pledge, national launch or statement linked to a budget or national plan. • Messengers such as respected political leaders, children's commissioners, economists, health leaders and carefully supported youth or survivor representatives.

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Table 4. Getting started with making the case in your country or context

Stakeholder	Key Messages	Evidence	Asset Suggestions
Ministries of finance, treasury and national planning **TEMPLATE ADVOCACY BRIEFING linked HERE** See Appendix for Foundational Advocacy Briefing Templates specific to each ministry	• Violence against children creates substantial avoidable costs across health, education, justice, social welfare and the wider economy. • Failing to invest shifts larger costs into crisis services, lost human capital and reduced productivity. • A costed, phased package of prevention and response measures can improve value for money and reduce future fiscal pressures. • Child protection should be integrated into medium-term expenditure frameworks and annual budgets, with identifiable allocations and expenditure tracking. • Greater financing must be accompanied by credible implementation, monitoring and accountability arrangements.	• National estimates of the economic and social costs of child abuse, neglect and violence. • Expenditure on health treatment, mental health, policing, courts, alternative care, social assistance and remedial education associated with violence. • Child protection budget allocations compared with prevalence, service demand and expenditure in other sectors. • Budget execution rates, funding gaps, delayed releases and differences between approved and actual expenditure. • Costing and return-on-investment analysis for priority interventions. • Fiscal scenarios showing minimum, phased and full implementation packages.	• Cost-of-violence and return-on-investment tools. • A two-page finance brief structured around: problem, cost of inaction, proposed investment, expected return and decision required. • Child protection budget and expenditure analysis. • Costed implementation scenarios and a one-page budget proposition. • Fiscal dashboard comparing current spending, unmet need and proposed investment. • Closed technical briefing led jointly by a child protection specialist and a respected economist or public finance expert. • Engagement timed to budget ceilings, medium-term expenditure planning and budget-call circulars.

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Table 4. Getting started with making the case in your country or context

Stakeholder	Key Messages	Evidence	Asset Suggestions
Ministry of health **TEMPLATE ADVOCACY BRIEFING linked HERE** See Appendix for Foundational Advocacy Briefing Templates specific to each ministry	• Child abuse and neglect are preventable public health problems with immediate and lifelong consequences. • Violence increases risks of injury, mental ill-health, harmful substance use, sexual and reproductive health problems, noncommunicable disease and premature mortality. • Health services are critical points for early identification, clinical care, referral and prevention. • Investment in prevention and early support can reduce demand for more costly acute and long-term health services. • Child protection should be embedded in public health planning, primary care, mental health and maternal and child health systems.	• Hospital, emergency department and primary-care presentations related to injuries, abuse, neglect and self-harm. • Mental health, substance-use and sexual and reproductive health data associated with childhood violence. • Adverse childhood experience or longitudinal evidence linking childhood violence with later health outcomes. • Health-service costs attributable to violence and maltreatment. • Screening, identification and referral rates, including gaps in follow-up care. • Availability of trauma-informed clinical, psychosocial and mental health services. • Evidence on parenting programmes, home visiting and other public-health prevention approaches.	• Hospital, emergency department and primary-care presentations related to injuries, abuse, neglect and self-harm. • Mental health, substance-use and sexual and reproductive health data associated with childhood violence. • Adverse childhood experience or longitudinal evidence linking childhood violence with later health outcomes. • Health-service costs attributable to violence and maltreatment. • Screening, identification and referral rates, including gaps in follow-up care. • Availability of trauma-informed clinical, psychosocial and mental health services. • Evidence on parenting programmes, home visiting and other public-health prevention approaches.

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Table 4. Getting started with making the case in your country or context

Stakeholder	Key Messages	Evidence	Asset Suggestions
Ministry of education **TEMPLATE ADVOCACY BRIEFING linked HERE** See Appendix for Foundational Advocacy Briefing Templates specific to each ministry	• Education systems are essential partners in preventing violence, identifying concerns early and connecting children with support. • Violence affects attendance, concentration, learning, behaviour, progression and school completion. • Safe and inclusive schools protect education investments and improve learning outcomes. • Teachers and school staff need training, safeguarding standards and functioning referral pathways—not unfunded additional responsibilities. • Investment in positive discipline, social and emotional learning and school-based prevention can reduce violence in schools and communities.	• Attendance, absenteeism, dropout, repetition and attainment data for children experiencing or at risk of violence. • School-based surveys on bullying, corporal punishment, sexual violence, harassment and safety. • Numbers and types of safeguarding concerns identified by schools and referrals made to other services. • Evidence of disparities affecting girls, children with disabilities, displaced children and other marginalised groups. • Teacher preparedness, training coverage and confidence in identifying and referring concerns. • Costs associated with dropout, remedial education and lost educational attainment.	• Cost-of-violence and return-on-investment tools. • Edducation-sector briefing linking safety, attendance and learning outcomes. • School safety scorecard or district-level risk map. • Infographic illustrating the relationship between violence and education outcomes. • Costed safe-schools and safeguarding package. • Teacher and school-leader briefing materials. • Joint campaigning assets by education leaders, teacher organisations, parent bodies and students. • Short stories demonstrating how schools can function as a protective platform.

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Table 4. Getting started with making the case in your country or context

Stakeholder	Key Messages	Evidence	Asset Suggestions
Ministries of justice / police **TEMPLATE ADVOCACY BRIEFING linked HERE** See Appendix for Foundational Advocacy Briefing Templates specific to each ministry	• Violence against children is both a protection issue and a justice issue, but justice systems should not depend primarily on responding after severe harm has occurred. • Prevention and early intervention can reduce future victimisation, offending and pressure on police, courts and detention systems. • Child safety screening and ongoing monitoring systems are crucial for ensuring those working with children are safe and appropriate. • Children need accessible, timely, trauma-informed and child-friendly justice processes. • Laws and criminal penalties are ineffective without adequate financing for investigation, prosecution, victim support and implementation.	• Police reports, protection orders, prosecutions, court outcomes and case-processing times involving violence against children. • Attrition between reporting, investigation, prosecution and conviction. • Numbers of children requiring legal aid, forensic interviews, medical assessment and victim support. • Costs of investigation, court proceedings, detention and repeat offending. • Data on children in conflict with the law who have experienced prior abuse or neglect. • Availability and geographic coverage of child-friendly courts, specialist police and legal services. • Children's and survivors' experiences of justice processes and barriers to reporting.	• Cost-of-violence and return-on-investment tools. • Justice-sector briefing linking prevention, access to justice and system efficiency. • Case-flow or attrition diagram identifying where children are lost from the process. • Legislative implementation assessment showing unfunded mandates. • Closed briefings for justice officials, police leadership, prosecutors and the judiciary. • Engagement through bar associations, judicial institutes and policing forums. • Survivor-informed case studies developed with strong safeguarding and consent protocols.

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Table 4. Getting started with making the case in your country or context

Stakeholder	Key Messages	Evidence	Asset Suggestions
Ministries responsible for child protection or gender **TEMPLATE ADVOCACY BRIEFING linked HERE** See Appendix for Foundational Advocacy Briefing Templates specific to each ministry	• A strong child protection system requires predictable financing, a skilled workforce, accessible services, reliable information and effective national-to-local referral pathways. • Investment must support prevention and early intervention as well as statutory and crisis response. • The investment case can demonstrate the resources required to implement existing legal and policy responsibilities. • Better financing should strengthen the whole system rather than fund isolated or short-term projects. • The lead ministry should convene the process but cannot finance or deliver the response alone.	• Number, location and characteristics of children referred to or receiving services. • Workforce numbers, caseloads, vacancies, qualifications, supervision and geographic distribution. • Service coverage, waiting times, referral completion, repeat referrals and unmet demand. • Expenditure on prevention, case management, residential or alternative care, family support and community services. • Differences between national policies or service standards and actual implementation. • Qualitative evidence from frontline practitioners, children, families and community organisations. • Evidence on which interventions are effective and feasible to scale.	• Cost-of-violence and return-on-investment tools. • Child protection system and workforce map. • Service-gap and bottleneck analysis. • Costed national action plan or system-strengthening plan. • Staffing and caseload calculator. • Local service journey or referral-pathway visualisation. • Case studies showing how adequate support changes outcomes for children and families. • Joint briefings with finance, health, education and justice officials to demonstrate shared responsibility. • Implementation scorecard linking finance, workforce, service coverage and child outcomes.

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Table 4. Getting started with making the case in your country or context

Stakeholder	Key Messages	Evidence	Asset Suggestions
Sub-national governments / Local authorities **TEMPLATE ADVOCACY BRIEFING linked HERE** See Appendix for Foundational Advocacy Briefing Templates specific to each ministry	• National commitments will not protect children unless resources reach the local level where prevention and services are delivered. • Local investment can respond to different patterns of violence, vulnerability and service access between communities. • Local authorities need predictable transfers, adequate own-source financing and clear responsibilities. • Community-based prevention and family support can reduce demand for costly crisis interventions. • Local data and community participation are essential to targeting resources equitably.	• District or municipal prevalence, reporting and service-use data. • Local population, poverty, disability, migration and vulnerability profiles. • Numbers and location of social workers, health facilities, schools, police and community services. • Travel distances, waiting times and barriers faced by rural or underserved communities. • Local budget allocations, national transfers, execution rates and unfunded responsibilities. • Community mapping and participatory evidence from children, caregivers and frontline workers. • Comparisons between localities showing inequities in need, financing and coverage.	• Cost-of-violence and return-on-investment tools. • District investment profile and local financing gap analysis. • Maps showing prevalence, service coverage and workforce distribution. • Community scorecard and participatory budgeting tools. • Site visits enabling leaders to see service gaps and effective local programmes. • Briefings through mayoral, governor or local-government associations. • Local radio, community forums and trusted traditional, faith or youth leaders. • Simple public dashboard tracking transfers, expenditure and service coverage.

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IDENTIFYING & UTILISING EXISTING NETWORKS

Effective advocacy requires a clear understanding of all of the stakeholders in your country or community where you are building momentum. The broader your base, the more understanding you can gain about the barriers, the needs, the missed opportunities and when harnessed early your biggest opponents can sometimes become your greatest champions.

For example:

- Faith-based organisations, NGO's, universities and schools can also be highly influential, particularly where they play a significant role in community life or informal child protection systems.
- Education and Law Enforcement often have strong national networks or associations that can become advocates when brought into the prevention planning early.
- Children as rights holders, survivors and communities bring essential experience, legitimacy and insight into both the problem and the solutions required.
- ? Who else is a question you must ask yourself and your key partners as the coalition task force forms. This should be a continuously growing group.

These actors should be considered in advocacy planning, not only for the contribution they can make directly, but also for their ability to influence key decision-makers, overcome barriers and strengthen the case for change.

Consider whose voice will carry greatest weight with each target audience, and how existing relationships and networks can be used strategically to build support and momentum.

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APPENDIX

The Strategic Planning, Communications and Advocacy Assets in this Appendix are intended to be utilised and adapted for your specific country context, audiences and strategies

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APPENDIX A

TEMPLATE QUESTIONS TO BUILD YOUR STRATEGY

STARTING POINT	What policies, plans, coordination mechanisms, services and budgets already exist? Where is the system strongest and where are the most important gaps?
PROBLEM	What is known about the scale, distribution and consequences of violence, abuse, neglect and exploitation? Whose experiences are missing from the evidence?
INVESTMENT GAP	What is currently spent, by whom and at what level? Are the main problems inadequate allocations, poor execution, fragmented spending, inequitable distribution or inefficient use?
SOLUTION	What specific system changes or interventions should receive greater public (or private) investment? Are they evidence-informed, costed and feasible to scale?
DECISION SOUGHT	What precise change is being requested—for example, financing an investment case, adopting a costed national plan, increasing a budget line, strengthening the workforce or improving sub-national transfers?
POWER	Who can authorise, finance, influence, block or implement the decision? Who has access to them?
OPPORTUNITY	Which political, planning or budget moments offer the strongest opportunity to influence the decision? What is your timeline to secure the solution you've identified?
EVIDENCE	What information will each audience find credible and compelling? What critical evidence gaps require a parallel advocacy effort?
NARRATIVE	Why have decision makers not moved on this already – Do they: 1) Not know it's a problem? 2) Know it's a problem but don't care enough? 3) Have competing priorities / stronger opposing forces? 4) Have a lack of capacity / resources? 5) Have a fear or risk aversion to the change? From there, consider what type of framing would decision makers care about? What will unlock the barriers to them shifting their position to one of support?
IMPLEMENTATION & ACCOUNTABILITY	How will advocates track whether commitments become approved, released and effectively spent resources, and whether those resources improve outcomes for children?

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APPENDIX B

COMMUNICATIONS TO CATALYSE A PUBLIC HEALTH APPROACH

Public communications and media can help create the conditions for political action, but simple awareness raising should not be the end goal. Communications should support the critical steps identified in Mapping the Path, targeting the audiences and barriers that need to shift to unlock progress.

Before choosing a tactic, ask:

- Who needs to think or act differently?
- What is preventing change?
- Whose voice can influence them?
- What step will this help achieve?

The starting point should always be whether tactics help overcome barriers and advance political commitment, investment and implementation.

Strategic approaches may include:

- Media engagement to build urgency and political support.
- Getting on board influential champions, including public figures, experts, survivors and community leaders, to reach and persuade priority audiences.
- Targeted social media to increase understanding, challenge harmful assumptions and build support for prevention.
- Community and faith leaders to influence social norms, communities and decision-makers.
- Peer networks, including the Rise Up Policy Forum, to connect governments, share effective approaches and build regional or international momentum.

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APPENDIX C

KEY OVERARCHING MESSAGES

1. Violence against children is a global crisis with lifelong consequences.

Up to one billion children experience violence or neglect each year, harming their health, education, wellbeing and future opportunities. It also affects families, communities and future generations. Ending child abuse and neglect is fundamental to public health and the achievement of the Sustainable Development Goals.

2. Child abuse and neglect are preventable.

Evidence-based approaches, including parenting support, safer schools, social protection, protective laws and accessible services, can reduce violence and improve outcomes across generations. These measures can prevent violence while also improving health, educational attainment, gender equality and community safety.

3. The cost of inaction is greater than the cost of prevention.

Child abuse and neglect create substantial immediate and long-term costs across health, education, justice, social welfare and the economy. National estimates suggest that the direct and indirect costs of violence against children can reach as high as 11 per cent of gross domestic product. In some countries, these costs are several times greater than annual government health expenditure.

These can be used in your talking points, in social media, working with the media or in your presentations to help you make the case for prioritizing child protection in your nation or community.

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APPENDIX C

KEY OVERARCHING MESSAGES

4. Ending child abuse and neglect requires sustained integrated multisectoral coordinating bodies with power and investment in strong systems.

Governments must finance prevention, early intervention and response, rather than directing resources only towards crisis response after harm has occurred. Investment must extend across child protection, health, education, justice and social protection systems, not rely on fragmented, short-term projects, as well as ensuring adequate financing of national and sub-national child protection systems with a skilled workforce, accessible services, effective referral pathways, reliable data and clear accountability.

5. Financing commitments must translate into sustainable public health system development, prevention, services and results.

Resources must be allocated, released and tracked to ensure they reach local services, underserved children and the communities most affected by violence. Sustainable progress requires political leadership, domestic public financing and an active civil society able to turn commitments into measurable action.

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APPENDIX D

TEMPLATE ADVOCACY BRIEFINGS

Cabinet and the Ministry of Interior

Ministry of Finance

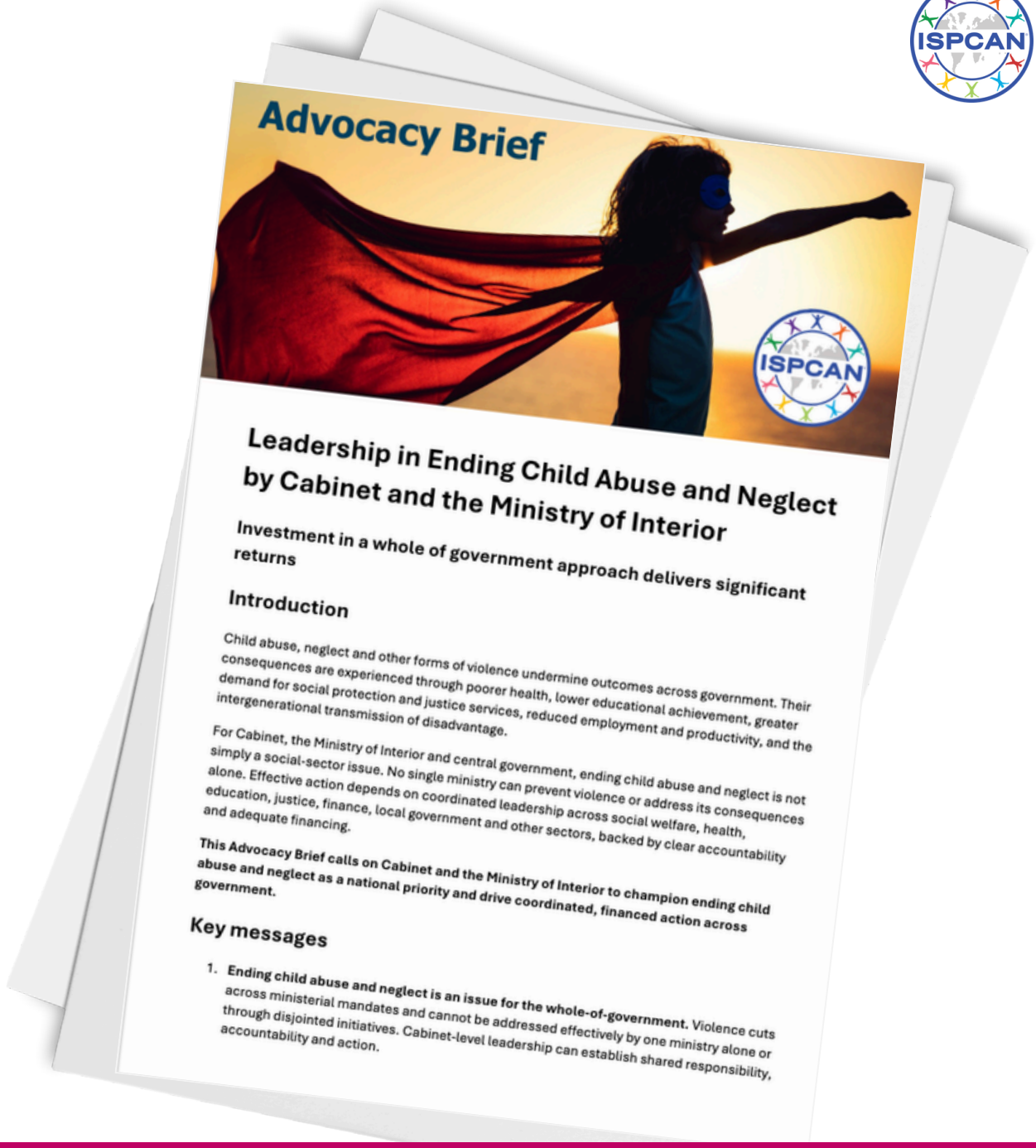
Ministry of Health

Ministry of Education

Ministry of Justice

Ministry of Gender and Child Protection

Local Government



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