Our strategy on a page

	This is where we are coming from	This is why it’s a problem	This is what we did during our strategic cycle 2023-2026	This is what we’re doing now during the period 2026-2029	This is where we are going, together	Because it will mean
Access	Less than half of families feel well supported.	Without access to palliative care, children living with serious illness and their families are less likely to have the opportunity to live as well as possible.	- Our Morrisons-funded community outreach project focused on areas of highest need, connecting 1,415 families to services. - Our Learning to Communicate with Families initiative engaged 199 professionals across health, education, social care, faith groups, and the voluntary sector. - Our 2025 Conference brought together over 300 attendees and inspired and reinvigorated professionals. - Through our energy support work with SGN and Cadent, we advised more than 125,000 families on heating and safety, reducing debt and easing financial pressures. - We secured £80 million in ringfenced NHS funding for children’s hospices in England for 2026–2029. - Through the Kentown Wizard-funded Community Palliative Care Programme, we coordinated nursing, social care, and hospice support for families who often struggled to navigate fragmented systems. - In 2024–25, our supporters helped us raise and distribute over £2.7 million to support children’s hospices.	**Direct support** We will: 1. Map the resources and support available to families of children living with serious illness, develop support tools, and signpost and refer to others. 2. Consult families to assess what they need and want. 3. Provide equitable access to our Family Support Hub. 4. Pilot artificial intelligence tools to develop new guidance and resources for families, professionals, and services. 5. Improve how we involve families in our work. **System change** We will: 1. Lead the sector to set shared research priorities, establishing a Centre for Evidence and Practice. 2. Complete and roll out the new Categories of Care to define which children may benefit from palliative care, what services should be provided, and what standards professionals should be educated to. 3. Develop and implement an effective membership offer. 4. Ensure the right representation for families and members so that our campaigning reflects their views and needs. 5. Lead guidance on service models and workforce standards. 6. Help our sector to meet, learn, and share. **Income generation** We will: 1. Review and reframe our National Fundraising Scheme as a strategic programme for children’s hospices 2. Recruit and retain an active community of patrons and ambassadors. 3. Explore opportunities to raise funds for our non-children’s hospice members. 4. Develop a new income generation strategy and case for support.	A majority of families feel well supported.	Every child, and their family, has high quality children’s palliative and end of life care, when and where they need it.
	There is a postcode lottery in planning which means that not all families can access palliative care that meets standards for each part of the UK.	Too many families will continue to experience poor health and wellbeing outcomes.			All local NHS bodies across the UK plan children’s palliative care that meets standards.	
	Access varies according to families’ ethnic and socio-economic background, and transition.	Without better evidence and action there will be a widening health inequality, and increasing numbers of families will be unable to benefit from the best care and support.			We know the full scale of inequalities of access.	
Quality	Vacancy rates among the groups of all health and care professionals needed to provide palliative care to children living with serious illness are too high.	Workforce challenges mean too many children and families cannot access the palliative care they need, when and where they need it.			Vacancy rates are lower.	
	Too few health and care professionals who could provide palliative care to children living with serious illness have the skills to do so due to inconsistent education and training.	If professionals lack the right skills and knowledge, the quality and safety of care for children living with serious illness is compromised, and providers face higher costs to recruit and retain from a limited pool.			All health and care professionals who could provide palliative care to children living with serious illness have the skills and knowledge needed to do so.	
	The existing children’s palliative care workforce is not organised effectively across the UK.	A lack of standardisation in service provision, models and frameworks causes many professionals to feel disempowered and lack confidence in caring for children living with serious illness.			The children’s palliative care workforce is organised into regional and national delivery networks across the UK. Through them, sector-wide standards for workforce and service models are defined and embedded.	
	There is inconsistent use of data and evaluation of outcomes, and a comparatively low evidence base (compared to adult palliative care).	It prevents the ability to replicate and fund the most effective work.			Nationally agreed quality benchmarks and outcome measures and a framework of research priorities and digital tools	
Sustainability	The NHS does not provide enough funding to sustain services.	If children’s palliative care services are not financially sustainable, they will be unable to provide the support that families need, leaving them without access.			The gap in NHS funding for children’s palliative care is filled.	
	NHS bodies do not have the data they need to show how many children could benefit from palliative care, or what the complexity of their needs are, partly because there is no clear definition of the population.	As the costs incurred by children’s palliative care providers grow, they will be forced to cut services or restrict families’ access.			NHS bodies have access to data about the volume and complexity of the population of children living with serious illness who could benefit from palliative care, underpinned by a clear definition.	
	There is no consistent way for children’s palliative care providers to record and report the volume and complexity of the support they provide.	Local NHS bodies are unable to plan and fund children’s palliative care services effectively because they do not know what the demand for this care is.			Children’s palliative care providers are funded according to the volume and complexity of the support they provide.	
	Funding for children’s hospices from UK-wide charitable sources is not enough to meet growing demand and complexity or deliver non-specialist services.	NHS funding for children’s palliative care providers does not match the volume or complexity of support being delivered and does not support the delivery of non-specialist services.			Children’s hospices receive more money from UK-wide charitable sources.	