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EDITORIAL

The Guidelines for the Alternative Care of Children celebrate their fifth birthday

This double edition is a brief progress report on the situation of children in need of alternative care or at risk so being, five years after the Guidelines' acceptance at the United Nations' General Assembly.

At five, one expects some autonomy, with customary newborn challenges such as teething behind, major developmental milestones accomplished with growing pains to come. Similarly the UNGA's approval of the Guidelines in late 2009 heralded in successes and defies for alternative care reform, some outlined here.

First "words"

Like childbirth, excitement and awareness raising activities surrounded the Guidelines' birth. In addition to the six official UN languages, there was a flurry of translations as well as child and professional/user-friendly versions.

Moreover as with the frustrations of a newborn, who cannot yet speak, understanding certain jargon in the Guidelines led to debates – especially precise meanings of terms such as residential care and institutions. Time was sometimes lost with a prescriptive and narrow approach contrary to the Guidelines emphasis on quality care. Terminology questions were to some extent addressed by the publication on the characteristics of formal care (see Monthly Review № 176 of October 2013).

First "steps"

Many countries took encouraging first steps to examine their systems in light of the new international standard concerning the necessity and suitability of alternative care. Recent initiatives include Liberia, which overhauled its system (see p. 3) and Mexico City, which enacted a new alternative care law in line with the Guidelines. Yet, others carried out significant research on themes of the Guidelines, such as poverty causing separation (see p. 10) and the use of guardians for children as victims of trafficking/unaccompanied children (see p. 9) without referring to the text at all. Whilst the research analysis and conclusions are helpful, arguably such evaluations would be strengthened by having an anchor point such as the Guidelines.

To stabilise such first steps, the *Moving Forward Handbook* was developed to provide policy and practical insight for implementation - available in eight languages, with more in the pipeline.

First "bumps" and "achievements"

As the Guidelines hit the ground, it met huge obstacles – regrettably, realities faced by millions in care – such as a lack of family based alternatives and over-reliance on institutional care. It is during these challenges that the Guidelines made some of its greatest achievements, showing its relevance and flexibility. Practical solutions for children with disabilities in institutions (see p. 12) and dealing

with emergencies such as the Ebola epidemic (see p. 5) were enabled. Likewise, the Guidelines provided a solid framework for lobbying and protection of vulnerable groups such as migrant children (see p. 7).

First "check-up"

Like any child, routine visits to the paediatrician are in order to see that customary milestones are met. It was therefore helpful to see how various UN treaty bodies, such as the Committee on the Rights of the Child, and regional bodies, like the African Committee of Experts on the Rights and Welfare of the Child, examined State compliance with the Guidelines. Furthermore, a monitoring tracking tool (see p. 6) has been developed as an aid for countries. The question will then remain as to whether resources will be made available for the deficiencies identified.

We believe that prevention is the best cure. With this goal, ISS, with a wide group of partners, is planning a Human Rights Council side-event on "investing in children and their families to prevent unnecessary separation". We look forward to working together, seeing the Guidelines' fruitful impact in the coming years, with more children in family and community environments.

The ISS/IRC team
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