Striving for the Sustainable Development Goals: What do children need to thrive?

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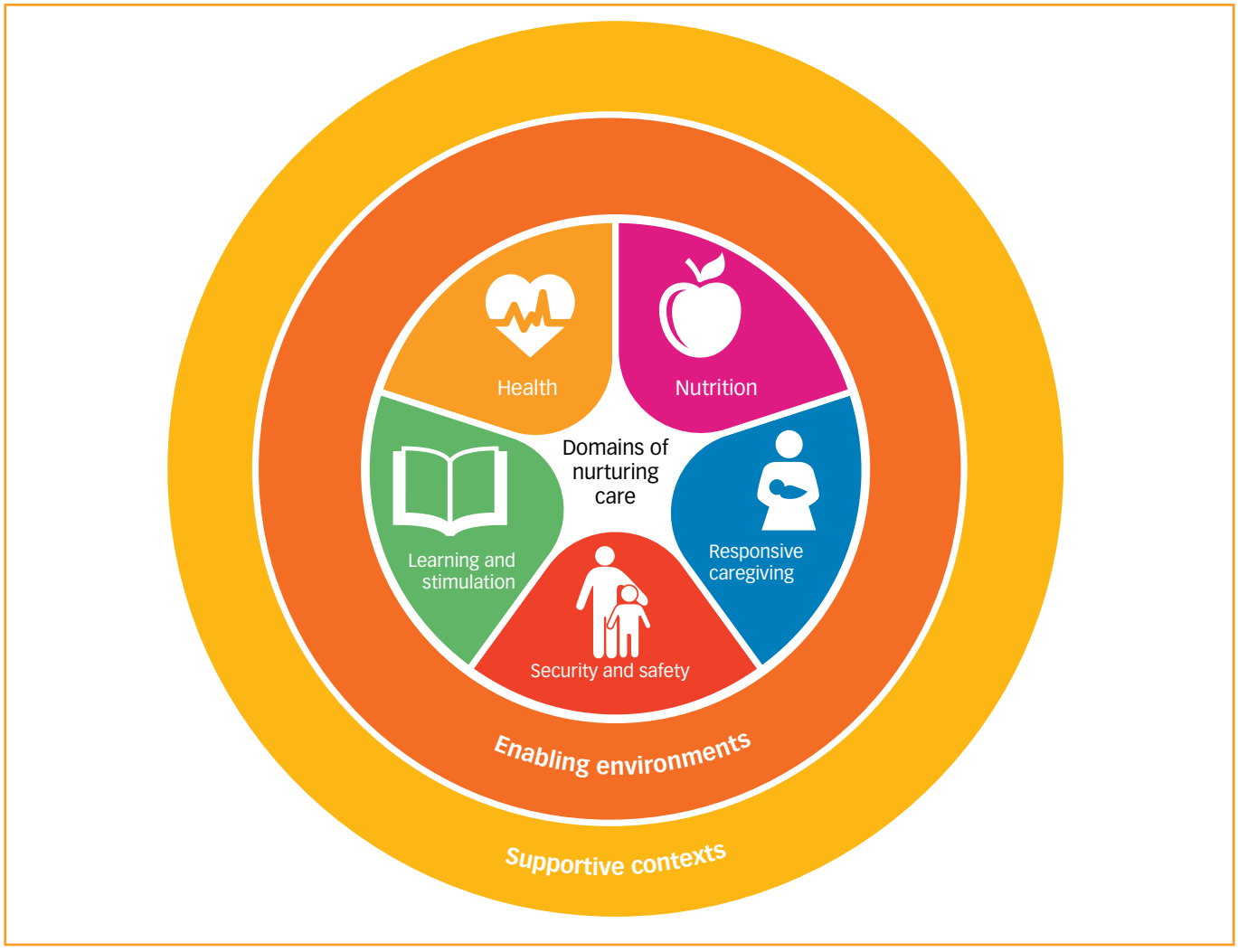
If we change the beginning of the story, we change the whole story.
Raffi Cavoukian, *The Beginning of Life*[1]

In the opening essay, Bhardwaj, Sambu and Jamieson assert that focusing on children is crucial both for the well-being of children and for reaching the Sustainable Development Goals (SDGs).[2] In signing the SDGs, states promised to leave no-one behind and to transform societies, economies and the environment to ensure a fairer and safer future for all. This essay critically engages with the 2030 Global Agenda and assesses the potential of the SDGs to transform our world to enable *all* children – regardless of race, gender, ability, or social background – to not only survive but thrive.

In this essay, we examine the following key questions:

- What enables children to thrive?
- What interventions are needed to ensure that all children thrive?
- To what extent do the SDGs promote nurturing care?
- Do the SDGs create an enabling environment for caregivers and families?
- Do the SDGs have the potential to transform the social, economic, political, climatic and cultural contexts in which families and children live?

Figure 5: Nurturing care, enabling environments and supportive contexts



Source: Adapted from: Daelmans B, Darmstadt GL, Lombardi J, Black MM, Britto PR, Lye S, Dua T, Bhutta ZA, Richter LM & Lancet Early Childhood Development Series Steering Committee (2017) Executive Summary: Early childhood development: The foundation of sustainable development. *The Lancet*, 389(10064): 9-11.

What enables children to thrive?

To thrive, children need nurturing care, an enabling environment and supportive contexts as outlined in figure 5. Reflecting on the early years, Black *et al* define nurturing care as having five domains: "health, nutrition, security and safety, responsive caregiving, and early learning."[3] Nurturing care is equally important for young children and adolescents although the exact nature of how support is provided, and who provides it, changes across the life-course. For example, in the early years nurturing care is provided by parents through family interactions; however, during adolescence peers, teachers, mentors, religious leaders and others join family in a broader social network providing different aspects of care.[4] All children, regardless of ability, gender, race, etc., must be included – and enabled to participate – in the social institutions, such as schools and cultural communities, that support them to imagine and achieve a desired future.

Nurturing care

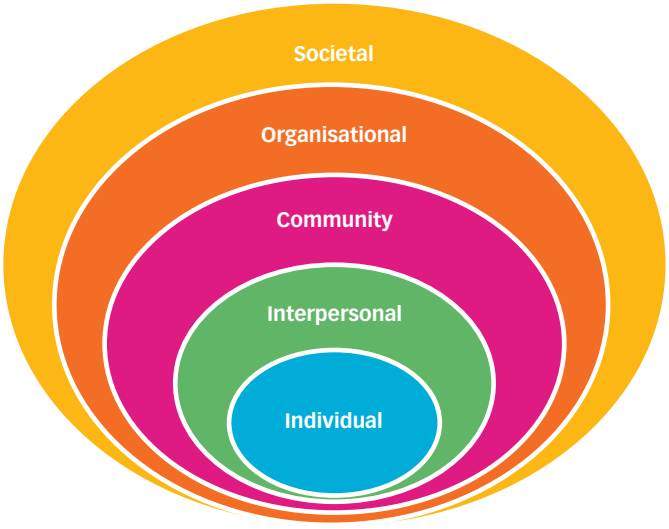
Human beings have evolved over thousands of years with unique and complex capacities to learn and to cooperate with one another. This is manifest in two, seemingly contradictory, features that become evident at conception and unfold during infancy. Firstly, the brains of babies develop very quickly to a blueprint that sets up the basic architecture of human potential.[5] Secondly, the building blocks for this potential are totally dependent on an enabling environment, especially the stable, nurturing care of parents, whether they are biological parents or not.[6]

The fundamental architecture of a child's brain is established by about two months after conception, from which time the developing foetus can receive and use information from the environment. As the brain gets bigger and more complicated, circuits for the senses, like hearing, taste and sight are formed, and these pave the way for the development of higher-order cognitive and language functions.[7] Development throughout pregnancy and early childhood is progressive, with each stage building on the one before; thus, initial experience and learning sets the parameters or constraints for later learning. While the brain retains the capacity to adapt and change throughout the lifespan, this process of *entrenchment* means that our early childhood environment sets the foundation for how we develop.[8]

Babies only grow and develop – survive and thrive – in certain kind of environments. We know that the developing embryo and then the foetus need nutrition and protection from toxins, trauma and disease. Without these, life is not possible and the baby miscarries, is stillborn, or dies after birth. Some babies survive these threats, but only for a while, or survive with disabilities. For example, a child infected with HIV during pregnancy may survive the pregnancy and delivery but, without treatment, has only a 50% chance of living to their second birthday before being overwhelmed by illness.[9] A foetus exposed to alcohol during pregnancy may fail to grow and have neurodevelopmental difficulties.[10]

The environments young children need must not only be free from harm. They must also provide the experiences which the brain and other systems need to grow and develop. For example, children must be exposed to communication to learn how to communicate,

Figure 6: The socio-ecological model



Individual: Biological and personal history factors influence a child's development, such as age, gender, knowledge, attitudes, developmental history, economic status, literacy, stigma.

Interpersonal: Formal and informal social networks and support systems, including family, friends, peers and religious networks, can influence individual behaviour and contribute to the child's range of experiences. These relationships are bi-directional in that the child's reactions to others affects how people treat them in return.

Community: Relationships occur in community settings such as schools, faith groups and neighbourhoods. Many communities in South Africa have high levels of violence and even witnessing violence causes psychological distress in children.

Organisational: Rules and regulations affect how, or how well, services are provided to an individual or group. For example, youth-friendly health services are designed to meet adolescents' health needs responsively, and encourage young people to return for continuing care.

Societal: Broad societal factors such as social norms, cultural practices, economic and social conditions, in conjunction with provincial, national and global laws and policies, shape the environment in which children develop – even when they are not directed at children, such as government policies on agriculture, labour or transport.

Source: Adapted from: Bronfenbrenner U & Morris PA (2006) The bioecological model of human development. In: Lerner RM & Damon W (eds.) *Handbook of Child Psychology: Theoretical Models of Human Development.* p. 793-828. Hoboken, NJ: John Wiley

and this needs to occur in the context of human affection and care. If infants receive only routine care for hygiene and feeding by staff on shifts, then no more than one in three babies reared in group orphanages survive. Those who survive, grow poorly and have severe cognitive and language delays.[11]

Stable, caring relationships are essential for young children to thrive and to develop the basic human capacities they need to relate to and cooperate with other people. For example, infants get information about what is important to learn by following the gaze, interest and emotional responses of their parents. They learn to know who or what is friendly or hostile by interpreting their parents' emotional, postural and facial cues. Similarly, children experience their self-worth through their parents' attention, affection and encouragement. Together with support, they develop the self-confidence to explore the world and try new things. Positive social exchanges and interactions improve learning and productivity at all ages.

Older children and adolescents who have stable, affectionate relationships with families and friends, and encouragement and opportunities to achieve at school and in their communities, do better than young people who don't have these supports.[12] They are also more resilient to the challenges life presents as they are increasingly exposed to peer and media influences, and approach adulthood. Encouragement to participate in many dimensions of social life builds connections with others, enhances self-esteem and inspires confidence to make considered decisions about education, health, friendships and future aspirations. The 2016 Lancet Commission on Adolescence emphasises four channels for effectively promoting development in adolescence: secondary education as the most powerful determinant of adolescent health and human capital; enabling and protective legislation, policies, schools, communities and families; social media; and the participation of youth as advocates for their own health and well-being.[13]

Enabling environments and supportive contexts

Parenting is driven by culturally informed motives about the value of children and what it means to be a good parent, and by emotions of deep affection and commitment aroused by the baby's helplessness and dependence. These motives emerge and are supported by material and socio-cultural security that comes from support by a partner, relatives and community. Early and subsequent experiences in childhood and adolescence build life-long relationships of care and mutual responsibility. However, parenting can break down under the stress of conflict, financial hardship, interpersonal violence and social isolation. Parents and caregivers therefore depend on policies, living conditions and services that together create an enabling environment for them to function as supportive families and enable children to thrive.[14] Key ingredients of such enabling environments include protection from disaster and despair; economic and social security; infrastructure to support daily life; health, education and social services; and social inclusion and support from loved ones.

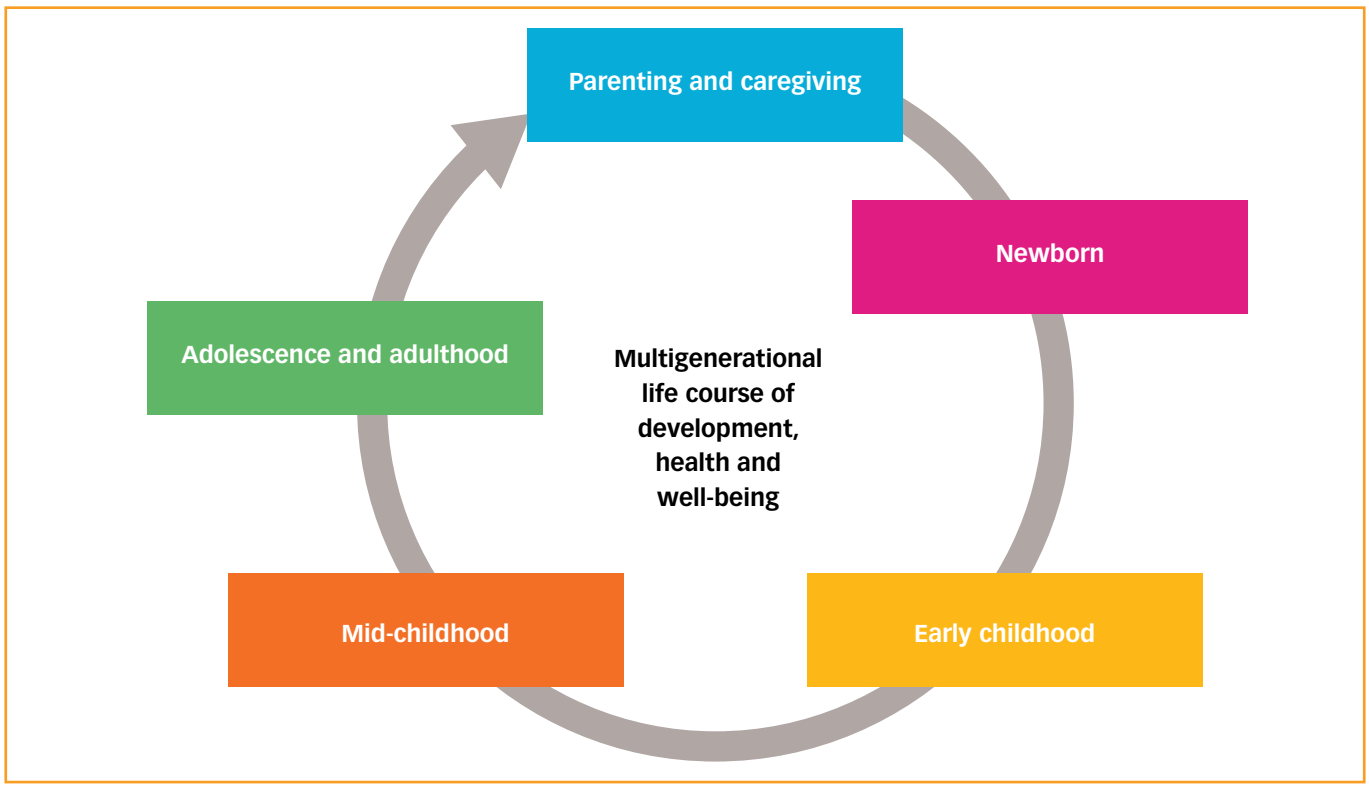
Bronfenbrenner's ecological systems theory explains how a child's growth and development are affected by their social relationships and the world around them as outlined in figure 6. These factors and contexts interact and influence one another. If there is a change in one system, it may cause changes in another. Equally, transitions occur over the life course and major socio-historical events such as South Africa's transition to democracy, can impact several systems. On a more personal level, death of a parent is a major life transition that affects children's development and behaviour.

What interventions are needed to ensure all children thrive?

Ensuring all aspects of an enabling environment for families and children challenges states that have limited capacity and many demands on the government budget. It is therefore important to know what – and how – to prioritise. Long-term studies of children and families demonstrate the value of investing in young children, and guaranteeing they not only survive but thrive. There are three kinds of studies that provide evidence of early benefits: studies that follow children naturalistically in cohorts from birth to adulthood and into the next generation; studies that examine the effects of an intervention and follow the beneficiaries over time to see how robust the impact is and establish the cost-benefits; and studies that calculate the cost-benefits of natural variations in conditions (ecological interventions). These studies show how the life course of an individual forms part of an intergenerational cycle of development as illustrated in figure 7 on p. 36, where benefits and losses incur not only to the person concerned, but also to subsequent generations.

The best-known naturalistic follow-ups of children in low- and middle-income countries are those in Brazil, Guatemala, India, the Philippines and South Africa, jointly known as the Consortium of Health Oriented Research in Transitioning Societies (COHORTS).[15] In these studies, more than 22,000 children enrolled during pregnancy or at birth have been followed up to adulthood and even middle age. Their findings show that early conditions that promote children's growth and development – including maternal health and education, household economic conditions, and services such as water and sanitation – influence health and well-being across the life course. Children whose growth falls below expected levels for their age and sex are more likely to die prematurely, suffer chronic diseases, have higher rates of personal and social problems, lower levels of cognitive development, complete fewer grades of schooling, and earn less as adults. Through intergenerational transmission of disadvantage, their own children are more likely to be born small, develop below expected norms for age and have lower levels of intellectual achievement.[16] Several studies in low- and middle-income countries have tracked the effects of early interventions, none as successfully (or for as long) as a nutrition intervention in Guatemala and a psychosocial stimulation programme in Jamaica. In Guatemala, children in similar villages received either a protein supplement or a control drink. Children started to receive the supplement at different ages, enabling conclusions to be drawn about the periods of life during which the maximum benefits were derived. The participants have been followed up for more than 40 years. Children who received the

Figure 7: An intergenerational cycle of development



Source: Adapted from Black MM, Walker SP, Fernald LC, Andersen CT, DiGirolamo AM, Lu C, McCoy DC, Fink G, Shawar YR, Shiffman J & Devercelli AE (2017) Early childhood development coming of age: Science through the life course. *The Lancet*, 389(10064): 77-90. Figure 1. P. 79.

protein supplement before (but not after) three years of age, had higher reading comprehension and higher intelligence test scores, and boys who received the supplement before two years of age earned 46% more as adults than children in the control arm of the study.[17]

In Jamaica, para-professionals visited undernourished children under two years of age at home, showing their mothers how to make homemade toys and play with their children. The group who received only home stimulation was compared to a group who received nutritional supplements, a group who received stimulation and supplements, and a control group of non-stunted children. The intervention groups caught up with the non-stunted children after two years, but the effects of nutritional supplements had washed out by seven years. Follow-up at 22 years of age showed that the children stimulated in infancy performed better in cognitive, educational, social and mental health domains. Moreover, they earned 42% more than the other undernourished groups.[18]

Some 250 million children, about 43% of all children below five years of age in low- and middle-income countries, are estimated to be at risk of poor development because they live in extreme poverty or because their growth is stunted by undernutrition and disadvantage. South Africa is no exception.[19] These children are likely to develop below the norm set by their more fortunate peers throughout childhood, adolescence and adulthood and, as a result, their own children will start off with drawbacks, making it harder and harder for them to catch up. These individual effects are aggregated to the national level. The calculated cost of stunting is a substantial portion of Gross Domestic Product (GDP) in several African countries (5.6% in Uganda and 16.5% in Ethiopia).[20] Using the same methodology, the estimated cost of stunting in South Africa is 1.3% of GDP, or some R62 billion per annum. Violence also has a substantial impact on the economy; the cost of disability-adjusted life years lost to violence against children (including both fatal and non-fatal injury) and reduced earnings was estimated at R238 billion in 2015/16.[21]

The 2017 *Lancet* series, Advancing Early Childhood Development: From Science to Scale, assessed the affordability of two interventions known to benefit early childhood development: support for perinatally depressed women based on the World Health Organisation (WHO) Thinking Healthy Package and parenting support based on the WHO/UNICEF Care for Child Development Package. Universal coverage of these two interventions for children at risk of developmental delay is estimated to add US$0.2 to the annual costs per mother and child, if integrated into existing maternal and child health and nutrition services.

Whilst experiences in early childhood can determine adolescent health and well-being, continued development depends on complementary biological and social experiences during adolescence and into adulthood.[22] The Lancet Adolescent Commission stressed the importance of laws and policies to protect and support adolescents. In South Africa, these include the law against child marriage, the protection of the education of pregnant school girls, age restrictions on the purchase of alcohol and tobacco, and the Child Support Grant for children up to the

age of 18 years, amongst others. The Commission also noted the protective effects of the completion of secondary schooling against violence, substance abuse, and HIV infection. In South Africa the proportion of children who complete upper-secondary school (grade 12) within 12 years fluctuates at about 40%, which is very low in comparison with countries such as Turkey and Brazil.[23] However, 16% of 20 – 24-year-olds remain in school,[24] and the pass rate continues to climb so that ultimately 57% of youth obtain a National Senior Certificate.[25] Adolescents are also the next generation of parents; they not only need adolescent-friendly sexual reproductive health services to plan whether and when they would like to have a child, but their health and well-being directly affects that of their own children.

The needs of all children are affected not just by their age, but also their individual circumstances. The UN Committee on the Rights of the Child cautions that "generic policies designed for children or young people often fail to address adolescents in all their diversity and are inadequate to guarantee the realization of their rights."[26] Packages of care should be tailored to the specific needs of each child and adolescent. For example, Isibindi aims to supplement the capacities of highly vulnerable families to provide nurturing care for children; it offers a range of development programmes throughout South Africa to support children of different ages from early childhood to adolescence. Each of these specialist programmes is adapted to suit the needs of the individual child and family. For example, the Isibindi: Sinako Youth Development Programme (outlined in case 1 on p. 38) takes advantage of local opportunities to ensure that adolescents acquire the knowledge, skills and confidence for independent adult life. The programme addresses each individual's personal development needs and interests by involving young people in decision-making.

The elements of nurturing care are interconnected and mutually reinforcing but, as children develop, their needs change and their worlds expand as they enter new settings and meet an expanded range of people. Thus, the support that individual children and their families require is dependent on their age, stage of development and specific context.

To what extent do the SDGs incorporate the key elements of nurturing care?

In 2015, the UN member states adopted a new global development agenda, Transforming our World: The 2030 Agenda for Sustainable Development (2030 Global Agenda)[27] that established 17 SDGs to be met by 2030. The goals are designed to safeguard the future of the planet for generations to come and to build a more equitable world in which no one is left behind. Each state is encouraged to write national implementation plans that take account of the national context, capacities, levels of development and national priorities. These plans also provide an opportunity to plug some of the gaps relating to children. The SDGs provide for many of the elements of nurturing care; however, some elements are not explicit and there are a few critical omissions, for example, parents and families are rarely mentioned, and there is a lack of attention to responsive care and the need to listen children.

Health and nutrition

Whereas, the Millennium Development Goals had a strong focus on physical health, increasing survival rates of infants, children and mothers, and reducing infectious diseases such HIV, TB and malaria, the SDGs set new targets for reducing non-communicable diseases and road traffic injuries, and place mental health on the global agenda,[28] including a drive to strengthen the prevention and treatment of substance abuse. Equally, nutrition is extensively catered for; alongside the elimination of hunger, the SDGs envisage the end of child poverty and a significant reduction in inequality,[29] both of which often lead to hunger. The internationally agreed targets include ending all forms of malnutrition including obesity, and focus on reducing both stunting and wasting in children under five and addressing the nutritional needs of adolescent girls.[30] There is no explicit focus on breastfeeding or education on child nutrition, but these are highlighted in the Global Health Strategy as the best means of meeting the targets.[31]

Responsive care

The SDGs require states to ensure that all children have quality early childhood development, care and pre-primary education, which is measured by the proportion of children under five years who are developmentally on track in health, learning and psychosocial well-being.[32] But, there is no explicit support for parenting and stimulation of very young children, or supportive parenting programmes across the life course. However, the greatest omission is the lack of attention paid to fathers, though there is a specific target under the gender equity goal that refers to "the promotion of shared responsibility within the household and the family as nationally appropriate".[33] Historically, in South Africa the role of fathers was limited to the provision of financial support, as men were forced to work away from home.[34] Patterns of family separation continue and, in 2014, over 60% of South Africa's children – and 70% of African children – did not live with their fathers.[35] But children benefit from the love, care and attention of men, and more effort needs to be devoted to supporting men to be engaged fathers.[36] This is an area that South Africa should consider strengthening when developing local plans.

Safety and security

The creation of peaceful societies and an end to all forms of violence against children, such as abuse, neglect, trafficking, modern slavery, child labour, and other types of exploitation (including recruitment and use of child soldiers) are covered by several goals.[37] The goals tackle many of the determinants of violence such as poverty, intolerance and substance abuse; however, more intimate factors such as family structure and the presence of fathers, bullying by other children and interpersonal violence between adolescents and young men are not addressed. Another area not explicitly covered by the goals is parental education or parenting programmes; however, these kinds of programmes are covered in detail in the WHO's INSPIRE strategy[38] and promoted by the Global Partnership to End Violence Against Children that was established to coordinate efforts to reach the goals.

Case 1: Isibindi: Sinako Youth Development Programme – From vulnerable child to independent adult

Donald Nghonyama (National Association of Child Care Workers)

Isibindi: Sinako Youth Development Programme is a comprehensive programme for orphaned and vulnerable young people and their families developed by the National Association of Child Care Workers. *Sinako* means "we can" and the name was chosen by young people in the programme. It aims to empower youth at the Isibindi sites to complete their education, acquire job-related skills, engage in healthy sexual and reproductive behaviour and become confident, self-supporting adults who contribute to their communities.

Sinako is one component of the broader Isibindi programme that was started in response to the HIV/AIDS pandemic. Isibindi sites serve communities in remote, rural areas with few existing social services, high unemployment rates, and where most households have incomes well below recognised poverty levels and children experience multiple deprivations and violations of their rights. A team of trained child and youth care workers (CYCWs) cares for orphans and vulnerable children in all aspects of their lives, providing services through home visits and supervising play in safe parks. CYCWs who are trained as youth development facilitators (YDF) use the child-and-youth-care approach in working with youth in the Sinako programme.

The programme responds to individual needs, interests and local opportunities. Each youth is supported by an individual youth development plan which is drafted in consultation with the young person. The plan incorporates elements of the Circle of Courage (which aims to meet young people's developmental needs for belonging, mastery, independence and generosity) and it ensures that programme activities are chosen to suit the youth's personal needs and is reviewed regularly.

To have completed the programme successfully youth are expected to complete at least three of the following programmes:

1. Educational support
2. Access to tertiary education
3. Job opportunities
4. Entrepreneurship opportunities
5. Life-skills and community engagement.

Thabo, a youth attending the programme wrote: "Isibindi: Sinako changed my life. I'm proud today. My future is brighter. Words cannot describe how the programme has impacted my life."

Learning and stimulation

SDG 4 expands on earlier successes in ensuring access to free primary education in several ways.[39] Firstly, the new targets focus on education across the life course. They call for early childhood development and pre-primary education to prepare children for school, and extend universal education to include secondary school and promote life-long learning. Secondly, they focus on diverse types of education including technical and vocational training and measuring skills for employment and entrepreneurship, although the definition is restricted to information and communications technology skills. Thirdly, the targets and indicators measure not only access, but outcomes. Target 4.1 envisages that all girls and boys complete secondary education leading to relevant and effective learning outcomes defined as achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, but states are only required to report outcomes until the end of lower secondary school, and not the end of secondary school. In South Africa, schooling is compulsory until the age of 15 or the end of lower secondary school i.e. grade 9, and whilst close to 100% of learners stay in school until the age of 15,[40] the attendance rate decreases steeply from age 16 onwards, with 94% of 16-year-olds, 92% of 17-year-olds, and 80% of 18-year-olds reported to be attending school.[41] This means that approximately 140,000 16 – 17-year-olds and 200,000 18-year-olds each year do not benefit from the personal and social advantages and protection of the final years of secondary school.

Do the SDGs create an enabling environment for caregivers and families?

We have established that nurturing care is critical to ensure that children thrive and develop to their optimal potential through all stages of their life; however, parents can only provide nurturing care if they inhabit an enabling environment. Policies should therefore focus on equipping families with the time, resources, knowledge and skills they need to provide nurturing care.[42]

The SDGs make only passing reference to parents and families; nonetheless, they do provide some support for non-family members caring for children. For example, pregnant women and mothers with young babies need financial security and nutritional support, which are included in the SDGs. The goals do not explicitly mention maternity leave or family responsibility leave, but call for compliance with International Labour Organisation regulations in which they are included.[43] Critically, the targets include decreases in maternal mortality that will necessitate investments in antenatal services, and indicators track the number of skilled health professionals attending births which will improve the safety of delivery. Although the SDGs provide for universal access to family planning, there is a lack of attention to adolescents' need for dedicated services. The goals also address structural factors that contribute to creating a safe environment such as the design of human settlements, and risk factors such as poverty and alcohol abuse. Additionally, they include safe, non-violent and inclusive educational facilities to promote learning and better outcomes.

Figure 8: The 17 SDGs create an enabling environment that supports nurturing care

Inclusion is one of the fundamental principles of the SDGs. The goals seek to address inequality between and within countries and to prioritise the most vulnerable to make sure no one is left behind. The targets seek to end discrimination, promote inclusive learning environments, accessible transport and public spaces that everyone can enjoy.[44] The 2030 Global Agenda also recognises a number of vulnerable groups including children, refugees, and people with disabilities. The SDGs have adopted a mainstreaming approach,[45] but children with disabilities and other marginalised groups often need special measures to enable them to participate fully in society. The detail of such measures can be included in global strategies or promoted by global partnerships. But at present there is no strategy for disability and the Global Partnership for Disability and Development,[46] established to ensure the inclusion of people with disabilities in national and international efforts to reach the MDGs, seems to have lost momentum.

Another aspect of inclusion is participation in decision-making. The United Nations Convention on the Rights of the Child (UNCRC) guarantees children the right to be heard and have their views given due consideration by any adult or institution making decisions on their behalf, or taking actions that affect the child.[47] Participation is central to the right to dignity and linked to respect for evolving capacities and adult guidance, and the rights to information, privacy and expression, amongst others.[48] According to UNICEF, the right to participate is supported by several SDGs,[49] However, the SDG targets and indicators are restricted to high-level political decision-making processes, they do not even incorporate participation in school governance. Such high-level processes of engagement are an essential element in fostering a sense of belonging and active citizenship,[50] but do not capture the essence of what participation means to, and for, most children. Nor do they speak to the developmental necessity of building strong relationships with others

Case 2: "What I do, matters"

Mary Metcalfe (Programme to Improve Learning Outcomes (PILO))

Jika iMfundo is a campaign of the KwaZulu-Natal Department of Education that seeks to build routines and patterns of support within schools – and between districts and schools – that will have a long-term and sustained impact on curriculum coverage and learning outcomes. Launched in 2014, the programme currently reaches 1,209 schools and 652,320 learners from grades 1 – 12, and is being piloted at scale in the King Cetshwayo and Pinetown districts before roll-out across the province from 2018.

The overarching strategic objective is to improve learning outcomes. The theory of change is that if the quality of curriculum coverage improves, then learning outcomes will improve. In order for curriculum coverage to improve, the following behaviours must improve: *monitoring* curriculum coverage, *reporting* this at the level where action can be taken, and *providing supportive responses* to address problems.

The Jika iMfundo campaign therefore provides district officials, teachers and school management teams (SMTs) with the tools and training to have professional, supportive and evidence-based conversations about curriculum coverage between teachers – between teachers and the SMT – and between district staff and the SMTs. The goal is to make these behaviours routine practices that become embedded and sustained in the system. The tools and materials have been collaboratively developed with the intention of driving meaningful and substantive engagement – identifying problems and actively seeking the solutions together – and providing support and reciprocal accountability. The programme is proving effective:

- Teachers are more confidently tracking curriculum coverage.
- Heads of Department are using the tools and training to supervise and support teachers.
- Schools where teachers are planning and tracking progress, and are supported by SMTs, are reporting increased curriculum coverage and improved learning outcomes.
- More principals (and deputies) are leading a school focus on curriculum management.
- Circuit managers and subject advisers are making significant progress using the data to focus their energies for greater impact, and share a collective focus on monitoring and improving curriculum management at school level.
- Curriculum coverage in the foundation phase has improved markedly between 2015 and 2016.

A number of factors have led to the success so far. A clear theory of change focused on the instructional core – teaching and learning through improved curriculum coverage in languages, mathematics and science. The programme is a change management intervention, building leadership capacity and responsibility to drive change within the education system. The programme is anchored in the system to ensure the intervention is sustained. The interventions have been designed for implementation at scale, with recurrent costing of less than R40 per learner that can be accommodated within the department's budget. The programme focuses on districts supporting schools. The goal of using data for monitoring and reporting is to enable the district to support schools on a differentiated basis. And the monitoring, reporting and response process allows for identification and response to problems and blockages at all levels of the system. The programme builds reciprocal accountability between teachers, the SMT, the district and the provincial administration. A coaching programme in the schools supports SMTs – deepening their understanding of the tools and how to apply these in their context. The programme works actively with teacher unions who worked with PILO to design the programme, have endorsed it, and continue to identify implementation challenges so that the programme can respond to problems as they arise.

and how progressive responsibility for decision-making guided by an adult provides the foundation for autonomy.

Do the SDGs have the potential to create supportive social, economic, political, climatic and cultural contexts?

The SDGs address the outer circles of Bronfenbrenner's "socio-ecological model" in many ways, as outlined in figure 8. The goals on ending poverty and creating decent work for all should create sufficient economic security for parents to support their families.[51] At a community level, the aim is to build resilient infrastructure that is of sufficient quality to sustain and support families, and services such as schools, clinics and housing in communities that are structurally designed to reduce violence and improve safety and security.[52] At a national level, the SDGs set ambitious targets on reducing corruption, and developing effective, accountable and transparent institutions.[53]

On a planetary level, the goals protect bio-diversity on land and in the oceans, and aim to curb rampant economic growth and the effects of climate change to ensure that the environment can sustain future generations.[54] The SDGs aim to create the conditions necessary to produce enough nutritious food to feed the global population and end food insecurity by improving farming methods, transport, and creating more equitable market conditions.

But to achieve the transformation envisaged by the SDGs requires new approaches to service delivery. For example, in South Africa, young people from the age of 12 have the right to consent to confidential health services independently, but judgmental

health professionals frequently deter adolescents. This is especially problematic in relation to access to family planning and antenatal services for pregnant teenagers.[55] Thus, transformation includes removing cultural and attitudinal barriers so that children's dignity is fully respected. Professionals need support and active encouragement to transform – case 2 demonstrates how Jika Mfundo campaign of the KwaZulu-Natal Education Department is monitoring data to provide differentiated support, and proactively support change.

A transformed approach also requires a different way of thinking about, and delivering, services. Efforts to promote children's survival and development extend beyond health and require coordinated efforts across sectors, including labour, health, nutrition, education, social services, social protection, housing and water and sanitation. However, states rarely consider children's needs holistically across the life course, or in the context of their families and communities. And whilst, the SDGs were developed to create an encompassing vision, progress towards that vision is measured by discrete indicators, which have the potential to recreate and reinforce a siloed approach to service delivery. To combat this tendency, SDG 17 aims to "strengthen the means of implementation and revitalize the global partnership for sustainable development".[56] In addition there is an emphasis on ensuring fair access to markets, and building global partnerships that facilitate the sharing of funding and technology so that no one is left behind. To this end, the United Nations (UN) is organising annual dialogues to bring together governments, civil society, the private sector, and other actors to foster cross-sectoral and innovative partnerships and address specific implementation challenges. For example, the Every Woman Every Child initiative brings together experts from different sectors to mobilise and intensify collaboration between governments, the UN, multilaterals, the private sector and civil society to implement the Global Strategy for Women's, Children's and Adolescents' Health. In other words, the goals provide a focal point around which states can collectively coordinate their actions. These partnerships and strategies will guide the flow of development aid and technical assistance from UN agencies, and they have the potential to drive advocacy and improved implementation. There are many such partnerships,[i] but whether they translate into coordinated action on the ground remains to be seen.

Conclusion

Under the right conditions, all children can thrive. Children need nurturing care provided by families and caregivers in enabling environments and supportive contexts. Nurturing care is composed of responsive caregiving, health, nutrition, safety and security, learning and stimulation.

The SDGs are designed to be holistic and integrated as the intention behind the 2030 Global Agenda is to transform the entire world and prevent anyone from being left behind. It is therefore not surprising that the SDGs do not cover all the details necessary to create an environment for children to thrive. This analysis suggests that they omit some of the elements necessary to support families and caregivers, and ignore meaningful participation and adolescents' capacity for independent decision-making – elements that lie at the centre of the socio-ecological model. However, these elements are covered by the UNCRC and its General Comments. There is, therefore, a pre-existing obligation on states to fulfil these rights. Children's rights are indivisible and interdependent, and cover all the elements of nurturing care but they do not address the ingredients of the enabling environment at a societal level, such as employment for parents and caregivers. The strength of the SDGs is that they encourage states too provide many of the essential elements needed to support parents to care for children and to promote stable cooperative governance and inclusive societies, built on strong economies and the sustainable use of resources that safeguard the environment for everyone. Finally, they respond to development challenges holistically and promote an integrated approach to service delivery, through global strategies and partnerships.

Implementing the 2030 Global Agenda would transform society to create supportive social contexts and enabling environments, but realising the SDGs is not sufficient to ensure that children get the nurturing care they need to thrive; for that we must ensure that implementation strategies draw on the entire child rights framework and foreground children's best interests and participation.

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