Interactions between the family and the state in children's health, education and social development

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The real wealth of a nation is its people. And the purpose of development is to create an enabling environment for people to enjoy long, healthy, and creative lives.

Mahbub al Haq in Nussbaum, 2009[1]

This chapter considers how families and the state interact in facilitating human development across childhood, with a particular focus on health, education and social development. Being healthy and educated, having the personal and social skills for mutually caring relationships, and playing a satisfying and useful role in society are all essential aspects of human development. Poverty, low education, ill-health, limited access to services and a lack of civil and political freedoms undermine human freedom, dignity and development.[2]

Families depend on state support to raise their children, and nurturing children is essential to building the capacity of the state. The state is obliged to protect and provide for children when families are unable to do so. However, there are long-standing debates on how – and when – the state may direct how families raise children. Examples include the prohibition of corporal punishment in the home and the provision of sexual and reproductive goods and services to young people through schools and public health facilities.

Interactions between the state and families are not uniform. Families need the state to provide infrastructure, health, education and basic services. But the level and quality of these provisions vary greatly by race, class, residential location, and the age and gender of the child – as does family engagement in children's development.

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Some state-family interactions are constrained by law and procedures, and some by finances. Other interactions are open-ended where the state relies on families to complement its investments in the health, education and social development of children, and parents' contributions vary depending on their circumstances. For example:

- The state requires parents by law to register their child's birth within 30 days of birth at the nearest Department of Home Affairs office, and for those who struggle to register within this time frame, late registration is more difficult.[3]
- Parents are also obliged by law to enrol and send their children to school between seven and 15 years of age.[4] The state supports families by providing subsidised or free schooling, school meals, school transport and school health services, but does so at varying levels of implementation and quality. Families who are able to pay for education have more choice regarding the school their child attends.[5]
- The state provides free immunization services and encourages parents to have young children vaccinated. However, some families choose to purchase these services from private providers rather than using public services, and some choose not to immunize their child despite evidence that high levels of coverage protect the health of others by preventing outbreaks of infectious diseases like measles.[6]
- Infant feeding remains a women's individual choice, but the state actively promotes exclusive breastfeeding because of its proven benefits for health, nutrition and well-being.[7] It does so through the Mother-Baby Friendly Hospital Initiative, by preventing the formula industry from advertising breastmilk substitutes, and by encouraging families, communities and businesses to play a more proactive role in supporting breastfeeding.

In each area, children's well-being depends on the commitment, integrity and capability of both the state and families. In South Africa, both institutions are severely compromised

Table 10: Examples of state and family investments in the survival, health and well-being of children and adolescents

Area of investment	State services	Family practices and behaviours
Child health	Preventive, promotive and curative services (e.g. immunisation and youth-friendly services)	Surveillance of child well-being Early care-seeking Treatment compliance and return visits
Nutrition	Growth monitoring and nutrition education Food security and safety Micronutrient fortification and supplementation Food subsidies	Exclusive breastfeeding for the first six months Sufficient, healthy and age-appropriate food
Water, sanitation and hygiene	Clean water, basic sanitation and waste removal	Good hygiene practices and supervision of children's personal care
Environmental safety	Road safety laws and enforcement Bans on toxins and warning signs on poisons	Household practices that protect children from environmental hazards
Protection	Social protection, including the Child Support Grant	Family protection and care of children

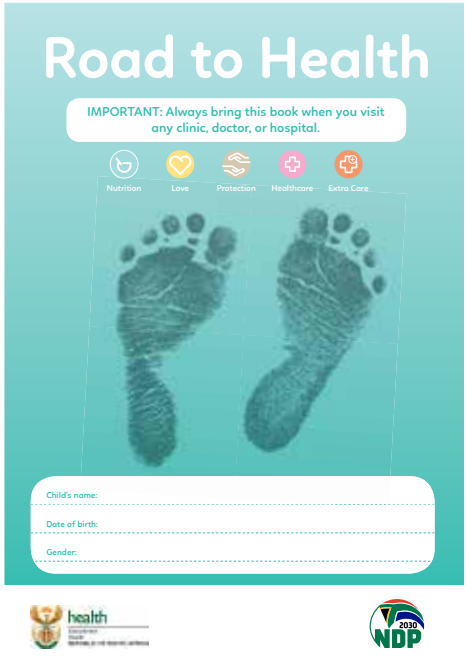
by social and personal history and current circumstances. Apartheid weakened the ability of the state to provide for all South Africans, and corruption continues to divert resources from services. Families were fragmented by migrant labour and apartheid laws, and continue to be challenged by high levels of violence, unemployment and poverty. In this essay, we illustrate the contribution of the state and families to children's health, education and social development, and how these contributions could be strengthened. The inputs of both the state and families in concert with each other are critical to ensuring that all children reach their developmental potential and that no child is left behind.

Collaborating for child health

From pregnancy to age 18, and of course beyond, the state and families make complementary investments to optimise the survival, health and well-being of children, as illustrated in Table 10.

South Africa has high rates of child mortality; an estimated 34 in every 1,000 children die before their fifth birthday.[8] Most of these deaths could be prevented by the combined efforts of the state and families. Preventive and curative health products and services, such as tetanus toxoid, antibiotics and immunizations are important, but a comprehensive review has shown that more than a third of child deaths are related to

Figure 16: The Road to Health Book affirms the central role of parents and caregivers



THE 5 THEMES OF THE ROAD TO HEALTH BOOK ARE WHAT CHILDREN NEED TO GROW AND DEVELOP

NUTRITION Good nutrition is important for you and your child to grow healthy. It starts with breastfeeding.

LOVE Your child learns from looking at you when you hold them close to you and love, play and talk to them.

PROTECTION Your child can be protected from disease an injury by getting immunised and by playing in safe places.

HEALTHCARE Your child needs help from you or a health worker when they are sick or injured.

EXTRA CARE Your child may need special care or support and knowing what to do and where to go will help both of you.

Source: Slemming W & Bamford L (2018) The new Road to Health Booklet requires a paradigm shift. *South African Journal of Child Health*, 12(3): 86-87.

under-nutrition and could be prevented by interventions at the household level. These include the promotion of breastfeeding and appropriate complementary feeding, and home use of oral rehydration therapy for children with diarrhoea.[9] The quality of health care services must also improve, particularly the attitude of health service personnel. A 2011 audit of health care facilities found that patients were met with a "positive and caring attitude" in only 25% of clinics.[10]

Young children

The Department of Health has recognised the need to support both health workers and families. In 2018 it launched a new Road to Health Book as the centrepiece of its Side-by-Side Campaign to promote the survival and development of children under five. The campaign affirms the central role of families in the nurture, care and protection of young children, and it encourages health workers to use the book to promote children's health, care and development, and to develop supportive and respectful relationships with parents and caregivers.

Contact between the state and families through health services for children becomes less intense after two years of age when children are usually taken to health services only when they are sick. The state has recognised that hospitalisation is traumatic for both family and child and introduced lodger mother facilities to enable caregivers to accompany and support sick children during their hospital stay. The KwaZulu-Natal Department of Health's Boarder Mother's Policy draws on evidence that the presence and emotional support of a caregiver helps minimise the impact of painful medical procedures, reduces parental anxiety and the workload of nursing staff, improves parent satisfaction and decreases complaints and medico-legal claims.[11]

South Africa's Integrated School Health School Programme[12] aims to prevent illness and promote health with an emphasis on identifying barriers to learning in the foundation phase, and sexual and reproductive health in secondary school. Its success depends on effective collaboration between the health and education systems and the degree to which they prioritise interventions that effectively improve children's health and well-being.[13]

Children with disabilities

Children with disabilities and adolescents also require support from families and the state. Many childhood disabilities could be prevented by better perinatal care and early nutrition,[14] as well as more effective protection from environmental hazards such as pollutants, poisons and injuries.[15] While the state is responsible for putting policies and programmes in place to prevent injury, this has to be accompanied by family awareness and vigilance to protect children both within and outside the home environment.

Although infant mortality globally has halved since 1990, there has been no decrease in developmental disabilities among surviving children. In fact, the number of affected children has increased by 71% in sub-Saharan Africa since 1990. The lack of progress in reducing disabilities is attributed to absent or inadequate policies and interventions to prevent and detect disabilities, together with a lack of support for affected families and children.[16]

In a small number of cases, family care may be compromised by abuse,[17] but the majority of families absorb the costs, emotional drain and additional care despite a lack of state services and stigmatisation by the wider family and community.[18]

Adolescent health

Adolescents are at risk of falling between the gaps in protection and support provided by both the state and families. Despite attempts to make facilities more adolescent friendly, the judgemental attitudes of public health service providers, lack of privacy and breaches of confidentiality frequently deter young people from accessing sexual and reproductive health services.[19] Families are often reluctant to discuss sexuality with children as outlined in Case 16, and the compulsory sex education component of the Life Orientation curriculum is seldom effectively covered.[20]

Case 16: What sex education young people want from their families

A mixed-methods study found that both parents and children lack the confidence to talk about sex and sexuality. Sex education in schools is meant to ease this tension, but many parents feel side lined, and concerned that the state is extending sexual and reproductive health services, such as contraceptives, to girls without parental consent.

While parents seem to implicitly acknowledge that their teenage children are sexually active, their talk to children on the topic is often threatening and focused on the consequences of sexual activity, such as "you dare fall pregnant or impregnate", instead of what young people say they want: straightforward information, for example, how to prevent pregnancy and use condoms.

For this reason, the consent provisions of the Children's Act are designed to help children and adolescents access essential health care services independently, so that they have the information, guidance and support they need to make informed and responsible choices about sexual and reproductive health. Children can consent to contraception from 12 years, HIV testing from under the age of 12, and termination of a pregnancy from any age – provided they understand the risks, benefits and social implications.[21] These provisions recognise children's evolving capacities to participate in health care decision-making and enable adolescents to take increasing responsibility for their own sexual and reproductive health as they approach adulthood.

Teen pregnancy

The silence and failure of both families and the state to offer meaningful information, support and services to adolescents may contribute to unwanted teen pregnancies. While the majority of teen births are concentrated amongst 18 – 19-year-olds, teen childbearing can compromise a young mother's education, as well as the health, nutrition and educational outcomes of her children,[22] with younger teens most at risk of falling behind in their grades or dropping out of school.[23]

The draft National Policy on the Prevention and Management of Learner Pregnancy in Schools is intended to enable pregnant learners and young mothers to continue their education. However, there seems to be little in the way of systematic support for pregnant teenagers or teen mothers, either through schools or health services.

Optimal health outcomes of parents and children depend on good, quality state services and functional, caring and supportive families working together. Each have a unique and important part to play. The state has a responsibility to translate policies into improved patient experiences by providing accessible and good quality services, and families need to know when to seek out health care, and then act on health information to support their children and achieve the best possible health outcomes.

Collaborating for children's learning and education

Learning starts before birth and provides the foundation for formal education. Foetuses learn to recognise and remember their mother's voice,[24] and these memories help the newborn recognise their mother from birth.[25] Affectionate and responsive interactions and secure attachment in the first years of life serve as a strong foundation for language and learning,[26] and provide young children with the confidence to experiment and explore their environment.

Early childhood development services

This rich learning occurs primarily within the context of relationships with caregivers and family. So what is the role of the state in these early years? The state must provide an enabling environment and support for caregivers, as illustrated in Table 10 with respect to health. This includes social protection and services that support families' efforts to ensure the health, nutrition, early learning, care and safety of their children.[27] However, many policies in South Africa are poorly implemented and services of variable quality may intensify rather than lessen existing inequities. In addition, there are no scaled-up social services for vulnerable caregivers of young children, such as adolescent parents, people living with HIV and women who are victims of domestic violence.

From long-term follow-up of children who received services to enrich their learning experiences in infancy and early childhood, we know that the early investments offer greater improvements in education and earning potential than interventions implemented in middle-childhood, adolescence or early adulthood.[28]

Family involvement in formal schooling

Once children enter school, both the state and families contribute to educational outcomes. There are opportunities for parents to work with schools at several levels, from supporting the learning of the individual child to ensuring good school management through the School Governing Body. The state introduced school meals and transport for children attending schools in poor communities but their implementation is patchy. Although school fees have been eliminated in around 80% of public schools, this has not had a significant impact on school enrolment or educational attainment amongst teenagers beyond the compulsory schooling age (i.e. over 15 years).[29] Out-of-pocket costs such as uniforms, stationery, food and transport are burdensome, especially for poor families who are estimated to spend a sixth of their household income on schooling costs, a considerably higher proportion than better-off families.[30]

Parent and family involvement in school may involve attending school functions, communicating with the child's teacher, helping with homework, reading at home and encouraging children to do their best and go as far as possible in their education. Parents generally care about their children's education and want to help, but many feel intimidated or do not know how to get involved or do not have the confidence or education to help their children with school work. Schools need to reach out to parents and to the community to build collaboration as illustrated in case 17.

Case 17: Actonville Primary School successfully reaches out to parents[31]

Actonville Primary School was a poorly functioning school in an impoverished neighbourhood of Gauteng with high levels of unemployment and serious drug problems, yet in three years it managed to increase its grade 3 Annual National Assessment scores in Maths and English from 23% to 67%. The new principal built support for a strategy that aimed to put children at the heart of the school, improve teaching methods and content knowledge, raise funds to make the school a place of pride in the community, and provide counselling for parents who wanted it.

Key elements for success included efforts to:

- Improve understanding of children's home conditions and help families develop parenting skills and a more conducive home environment to support children's learning;
- Involve families with their children's homework and other curriculum-related activities and decisions;
- Establish effective communication from school-to-home and home-to-school;
- Include families as participants in school decision-making, and develop parent leaders and representatives;
- Provide a range of volunteer opportunities for different purposes, at different times and in different locations to support the school and its students; and
- Coordinate resources and services for families, students and the school, and provide services to the community.

The impact of income inequality

While family involvement has considerable influence on children's educational performance, there are substantial differences in social and material resources reported by families of children attending fee-paying and no-fee schools, as illustrated Table 11.

Similar differences were found in children's exposure to early stimulation within the home, for example, reading books, playing with alphabets, word games or number toys, and encouraging children to write numbers as illustrated in Figure 17 on page 106.

These analyses suggest that children who attended preschools for two or more years scored significantly higher in the 2015 grade 5 Trends in International Mathematics and Science Study (TIMSS) assessments than those who attended for one year or less. While preschool attendance is associated with a significant increase in TIMSS scores for children attending fee-paying schools, there was no significant difference in achievement scores between children from no-fee schools who had or had not attended preschool.[32]

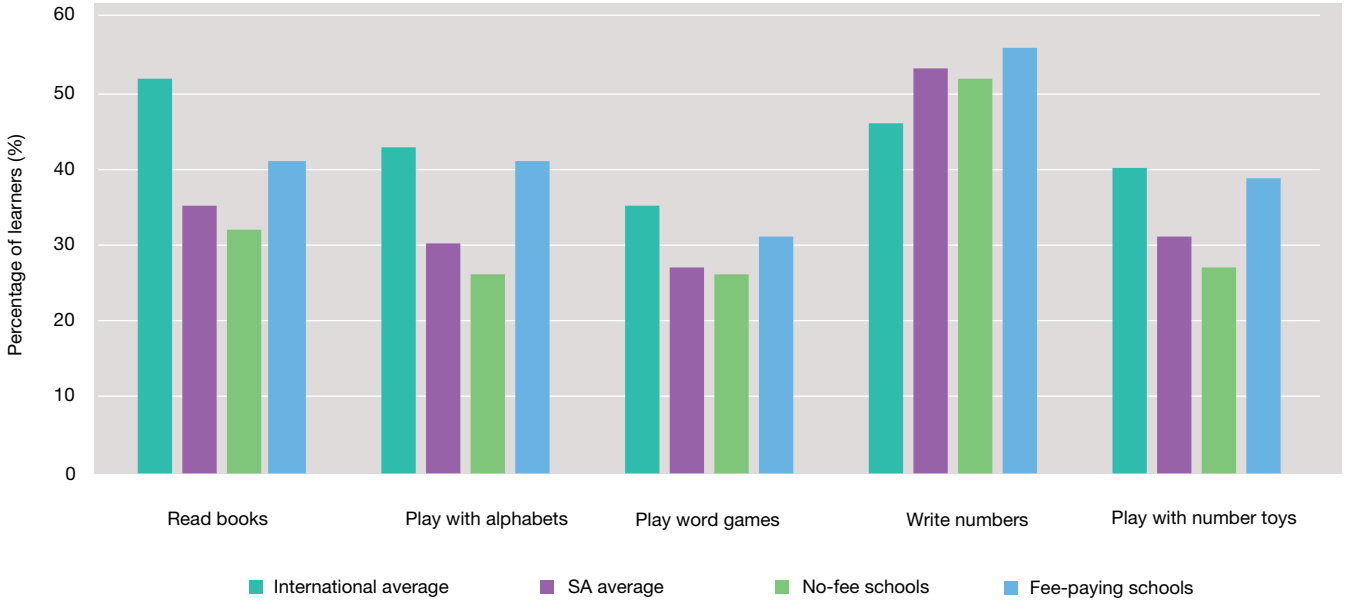
In sum, differences in household socio-economic resources, combined with the extent and nature of home educational experiences, were associated with differences in pre-grade 1 school readiness. School readiness, in turn, was associated with differences in mathematics performance in the grade 5 TIMSS assessment. The findings demonstrate what James Heckman and colleagues call dynamic skill formation.[33] Skills build on earlier skills, and skills acquired early, especially during the critical period of early childhood, make it easier and more motivating to learn new skills later.

Table 11: Household assets and preschool experience by school type

Household resources	National average	School type	
		No-fee schools	Fee paying schools
At least two years preschool education	62%	59%	70%
Maternal education (above Grade 12)	46%	37%	64%
Parent with a professional occupation	18%	11%	34%
More than 25 books in the home	20%	16%	26%
Household in receipt of a social grant	74%	86%	47%
Flush toilet	56%	41%	87%
Electricity	83%	78%	87%
Tap water	64%	59%	77%

Source: Isdale K, Reddy V, Juan A & Arends F (2017) *TIMSS 2015 Grade 5 National Report: Understanding mathematics achievement amongst Grade 5 learners in South Africa.* Cape Town: HSRC Press.

Figure 17: Learners whose parents report "often" engaging in selected early educational activities



Source: Isdale K, Reddy V, Juan A & Arends F (2017) *TIMSS 2015 Grade 5 National Report: Understanding mathematics achievement amongst Grade 5 learners in South Africa*. Cape Town: HSRC Press.

This suggests that young children from poor families have fewer opportunities to learn at home and thus are less ready for formal school learning and have reduced capacities to learn at school. This is compounded by the fact that the schools they attend may provide fewer opportunities for learning.

State expenditure on education

Families and the state also intersect at the macro level. A 13% increase in births from 2003 to 2006 (attributed to the roll-out of HIV treatment) resulted in a corresponding increase in grade 1 enrolments from 2009 to 2015 – with the "surge" reaching grade 8 in 2018.[34] Because spending on education has not increased by a similar amount, spending on each school learner has declined by 7% per annum since 2010 (as illustrated in Figure 18).

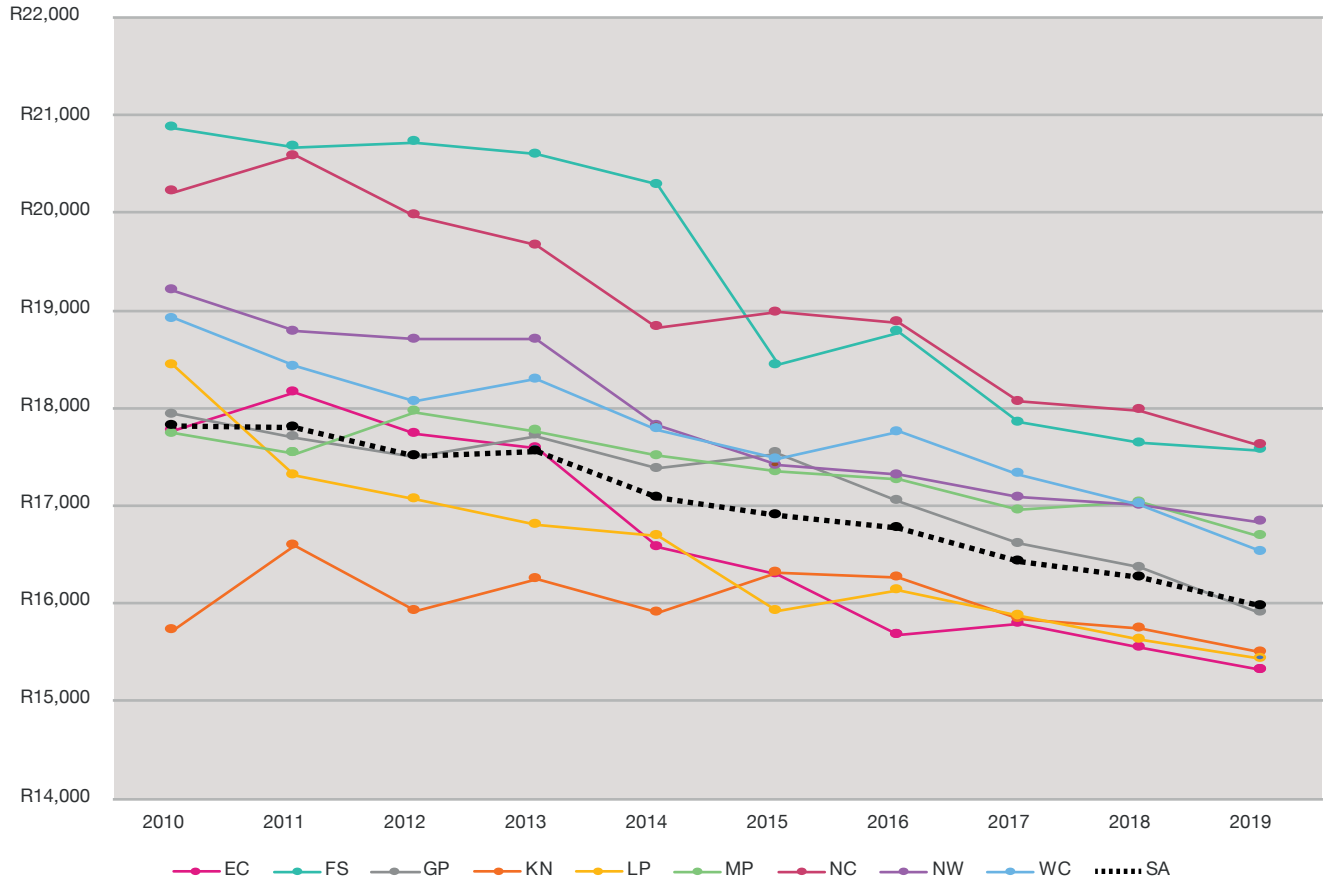
This decline in state funding seems to be affecting learning environments. According to the Progress in International Reading and Literacy Study (PIRLS), the average size of grade 4 classes increased from 40 in 2011 to 45 in 2016. The largest increases were found in the poorest 60% of schools where class sizes increased from 41 to 48 learners, while class sizes only increased from 33 to 35 in the richest 10% of schools. The decline in state funding also appears to be affecting performance in international assessments, with no improvement in reading outcomes on PIRLS (literacy) between 2011 and 2016 and lower gains in TIMSS (mathematics) between 2011 and 2015 than between 2002 and 2011.[35]

The declining per-pupil expenditure on basic education is occurring in the context of rising per-student spending on higher education. This means that the available budget for schooling is shrinking, and the shrinkage is being felt most severely by poor children and their families, exacerbating inequality. Only about 15% of each cohort of children who start grade 1 enter higher education in South Africa. Amongst children from the poorest 70% of the population, it is less than 5% of a cohort.[36]

Education is recognised by both families and the state as the most important path for individuals to escape poverty and to contribute to a prosperous and more equal society for all. Bolstered by scientific evidence, it is well accepted that the foundations for learning are laid down in early childhood. Subsequent experiences in preschool, primary and secondary school, supported and intensified by families, can amplify learning and channel children's talents towards further achievement and productivity. However, socio-economic inequalities can undermine the early development of children from the poorest families, and poor quality schooling can further entrench inequality through incomplete education and low paid work, creating a cycle of disadvantage for the next generation.

The fact that substantial numbers of poor children do overcome the odds against them is a tribute to their families, teachers and schools, and a reminder that this can be done on a large scale given the right improvements to the education system, greater engagement with and by families,

Figure 18: Provincial per learner expenditure on basic education, projections 2010 – 2019



Source: National Treasury's *Estimates of Provincial Revenue and Expenditure* 2010 – 2017, using real cost drivers and expressed in 2017 rands. Projections based on the Medium-Term Expenditure Framework. Calculations by Nic Spaull, Research on Socio-Economic Policy group, University of Stellenbosch.

and early identification and support for children with barriers to learning.

Collaborating for the social development of children

Like health and learning, the social development of children begins at birth and develops in the home. Some values are shared by all societies (e.g. not deliberately hurting other people); others vary in the extent that they are formalised in law (e.g. definitions of child abuse); yet others vary by culture and religion, such as expectations around how boys and girls behave, or how children should conduct themselves in the presence of elders.

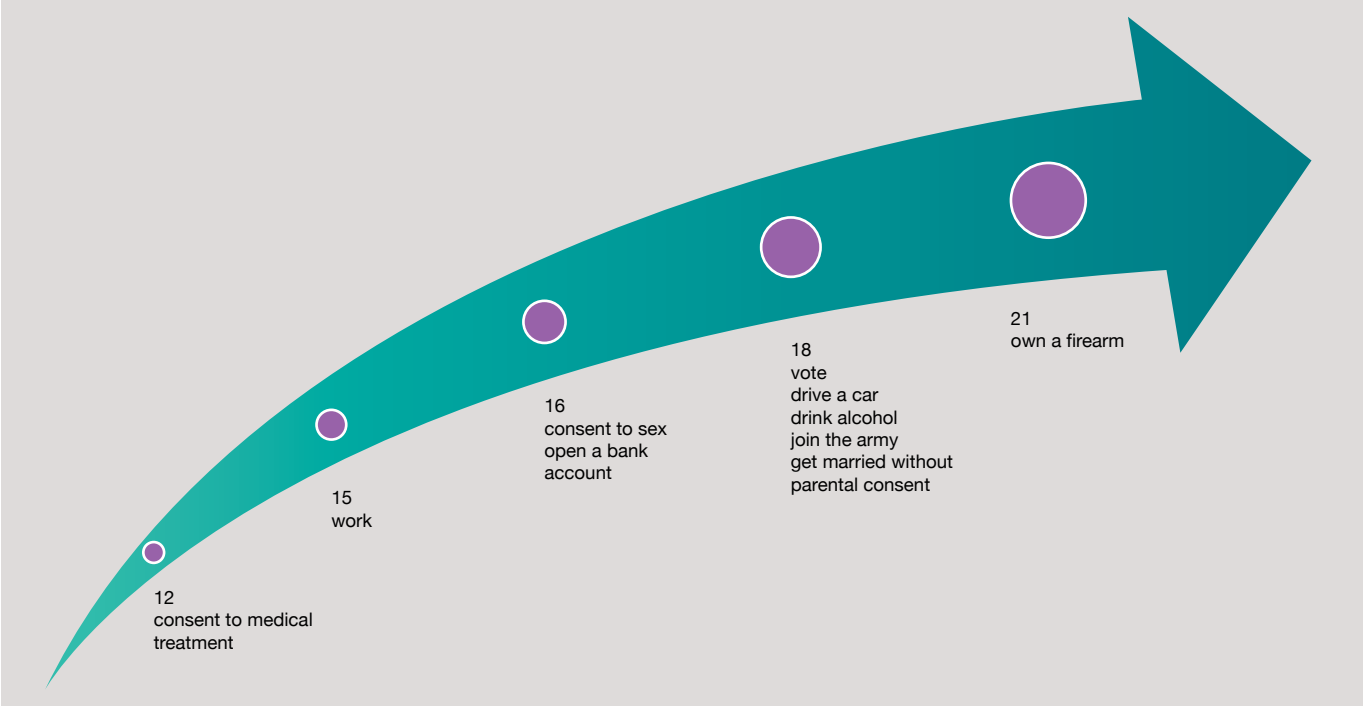
In general, while the state attempts to prevent, control and punish anti-social behaviour through criminal laws governing such acts such as murder, assault, abuse, theft and damage to property, the state depends on families to inculcate a range of pro-social behaviours, ranging from saying please and thank you to giving assistance to people when they need it. The state cannot legislate or feasibly enforce these aspects of social behaviour, but they are important for living together harmoniously in society. Social behaviours are also promoted by schools and faith communities, and through laws and regulations introduced by the state. For example, the National Noise Control Regulations enable local government to act against people whose loud parties or power tools disturb the peace.

The process of socialisation

Socialisation is the process by which children become integrated into society through their acquisition of the values, beliefs, behavioural standards and morals of their family, their cultural and religious communities, their peers and the laws of the state to which they are held accountable. Both families and the state recognise children's increasing autonomy and capacity to take responsibility for their own decisions and actions as they get older, as illustrated by some major milestones in Figure 19.

International research suggests that social development is rooted in children's first attachments to their caregivers, and the extent to which these early relationships instil trust, empathy and happiness to shape subsequent relationships.[37] The powerful learning mechanisms of identification and modelling[38] endure throughout life, and children acquire

Figure 19: Children's evolving capacities and ages of consent



social attitudes and behaviours – including towards people from different races, religions and gender – from hearing and observing people in their family, school, social groups and communities, and through the media.

By two to three years of age, children have a wide range of social behaviours, facilitated by their increasing language and communication skills. Parents and caregivers continually act to shape children's social behaviour through injunctions such as "share" and "play nicely", which are made more effective by modelling the appropriate behaviour, structuring the child's actions, and praising pro-social behaviours. From early on, caregivers also try to prevent behaviours which are dangerous (like crawling near a fire), costly (breaking a valued household object), or socially undesirable (biting another child).

Family socialisation is extended into crèches and preschools. The Department of Basic Education in the National Curriculum Framework for Children from Birth to Four (NCF) explicitly "draws on the values in our Constitution"[39] to provide guidance for parents and those responsible for ECD programmes and is thus an explicit agent of socialisation. Sensitivity to group differences and respect for others is a theme that runs throughout the NCF and receives particular attention in the thematic areas of "identity and belonging" and "knowledge and understanding of the world".

Children's and adolescents' positive social behaviours continue to be shaped by encouraging empathy for others, helping children exercise self-control by verbalising their actions and their consequences, modelling appropriate behaviour, explaining why certain behaviours are kind, helpful or safe, and affirming children and adolescents when they act in pro-social ways.[40] Of course, this is not a one-way process; children's behaviour elicits responses from others that may promote pro- or anti-social behaviour. For example, some families try to inhibit dangerous and inconsiderate acts through physical punishment which may encourage compliance, but which often has unintended negative side-effects, prompting withdrawal and anxiety on the one hand, or rebellious aggression on the other.[41]

Corporal punishment

Despite a progressive Constitution, which protects children from maltreatment, abuse and neglect, and the abolition of corporal punishment in schools and the criminal justice system, corporal punishment in the home remains pervasive in South Africa. Most parents (62%) think that spanking is an effective mechanism for teaching children right from wrong, as illustrated in Table 12. But most parents also believe that it is always better to talk to children than to smack them when they do wrong, and close to a third of South African parents believe that children should never be spanked.

An analysis of the 2003 Social Attitudes South Africa Survey[42] found that young children are more likely to experience physical punishment than older children. Three-year-olds are mostly likely to be smacked and four-year-olds most likely to be beaten with an object, such as a belt, shoe, brush or stick. In

Table 12: Attitudes towards child discipline, 2003 and 2012

	Children should never be spanked when they misbehave (%)		When children do wrong, it is always better to talk to them than to give them a smack (%)		Spanking teaches children right from wrong (%)
	2003	2012	2003	2012	2012
Agree	29	28	71	61	62
Neutral	8	14	12	21	17
Disagree	60	57	14	17	21
(Do not know)	2	1	2	0	0
Total	**100**	**100**	**100**	**100**	**100**
Number	2459	2503	2464	2505	2502

Source: Human Sciences Research Council *South African Social Attitudes Survey 2003 and 2012*. Analysed by Benjamin Roberts

70% of cases young children were smacked or beaten by their mothers or female caregivers. Older children and adolescents also report abuse and neglect by families and teachers.[43]

Physical punishment is known to damage children's development because of the pain, humiliation and confusion caused when loved adults behave in cruel ways towards especially young children.[44] Despite this, some South African parents strongly object to the 2017 court ruling that prohibits the use of corporal punishment in the home (see box on page 16). These families regard smacking as an essential part of their parental duty to regulate their children's behaviour. This contestation between families and the state spills over into schools. Despite the 1996 ban on the use of physical punishment in schools, the 2012 National School Violence Study found that 50% of learners reported having been caned or spanked by an educator or principal as punishment.[45]

Developing social capacities

Self-control, agency and resilience are social capacities that evolve throughout childhood and adolescence, initially within the family and later through schools, peer groups and communities. Despite relentless adversity, the majority of young South Africans achieve positive life outcomes by staying in school, refraining from drug and alcohol abuse, helping in the home, and aspiring to contribute creatively and meaningfully to their society.

When South African adolescents talk about social resources that enable their resilience, they emphasise a network of immediate and extended relatives.[46] This "family community" encourages agency and provides material support, meaning and understanding of the emotional and other challenges adolescents face in growing towards adulthood.[47] It is complemented by state support in the form of educational subsidies and social grants[48].

Many school-going adolescents ascribe their resilience to education-related aspirations and academic progress.[49] They associate completion of high school with tertiary education, job opportunities, improved future prospects, and better lives for their own families. But young people are sceptical about education's potential in the face of high unemployment. Adolescents also point to other ways in which their resilience is undermined,[50] such as the lack of law enforcement, safe urban spaces, accessible and helpful social services, and community-based facilities (e.g. youth centres that provide access to computers and recreation opportunities)[51].

Social behaviour is a cornerstone of human development and of social cooperation and inclusion. The processes of socialisation demonstrates the collaboration needed between the state and families to assist young people to acquire the social skills, sensitivities and competencies needed to negotiate their place in society, while according space to others. The elements of social behaviour are acquired at a very early age, principally in the home, and further shaped in schools, peer groups, religious and other social communities. The state depends on families to inculcate appropriate social behaviour and to encourage increasing autonomy and independence as children grow up so that the younger generation can build on the material and social foundations laid by their parents. The state takes action when young people contravene laws, but continues to rely on families to help children and adolescents to recover from encounters with the law.

Conclusion

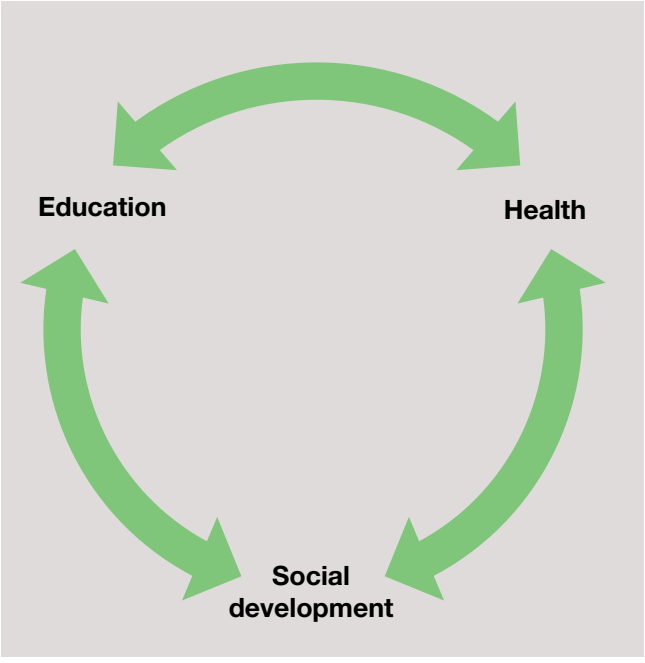
Health, education and social behaviour, the three pillars of human development, have been dealt with separately in the chapter. But each implies the presence of the other, in a mutually influential triangle, as illustrated in Figure 20.

The state and family contributions to each capacity reinforces the others. For example, social development is enhanced by good health and education; similarly, education is enhanced by health and social development, and health by education and social development. Families do not rear their children for one or the other capacity; rather, they rear a whole child to adulthood. The state also acknowledges the integrated value of human development for individuals and the country, although in practice services are delivered by sector and often in fragmented ways.

All three capacities develop early, starting at birth and are rooted in children's relationships with caring adults in their home environment, and subsequently in their schools and among their peers. This means that, for the state to improve the health, education and social development of its citizens, it must invest in families by providing a supportive environment for young children. This is at the heart of the Nurturing Care Framework, launched at the World Health Assembly in May 2018.[52] As illustrated in Figure 21, children's receipt of the five components of nurturing care – health, nutrition, responsive caregiving, security and safety, and opportunities for early learning – depends on their families being nested in a supportive environment where enabling policies and supportive services are designed to empower communities and strengthen caregivers' capabilities.[53]

As indicated at the start of the chapter, both families and the state are under strain. Persistently high levels of unemployment, poverty, violence and substance abuse give rise to tensions that spill over into health services, educational institutions and homes. Services are disrupted and infrastructure may be destroyed. Functional families, health facilities and schools do what they can to keep children healthy and in education, aiming for a better life in the future. But fragile families and dysfunctional or non-existent services may combine to fail children. For example, poor caregivers who need to work but have no affordable child care options may be forced to leave young children alone at home, where they are vulnerable to accidents or abuse; children may go hungry and struggle to learn when school lunches are not delivered because corrupt officials divert funds to their own accounts; families may be unable to get treatment for children when clinics run out of drugs or staff are dismissive of patients; learners may wander out of poorly managed schools during school hours, and may make their way to shebeens or other risky places beyond the protection of families.

Figure 20: Health, education and social behaviour contribute to human development

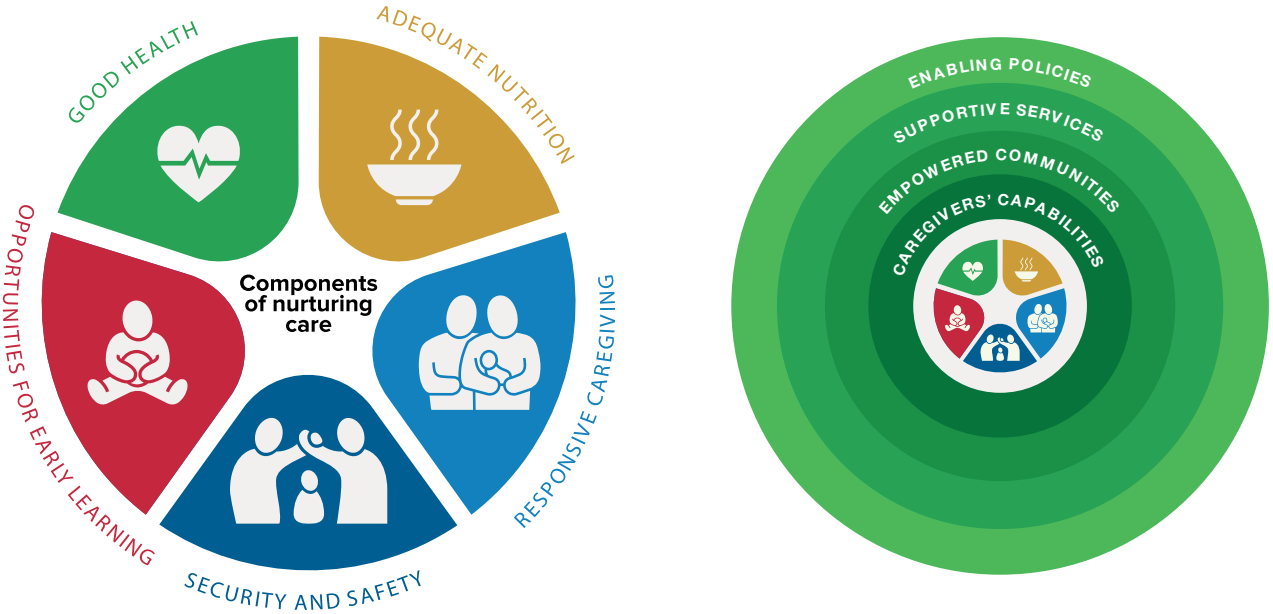


For the state to improve the health, education and social development of its citizens, it must invest in families by providing a supportive environment for young children.

The time is ripe for renewed and conscious collaboration between the state and families to ensure that all children, and especially those who are vulnerable, receive care and support through state services, community inclusion and family support. At this juncture, the two foundational institutions of society need each other desperately. They must combine their strengths and complement each other's weaknesses to give all South Africa's children a better chance. As a collective with authority and resources, the state must take the lead. The following actions will help move us forward.

- The state needs to recognise the family's essential role in children's education, health and social development – from birth through to adolescence. State policies, programmes and services need to build on this foundation and be delivered in a way that invite collaboration and that respect, affirm and support the efforts of families and caregivers.
- The roles and responsibilities of families must also be appreciated by families themselves. By standing up together and working with civil society organisations, families can demand better quality services for their children. They can speak out on the services and support

Figure 21: Nurturing care in the context of a supportive environment for family care



Source: World Health Organization, UNICEF & the World Bank (2018) *Nurturing Care for Early Childhood Development: A framework for helping children survive and thrive to transform health and human potential*. Geneva, Switzerland: World Health Organization.

they need from the state, civil society and the private sector to realise their roles and responsibilities in the human development of South Africa's children.

- Civil society, the private sector, the state and media can help to showcase examples of successful collaborations between families and the state for the demonstrated benefit of children.
- Contestations, such as those emanating from different views of children's autonomy and parental powers should be debated in ways that bring the state and families closer together for their shared purpose of supporting the health, well-being and education of children.

Children, families and even states are resilient and respond positively to improvements in their conditions. Where the state and families collaborate in the interests of children, they all thrive. This is the goal of governments and families everywhere, too often distorted by short-term interests and distractions. It is time for the state and families to align their efforts and commit to improving the conditions for children.

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