United Nations Department of Economic and Social Affairs
Division for Social Policy and Development

Report of the United Nations Expert Group Meeting

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"Family policies & 2030 Sustainable Development Agenda"

Department of Economic and Social Affairs

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I. BACKGROUND

Family policies at the United Nations forum

1.   The Focal Point on the Family in the Division for Social Policy and Development (DSPD) of the Department of Economic and Social affairs (UNDESA) organized an Expert Group Meeting on "Family policies and the 2030 Sustainable Development Agenda" held 12-13 May 2016 at UN Headquarters in New York.

2.   The meeting was held in response to several General Assembly and Economic and Social Council resolutions, in line with the overall objectives of the International Year of the Family and its follow-up processes[1] and aimed to emphasize the importance of family-oriented policies for the achievement of several sustainable development goals and targets.

3.   The General Assembly recognized the importance of giving due consideration to advancing the development of family policy in the discussions on the post-2015 development agenda. Governments have also been encouraged to continue to make efforts to realize the objectives of the International Year of the Family (IYF) and its follow-up processes and to develop strategies and programmes aimed at strengthening national capacities to address national priorities relating to family issues.[2] The IYF objectives have also been recognized as a useful guide for national and international efforts to improve family well-being worldwide and address emerging issues that impact the family.[3]

4.   Among the objectives of the IYF was to stimulate local, national and international actions as part of a long term efforts to strengthen national institutions to formulate, implement and monitor policies in respect of families and stimulate efforts to respond to problems affecting, and affected by the situation of families. In turn, the objectives of the twentieth anniversary of the IYF, 2014 focused on family policy development and implementation in the areas of poverty and social exclusion, work-family balance and social integration.

5.   The Economic and Social Council recognized that the family can contribute to eradicating poverty and hunger, achieving universal primary education, promoting gender equality and empowering women, reducing child mortality, improving maternal health and combating HIV/AIDS, malaria and other diseases.[4] These issues form part of the new 2030 Agenda for Sustainable Development, in particular Sustainable Development Goals 1 to 5.

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[1] The list of objectives of the IYF and its follow-up processes is contained in Annex I
[2] A/RES/69/144 of 18 December 2014
[3] E/RES/2014/8 of 12 June 2014
[4] Ibid

6.   ECOSOC also noted the active role of the United Nations in enhancing international cooperation in family-related issues, particularly in the areas of research and information, including the compilation, analysis and dissemination of data. In addition, the role of civil society, including research and academic institutions was acknowledged as having a pivotal role in advocacy, promotion, research and policymaking and, as appropriate, policy evaluation, in respect of family policy development and capacity-building.[5]

7.   In response to the resolutions noted above, the Expert Group Meeting focused on a number of family policies and their contribution to the achievement of Sustainable Development Goals 1 to 4. The meeting also discussed several cross cutting issues pertinent to SDG5.[6]

Family policies and 2030 Sustainable Development Agenda[7]

8.   Governments enact a broad range of family policies and programmes relating to different facets of the life of families and individual family members, including couples, parents, children and older persons. Such policies have an often untapped potential to contribute to the achievement of many national development goals.

9.   The very design, development, implementation and monitoring of family-oriented policies and programmes are essential for the success in achieving several goals of the 2030 Sustainable Development Agenda, such as ending poverty in all its forms and ensuring food security and improved nutrition. Family policies can contribute to ensure healthy lives and promote well-being for all at all ages. Family-oriented policies also play an important role in ensuring better education outcomes for children. For instance programmes promoting positive parenting have a potential to boost child and youth school success and lifelong learning.[8]

Ending poverty and hunger and ensuring food security and improved nutrition (SDG1-2)

10.   Eradication of extreme poverty for all and reducing by half the proportion of men, women and children of all ages in living in poverty in all its dimensions are the primary targets of SDG1.

11.   The long term success of poverty and hunger reduction policies depends in large measure on policies aiming at doing away with the intergenerational transmission of poverty. A range of family-oriented policies and programmes play a vital role in achieving several targets

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[5] Ibid

[6] Please note that SDG5 issues: gender equality, discrimination and violence against women were addressed by two Expert Group Meetings, organized by DSPD/DESA in 2015.

[7] The list of Sustainable Development Goals and targets (1-5) are contained in Annex II

[8] Report of the Secretary-General on the Implementation of the objectives of the International Year of the Family and its follow-up processes, 19 November 2015 (A/71/61-E/2016/7)

of SDGs 1 and 2. Policies attempting to influence children's health, development and nutrition, be it directly or by targeting families' financial resources and behaviours indirectly all play a role here.

12.   Among such policies, income subsidies for vulnerable families, cash or in-kind transfers, child allowances and tax credits for families with children all contribute to poverty and hunger reduction. Social protection systems and measures, including floors play an important role here as well but still remain a right unfulfilled for most children and families.[9] Scaling up of such policies and programmes, ensuring their financial sustainability and targeting vulnerable families has a further potential to accelerate progress towards the elimination of poverty in all its dimensions and achievement of several SDG1&2 targets.

Ensuring healthy lives and promoting well-being for all at all ages (SDG3)

13.   In the 2030 Agenda for Sustainable Development Member States have committed to promote physical and mental health and well-being for all at all ages, but specific targets are mostly related to children. Reducing new-born, child and maternal mortality by ending preventable deaths before 2030 is a priority here, and so is the universal access to sexual and reproductive health-care services, including for family planning, information and education. Another area of importance includes fighting malaria, tuberculosis and other communicable diseases.[10] A holistic approach focusing on families and their needs in all the areas above is indispensable for achieving these SDG3 targets.

14.   In addition, a number of policies and programmes can assist parents in ensuring proper care and thus better health outcomes of their children. Parents can improve children's health outcomes, ranging from providing emotional support to ensuring periodical health visits, timely immunizations and proper treatment in times of illness. As the level of parental availability impacts the level of preventive care children receive [11] , "policies promoting children's health must involve families as primary caregivers responsible for their development. Such policies should promote safe and stable family environments and positive parenting." [12]

15.   Family policies for work-family balance impact health outcomes of all family members, especially the new-borns. For instance, maternity leave enables mothers initiate and sustain breastfeeding, which results in lower risk of a number of illnesses for infants and mothers themselves.

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[9] International Labour Organization *"World Social Protection Report 2014/15"*, Geneva, International Labour Office, 2014)

[10] 'Transforming our World: the 2030 Agenda for Sustainable Development" (A/RES/70/1), para.26

[11] A. Earle, Z. Mokomane, and J. Heymann "*"International Pespective on Work-Family Policies: Lessons from the World's Most Competitive Economies"*www.futureofchidlren.org.

[12] A/71/61-E/2016/7

16.   Several family-oriented policies and programmes have been found to promote children's physical and mental well-being. They include: paid parental leaves, for mothers and fathers; breast-feeding breaks; leave for children with health needs; leave and flexible working arrangements for parents of children's with developmental and educational needs; as well as a number of other programmes boosting parent's capacity to ensure positive health outcomes of their children.

17.   Importantly "policies and programmes that increase family financial resources or improve caregiving behaviours have the potential to positively influence child health and wellbeing, particularly for disadvantaged families…Thus, cash or in-kind transfers, whether public or private (for example child support), are one promising approach to promoting child health."[13]

18.   Appropriate polices are also needed to help families care for older adults, persons with disabilities and other vulnerable family members to ensure advancing several targets of SDG3. Ensuring healthy lives and promoting well-being at all ages requires improvements in care provisions for older persons, be it at home or in care facilities, in line with older adults' preferences. "It also calls for extending parental care leave to include care for older relatives and those with disabilities. This is an aspect of care responsibilities still largely ignored by policymakers, which will only grow in importance."[14]

Ensuring inclusive and equitable quality education and promoting lifelong opportunities for all (SDG4)

19.   In the Agenda for Sustainable Development, Member States commit to "strive to provide children and youth with a nurturing environment for the full realization of their rights and capabilities, helping our countries to reap the demographic dividend, including through safe schools and cohesive communities and families."[15]

20.   Stable, supportive and well-functioning families are primary educators for young children and indispensable to their emotional well-being impacting their educational achievement.

21.   Parental involvement improves educational outcomes for children and has been linked to children's improved test scores, fewer emotional and behavioural problems, lower dropout rates and better transition into adulthood. Facilitating parenting involvement thus has an often untapped potential to the achievement of SDG4. As noted above, working conditions

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[13] L. M. Berger and S. A. Font *"The Role of Family and Family-Centered Programs and Policies", www.futureof children.org*

[14] Report of the Secretary-General on the Implementation of the objectives of the International Year of the Family and its follow-up processes", 19 November 2015 (A/71/61-E/2016/7)

[15] Transforming our World: the 2030 Agenda for Sustainable Development" (A/RES/70/1), para.25

of parents affect their ability to play an active role in their children's education. Better policies in this area are urgently needed to improve educational outcomes of children.

22.   The achievement of SDG1-4 requires a gender perspective as "realizing gender equality and the empowerment of women and girls will make a crucial contribution to progress across all the Goals and targets…The systematic mainstreaming of a gender perspective in the implementation of the Agenda is crucial."[16] Undeniably, gender equality and empowerment of women starts in families, when girls and boys are treated equally and parents share care and household responsibilities. Policies encouraging equal treatment of boys and girls in law and in family life and encouraging sharing of family responsibilities and recognizing the unpaid work mostly done by women have a further potential to contribute to the achievement of several sustainable development goals and targets.

Family research & role of civil society

23.   Sound family policies must be based on adequate research and analysis. Family policy monitoring and evaluation is also indispensable to advance policy development; continue policies that work and discontinue those that have proven ineffective.

24.   Large-scale research, such as Families and Societies project in the European Union aiming at investigating the diversity of family forms, relationships and life courses in Europe, contribute to the advancement of family policy development. The project, inter alia, investigates compatibility of existing policies with family changes. More projects of this nature are needed to advance family policy development.

25.   Importantly, the very development of national family policies and programmes necessitates engagement with all relevant stakeholders, including civil society, academics and families themselves. The role of civil society in research support and overall family policy implementation also requires further attention.

26.   Governments, in partnership with relevant stakeholders should be encouraged to support data collection and research on family issues and their impact of public policy on families and invest in family-oriented policy and programme design, implementation and evaluation.[17]

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[16] 'Transforming our World: the 2030 Agenda for Sustainable Development" (A/RES/70/1), para.20.
[17] Report of the Secretary-General on the Celebration of the twentieth anniversary of the International Year of the Family in 2-14 (A/70/61-E/2015/3, para. 70)

II. OBJECTIVES AND EXPECTED OUTCOMES

27.   The primary objective of the Meeting was to provide Member States and other stakeholders with expert analysis regarding a number of issues impacting recent family policy developments. The participants offered expert opinion on the contribution of family policies and programmes to the achievement of several targets under Sustainable Development Goals 1-4.

28.   The meeting concluded with recommendations for advancing several family policy areas relating to SDGs 1-4, such as ensuring healthy lives and promoting well-being for all at all ages; ensuring inclusive and equitable quality education and enacting family policies with a gender perspective.

29.   The experts participating in the Expert Group Meeting. Experts included academics and practitioners from the fields of family policy, family poverty, health, education and gender. Experts were invited from a broad geographical distribution to participate in the meeting in their personal capacities.

30.   Experts were asked to provide a paper, make a short presentation, participate in group discussions and give their expert opinion and policy recommendations on family policy development, monitoring and implementation in the areas mentioned above. The experts were also expected to provide specific examples of good practices in family policy making and offer detailed recommendations on further development of policies, programmes and strategies supporting families in the areas noted above.

31. The expected outcomes of the Meeting were:

i.   Background papers (7-10 page, single-spaced, excluding references and statistical tables) prepared by each expert on issues in the annotated agenda and including policy recommendations.

ii.   Report containing the summary of discussion and policy recommendations prepared by the Focal Point on the Family.

32.   Papers by experts focused on issues identified in the agenda below, explain their relevance, provide quantitative and qualitative evidence, analyse the roles of social institutions, give examples of good practices, summarize conclusions and provide policy recommendations. In as much as possible, an emphasis will be placed on policy actions and good practices at the

local, national, regional and international levels. The report, recommendations and experts' papers are posted on the website of the division for Social Policy and Development/Department of Economic and Social Affairs.

33. The final report of the expert group meeting as well as expert papers may be used as inputs to future Reports of the Secretary-General on family issues, to be submitted to the General Assembly.

III. ORGANIZATIONAL AND ADMINISTRATIVE MATTERS

34.   The expert group meeting was convened at United Nations Headquarters in New York from 12 to 13 May, 2016 in conference room 12.

35.   Participants were expected to arrive on 11 May and stay through the duration of the meeting, through the end of the day on 13 May.

36.   Experts were required to provide a short presentations based on their written papers (not exceeding 15 minutes). The preparatory process, including advance preparation of written inputs by the experts is seen as very important. The list of issues to explore is given below, it should be read in conjunction with the annotated agenda provided to all participants, where experts are identified as moderators and presenters of introductory remarks.

37. The participants met in several working sessions:

- Each session had a brief introductory remarks or presentation/s (power point is acceptable but not required) by expert/s which introduced the topic and provided context for ensuing discussion.
- A moderator for each session led the group discussion and was responsible for compiling the recommendations from each session.
- Discussions and brainstorming were the preferred method of work and no formal conference style presentations were envisioned, except session II devoted to the official observance of the International Day of Families.
- The working language of the meeting was English. There was no interpretation provided. All submissions were made available to the Secretariat in English.

IV. SUMMARY OF THE PROCEEDINGS

Sustainable Development Goals and family policies

38.   Across the 2030 Development Agenda, only family planning and family farming are explicitly mentioned. However, there are also a number of indirect references to families, family members and family policymaking throughout the Agenda, for instance in formulations

like: *ensuring healthy lives and promoting of well-being for all at all ages* or *promoting of shared responsibility within the household and the family as nationally appropriate*. It is then clear that the very achievement of many sustainable development goals and targets would benefit from a number of explicit and implicit family policies and programmes.

39.   The sheer number of targets under each Sustainable Development Goal is a big challenge to achieve. It is important to keep in mind that they are interlinked and their interactions may be positive or negative. For instance good health and well-being makes educational targets as well as productivity easier to achieve. On the other, hand if we were to introduce a universal healthcare system in high-inequality country, we would find that income inequality would continue to increase. That is why we need to be aware of complementarity and tradeoffs as we try to achieve all those goals.

40.   Importantly, the context, including the level of development as well as social and cultural context matters. Challenges remain, such as the very methods of implementation. For instance, how do we look statistically at what constitutes progress for families? How do we measure family well-being?

41.   In sum, all Sustainable Development Goals and targets are interlinked resulting in the complexity of understanding, addressing, and solving problems. Moreover, in terms of family policy design and implementation, some of the important issues to keep in mind are family diversity; cooperation and partnerships with non-state participants and how to inform and include families in the design and implementation process.

Sustainable Development Goal 1
Family policies for poverty and hunger reduction
Focus on developing countries and countries in transition

42.   In 1990 when Millennium Development Goals were adopted, 43 per cent of people in developing countries lived in extreme poverty at or below $1.25 per day. Many strategies for poverty reduction were undertaken, mostly with the guidance of the World Bank's poverty reduction strategy papers. In particular, a number of social protection strategies took off.

43.   The commitments resulted in the achievement of MDG1 at a global level 5 years ahead of schedule. By 2010, the percentage of people living in extreme poverty was down to 22 per cent. Similarly, undernourishment was reduced to 42 per cent. Despite this achievement, poverty still persists in many regions with people suffering from inadequate nutrition estimated at around 13 per cent in developing countries.

44.   Another poverty-related issue is unemployment with vulnerable employment, characterized by low-productivity and inadequate social protection, at 70 per cent in Sub-Saharan Africa and South Asia.

45.   Poverty disrupts family functioning. It results in a reduction of stability, security, quality time together as well as access to resources. It may result in risky behaviors. Despite negative effects on family functioning, most anti-poverty programs have focused on the individual rather than a family as a unit, or typically focus on women and children.

46.   The post-2015 development agenda can benefit from family centered interventions with a number of family policies helping with poverty reduction in many of its dimensions. Primarily, it is vital to create sound policy frameworks at the national, regional, and international levels, based on pro-poor and gender-sensitive development strategies. Policies targeting families in social protection provision and access to basic services have had the largest impact on family poverty reduction.

47.   Challenges to poverty reduction in developing countries mostly stems from structural challenges. In addition, the traditional social protection role of families is weakening due to a number of demographic changes. Consequently it's important to delink social protection mechanisms from the labour market and support families.

48.   In developing countries, non-contributory old age pensions have contributed to poverty reduction as well. The provision of childcare also plays a major role in poverty reduction as women can then be fully employed. Informal, indigenous forms of social protection systems, such as savings clubs also have an often untapped potential for poverty reduction.

49.   Although there have been steady reductions in poverty-levels in countries in transition since 2000, poverty rates have been increasing since 2012 in Russia (from 10 to 13 per cent). Poverty eradication through family support policies and social protection measures have been put in several transition economies to alleviate family poverty.[18]

50.   The main forms of family support include birth grants, maternity benefits, as well as child and childcare allowances. There are also additional benefits for large and single-parent families as well as families with children with disabilities. To encourage fertility, special benefits are offered in Russia, Kazakhstan and Belarus (e.g. *Maternal Capital Programme* in Russia and *Family Capital Programme* in Belarus).

51.   To address poverty more effectively, some countries in transition have adopted a new approach to social provision that entails transition from social assistance to social activation. Such programmes have focused on activating labour potential of people rather than offering assistance. For instance in Russia, Social Support of Citizens cash payments for participation in specific activities have been implemented. The programme aims at reducing poverty among low-income families willing to undertake active steps to overcome poverty, such as participation in assisted job search, public works, vocational training or self-employment. An estimated 40 per cent of low-income families with children have improved their living standards and came out of poverty thanks this programme. In Kazakhstan, the Government enhanced the targeting of social protection measure by implementing a cash transfer programme among low income citizens based on 'mutual obligation' (e.g. through the development of private farming or self-employment).

52.   Despite these initiatives, the level of assistance to families in the countries in transition remains low as compared to OECD countries. Large families remain at high risk of poverty but

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[18] In particular Russia, Belarus, Kazakhstan, Kyrgyzstan, Uzbekistan

even working families are at a risk of poverty, due to low wages. While social benefits may alleviate poverty, they are not able to eradicate it. In addition to low level of assistance, the benefits often do not reach many families due to inefficient targeting system. What's more, women are more vulnerable to poverty than men due to lower labor participation (possibly tied to limited childcare options), lower wages, higher unemployment rates as well as the overall burden of unpaid domestic work.

53.   A comprehensive system of family support and social protection is needed in addition to raising wages and quality of jobs and increasing the value of social benefits. Such system should go beyond providing benefits to most vulnerable groups and include measures in labour market, education, healthcare and other social services. Addressing poverty also requires cooperation with non-state actors.

54.   In terms of universal versus targeted systems of social protection it is important to keep in mind that universal systems covering all citizens are important for building of public support and solidarity. Still targeted additional benefits should be offered to the most vulnerable families, trying to avoid possible stigma.

55.   In Europe child allowance is considered a right of the child and depends only on the age of the child and its disability status not the income of the family. There is a general consensus that a universal minimum standard, to cover the minimum cost or raising a child should be covered. In addition, targeted additional allowances should be offered for people in vulnerable situations. The means tested stabilizer should be applied if something goes wrong in the main system. It should kick in periodically to ensure that family does not go into poverty.

56.   Government sponsored cash benefits are seen as anti-poverty measures but we should not argue for increase in benefit in the systems that may be ineffective. For instance, in principal, child grants are designed to help families at a certain point in life, e.g. at the birth of the child. Sometimes, however, it may be more effective to give families a choice between cash and child care items (e.g. in Finland where it works better for rural families). Timing of benefits is also important, and one large grant at the birth of the child may not be the best option. For instance in France, the payment comes in 3 stages, so that the items needed for the child are purchased well ahead of the time of birth.

57.   Importantly, besides children, families may have other vulnerable members, like adult children with disabilities. That is why a life-course approach is needed. It would also be useful to define vulnerable families to include migrant families.

58.   In addition, cash-transfer is a market based support, depending in real terms on market conditions and prices of goods. The transfers have a minimal role to fight poverty but are being promoted as such. However, the expense for cash transfers takes away from budget for other services. That is why cash transfers are more effective when inflation is low and prices stable. For instance, in Brazil, cash transfers have been effective because other services such as health and education, have been maintained and inflation has been low.

59.   With targeted transfers the system of identifying people and the system of delivery have to be functioning well. Even in advanced systems people still fall through the net.

60.   There are also special groups excluded from social protection. We should not forget that social security systems are based on nationality which undermines the rights of migrants. In many countries of the Middle East, especially the Gulf countries, migrants do not have benefits similar to citizens. Similarly many labour migrants in South Africa are subject to greater vulnerability, although the overall poverty rate of a country may be static.

Sustainable Development Goal 3
& family policies relating to hhealth and well-being

61.   Family policies have a great potential to contribute to the achievement of Sustainable Development Goal 3: ensure healthy lives and promote well-being for all at all ages.

Maternal, sexual and reproductive health

62.   Family policies play an important role in achieving SDG 3 targets on maternal, sexual, and reproductive health, especially target 3.1 to reduce the global maternal mortality ratio to less than 70 per 100,000 live births and target 3.7 to ensure universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes.

63.   Family policy matters in particular in the areas of adolescent health and development; women's health, pregnancy, childbirth and postnatal care and child health and development. Specific issues in these areas include: contraceptive use, minimum age of marriage; maternal health issues, school-based sexual education for adolescents; child health and development as well as work-family balance issues.

64.   Adolescent (15 to 19 years olds) child bearing remains high in some parts of the world. In Africa it stood at 112/1000 between 1990 and 1995, and 98/1000 from 2000 to 2015. The corresponding data from Latin America and the Caribbean was 83/1000 (from 1990-1995) and 67/1000 from 2000 to 2015 (even though overall child bearing has declined). For 2010-2015, the lowest adolescent child bearing occurs in Europe (16/1000), followed by Northern America (28/1000) and Asia (30/1000).

65.   A possible avenue to address adolescent child bearing is school-based sexuality education. In Asia 65 per cent of Governments provide sexuality education in schools, followed by 75 per cent in Africa, 81 per cent in Latin America, 82 per cent in Europe, 88 per cent in Oceania and 100 per cent in northern America.

66.   Early marriage, closely linked to early childbearing is still prevalent in many regions. In Africa 18 per cent of girls 15 to 19 years old are married, with additional 4 per cent in a consensual union. In Latin America, 4 per cent of adolescent girls are married with additional 12 per cent living in consensual union. In Oceania 16 per cent of girls are married or in consensual union by age 19 while in European and Northern America 4 per cent.[19]

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[19] World Marriage Data, 2015

67.   Substantial inequities in maternal mortality continue to exist among countries, with highest numbers of maternal deaths in Sub-Saharan Africa. Many Governments in les developed regions adopted maternal health-related measures. Around 84 per cent of Governments invested in prenatal, obstetric and post-partum and newborn care. Eighty five per cent increased access to effective contraception and 72 per cent invested in recruitment and training of skilled birth attendants. In addition, 78 per cent of Governments in Africa and 56 per cent of Governments in Asia raised and/or enforced minimum age at marriage. Still, 12 per cent of Governments made no improvements in the areas noted above.[20]

68.   Substantial gaps also persist in meeting the demand for family planning, with most unmet demand in Africa.   Some studies conducted in Africa indicate that women sharing family planning information with their spouses were less likely to use family planning services than when women were provided family planning alone. However, women receiving family planning information alone also indicated higher unhappiness and long-term socio-emotional deficits.

69.   On the other hand, in 2015, 75 countries had below-replacement-level fertility rates and by 2030, 97 per cent of countries are expected to have below-replacement level fertility. Some research also indicates that the desired fertility rate in Europe is higher than the actual rate which demonstrated people's inability to have the desired number of children.

70.   Consequently, more and more Government are trying to raise fertility levels. The proportion of Governments in more developed regions taking measures to raise fertility levels rose from 21 per cent in 1976 to 73 per cent in 2015. Globally, the percentage increased from 9 to 29 per cent over the same period of time.

71.   Many Governments pursue a variety of work-family balance policies hoping to increase fertility levels. Such measures include: maternity leave, paternity and parental leaves, child and family allowances and baby bonuses, publically subsidized childcare, flexible or part time work hours and tax credits.

72.   Moreover, it is also important to remove legal and policy frameworks that create barriers to access to core health services; including family planning. It is also essential to ensure community engagement as well as tailoring of health-related policies and programmes to the social context.

73.   Lastly, data collection is indispensable to create greater knowledge of prevalence rates, needs, and strengths of communities. As noted by the Cairo Conference in 1994: there should not be a set reproductive rate countries should be striving for. Rather, countries should be enabling individuals to have power over their child bearing decisions.

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[20] World Population Policies, 2015

Youth well-being

74.   According to World Value Surveys, the family remains the most important institution, valued by the society, in particular in Latin America. Nevertheless, Governments do not invest in families in line with this societal perspective. Strengthening of family stability, and improving of communicational and behavioral skills of family members could contribute to developing individual and relational capacities, which would in turn have a positive impact on other areas of well-being and social life.

75.   There are several reasons for the relative lack of investment in these areas, such as an existence of a variety of definitions of the family or disagreements about its role in society. Such factors influence policy design. Moreover, the debates on these issues often become polarized and do not contribute to policy advancement. Instead, ideologically loaded debates inform policy-making rather than research evidence.

76.   Most Latin American countries put in place cash transfer programmes to address family poverty and vulnerability. However, with a few exceptions, they do not attempt to address family relationships. In Chile, *Crece contigo* and *Accion en Familia* programmes are good examples of explicit family policies which focus on strengthening relationships and developing of capabilities, especially regarding children.

77.   Recently, Governments in Latin America have supported two types of programmes to promote parental investment in children: cash transfers and programmes aiming to change behaviors and practices as many children still suffer delays in crucial areas of development, such as cognitive and language capabilities.

78.   Assessments of these programmes have demonstrated that monetary transfers have a positive albeit limited impact on children's cognitive, language and behavioural development.

79.   Programmes focusing on rearing and parenting have shown promising results in impacting behavioural development. For instance, a number of programmes in Brazil, Chile, Colombia and Jamaica have been found to contribute to long term positive outcomes in children, such as higher IQs, better school performance, better mental health and less violent behaviour.

80.   However, not much progress has been made in terms of youth-oriented programmes. Such programmes address issues of unemployment, deficits in school enrollment as well as a variety of health issues, such as HIV/AIDS, adolescent pregnancy, mortality due to pregnancy and childbirth. Most programmes focus on guaranteeing youth's social rights, the right to education as well as economic, civil and political participation. Some also include support in certain aspects of family life, such as communication and self-esteem. In the meantime, policies addressing youth-parent or family relationships are practically nonexistent. Instead, policies focus on individuals, thus young people are seen as adults with no family bonds but only social bonds relating to work, education or civic activities. In sum, this human rights perspective focuses on strengthening various relationships such as gender interactions or school and civic interactions but it does not take into account the importance of family relations.

81.   Advisable to put that as a public face of the actual prevention programmes. Framing parenting education as positive parenting has a good potential.

The well-being of older persons

82.   In terms of defining the old age, the benchmark for researchers is the age 65, but research in the United States indicates that only one third of the public considers 65 to actually be an old age.

83.   The trends in living arrangements for older persons in the United States have been changing since the 1990s. After steady increases in the number of older adults living alone since the 1900s, the trend started to reverse and steadily decline staring in the 1990s. There has been a return to multigenerational household in the US with the rate of grandparents living with grandchildren increasing from 5.8 million in 2000 to 7 million in 2013. Forty per cent of grandparents are main childcare providers. They tend to be more ethnically and racially diverse than the majority of older people.[21]

84.   In terms of preferred living arrangements, 61 per cent of older persons in the US would rather stay in their homes and have someone to care for them. Seventeen per cent would like to move into an assisted living facility and only 4 per cent would prefer to move into a nursing home.

85.   Family obligation to care for older parent is the strongest (83 per cent), followed by caring for a grown child (77 per cent), a grandparent (67 per cent) and a sibling (64 per cent). People feel less obliged to care for their in-laws or step parents (62 and 55 per cent respectively).

86.   As for intergenerational transfers, 46 per cent of adult children helped their parents with errands and housework and 21 per cent provided financial assistance, while 51 per cent of parents provided financial help to their adult children, with over 30 per cent also assisting with childcare, housework and errands. The global share of older people in the general population is currently 1 in 12 projected to increase to 1 in 6 by 2050.

87.   The confidence in the standard of living in older age is linked to how fast the country is ageing and how well the older persons do economically. In countries with lower levels of aged population and fast economic growth people tend to be more confident about their adequate standard of living in old age.

88.   As for responsibility for the economic well-being of older persons, out of 21 countries surveyed, 11 noted that Government should have the highest responsibility for older persons (ranging from 63 per cent in Russia to 16 per cent in Pakistan). In only a few countries the greatest responsibility was assigned to older persons themselves (South Korea, the US, Germany and Great Britain – ranging from 53 to 39 per cent).

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[21] The statistics in this section are based on Pew Research Center's findings.

89.   In many countries, people considered families to bear the major responsibility for the well-being of older persons, ranging from 77 per cent in Pakistan to 8 per cent in Israel (the average in the 21 countries surveyed was 26 per cent). With rapid ageing, the questions of retirement age, care for older persons and the gap in well-being among older adults from different socio-economic backgrounds is bound to gain in importance and call for solutions.

90.   Chronology is one aspect of ageing but other aspects include gender and living conditions. All aspects of ageing are important so that targeted policies can be developed. Policies also depend on the speed of ageing. For instance, in developing countries the process of ageing is much faster, making it difficult for Governments and societies to adapt to rapid changes. In more developed countries the process took from 50 to100 years on the back of a much wealthier systems and resources to manage ageing. The balance between personal, family, kinship and social and state is important to get the policies right.

91.   Although currently, in the US and other countries the main source of care for older persons is the family, it is not very likely that we can count on the family to fulfill these obligations as the burden is falling on fewer people. As noted above children may not feel obligated to care for their older parents due to a number of factors, including a lack of work-family balance. In fact, caring for older adults has not yet gained sufficient attention in the overall social policymaking.

Work-family balance

92.   Work-family balance may be better understood as a conflict to the extent of which experiences in work and family roles are mutually incompatible. However, work-family balance properly understood is the equilibrium achieved when one is able to adequately reconcile the demands of paid work with those of the family. Still, the subject is dominated by a conflict perspective with recent calls for a balanced approach and acknowledgement of positive connections between work and family.

93.   Moreover, work-family balance remains an area of concern in the economic, demographic, work and social contexts. From a health perspective - with health understood as a 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity - work-family balance has an impact on psychological and mental health, as well as physical health, dietary and lifestyle habits, child and adolescent health and employers and health systems.

94.   Research indicates a high correlation between work-family conflict and depression and high degree of anxiety, irritability and overall stress. Because of the social expectations of women bearing the primary responsibility for domestic work, they are more likely to be clinically diagnosed with mood disorders while men are more likely to suffer from drug or alcohol dependence. Other consequences of work-family conflict include hypertension, high cholesterol levels, cardiovascular and gastrointestinal problems, migraines as well as a variety of psychosomatic symptoms such as fatigue, lack of appetite and nervous tension. The lack of time impacts dietary habits (fast food) and other unhealthy behaviours.

95.	Child health and survival are directly related to parents' work environments. There is wide evidence that parents' access to supportive workplace policies improves infant and child health. Importantly, without access to childcare families resort to other solutions, such as taking their children out of school to care for younger siblings. Another neglected area is the availability of affordable after school activities, where lack of adult supervision often results in children experimenting with drugs and other risky behaviours.

96.	In developing countries even if a number of work-family balance mechanisms exist, there are limited to the formal sector, while most of employment, especially for women can be found in the informal sector.

97.	Although there are comprehensive mechanisms advocating for family policy development in Africa, as demonstrated by the mid-term review of the Plan of Action for African Family, out of 53 countries on the continent, only 10 progressed on family policy development.

Paternal involvement

98.	Involved fatherhood has undisputed benefits for children, mothers and fathers in families. Children who are involved with their fathers benefit psychologically, socially, behaviorally, economically. They have better IQs and better school-readiness outcomes. The benefits extend later in life, with lower school truancy and incarceration rates.

99.	Women also benefit from involved partners, as they are able to participate more in labour force and are helped in the household work. Involved fathers themselves report higher levels of happiness; display less risky behavior and are more involved in community life. Some research also indicates that highly involved fathers are more productive and even live longer.

100.	However, around the world, there are some barriers to involved fatherhood. Gender roles and cultural norms may impede men's participation in family life. For instance, limiting the role of men to bread-winning only may be one of them. Being able to provide financially may be seen as a requirement to access the children, which, in turn, may be a barrier for low-income, non-custodial fathers.

101.	Workplace expectations for men may also preclude their full participation in family life. The relationship with the mother is also important to paternal participation as sometimes women engage in so called 'maternal gatekeeping', where men are not fully trusted to assume their parenting styles with their children.

102.	Public policy should allow for greater parity in services provision for mothers and fathers so families have freedom to organize their own families that fit their own needs. Moreover, the benefits of involved fatherhood for all stakeholders should be better communicated to families and society at large.

Safe and supportive family environments and children's well-being

103.   Around the world, including Australia, there have been similar demographic trends, such as smaller families, increased number of lone parents and un-partnered parents. There has also been an increase in cohabitation and marriage is often preceded by co-habitation. More families take care of a family member with a disability.

104.   In Australia, following the 'no fault' divorce, introduced in 1975, there has been an increase in divorce rates. This has brought about issues of shared responsibility for children in post separation scenarios when parents continued the conflict, sometimes resulting in violence against children. De facto and same-sex relationships have been legally recognized.

105.   Policies of forceful removal of children from families deemed incapable of adequately providing for them were eventually recognized as wrong. Aboriginal families have been affected the most by such policies, as their children were removed from their biological families and placed with white families. This phenomenon is known as 'stolen generations'. Another policy of forced adoption compelled single mothers to give up their children for adoption.

106.   Some preventive frameworks for protecting children and their mothers from violence in Australia are driven by the public health approach looking into mental health and substance abuse. Safety of children is placed at the federal level in light of cases of abuse by different institutions including churches, children's homes and children in out of home care contexts. As gender inequality may lead to violence in families, gender-based violence prevention is key to overall violence prevention in the family.

107.   The Australian Institute of Family Studies has extensively analyzed the effectiveness of many policy changes. Family law reforms in Australia in 2006 focused on shared parental responsibility while in 2012 they focused on safety from child abuse and family violence. Some positive outcomes of those reforms include wider child abuse and neglect prevention and better cognitive, behavioral and social outcomes for children. To continue this trend, policies 1 classroom behavioral support and substance abuse counseling. Adolescents are more likely to use access mental health services through school-based facilities.

108.   Fifteen per cent of adults over 60 suffer from a mental disorder. Most common among them are dementia, depression, anxiety and substance abuse. Risk factors involve the loss of the ability to live independently, mostly due to limited mobility, chronic pain or general frailty, as well as bereavement and drop in socio-economic status due to retirement.

109.   One of the most common mental health conditions is depression. Around 7 per cent, or close to 350 million people of all ages suffer from depression at some point in their lives. Some of the risk factors for depression are parental mental health, social isolation, bereavement, environment (e.g. natural disasters, political conflicts) and poverty. In turn, depression may lead to even more stress, anxiety, deterioration of physical health, loss of employment and deterioration of family relations.

110. Although there is a variety of effective preventive measures, such as school based and community approaches, including cognitive behavioral therapy and antidepressant medication for severe depression, few people have access to them. Globally, fewer than 50 per cent of those affected receive treatment, and in some countries, even fewer than 10 per cent. Such lack of access is primarily due to the lack of resources and trained health care providers but it also stems from social stigma and discrimination associated with mental illness.

111. Depression is very costly at family, community and national levels. It may lead to even more decreased workplace productivity and absenteeism, resulting in lower income and unemployment. At personal level it often leads to more stress, anxiety, deterioration of physical health. It negatively impacts family relations as well. Women are more likely to suffer from depression with maternal depression being a strong predictor of child depression.

112. The global cost of depression is about $800 billion, expected to double in the next 20 years. If untreated, depression could lead to suicide. Worldwide, 1 million people commit suicide each year. With rates much higher among men and highest in people over 70 years of age. Suicide is also the second cause of death for 15-29 year olds. In the US, 13 to 20 per cent of children experience a mental disorder each year and suicide is the second (after accidents) leading cause of death among children aged 12-17. LGBT youth is at often at a high risk of depression sometimes leading to mental problems, such as self-loathing leading to risky behaviours.

113. This phenomenon impacts the whole family system as family members experience suicide bereavement in the aftermath. Suicide is very stigmatized in society, however, reducing the stigma as well as alcohol and drug abuse (leading causes of suicide), promoting of education and a variety of coping mechanisms are effective strategies in suicide prevention.

114. The median amount of the Government expenditure on mental health as a percent of total health expenditure was 2.8 per cent in 2011.[22] The WHO 2013-2020 Mental Health Plan calls for a 20 per cent increase in funding for treatment of mental health, including depression by 2020.

115. High quality marital relations and parenting behaviours contribute to mental and physical health while parental mental health problems, marital conflict and low quality parenting are detrimental to children's well-being and may result in low academic achievement and psychological problems. Good family relations and support contribute to better adherence to treatment and illness adaptation, better outcomes and fewer remissions.

116. Similarly, a variety of therapeutic techniques and community approaches help parents manage illnesses effectively and decrease their impact on family life. For instance *Keeping Families Strong* is a systemic intervention using the family as a focus and agent of change in families with mothers suffering from depression. The systems of care approach referring to a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families focuses on building partnerships with families and youth, offering a variety of services so they can function better at home, in school and in the community.

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[22] WHO Mental Health Atlas, 2011

Sustainable Development Goal 4

117.   Education and knowledge are a cornerstone of development. Without education and learning we will not be able to achieve any sustainability. It is important to ensure equality of access to education as well as equality of completing the cycle of education. Other aspects of equality involve output and outcome at the level of jobs and access to markets.

118.   The school completion rate is of great importance as it impacts future employment choices. It has been improving with many low income countries doing better than others. The rates are higher for urban areas, and globally higher for men. The more unequal the country is, the lower its levels of school completion. What's more countries with less inequality and policies facilitating completion have been able to close gender and income gaps when it comes to school completion.

119.   Strategies to narrow the gender gap in educational completion involved changing cultural attitudes to gender through parental and community education and offering cash transfers depending on girls' school enrollment. Other strategies involved teaching in mother tongue as well as creating favorable conditions for children's education in war zones as well as overall reduction in conflicts (a half of all children out of school are in war zones).

120.   In terms of social policies for families, they should be based on a basic principle to improve family budget through de-commodifying essential goods and services through subsidies; providing health and education at no cost; creating jobs to increase labor demand and enabling greater female labour participation. In very poor countries there is a low incentive to pursue education due to the lack of jobs. In such cases, employment creation and vocational training for specific jobs is key.

121.   Investments should also be made in education and health care provision as well as job creation rather than providing cash supplements to use for private schools or private doctors.

122.   It is equally important to do pursue efforts towards reducing gender discrimination in education. Globally, girls have higher school dropout rates than boys. Some of that is by design some by culture, whatever the reason, it should be tackled.

123.   In terms of school outcomes for children, family background is more important in richer countries, where family structure and educational achievement are key. For instance, in female-headed households children tend to have worse educational outcomes. The role of extended family members, including grandparents is vital too. Grandparents often step in to provide care for their grandchildren, for instance in Africa, due to HIV/AIDS, in China, due to rural-urban migration and in the Philippines due to labour migration of parents.

124.   More emphasis has been recently put on preschool education and the role of parents in this area. The family has been increasingly put at the centre of preschool education with a number of awareness raising efforts at community and family levels.

125.   Research indicates that the rate of return on human capital investment is greatest at preschool level and that preschool enrollment helps to narrow the gap in education attainment. World-wide, as pre-primary enrollment rate has increased, the education gap has decreased within many countries. That is strategies aiming at reducing of inequalities must target preschool education. In addition, public spending should increase for primary, secondary, and college education. In view of current refugee crisis, the support for the education of refugee children is especially important.

126.   Our society puts an enormous value on meritocracy as it is the foundation of democracy. The rule of success is regarded as inborn ability combined with effort. Even with the meritocratic approach, however, research shows that children do better in affluent and involved families as large amount of education is taking place in families and wealthier families can afford better heavily monetarized 'external education'. We have a prevalent system of parentocracy, a social system where children's educational attainment is dependent upon the wealth of parents and their willingness to invest in their education.

127.   Recent social, economic and demographic trends have impacted parentocracy. For instance, with demographic changes and rise of single-headed households, the gap in educational outcomes of children coming from different types of families is growing. Children growing up in adverse environments have lower cognitive skills, behavior problems in school and at home. They are also more likely to drop out of high school; have children at a young age and be more poor themselves when they are adults.

128.   UNESCO has been promoting inter-generational life-long learning initiative to support learning 'that happens in the home and in communities'. UNESCO based its work in this area on the empirical evidence that building children's cognitive skills early in life provides strong foundation for learning in later years. The organization provides direct broad services to parents and children, direct services to parents and children to develop their reading and writing skills as well as media campaigns.

129.   The average private (by parents) spending on education in OECD countries is10 per cent for primary, secondary and post-secondary, non- tertiary education and 30 per cent for tertiary education. In addition, the cost of education has increased in many countries, for instance, since 1986, college costs in the US has increased by 489 per cent (while consumer product costs increased by around 100 per cent).

130.   In the MENA region (where poverty rate remains high with 5 per cent of population at $1 per day and 40 per cent at $2 per day) initiatives include: in Bahrain: mother-child programme, benefiting child and mother with educational attainment and employment for mothers. The challenges involve limited outreach and funding.

131.   Expenditure on education in countries in transition is close to those of OECD countries. Such relatively generous expenditure has resulted in a high educational attainment for both men and women with the total illiteracy rate in the region of less than 0.5 per cent.

132.   However, there has been a downward trend in preschool education, essential for children's development and women's labour participation in the region. In addition, despite high levels of enrollment in primary and secondary education, the education sector has been

undermined by increasing dropout rates after secondary education, especially among children in low-income families.

133.   Despite high literacy and enrolment rates, the education sector is also undermined by unequal access, worsening quality, growing costs of education, including the cost of textbooks and uniforms, as well as persisting gender inequality. Moreover, technical and higher education are not well suited to meet labour market needs.

134.   In terms of parental leaves, the national legislation in countries in transition includes provisions for paid maternity and childcare leaves but not paternity leave. The longest childcare leave, amounting to 3 years is available in Belarus.

135.   Although there are legal provisions for equal sharing of responsibilities within families, it is very rare for fathers to care for children. This is due to persistent stereotypes about traditional gender roles and the conservative nature of family support policies.

136.   Russia, Kyrgyzstan and Kazakhstan took special measures to address the shortage of preschools but policies addressed mainly children 3 to 7 years old, with limited attention given to children under the age of 3.

Sustainable Development Goal 5
Gender equality and health, education & unpaid work

137.   As sustainable development goals cut across all development areas, such as poverty, hunger and health, Governments will have to apply a holistic framework to tackle all aspects of remaining challenges, be it economic, social and environmental. Gender equality and empowerment initiatives are embedded in a variety of economic and cultural contexts and the success of SDGs depends on incorporating gender issues into their implementation. Gender equality is also key to social change.

138.   When addressing gender equality in a family context, there is an issue of access to resources. Although 95 per cent of countries claim to have instituted policies for gender equality only 25 per cent acknowledge limited success.

139.   It may be due to the fact that gender inequality is entrenched in cultural ideals and social relationships and deeply embedded in many societies. Cultural change is difficult to achieve. In many societies boys are still privileged in all aspects of life, including nutrition, access to education and freedom of movement.

140.   Discriminatory social institutions impede girls and women's life trajectories and affect their well-being. Discrimination affects key empowerment arenas such as health, education, and employment. Girls are also discriminated within families when more resources and investment is directed towards boys.

141.   Unequal power relations put girls and women at a disadvantage and restrict them from equally accessing information and resources that could improve their health, well-being, and life opportunities.

142.   Maternal mortality has decreased by around 44 per cent globally over the past 25 years in all regions of the world. Still global risk of maternal mortality is 1 in 180 with 1 in 3300 in high-income countries and 1 in 41 in low-income countries, demonstrating steep disparities. Life expectancy for women in high income countries is 82 years of age, while in low-income countries it is 63.1 years.

143.   Global statistics do not highlight that girls and women are disproportionately affected by hunger and malnutrition. Girls and women need more micronutrients due to their reproductive cycles. Micronutrient deficiencies in females are the result of a poor diet, for instance, iron deficiency affects women and their babies. A woman's nutritional status at the time of conception and during pregnancy has long-term effects on her baby. Currently, 18 million babies are born annually with brain damages due to iodine deficiencies. Iron, vitamin A and zinc deficiencies are common as well.

144.   Gender issues dominate around education. Although more girls enter and finish primary education girls are still disadvantaged in access to secondary and tertiary education compared to boys. It is due to several factors including early marriage and motherhood; cultural favouring of boys in families' educational investments; gendered division of household labour; socialization of girls into strict gender roles as well as high risk of gender violence in schools. Gender disparities in education are usually higher in the poorest families.

145.   Gender employment and wage gaps are related to family formation with industrial countries' employment rates similar to men and women in their 20s but changing with the arrival of children.

146.   In the West we are seeing more and more gender role conversion but in most parts of the world women spend at least twice as much time as men on unpaid domestic work. In addition, women mostly provide physical personal childcare and housework while men provide educational and recreational activities. Unpaid work contributes in major way to gender inequality.

147.   There are also many issues specific to women, such as female genital mutilation (FGM), with 125 million girls and women who have undergone it. Gender based, sexual violence or physical violence was experienced by one third of women worldwide. Importantly, the statistics may not be accurate as many women do not report these forms of violence.

148.   A major WHO multi country study reported that physical and sexual violence experienced by girls and women between the ages of 15 to 49 ranged from 15 per cent in Japan to 71 per cent in Ehtiopia. Cyber-bullying is on the rise, affecting both girls and boys.

149.   Children are often discussed in isolation as if they were free agents operating independently. Except very specific situations, like orphans or street children, most children live in families and family members make decisions concerning their well-being. That is why a family perspective is needed to ensure the well-being of children. Although we are likely to see more diversification of families, it should not stop us from focusing on family as primary unit of analysis.

150.   Notably, women and children got disentangled from family and became separate issues which are problematic from analytical and pragmatic perspectives. As decisions about education and other aspects of girls' lives happen at family level we have to broaden our perspective from individual to family and then community level.

151.   Owing to the focus on integration of gender issues, including issues of shared work-family responsibilities, the new Development Agenda makes family more relevant as a unit where gender roles are taught and a family perspective can lead to greater empowerment of girls and women.

152.   Families matter for health and educational outcomes of children. We have a global opportunity to incorporate the family perspective into the analysis and implementation of policies and programmes that will lead to greater gender equality and the empowerment of girls and women.

153.   Family life is important for cognitive and behavioural outcomes of children. As noted by OECD, parental employment, although critical to reducing poverty, but time constraints to personal care provided by parents at too early an age can hamper child development and family functioning.

154.   It is also important to focus on eliminating discriminatory laws and practices as well as discriminatory attitudes and norms. Governments may need assistance in their capacities to systematically collect and analyse gender statistics. Tracking of changes in social norms is also important and global development programmes, especially those focused on health should prioritize gender analysis.

Data collection, gender analysis and recognition of unpaid work

155.   It is difficult to effect change in the social norms that govern gender without adequate data. It is then key to invest in data collection analysing cultural norms and tracking how social norms change and how that impacts the developmental trajectories of girls and women.

156.   Today's technological advances allow for new data gathering techniques that could be taught at the community and even family level. States and communities need to work in collaboration with transnational organizations and educational institutions to implement such data gathering and analysis techniques.

157.   All global development programs, and especially those focused on health, need to prioritize gender analysis in order to expose and address the inequalities that girls and women are subjected to.

158.   We should be able to understand why a much higher percentage of girls and women are poorer than boys and men. This could be achieved by alternative approaches to measuring poverty focusing on gender disparities.

159.   In terms of target 5.4: recognition of unpaid work, we need social, professional and economic recognition of unpaid work and treat it as contributing to overall social good. Even a symbolic monetary recognition of unpaid work would be welcome.

160.   The unpaid work done at home is indispensable for overall economy. In fact, the market cannot function well without the work done at home. With such perspective we can put monetary value on unpaid work. The OECD calculations, taking into account the replacement cost (not opportunity cost) varies from 20 percent of GDP in Korea going up to 57 per cent for Portugal, with the average of 20-30 of GDP.

161.   Time use studies have become an important source of information on the unpaid contribution of family members to the education of children. They help to establish the monetary value of unpaid education and other household activities.

162.   Data obtained though time-use studies can be used to justify social protection expenditures. In some countries, like the United Kingdom, pension system is linked to social insurance contributions though employment. As women who were homemakers did not quality to obtain social protection, the coverage had to be arranged through the husband, now care work also qualifies for social insurance benefits.

163.   There is a need to recognize caregiving and unpaid work in families as any approach aiming to strengthen resources for health. Women play an important role as informal caregivers to young children, older persons as well as children or adults with disabilities. In some Scandinavian countries and Singapore care work is now being compensated. This approach not only recognizes care work done in the home, it contributes to better health outcomes for all family members and often saves on costs by providing alternatives to formal and often institutionalised caregiving.

The role of civil society in family policy development and the achievement of Sustainable Development Goals 1-5

164.   Civil society has an important role to play in family policy design, development and implementation and helping to achieve a number of Sustainable Development Goals.

165.   In Europe, the Confederation of Family Organizations in the European Union (COFACE), a network of family organizations, supported by the European Commission, aims to build European family-friendly policies. It promotes transnational exchanges and innovation across EU countries through trainings, seminars, common projects, awareness raising campaigns and other initiatives. Its member organisations provide services in their respective 23 countries. As a movement, based on non-discrimination, equal opportunities, respect of human rights, social inclusion and solidarity, COFACE represents more than 25 million families in Europe.

166.   The work of COFACE is based on so called RST, which stands for: Resources, such as financial resources, decent jobs and adequate income; Services: quality childcare, and care for

other family members; Time: to reconcile their work and family responsibilities. COFACE is a watchdog of emerging trends and influence policy development in those fields.

167.   Civil society organisations can also play an important role in the policy cycle. For instance, COFACE is involved in the following stages of the policy cycle: problem definition; agenda setting; policy development; policy implementation and policy evaluation.

168.   COFACE actively supports the 2030 Agenda. In 2015 it organised a conference on families in vulnerable situations, where financial inclusion was discussed. Another event highlighted the need of a two generational approach to child care, taking into account the needs of parents and children. Another event focused on families left behind touching on female carers leaving their own families behind to care for others.

169.   COFACE elaborated a charter for family carers, which recognizes the status of a carer and offers a payment to carers. The charter is already being implemented in several countries including Belgium and Italy.

170.   Under SDG4, COFACE took action against cyber bullying. Under SDG5 COFACE promotes work-family balance as key achieving work-family balance.

171.   COFACE also advocates recognizing carers both socially and monetarily and promotes equal sharing of family responsibilities between men and women. Supportive workplace environment allowing employees flexible work schedules for both women and men is also being promoted by COFACE.

172.   The International Federation for Family Development (IFFD) reaches over 100,000 families in 66 countries through family enrichment courses each year. It actively supported the 20th anniversary of the international year of the Family between 2011 and 2014. Its Declaration of the Civil Society on the occasion of the 20th anniversary of the IYF was sponsored by 27 international entities and signed by over 542 civil society representatives from 285 national organizations, as well as by elected officials, academics and individuals from over 80 countries. This initiative helped raised awareness of the objectives of the anniversary and mobilised activities at national and regional levels.

173.   IFFD supports the Covenant on Demographic Change, a legally established international non-profit association open to local, regional and national authorities, as well as civil society organizations, industries, research centres and universities who voluntarily commit to support age-friendly environments in their communities and to share their good practices with other Covenant members.

174. The examples of initiatives undertaken by IFFD in support of work-family balance include, *family friendly certificate* in Spain (currently 300 companies have applied for the certificate there); audit programmes in Austria and Germany, and groups of family-friendly entrepreneurs in several South American countries.

175. Civil society, including IFFD, supports the FamiliesandSocieties project, a major large scale research investigating the diversity of family forms, relationships and life courses in Europe, and examining their implications for children, women and men with respect to inequalities in life chances, intergenerational relations and care arrangements.

176. The National Council on Family Relations (NCFR), based in the US, supports family policy development and sharing of good practices through several scholarly journals including *Journal of Marriage and Family*. Its annual conference gathers around 1,100 attendees and features over 150 sessions on various family topics. New areas of research of the organisation include gender equality, health and well-being for families and individuals; family formation and changing family structures, parenting, quality and equity in education; social and economic forces that affect families.

Family policy research

177. Multiple gaps in family policy research exist, especially in terms of evaluation indicating which family policies are most effective in different regions. A major challenge also exists in terms of family policy implementation and transferability.

178. No major work has been done so far on how to manage the set of Sustainable Development Goals indicators in order to understand the attributes of the targets and how they might be made operational. We also lack coherence in terms of integration over time, e.g. how to integrate goals in health and education or social protection and education.

179. Recent research on integrating social services for vulnerable groups looked at how ministries in different countries tried to integrate their delivery systems. Generally, there are no adequate evaluations of integration and we need to know what works in terms of good practices for integration. Also more knowledge is needed on how to transition from silo into collaborative approaches resulting in better policy development. One of the issues at stake is how to manage finances where investments in one sector impact another sector (e.g. education vs health), taking into account the critical and sensitive windows for intervention. For instance, *age spending profiles* examine spending on families with children mapping when and where we want interventions to take place.

180. The OECD has done research on assessing progress on family poverty reduction, including calculating the level of spending on social services and associating it with outcomes. One of the findings of this research was that increasing spending on child care may have different impact on child poverty depending on the type of system being supported (e.g. public vs private). If you increase spending for a system accessed by higher income people who can afford it, the result it increased income inequality and increased poverty. Therefore an across the board recommendation to increase spending on child care may not be advisable for all.

Conclusions

181. So far families are important in the private sphere but their influence over public policy is minimal. Nevertheless, families themselves and family-oriented policies can contribute to the achievement of several SDG targets. In particular, families play an essential role in achieving SDG targets in poverty and hunger, health, education as well as gender equality.

182. Under SDGs 1&2, in order to do away with poverty and hunger, a wide-ranging approach recognising the structural factors underlying poverty and hunger is needed. In practical terms, however, in order to help with poverty reduction, a comprehensive system of family support and social protection which goes beyond providing benefits to most vulnerable groups and include measures in labour market, education, healthcare and other social services is necessary as well.

183. The achievement of many targets under SDG 3 depends on supportive family environments, free of violence and neglect. Special attention should be paid to developing policies in the areas of maternal and infant health, youth well-being, informal and formal care for older persons as well as family-oriented policies to facilitate combatting of a number of diseases, including HIV/AIDS.

184. Some policy lessons for SDG4 involve maintaining or providing free schooling and minimizing costs of schooling (like textbooks); helping parents to educate children; providing cash transfers encouraging school attendance and completion; offering incentives to channel migration remittances to education and/or minimum income guarantee as well as strengthening of inter-ministerial institutions to coordinate work on education by different areas of Government.

185. Gender equality is part of the 2030 Development Agenda. It is often disregarded, however, that girls and young women live in families and decisions concerning their future mostly reside with families. Thus empowering girls and women within families and communities first is vital as it will lead to a greater role of women in a broader society, so essential to build strong economies; establish more stable and just societies and improve quality of life for all family members. Both academic and increasingly political trend to separate women from families and even children is problematic. It has led to an international focus on gender and gender equality but with mixed results as family and often cultural contexts were missing.

186.   However, in terms of SDG5 and ensuring gender equality, family policies help but are not sufficient to ensure gender equality. It is also essential to eliminate discriminatory laws and practices and discriminatory attitudes and norms in areas such as early marriage, female genital mutilation, and sexual practices. It should also be kept in mind that family perspective in policy making may not always be advisable and even be at odds with a gender equality perspective.

187.   The research from non-Western countries confirms that families remain as dominant as always and make major decisions about the lives of their members, especially children. Consequently, the family focus needs to be expanded. Globally the focus is mostly on families with young children although children need care throughout their life. As societies keep ageing, there has been a shift in recognition of larger care responsibilities of families.

188.   Caregiving and unpaid work in families should be recognized and supported with increased in cash transfers as well as subsidised child care. Universal protection systems, combined with the targeting of the most vulnerable, are also essential. Another area of action should focus on increasing awareness among stakeholders: policymakers, civil society and academics especially around health, poverty, hunger and gender equality and empowerment.

189.   Families and family oriented policies also have potential to contribute to SDG 16, which relates to building peaceful societies, a nexus between peace and security and development agendas. Investment in children in their early years of life and in positive parenting can build peaceful societies. Research in these areas could influence the work of UNHCR, UNICEF and other United Nations agencies.

190.   More attention should also be paid to policy, research and practice synergies. For instance communicating research to policy makers and making sure policies are implemented. It is also important to promote the systematic measuring and collecting of data on the economic loss due to family exclusion and its weakening (e.g. due to family breakup and rising divorce rates) in the society.

191.   Families that live in conflict zones, migrant families and vulnerable families in the aftermath of natural disasters tend to be invisible and should not be forgotten.

192.   We need to recognize and support the family as the unit still central if not the central feature of most people's lives. As families play the primary role in girls' and women's lives, governments should focus on creating policies that elevate the well-being of the family unit. Family relations should be taken into account in the contexts of social class, social exclusion and other relevant dimensions.

193.   The 2030 Agenda provides a more holistic, coherent and integrated approach at the national, regional and global levels with several inter-linkages within the social sectors. The implementation of the SDGs on the ground will require better collaboration between different entities, including civil society and the private sector.

V. RECOMMENDATIONS

SDGs 1&2: Poverty & hunger

194.   Ensure a family perspective in poverty and hunger reduction policies and programmes.

195.   Delink social security benefits from labour market status, extend coverage to vulnerable families and introduce the principle of progressive universalism in social protection provision.

196.   Promote an integrated, multi-generation approach to social protection that recognizes care responsibilities throughout the life-cycle.
197.   Adopt care-related labour market policies to enable working family members – including those in the informal sector -- to effectively combine work and care responsibilities.

198.   Scale up social support and care service provision by increasing access and improving the quality of social services such as healthcare, education, and care for children, persons with disabilities and older persons.

199.   Develop better reconciliation policies for women and men, such as flexible forms of employment, paid paternity and parental leaves, and promotion of shared responsibility within the family.

SDG3: Health & well-being
Reproductive health

200.   Remove existing barriers (including legal and policy frameworks) in access to core health services; ensure community engagement involving all stakeholders, as a core component of programmes and policies and tailor health-related policies and programmes to the social context.

Children and youth wellbeing

201.   Incorporate a family perspective (including on parent-youth relationships) in the design of youth targeted policies. Focus some family and youth policies (explicit or implicit) on changing harmful and risky behaviors in order to strengthen family relationships and promote the well-being of all family members.

202.   Promote the psychological well-being of children and youth, taking into account unique family situations, including through efforts to prevent violence, prevent and treat addiction, discourage juvenile delinquency, and help youth transition from study to employment so that they are capable to form their own families.

203.	Promote child and youth participation in the decisions that concern them in the family and the community in line with the principles of the United Nations Convention on the Rights of the Child.

204.	Promote public campaigns aiming at eradicating of female genital mutilation and other harmful practices.

HIV/AIDS

205.	As appropriate, include a family (rather than individual) perspective in HIV prevention interventions.

206.	Provide accurate information, testing, counselling, support, and training for families to help them protect their children from HIV infection.

207.	Ensure that HIV programs contribute to empowering, protecting, and strengthening families infected and affected by HIV/AIDS.

208.	Promote family-focused ART (adherence to antiretroviral therapy) programmes that train family members to be caring and supportive for HIV-infected members.

Mental health

209.	Involve families in the promotion of mental health, and in the prevention and treatment of mental illness, e.g. through family life education programmes, community support groups, family therapy and counselling.

210.	Develop mental health action plans and policies to assure comprehensive and coherent systems of care, and follow through implementation and evaluation.

211.	Develop national suicide prevention strategies based on contextual and cultural beliefs to decrease the number of suicide attempts.

212.	Increase governmental expenditure for mental health services, including increasing the number of professionals in the mental health field.

213.	Promote social inclusion and access to health care, specifically mental health care services, for all ages.

214.	Promote formal employment with benefits and health insurance to increase the probability of using health care services.

215.   Improve access to health insurance for people working in the informal sector

SDG4 - Inclusive and equitable quality education

216.   Maintain existing commitments to the State funded provision of free primary and secondary education (including keeping low or abolishing indirect costs such as school materials, books and school uniforms) to increase the provision of education and attendance, especially in deprived areas.

217.   Plan and implement through cooperation with civil society organizations (including. trade unions, women's groups, NGOs) the gender equality programmes in education.

218.   Provide and improve education programmes for parents in order to enhance their role in the education of their children.

219.   Acknowledge the unpaid, yet substantial, contribution of parents to the education of children through policies targeting parents in national education programmes
220.   Integrate education, health and nutrition policies within inter-ministerial institutions and agencies.

221.   Develop tax incentives to businesses, organizations and activities involved in education; these include for example abolishing value added tax on school materials and children's clothing.

222.   Develop and revise school curriculum to bring it closer to working needs of children and their parents.

223.   Facilitate the portability and transferability of educational qualifications of displaced and immigrant families fleeing conflict situations and economic hardship.

224.   Foster care and support among generations within families and societies and equitable access to family strengthening resources, such as parenting classes, mentoring programmes, and family enrichment courses, and encourage volunteering by older persons in schools and by youth with older persons.

SDG 5 – Gender equality

225.   Identify and eliminate discriminatory laws and practices, attitudes and norms which impede girls and women's life trajectories and affect their well-being, health, education, and employment in areas such as early marriage, female genital mutilation, and other harmful practices.

226.   Prioritize gender analysis in global development programs, and especially those focused on health and education, in order to expose and address the inequalities that girls and women are subjected to.

227. Recognise caregiving and unpaid work and promote reconciliation policies at the workplace and equal share of care and family responsibilities in the family, to avoid an unbalanced burden on women and enable adult family members to enter and maintain formal employment.

228. Emphasize gender mainstreaming in order to embed gender equality in the design, implementation, monitoring and evaluation of policies and programmes.

229. Recognize caregiving and unpaid work in families (e.g. through the compensation of care work in families).

230. Carry out programmes, such as targeted scholarships and stipends for girls to increase gender equality and empowerment.

231. Gather basic and complex social data with a focus on gender in households and communities.

232. Encourage paternal responsibility and acknowledge men's role and contribution to family life, promote active fatherhood, and address the impact of male absence on family well-being.

Cross-cutting issues:

Family & parental support for violence prevention

233. Provide widely available supports for families to parent effectively and reduce the risk of child abuse and neglect.

234. Ensure that violence prevention and family support systems are underpinned by a family well-being framework that recognises the cross-disciplinary nature of effective interventions, and is supported by an integrated 'whole-of-government' approach that overcomes the silos that occur when responsibility is divided up between different departments, and different levels of government (local, state/province, and federal/national), and the community/NGOs.

Support for fathers

235. In public policy and business practice: work towards greater parity between the amount of parental leave provided to women and men and increase the provision of parental leave geared specifically to men (including partial wage replacement).

236. Institute mandatory paternity leave for fathers when a child is born.

237. Promote efforts to enhance the role of fathers throughout pregnancy and early parenthood by including them in pre-natal medical visits, classes and education.

238. Expand family-friendly workplace flexibility, alternate scheduling and other family-supportive practices for both female and male employees.

239. Offer educational programmes in the workplace to change work cultures and supervisory attitudes in order to reduce stigma associated with men who prioritize family.

Research and data collection

240. Ensure data are collected on the nature of family connections and relations in order to advance the design and effectiveness of policies and programmes to improve health for all at all ages as well as to understand the specific mechanisms of how a policy or programme is working (or not). These data must go beyond family structure (who lives with whom) and reflect the situations of families and the capacity of families and family relationships in order to improve access to basic health services and preventive information and education, reduce stigma around health outcomes and behaviours and support adherence to treatment.

241. Proactively plan for investments and involvement of families in programmes that are integrated with multiple SDG's to make progress on one SDG that can have positive "spill-over" effects in other SDGs (e.g., study support and livelihoods training for adolescent girls not only reduces child marriage but also leads to increased retention of girls in school) .

242. Involve families and communities in the design and approaches used in policies and programmes in order to build general consensus and receptivity in the community and to tailor methods to the social and cultural context.

243. To reduce the cost of new data collection incorporate family related questions and issues in the existing data collection programmes such as household surveys and census.
New areas of research

244. Improve data collection and research on the following emerging issues:

a) The integration of youth into society, especially as it relates to youth unemployment, and young people becoming discouraged workers or accepting jobs that are dangerous, exploitative, or otherwise unsuitable, and the connections between poor youth integration and intergenerational poverty, social exclusion, crime, and poor health.
b) The increasing prevalence of 'full-nest syndrome', in which young people depend on their parents and grandparents for a longer time, due to challenging economic conditions and lack of employment.
c) Labour market conditions that either promote or decrease female participation when linked to fertility issues (for instance, an increase in age at childbearing and/or the decrease in the number of children couples have when compared to previous generations.

d) Ways to promote 'active ageing', including policies, practices and programs which can help senior family members attain new vital roles in order to avoid social exclusion and continue to feel needed and valued by their families, prolonging their lives and mitigating the lack of family carers.

e) Research on fathers should increase our understanding of the factors that impact paternal attitudes, their role in families, changing attitudes towards gender roles. It is also important to promote case studies of societies and global companies that offer paternal leave and their effect on gender equality and parental roles.

Stakeholder cooperation and the role of civil society

245.   Increase awareness and interaction among stakeholders: policy makers, transnational NGO's, academics that address the linkages among the SDG's specifically around poverty, hunger, education and gender equality and empowerment.

246.   Support local, national and transnational NGOs working with children and families, ensuring their participation in policy design, making and implementation.

247.   Involve professional associations and trade unions in advocacy for family policies and programmes.

248.   Recognise and encourage financial contribution to civil society organisations working with/for families and children (especially those in vulnerable situations).

ANNEX I

The Objectives of the International Year of the Family & its Follow up Processes
The Objectives of the International Year of the Family (IYF), 1994

"The objectives of the 'International Family Year" are to stimulate local, national and international actions as part of a sustained long-term effort to:

a) Increase awareness of family issues among Governments as well as in the private sector; the international year would serve to highlight the importance of families, increase a better understanding of their functions and problems, promote knowledge of the economic, social and demographic processes affecting families and their members, and focus attention upon the rights and responsibilities of all family members;

b) Strengthen national institutions to formulate, implement and monitor policies in respect of families;

c) Stimulate efforts to respond to problems affecting, and affected by, the situation of families;

d) Enhance the effectiveness of local, regional and national efforts to carry out specific programmes concerning families by generating new activities and strengthening existing ones;

e) Improve collaboration among national and international non-governmental organizations in support of multi-sectoral activities;

f) Build upon the results of international activities concerning women, children, youth, the aged and the disabled." [23]

The Objectives of the tenth anniversary of the IYF, 2004

a) "Increase awareness of family issues among Governments as well as in the private sector;

b) Strengthen the capacity of national institutions to formulate, implement and monitor policies in respect of families;

c) Stimulate efforts to respond to problems affecting, and affected by, the situation of families;

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[23] Report of the Secretary General, "Preparation for an observance of an international family year" of 23 August 1989 - A/44/407; GA resolution 46/92 "approved for implementation the proposals made by the Secretary-General in his report"

d) Undertake at all levels reviews and assessments of the situation and needs of families, identifying specific issues and problems;

e) Improve collaboration among national and international non-governmental organizations in support of families."[24]

The Objectives of the twentieth anniversary of the IYF, 2014

To make concrete efforts to improve family well-being through the implementation of effective national policies, strategies and programmes, especially in the areas guiding the preparations for the IYF+20:

a) Poverty eradication: <u>confronting family poverty and social exclusion</u>;

b) Full employment and decent work: <u>ensuring work-family balance</u>;

c) Social integration: <u>advancing social integration and intergenerational solidarity</u>. [i25]

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[24] Contained in the Report of the Secretary-General on the "Follow-up of the International Year of the Family", of 4 January 2000 -CN.5/2001/4; A/RES/56/113 took note of the report and the recommendations contained therein.

[25] The themes were recommended by the Secretary-General's report on the "Follow-up to the tenth anniversary of the International Year of the Family and beyond, of 29 November 2010 - A/66/62-E/2011/4. ECOSOC resolution 2011/29 requested the Commission for Social Development to consider those themes to guide the preparations for the IYF+20. Subsequent GA and ECOSOC resolutions recommended specific family-oriented policies and programmes related to those 3 themes.

ANNEX II

Sustainable Development Goals and Targets (1-5)
(A/RES/70/1, in bold – relevant targets for family policy)

Goal 1. End poverty in all its forms everywhere

1.1   By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 a day

1.2   By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions

1.3   Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

1.4   By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance

1.5   By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters

1.6   Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions

1.7   Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture

2.1   By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round

2.2   By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children

under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons

2.3   By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment

2.4   By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality

2.5   By 2020, maintain the genetic diversity of seeds, cultivated plants and farmed and domesticated animals and their related wild species, including through soundly managed and diversified seed and plant banks at the national, regional and international levels, and promote access to and fair and equitable sharing of benefits arising from the utilization of genetic resources and associated traditional knowledge, as internationally agreed

2.6   Increase investment, including through enhanced international cooperation, in rural infrastructure, agricultural research and extension services, technology development and plant and livestock gene banks in order to enhance agricultural productive capacity in developing countries, in particular least developed countries

2.7   Correct and prevent trade restrictions and distortions in world agricultural markets, including through the parallel elimination of all forms of agricultural export subsidies and all export measures with equivalent effect, in accordance with the mandate of the Doha Development Round

2.8   Adopt measures to ensure the proper functioning of food commodity markets and their derivatives and facilitate timely access to market information, including on food reserves, in order to help limit extreme food price volatility

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1   By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2   By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

3.3   By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.4   By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.5   Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

3.6   By 2020, halve the number of global deaths and injuries from road traffic accidents

3.7   By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8   Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.9   By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

3.10   Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

3.11   Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

3.12   Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

3.13   Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1   By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes

4.2   By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education

4.3   By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university

4.4   By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship

4.5   By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

4.6   By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy

4.7   By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development

4.8   Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

4.9   By 2020, substantially expand globally the number of scholarships available to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes, in developed countries and other developing countries

4.10   By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing States

Goal 5. Achieve gender equality and empower all women and girls

5.1   End all forms of discrimination against all women and girls everywhere

5.2   Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

5.3   Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

5.4   Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

5.5   Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

5.6   Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

5.7   Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws

5.8   Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women

5.9   Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

Annex III.

FINAL MEETING AGENDA

Thursday, 12 May

Opening Session
Objectives and expected outcomes of the meeting

Session I
Ensure healthy lives and promote well-being for all at all ages
The role of family policies in achieving SDG3:
Reduction in global maternal mortality (Target 3.1)
Access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes (Target 3.7)
Gender equality and fertility

Session II
SDG3 & beyond: Observance of the 2016 International Day of Families:
Families, healthy lives and sustainable future
- Families & Children's well-being and Sustainable Development Goals
- Safe and supportive family environments and children's well-being
- Work-family balance and health consequences for family members
- Families, parents and youth well-being
- Fathers in families
- Families and well-being of older persons

Session III
Ensure healthy lives and promote well-being for all at all ages (continued)
- Family policy & HIV/AIDS and other communicable diseases prevention and treatment (Target 3.3)
- Family policy and mental well-being (Target 3.4)

13 May

Session IV
Family policies for poverty and hunger eradication: focus on developing countries and countries in transition
- The role of family policies in achieving SDG1 & 2
- Reduction of poverty in all its dimensions (Targets 1.2)

- Social protection systems and measures (Target 1.3)
- Access to basic services (Target 1.4)
- Creating sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies (Target 1b)
- Family-oriented policies for ending hunger, achieving food security and improved nutrition (Target 2.2)

Session V
Ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all
- Ensure that all girls and boys have access to quality early childhood development, care and pre-primary education (Target 4.2)
- Ensure that all youth …achieve literacy and numeracy (target 4.6)
- The role of family in education for sustainable future
- The role of parents and grandparents in promoting children's and youth's education and learning opportunities
- The importance of early childhood education

Session VI
Cross-cutting issues affecting families and family policy development (SDGs 1-5)
- Gender equality perspective in achieving SDGs 1-4

Session VI
Anchoring family policy in the 2030 Agenda through relevant family research and indicators
- Overview of current research and recommendations for future family policy research areas
- Type of research to help in promoting of family-oriented policies for the achievement of SDGs 1-5
- FamiliesandSocieties large scale research
- Family indicators
- Civil society and research support & dissemination
- Experience from research institutions

Annex IV
List of Experts

Experts

Ann Biddlecom, Chief, Fertility and Family Planning Section, Population Division, Department of Economic and Social Affairs (DESA), United Nations

Scott Behson, Professor of Management, Fairleigh Dickinson University

Abdullah Badahdah, Director, Family Research Division, Doha International Family Institute (DIFI)

Annemie Drieskens, President, Confederation of Family Organisations in the European Union (COFACE)

Esuna Dugarova, Research Fellow, United Nations Research Institute for Social Development (UNRISD)

Rosario Esteinou, Senior Professor-Researcher, Center for Research and Professional Studies in Social Anthropology, Mexico City

Daryl Higgins, Associate Professor and Deputy Director (Research), Australian Institute of Family Studies

Keiko Hirao, Professor, Sophia University, Graduate School of Global Environmental Studies

Mahmoud Meskoub, Senior Lecturer, International Institute of Social Studies, Erasmus University of Rotterdam

Zitha Mokomane, Associate Professor, Department of Sociology, University of Pretoria

Dominic Richardson, Senior Education Specialist, UNICEF, Office of Research, Innocenti

Bahira Trask, Professor and Chair, Human Development and Family Studies, University of Delaware

Ignacio Socias, Director, International Relations, International Federation for Family Development (IFFD) and The Family Watch

Mihaela Robila, Professor, Human Development and Family Studies, Queens College, City University of New York

Wendy Wang, Senior Researcher, Pew Research Center

Observers

Jula Ferre, Population Affairs Officer, Population Policy Section, Population Division/DESA, United Nations

Vinod Mishra, Chief, Population Policy Section, Population Division/DESA, United Nations

Daniel Perell, Chair, NGO Committee on Social Development

Irma Rognoni, Lawyer and Mediator, Former Barcelona City Councillor

Laurence Stip, UN Representative, MakeMothersMatter

Rima Salah, Chair, Early Childhood Peace Consortium

Alex Vazquez, UN Representative, International Federation for Family Development

NY NGO Committee on the Family

Florence Denmark, Co-Chair

Lynn Walsh, Co-Chair

Ben Freer, Recording Secretary

Norma Simon, Corresponding Secretary

Maria-Pia Belloni, Member-at-large

Vinnie Santoro, Member-at-large

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