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

2016 FAMILY EXPERT GROUP MEETING

SUMMARY OF THE PROCEEDINGS

Sustainable Development Goals and family policies

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.

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.

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?

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

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.

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.

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.

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.

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.

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.

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.

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.[1]

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).

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).

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

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 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.

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.

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.

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.

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.

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.

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.

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.

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

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

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.

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.

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).

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.

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.[2]

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

[2] World Marriage Data, 2015

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.[3]

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.

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.

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.

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.

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.

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

[3] World Population Policies, 2015

rate countries should be striving for. Rather, countries should be enabling individuals to have power over their child bearing decisions.

Youth well-being

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.

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.

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.

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.

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

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.

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.

An introduction of social competence approach with a family perspective could be useful in programmes aiming at strengthening of parent-youth relationships and social competence. Such approach based on a set of attributes and psychological resources helping young people adjust to their social circumstances and native culture and successfully cope with everyday issues and ward off problem behaviours, such as violence, substance abuse or depression has an untapped potential to contribute to youth well-being.

Moreover, social competence programmes can promote a balance between autonomy and connectedness with other family members, and help youth acquire social skills for interpersonal relationships, for instance in terms of conflict management. They can also promote social involvement/initiative, self-efficacy, academic achievement and school and work adjustment. Finally social competence approach focuses on attaining psychological and cognitive resources via developing problem-solving capacities leading to positive self-esteem. All these aspects of social competence are sources of social and psychological resilience and well-being.

In Western research, parental support behaviours tend to promote virtually all aspects of social competence in youth, including internalized responsiveness to parents' expectations, self-esteem, an autonomous system of self-affirmed values and expectations. On the other hand, negative parental behaviours, such as intrusion in psychological independence and emotional development (guilt induction, invalidation

of feelings) and punitive or coercive control lead to negative mental health consequences for young people. Thus policies and programmes addressing parental behaviours can contribute to youth well-being and should be expanded. There is also a need for more research on these topics.

Regrettably, family policy rarely addresses family relations and yet, relational capacities within families have a potential to result in improvements in well-being and social life. Research and policy concerns should be focused on specific relationships and systems of relationships. Thus youth programs should not only focus on specific concerns (school enrollment, health problems) but should also incorporate youth-family relationship.

Promoting parenting education can also help but it is often difficult to further it as it is often presented as preventing negative outcomes. Although, from a behind the scenes policy perspective we can recognize the need for violence prevention, it may not be 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

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.

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.[4]

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.

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

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).

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.

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.

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).

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.

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.

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

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.

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.

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.

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.

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.

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

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.

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.

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.

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.

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

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.

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.

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.

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.

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 should be applied right across the board, services must be widely available and effective practices shared.

Family policy analysis in Australia involves cross-sectional surveys to monitor trends on issues such as child care, parental leave and employment arrangements as well as longitudinal tracking studies, such as the study *Growing up in Australia*. The analysis helps to find out what works and create systems of support to agencies and service providers; encourage planning and implementing evidence based programmes and services, and evaluate innovations.

Equally important is to ensure that violence prevention and family support systems are underpinned by family well-being framework that recognizes cross-disciplinary nature of interventions. Finally, it is indispensable to learn from possible past policy mistakes.

Family policy & HIV/AIDS

The achievement of several targets under SDG3, such as ending the epidemics of AIDS and other communicable diseases; reducing premature mortality from non-communicable diseases through treatment and promoting mental health and well-being depend on actions taken by families as well as family-oriented policies supporting such actions.

Over the past decades, the world has taken unprecedented steps to control the spread of HIV/AIDS and to find a cure. Since 2000, there has been a 35 per cent decrease in new HIV infections, with a 54 per cent decrease of infections among children. Importantly, woman to child transmission has been kept under control thanks to prenatal check-ups which include HIV tests.

In 2014, the number of HIV/AIDS infected people was 2 million compared to 3.1 million in 2000. Since 2004, the number of deaths due to AIDS-related illness has fallen by 42 per cent. While in 2015, 15.8 million people were accessing antiretroviral therapy as compared to 13.6 million reported users in June 2014.

In countries in transition, health programs have successfully addressed issues of infant mortality and mortality during child birth but have failed at addressing several diseases, like tuberculosis and HIV/AIDS, which have consistently risen since 1990. The HIV/AIDS

epidemic in the region is one of the fastest growing in the world. It is essential to increase health expenditure in the region (as of 2014 ranging from 2.2 per cent in Kazakhstan to 3.6 per cent in Belarus).

The common approach to HIV/AIDS focuses on prevention of new infections among individuals and treatment of individuals. However, HIV/AIDS should be seen as a 'family disease', as most of HIV transmissions occur in committed relationships. In fact, the family is on the front line of preventing HIV transmission, providing education and reinforcing risk reducing HIV-related behaviors for those living with HIV. The family is also the de facto caretaker for those living with HIV.

The behavioral side of prevention and therapy has been gradually recognized as instrumental in HIV/AIDS prevention and treatment. Recent research has shown the couples and family-centred approaches to HIV prevention intervention have been successful in the fight against the spread of HIV and minimize its impact on the infected and affected family members, as well as enhance the outcomes of HIV care and treatment. Family support also helps to improve adherence to treatment, provide sustaining care and offer the defense against stigma and isolation.

The couple-centred approach to HIV/AIDS prevention and treatment emphasizes the co-responsibility of both partners to protect themselves and each other. It encourages them to stay healthy in a committed relationship based on love, trust and commitment. The therapy also helps to create a safe environment where couples can talk about sensitive topics and allows couples to learn and practice essential skills, such as communication and problem solving. It also promotes accountability and commitment to change risky behaviours.

Family-based therapy is also important for other reasons. For instance, family members who are patients share more with other family members than with physicians. They have an ongoing contact with the patients and often share similar value systems and cultural backgrounds with the patients. Family members also know more intimate details of how patients think about the illness and how they manage the disease.

One of the most devastating aspects of HIV/AIDS is the stigma attached to the illness. The stigma deters, delays, or reduces the likelihood of family members getting tested for HIV, using safe sex practices, disclosing their health status, and adhering to HIV treatment. Thus, although it has diminished, the stigma still constitutes an obstacle to prevention and treatment.

As the risk of acquiring sexually transmitted infections including HIV, is high during adolescence and early adulthood, prevention of adolescent infections is especially important. Globally, there were 250,000 infections among adolescents in 2013 and AIDS is still the leading cause of death among adolescents aged 10 to 19 in Africa and the second most common cause of death among adolescents globally.

Some of the family-centred intervention programmes promote healthy, positive relationship between parents and children by focusing on positive parenting practices, such as monitoring, expressing warmth, and using effective communication skills. Positive relationships within families between parents and children are a protective factor to prevent risky sexual behavior.

Several family-based programmes have been found effective in reducing HIV-related risk and behavior in parents and their adolescent children. They include Impact (Informed Parents and Children Together, Project TALK (Teens and Adults Learning to Communicate), Strong African-American Families, Caribbean Family HIV Workshops and STRIVE (Support to Reunite, Involve, and Value Each Other.)

As parents are the primary providers of information, their knowledge, attitudes and values are essential to influence their children's behaviour. Fostering of positive relationships, increased communication and parental monitoring are then essential to increase effectiveness of family based programmes.

Fostering positive relationships and communication, especially about sexuality and reproductive health is associated with delayed sexual initiation, increased condom and contraceptive use and lower pregnancy rates. Increasing parent-adolescent communication about sexual behaviors, reproductive health and condom use with nonjudgmental responses is vital as well. Another characteristic of effective family programmes is fostering of parental skills to increase proper parental monitoring.

Comprehensive behaviour change among family members. Individualistic approach to HIV/AIDS prevention and treatment has been effective but the scope of approaches should be enlarged to include other approaches as well. Family approach can be more effective in some countries due to cultural factors. Research on additional approaches should be further encouraged.

Overall, it is vital to provide adequate information and training for families to protect their children from infections. Training for family

members how to care for infected family members is also indispensable. A comprehensive HIV prevention intervention programmes should focus on behavioral and attitudinal changes among family members; encourage family members to talk about factors that predispose its members to HIV infection and help families protect their children from HIV infection.

Importantly, intervention programmes should be sensitive and appropriate for family and couples from different cultural, ethnic, religious and socioeconomic backgrounds.

Families, mental health and well-being

In line with the WHO definition, heath is 'a state of complete physical, mental and social well-being'. According to the 2014 OECD data, 1 in 2 people will experience mental health problems at some point in their life, reducing their employment productivity and wages.

Throughout the world, there is an unequal access to mental health care with almost half of the world population in countries with 1 psychiatrist for 100,000 people. In developed countries the ratio is 1 psychiatrist for 2,000 people.[5] In addition to limited number of available mental health specialists and facilities, the very access to services is also limited due to poor transportation and general poverty. Issues linked with mental health include substance abuse and harmful use of alcohol.

In terms of mental illness across the lifespan, worldwide 10-20 per cent of children and adolescents experience mental disorders with half of all mental illness beginning by the age of 14 and three quarters by mid-20s.

Most common mental disorders are depression and anxiety. If they are not treated, they may severely impact children's development, school performance and overall potential. Although the antecedents of adult mental disorders can be detected in children and adolescents, the development of policies and programmes for child mental health has lagged as compared to those for adults. Adolescent mental health is inadequately addressed with fragmented actions at country level while opportunities for mental health education and programmes are available but not used.

Adolescents from ethnic minorities are less likely to receive inpatient or outpatient care than whites. Although there are large ethnic disparities in the use of in and out-patient mental health, such disparities

[5] WHO Mental Health Atlas, 2015

are less common in school-based services. The school-based medical centers in the US provide mental health care focusing mostly on crisis intervention, assessment and treatment, case management, classroom behavioral support and substance abuse counseling. Adolescents are more likely to use access mental health services through school-based facilities.

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.

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.

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.

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.

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.

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.

The median amount of the Government expenditure on mental health as a percent of total health expenditure was 2.8 per cent in 2011.[6] 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.

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.

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.

Family-oriented interventions have a potential to contribute to both prevention and treatment of mental health of family members. It is essential to provide family education and support groups to promote family well-being; develop partnerships between families and mental health providers; involve families with school-based programs; increase governmental expenditure for mental health services and promote

[6] WHO Mental Health Atlas, 2011

inclusion of mental health benefits in overall benefits. Addressing family poverty is essential before addressing long-term health concerns, such as mental health or HIV/AIDS.

Governments should not only increase expenditure for mental health services, including the number of professionals in the field. National suicide prevention strategies and promoting of social inclusion and access to mental health care services at all ages is also indispensable.

Sustainable Development Goal 4

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.

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.

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).

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.

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.

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.

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.

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.

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.

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.

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.

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.

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).

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.

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.

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.

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.

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.

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.

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

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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

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.

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.

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.

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.

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.

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.

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.

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.

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

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.

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.

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.

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.

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.

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.

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

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.

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.

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.

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.

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.

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

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.

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

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.

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

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.