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FOREWORD

This synthesis report, ‘Families, Family Policy and the Sustainable Development Goals (SDGs): Key Findings’ explores how the role of families, and family policies from around the world, can contribute to meeting the SDG targets. Given the key role families and family policies play in determining social progress, and in view of the national and international focus on meeting the SDGs by 2030, the timing of this publication is opportune.

The report summarizes evidence across the six SDGs that cover poverty, health, education, gender equality, youth unemployment, and ending violence. It highlights important issues that policymakers may wish to consider when making future policies work for families, and family policies work for the future.

Given the broad scope of the SDG ambitions, a key contribution of this work is to map how the successes of family-focused policies and programmes in one SDG have been successful in contributing to positive outcomes in other SDG goal areas.

This synthesis report was written by Dominic Richardson, (UNICEF, Office of Research - Innocenti), building on chapters prepared as part of *the SDGs and Families Project,* written by Esuna Dugarova (Policy Specialist, United Nations Development Programme); Daryl Higgins (Director, Institute of Child Protection Studies, Australian Catholic University); Keiko Hirao (Professor on Family and Social Sustainability, Sophia University Graduate School of Global Environmental Studies, Japan); Zitha Mokomane (Associate Professor, Department of Sociology, University of Pretoria, South Africa); Mihaela Robila (Professor of Human Development and Family Studies, Queens College, City University of New York, United States). Research support has been provided by Sabbiana Cunsolo and Despina Karamperidou (both UNICEF Office of Research - Innocenti).

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1. SUMMARY

Family policies are a mainstay of national public policies, and the most meaningful vehicle for governments to influence the living standards of upcoming generations. As part of achieving the global ambitions of the Sustainable Development Goals (SDGs), family policies have an important part to role in meeting targets across many of the goals.

In recognition of the role of families as an elementary social unit of societies, the enactment of family policies globally continues to grow, encompassing conditional and unconditional cash transfers, child allowances, maternity and parental leave, and preschool education and care policies. How these policies, and their specific designs, can be used to meet the SDGs is the focus of this study. Findings show that the many advantages of well-designed family-focused policy include: reductions in poverty; improvements in employment; gender equality; health and education outcomes.

This synthesis report summarizes the evidence from across six SDGs on poverty, health, education, gender equality, youth unemployment, and ending violence (*See Box 1 for outline of contents of main report*). The work draws on evaluations of family policy, and family-focused programming, across these SDGs, and concludes by highlighting some important issues that policymakers might wish to consider when making future policies work for families, and family policies work for the future.

1.1. What are the Sustainable Development Goals?

The Sustainable Development Goals (SDGs) are a suite of globally-defined social progress indicators. They aim to set global ambitions of sustainable social progress across 17 dimensions and 169 targets, by 2030, whilst leaving no-one behind.

Like the Millennium Development Goals (MDGs), the SDGs put a strong focus on traditional social progress measures such as fighting poverty, and promoting health and education. Unlike the MDG social goal framework, the SDGs set goals and targets that require both national and concerted international action, and include measures related to the environment, peace, and sustainable growth. Moreover, the SDG framework covers all countries – both rich and poor – and includes targets related to social/public service provision, legislation, and investment needs related to achieving the goals.

1.2 Why look at the role of families?

There are many reasons to focus on the role of families and family policies in contributing to meeting the SDGs, including the existing focus on family in most welfare policies across the globe, and the fact that the family is regarded as the natural and elementary social unit of all modern societies. This social and political reality makes understanding how families - as a unit - contribute to the social progress and development goals of the SDG framework, key to finding the most effective routes to achieving those goals.

As the former UN Secretary General stated:

> "At the international level, the family is appreciated but not prioritized in development efforts. The very contribution of families to the achievement of development goals continues to be largely overlooked, while there seems to be a consensus on the fact that, so far, the stability and cohesiveness of communities and societies largely rest on the strength of the family. In effect, the very achievement of development goals depends on how well families are empowered to contribute to the achievement of those goals. Thus, policies focusing on improving the well-being of families are certain to benefit development"
>
> - Report of the UN Secretary General, 2010, A/66/62–E/2011/4.

Box 1: What is coming up in the *SDGs and the Families Report*?

The findings described in this synthesis paper are distilled from six chapters on goals in poverty, health, education, gender equality, employment, and ending violence in the forthcoming *SDGs and the Families Report*.

Each chapter provides more detailed evidence on the selection of targets within goals, the state of existing data to operationalize these targets across the globe, and a presentation of the best available data. Each chapter goes on to describe a review process that identifies experimental and evaluative studies of how different policies, services, or programmes – which focus on, or are delivered through, family settings – can be linked to reaching these targets. Each review identifies and records attributes of policies and practices to help summarize what works, and where. These attributes include: Who is enacting intervention? At what level? For whom? How are they doing it? How is it evaluated? and What are the results?

The summary of globally-sourced evidence on these family interventions includes only high-quality studies, that exhibit conceptually coherent, methodologically coherent, and scientifically valid approaches to evaluation. These summaries include, where available, reflections on family attributes at household or national levels that impact the effectiveness of the previously identified family interventions. Where relevant, regional variations have also been studied (differences in family structures, practices, and sociodemographic and economic profiles in different countries that may be relevant to the effectiveness of a policy).

The report is organized as follows: This synthesis study constitutes Chapter 1. Chapter 2 reviews the data and family policy effects on the SDG Goal 1: End poverty in all its forms everywhere; Chapter 3 covers Goal 3: Ensure healthy lives and promote well-being for all at all ages; Chapter 4 covers Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; Chapter 5 covers Goal 5: Achieve gender equality and empower all women and girls; Chapter 6 covers Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all – specifically youth employment; And Chapter 7 on Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

This project seeks to highlight how the role of the family, and policies for families, can contribute to the achievement of the SDGs, and takes note of the call for policymakers, practitioners and the general public, to act.

This project also responds to the recent charge from the UN Secretary General in his 2014 report on *Celebrating the Twentieth Anniversary of the International Year of the Family*:

> "Governments, in partnership with relevant stakeholders, should support data collection and research on family issues and the impact of public policy on families and invest in family-oriented policy and programme design, implementation and evaluation"
>
> - Report of the UN Secretary General 2014, A/70/61–E/2015/3).

1.2.1 Specific goals of this work

With the intention of following this call of the United Nations, through its Secretary General, a global family expert group from Africa, Asia, Europe, Oceania, and America collaborated on the report behind to this synthesis study to assess how:

- Family policies and programmes work to affect different social progress goals (as defined in the SDGs) in different parts of the world;
- Family attributes at household or national level impact on the effectiveness of the previously identified family interventions; and
- The actions of both government and non-government actors can support the optimization of family policies and programmes that seek to contribute to a range of social progress and development goals.

These questions will be addressed in the summary sections of this report.

1.2.2 The SDGs selected for the study

The goals selected for review in this study cover poverty (Goal 1), health (Goal 3), education (Goal 4) gender equity (Goal 5), youth employment (Goal 8) and, ending violence (Goal 16). The selection of the goals is based on a desire to focus on families with children or younger dependents, across the main ministerial streams of work (social protection, health, education, etc.) where public policy and private social impact efforts are most well-resourced and nationally-defined.

This does not mean there is not a role for family policy in the other goal areas, but in some of these areas, goals may be less directly influenced by national- and local-level social policies and programmes where the family is the main benefit unit or point of delivery. Instead, efforts across countries and agreements (environments, climate change, ecosystems, water, trans-national inequality and energy) may be more important to the achievement of these goals. Similarly, society- or community-level interventions (infrastructure and industrialisation, city planning, global governance, sustainable consumption) may be necessary. In each case, families will be affected, and family involvement and action, as part of communities and societies, will be important in achieving these goals.

Exceptions to these selection principles are food insecurity and nutrition, and within-country inequalities. These will be influenced to some degree by anti-poverty policies, health and education policies, and will usually be defined within health, education and social protection ministerial remits. This is the reason why we have not included separate chapters on these goals.

Within each of the focal goals, the following targets have been selected (See Table 1.1, and each chapter of the main report for details).

Table 1: Focal goals and selected targets covered in this report

Area	Goals selected	Targets covered
Poverty	**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.
Health	**Goal 3.** Ensure healthy lives and promote well-being for all at all ages	**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.
		3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease.
		3.4.2 Suicide mortality rate.
Education	**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.
Gender equity	**Goal 5.** Achieve gender equality and empower all women and girls	**5.1** End all forms of discrimination against all women and girls everywhere.
		5.4 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.
Youth employment	**Goal 8.** Promote sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all	**8.5** By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.
End violence	**Goal 16.** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	**16.1** Significantly reduce all forms of violence and related death rates everywhere.
		16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children.
		16.9 By 2030, provide legal identity for all, including birth registration.

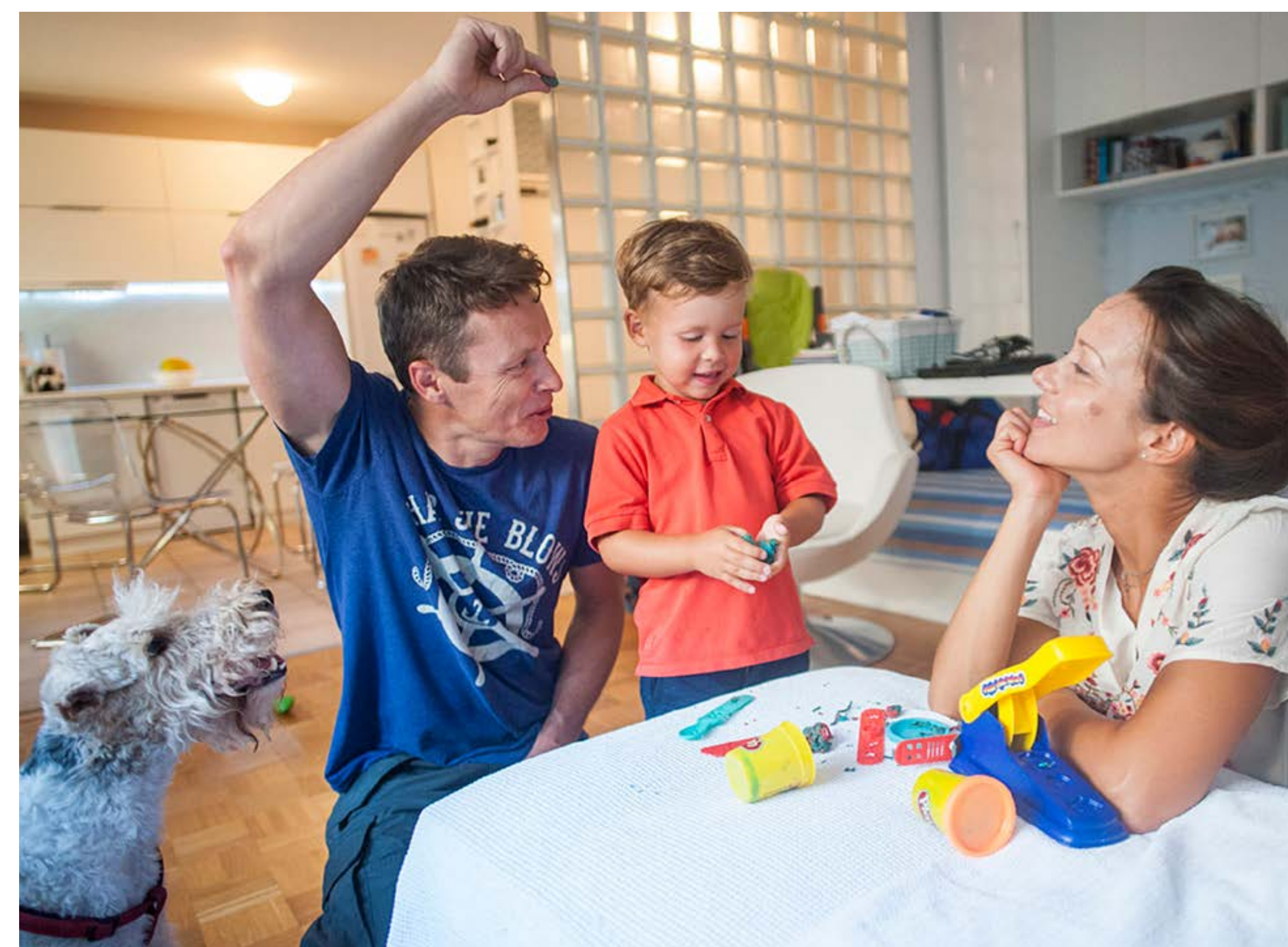
Key Findings on Families, Family Policy and the Sustainable Development Goals

2. WHAT ARE THE MAIN FINDINGS BY GOAL?

The main findings of each of the chapters are introduced in turn. The subsections cover: the global estimates of the key targets within each of the goals; key points regarding families, family types and the focus of the goal at hand (distinguishing issues salient to common family structures or conditions – e.g. single parents, large families, migrant families); how these goals link to other parts of the SDGs through the lens of the family; the different types of family policies and programmes identified through our reviews and their influence on the focal goals and other areas; and finally, key recommendations drawn from the findings of each chapter.

The information presented in each subsection is informed by a global data and literature review (See Box 2 for methods).

As with any literature review, it is important to be aware that although efforts were made to be comprehensive, the coverage of the literature is only as strong as the search terms and the databases used. Second, as with any comparative study, the reviews of the evidence and the findings they convey are only indicative of the options available to policy makers, because their transferability across contexts is not guaranteed, particularly where conditions of delivery (e.g. geography, affordability, coverage, payment amounts, markets, broader welfare systems, governance structures, and populations) are expected to be very different.



Box 2: Methods of data and literature review

Each of the chapters of the *SDGs and Families Report* relevant data and literature, following structured searches and quality assurance reviews. This box outlines the steps taken to review, and quality assure, the data and literature that inform the work.

The data work for each paper refers to the development of a reference statistic(s) and chart(s) to operationalize the selected target, and report outcomes at the national level. Following the selection of targets in group discussion amongst the authors, available data series were identified following research of the major series databases (e.g. WHO statistics, UIS, World Development Indicators, OECD, ILOStats, SDG indicators) and reviewed for quality (reliability tests, using trend data as available, and validity checks, reviewing of metadata and available documentation, or individual national checks in cases of concerns of specific over- or under-estimates).

In most cases reliable and valid macro data was available at a near-global level, and authors presented this data in the form of a map or chart, with any relevant metadata. On occasion, as was the case with gender statistics and some youth employment figures, macro-level global series were not available. Short-term trends for selected countries, regional estimates, or partial comparisons were used instead.

The literature search was planned in advance, agreed by the expert group, and undertaken in English. The purpose was to ensure that each author undertook a standard approach to capturing a representative body of up-to-date evidence on how family interventions influence their SDG target of study. Search steps included:

1. Selecting a date range to draw from: This is important to ensure the inclusion of reasonably recent literature, to be able to infer relevance for future planning or policy reforms. The range is dependent on the SDG target of interest, and so the selection of dates (e.g. empirical literature on the effects of family policy on educational outcomes after year 2000) has been explained and justified in the literature section of each chapter.
2. Selecting search engines, databases: These should be respected, wide-reaching academic search engines, or journal databases (e.g. google scholar, JSTOR).
3. Selecting key search terms by target: These should be directly relevant to the SDG target of interest and include reference to focus of the study (interventions) (e.g. family interventions for nutrition or evaluated family interventions for nutrition).
4. Using key words to refine searches: In the case a long list of articles appear, the author could further refine searches to identify evaluations or fill gaps in the review (See also point 5 on follow-up searches).
5. Following-up on citations in articles: Where existing literature reviews are found, or where studies contain literature sections referencing other evaluations or reviews, citations should be followed up at source.
6. Using follow-up searches to fill gaps: In the case the final review does not provide representative evidence, specific searches can be undertaken to fill in gaps by region, type of intervention, etc.

Box 2: Methods of data and literature review (cont.)

Once a dataset of references was built, a quality assurance step was used to select the literature to be reviewed. To determine whether a paper was of sufficient quality to be included in the review, experts assessed whether the paper was:

1. Conceptually coherent: Do the data used to represent the family outcomes and family policies effectively operationalize the concepts of interest? i.e. in the case of SDG 5, do the data used by the author speak to gender equity? Does the narrative behind the empirical test make sense?
2. Methodologically valid: Does the author use an appropriate method to test associations between action and outcomes?
3. Scientifically valid: Are the results of statistical/empirical tests fully (it terms of information being reported, i.e. probability statistics, sample sizes etc.) and correctly interpreted?

Papers that met all three standards were included in the study.

Across all the SDGs reviewed, the role of family policies is consistently linked to improved outcomes. Mechanisms of delivery matter for different goals – including family participation, targeting, conditionality, and coverage. Despite the fact that the majority of the studies reviewed here were undertaken in high-income settings (with the exception of SDG 5 Gender Equity where no low-income studies were found at all), available evidence from low- or middle-income settings also shows a significant effect of family policies in each of the goal areas.

2.1 SDG 1: Families, Family Policies and Ending Poverty in all its Forms

Available data shows that fewer people worldwide live in extreme poverty than ever before. In 1990 almost 4 in 10 people were living under the international extreme poverty line of US$1.90 per day. In 2013, that figure had fallen to just over 1 in 10. It is noteworthy, however, that despite the progress made, this proportion still represents more than 767 million people.

Sub-Saharan Africa and South Asia have consistently been identified as the two centres of global poverty that need the most international support. Extreme poverty remains concentrated in these regions with over 40% of their populations classified as extremely poor (2015-17 measurements).

The global patterns of multidimensional poverty are virtually a mirror image of the extreme poverty pattern: risks are much higher in sub-Saharan Africa than in South Asia, and risks are lower still in East Asia and the Pacific and Latin America.

Families, family types and poverty risks

Across the globe, the risk of poverty has been shown to be higher in certain types of families and households. In developing countries, these include female-headed households; migrant families, particularly if the parents are low-skilled; families living in rural areas and dependent on agriculture; and families living in urban slums with very little access to basic social services (Mokomane, 2012).

In developed countries, the risk of poverty and deprivation also tends to be higher among migrant families, single-parent families, as well as families living in urban areas; those where the education level of parents is low; those with low work intensity; and in large families (Richardson and Bradshaw, 2012).

Families, poverty risks and links to other SDGs

Addressing poverty in the family is shown to have positive effects on outcomes across a range of SDGs. For instance, addressing measures of poverty and multiple deprivation link to the achievement of some SDG targets by facilitating families' abilities to meet the goals related to personal subsistence (nutrition), access to services and utilities (health, education, clean water), access to broader learning and labour markets, and offering them the possibility of making greater choices as regards cleaner and more sustainable living.

Importantly, poverty is also a key stressor, and family poverty can influence family functioning and stability, which can contribute to poorer mental health and well-being.

More directly, deprivation measures and targets proposed as part of SDG 1 are not always exclusive from other stated goals and targets in the SDG framework. For instance, the multidimensional poverty index considers six indicators for standards of living, three of which are related to some SDG targets – access to clean drinking water, improved sanitation (both SDG 6), and use of clean cooking fuel (SDG 7) – and through that route, access to family health and improved living standards - issues which often affect women, in particular (Calderon and Kovacevic, 2015).

Types of family policy and their effects on ending poverty

Under Goal 1, and specifically the prevention and treatment of extreme income poverty and multidimensional poverty, policies that condition families to take up other services, are particularly well-evaluated in terms of multiple positive effects. The review undertaken for this study has highlighted examples from Latin America, the Caribbean, Africa, South Asia, and high income countries such as the United States, where cash transfers to families have been shown to improve living conditions, lower poverty incidence, and increase spending on food, access to education and healthcare, improve family investment in human capital, and enhance gender equity (See Table 2 and Annex Table 1).

Though approaches and their effects varied widely across countries – common issues in the optimization of family social protection benefits, such as coverage and eligibility to a programme, are important factors in optimizing their effects on extreme poverty. Moreover, other factors, such as the levels at which transfers are paid, and the availability of complementary or conditional human services (such as schools and health centres, needed for families to attend) are also important conditions for optimizing the effects of family policy interventions and meeting the multiple associated goals in the SDG framework. Table 2 summarizes the evidence from the review of family-focused anti-poverty policies.

Key Messages: Family policy and SDG 1

- Social protection examples in this review, in the form of non-conditional family and child allowances, targeted and universal, and conditional cash transfers, all contribute to reduction in poverty rates in extremely poor and less poor populations.
- Wherever these studies are evaluated for effects on consumption, and access to education and healthcare, results are uniformly positive – although levels of impact vary.
- However, evidence from this review suggests that the bridge from access to education and health services, as provided by these family policies, to measurable health and education outcomes, has not been crossed in all instances.
- Evidence suggest that family cash benefits can be used to promote both parental employment and gender equity.
- When promoting cash transfers designed to increase access to services (conditional or otherwise), equity in coverage and quality of complementary services is needed to reduce the likelihood of creating new, or entrenching existing forms of inequality.
- Policymakers should bear in mind the gaps in the review and evaluation literature related to basic universal cash benefits which, when not designed as anti-poverty policies, can act as incentives to 1) register or document children, 2) as a means to top-up family investments, and 3) take a role in breaking inter-generational cycles of poverty or exclusion.

Table 2: Summary of the family-focused anti-poverty policy effects for SDG 1 and beyond

Complementary SDG area	Specific outcomes	Summary of the evidence reviewed
SDG 1	Reduced monetary poverty or extreme poverty	Evidence shows that social protection policies paid to families are effective in reducing poverty rates and extreme poverty across a range of countries. Importantly, results show that non-conditional child-focused benefits and pensions, as well as conditional cash transfers, can all have meaningful effects on poverty reduction.
SDG 2	Consumption / living conditions	Means-tested benefits and conditional cash transfers paid to families are shown to be effective in improving positive consumption patterns and general living conditions.
SDG 3	Access to health	Access to health services has been studied as part of conditional cash transfer payments to families in Jamaica and Paraguay – in both cases positive effects on preventative health checks and family health care are reported.
	Health outcomes	Health outcomes are also studied as part of the CCT evaluations in Jamaica, Chile and New York City. Only in Jamaica are improved health status outcomes not shown. The South African Child Grant also demonstrates conclusive effects on health in the family.
SDG 4	Access to school	Like the health access results, conditional cash transfers show positive access effects where this outcome has been tested. Unlike health access, family child allowances have also been studied for school access, and positive effects, are also shown here.
	Education outcomes	Again, like health, the Jamaican CCT evaluation does not seem to convert access into outcomes (grade progression). Children's education outcomes are influenced positively in New York City and Chile. Again, the South African grant evaluates well.
SDG 5	Gender equity	Two studies review the effects of family anti-poverty policies on gender equity: one is a global review, and the other is the South African Child Grant evaluation. Both studies conclude that cash grants are an effective family instrument for empowering women and girls.
SDG 8	Employment	The Chilean and New York City CCTs report improved employment outcomes for low income families in receipt of these benefits.
SDG 10	Reduced inequality	Evidence on reduced inequalities comes from southern Africa, and shows payments via universal pensions, and means tested child grants are both effective at reducing inequality. In both cases, these benefits are effective in reducing poverty rates too.
SDG 11	Access to housing programmes	Only the Chile *Solidario* evaluation looked at access to housing programmes of family recipient of the benefit. Increased take up of social housing programmes were shown.

2.2 SDG 3: Families, Family Policies and Ensuring Healthy Lives

The work on families and health focuses on Non-Communicable Diseases (NCDs): chronic illnesses that are not passed from person to person. They are the cause of death of 38 million people around the world each year, with three quarters (28 million) in low- and middle-income countries (WHO, 2015). The four leading causes of NCDs deaths are: cardiovascular diseases (17.5 million people annually), followed by cancers (8.2 million), respiratory diseases (4 million), and diabetes (1.5 million) (WHO, 2015).

Policies and costs related to NCDs are complex and substantial. Global and country-specific data indicate a wide variation in how cardiovascular disease is addressed around the world, and the services that families are entitled to receive (WHO, 2017). In 2014, 9% of all people over the age of 18 worldwide had diabetes (WHO, 2014). Global health expenditure on diabetes in 2015 was $673 billion, which accounted for 12% of total health costs (IDF, 2015).

Suicide is a considerable public health problem because of its complex consequences at the family and society levels. Suicide is the third leading cause of death among 10- to 19-year-olds in the United States, with more teenagers and young adults dying of suicide than from cancer, heart disease, AIDS, birth defects, and lung disease combined (WHO, 2016).

Families, family types and health

Given the important role of lifestyle choices (e.g. diet, physical exercise) on health outcomes, the family environment (including living standards, routines and joint lifestyle choices) inevitably play an important role in the prevention of NCDs, and adaptation to their chronic nature. Many health behaviours are often established in childhood (HBSC, 2010) and carried through to adulthood – parents and other family members therefore can act as early promotors of healthy living. Families can play an influential role in the formation of support networks for adolescents. Conversely, they can constitute a source of stress and depression. Finally, as illustrated elsewhere in this report very dysfunctional families can also harbour perpetrators of domestic violence and abuse, leading to physical injury, hospitalization, and mental ill-health.

Families, health outcomes and links to other SDGs

The importance of the role of good health in day-to-day life and for achieving personal and social progress goals across a range of domains, must be underscored. Healthy family environments, and families that can promote healthy behaviours, or support the treatment of poor health, can contribute to achieving a range of SDGs. For example, physically and mentally healthy children are more able to learn, engage in social activity, and play. Healthy adults are likely to be more productive in work and meet their care responsibilities, compared to their unhealthy counterparts, and in terms of mental health, have reduced risk behaviours, including risk of involvement in violent crimes.

Types of family health programmes and their effects

Treatments of NCDs and suicide risk that aim to increase knowledge of these conditions, improve family relations, and promote treatment adherence and outcomes, have proved effective in South Asia, East Asia, Latin America, Australia, North America and Europe (See Table 3 and Annex Table 2). On occasion, clinical differences in health are not found between groups receiving family-based interventions for NCDs and those that do not receive treatment. In contrast, levels of personal support, communication and confidence in terms of understanding and living with these conditions, improve more consistently.

The results of RCTs summarized in Table 3 report the outcomes of a treatment or programme delivered to families, when compared to the outcomes for families who did not receive, or received a less intensive, family-focused intervention. Where the results are positive, they can be read as positive family or partner involvement effects (See Annex Table 2 and Chapter 3 of the main report, for more details).

Key Messages: Family policy and SDG 3

- Develop comprehensive and effective family interventions based on sound theoretical frameworks to increase knowledge about the illness of study, improve family relations, treatment adherence and outcomes. Implement these interventions though multiple methods, such as face-to-face interactions and the use of technology.
- Provide treatment of sufficient intensity and duration. An appropriate number of family-focused sessions over longer time periods, followed by spread-out reinforcements, together with reminders of the importance of adherence, may help families develop healthy patterns.
- Provide family interventions at different developmental stages along the lifespan. Introduce interventions in childhood to teach children healthy behaviours and illness prevention. Also provide family interventions to older adolescents who are at higher risk of suicide.
- Include family life educators or family therapists on the interdisciplinary teams which develop and implement family interventions. These family professionals have in-depth knowledge of family relations.
- Promote parenting skills for healthier family functioning, as a means to reduce risk behaviours, and risk factors, related to different conditions such as diabetes, CVD, depression, anger, drug use, alcohol consumption, and stress.

Table 3: Summary of the family health programme effects for SDG 3 and beyond

Complementary SDG area	Specific outcomes	Summary of the evidence reviewed
SDG 2	Nutrition / healthy eating	Notably the nutrition and healthy eating evidence is all positive, and in each case, includes family or parental involvement. Education or information programmes are common in these interventions.
SDG 3	Perceived control over condition / improved knowledge	Evidence from the reviews suggest that nurse led training or education programmes, with partners or family members, and computer-based programmes, can be effective in improving perceived control over a condition, and improving knowledge. Most studies are from the US, but Thai and Irish studies also show significant effects. Both home- and clinic-based interventions have been shown to be effective. In Sweden, counselling with education intervention for patients and partners had no observable effect on this outcome.
	Depression	Of the four studies reviewed for effects on depression, family-focused nurse-led education and counselling intervention were shown to be ineffective, but dietician-led behavioural programmes, and family therapy led by mental health workers were effective.
	Self-care / adherence	Many studies show family-based, or patient-partner, interventions, can influence patient self-care an adherence to medical plans and practices. A broad range of practitioners are involved in these interventions. Only nurse-led education and counselling in Sweden produced null results.
	Physical health / weight loss / physical activity	Unsurprisingly, many NCD interventions have been evaluated for physical health effects. These are commonly effective – involving either family members or partners – and can result in objectively improved health statistics related to their conditions. It is in the areas of reported behavioural changes, and physical health of younger cohorts, that the desired outcomes of the programmes are not consistently achieved.
	Hospitalization	Fewer individuals enrolled in a heart failure education programme with a family member were hospitalized than those receiving hospital information. Though once admitted, time in hospital and frequency of visits were similar. Cognitive behavioural treatment for suicidal young people and their families was effective in reducing rates of hospitalization.
	Suicide ideation / attempts	Family interventions are almost always successful in reducing rates of suicide ideation (only 2 of 11 showed null effects), a range of therapy, behavioural and educational treatments (for family members / parents) have been shown to work.
	Mental health	Whenever mental health is measured as an outcome to a family-focused health intervention, results are positive. Professional-led exercise or therapy interventions are effective, and notably two of the three interventions that are shown to positively affect the mental health of young persons with suicide ideation involve education programmes for parents.
	Family support / parental stress	Psychological, behavioural (NCDs) and education interventions (suicide) for patients and their families/parents (sometimes at home) have been shown to increase family support.

It is worth cautioning that the above studies are evaluations of programmes, and not national policies in many cases. This limits the applicability of the evidence to building system-wide family-focused primary and secondary health care policies, which may have broader social progress implications. For instance, family- or child-focused system-wide interventions, such as immunisation schemes, are not covered here. Programmes, as opposed to national policies, can be tailored to a limited focus of impact, and evaluations that follow are likely to be influenced by this. For example, improved levels of health will undoubtedly affect the employability of some individuals, their education or training choices, and as such their income status. The potential for these second- and third-order outcomes are not commonly investigated in the studies reviewed.

2.3 SDG 4: Families, Family Policies and Education

Data on the proportion of children between 3 and 6 years of age who were attending an early childhood education programme are available for the global south as well as high income countries and show that across these countries, fewer than 1 in 2 children attend preschool.

By region, income-based inequity in preschool attendance is not consistently patterned, with CEE/CIS countries showing the lowest regional variability. However, most countries have mid- to high-range levels of inequality in preschool attendance by income. South-East Asian countries show the highest variability by region, for this indicator.

Similarly, rates of children completing the lowest post-primary level of school varies massively across the globe. High-income countries can report net rates of over 100% (more pupils than children of the age group – meaning overage and underage pupils included in the lower secondary system), whereas countries such as Chad and Niger have respective completion rates as low as 17 and 12 percent overall, and completion rates for girls of around just 10%.

Families, family types and education

Family policies and families themselves are being used as key points of intervention for promoting school attendance and learning at all stages of childhood. What else is clear is that although family policies have the potential to be very effective in achieving these goals for many children – when properly design and supported – many of today's education and family policies are not fit to meet the ambitions of SDG4. Schools and childcare/preschool centres are under-attended, and in some cases, by only the most privileged of children. Learning outcomes are vastly unequal (See UIS, 2017), and many family and education policies struggle to promote equitable learning outcomes.

Families, education outcomes and links to other SDGs

When families benefit from strong education policies – aside from meeting SDG 4 ambitions related to participation and learning – the result for both the families and the economies and societies in which they live are readily theorized. Education for parents influences their labour market attachment, earnings, parenting practices, health choices and family functioning. For children, the same labour market effects in the longer term can be expected. Short-term health behaviours are also likely to benefit. Introducing broader social and policy reforms that might encourage behavioural change for the benefits of the environment, or city planning, may also be more easily implemented in societies with higher average levels of education – resulting in advantages in terms of addressing environment-related SDGs. Finally, education can drive innovation and human capacities, with untold advantages for finding new routes through the SDG challenge on various fronts.

Types of family policy and their effects on education

In the studies of family policy effects on education, parent's employment and education levels mediate the effects of the policies across the world (See Table 4). The same is true of the effect of family policies on educational outcomes for low socioeconomic status (SES) families – something that repeats the finding for anti-poverty policies. A consistent message across this evidence and work from elsewhere is that effective education systems rely on families doing their part to provide healthy home environments, incentives to schooling, and on additional resources to maximize state investment in human capital development.

Key Messages: Family policy and SDG 4

- Although CCTs can compel families to engage with multiple social services – for schooling, this works by increasing incentives for child enrolment / school attendance. As noted above, there are concerns related to how these services result in learning effects, how to ensure school safety in advance, and how to provide equity in coverage and quality.
- There is limited evidence that enrolment leads to learning – this could be for several reasons, including school quality, lower per capita resources related to increased enrolment, and enrolment without participation.
- Parental employment and education mediations repeat across the policies. The differential effects of the policies for low-SES families also repeat across the policies.
- Family involvement in global goals for education is a given; many existing mechanisms are delivered via the family, and rely on families doing their part to function well (e.g. healthy home environments, employment, education transmission).

Table 4: Summary of the family-focused policy and education effects for SDG 4 and beyond

Complementary SDG area	Specific outcomes	Summary of the evidence reviewed
SDG 1	Earnings increments	Evidence from two quasi-experimental studies on the long term earning effects of maternity leave (moderated by education pathways) showed that expansion in maternity leave coverage in Germany, and increased payments in Norway result in modest increases in earning outcome for the children around age 30. In the case of Norway effects were stronger for lower-income mothers.
SDG 3 / SDG 4	Child development / health / language	Child development interventions delivered through family policy mechanisms are found across the board (parental leave polices, centre-based care, CCTs, family services). With the exception of parental leave policies, family policy effects are positive. Preschool has been linked to health outcomes in a global review, and interagency family services have been linked to language development in children in the USA.
SDG 4	Learning outcomes / cognition	Family policies with the most consistent effects on learning outcomes are preschool policies / centred based care. The positive results shown rarely have caveats, but on occasion effects are found to be greater in the short term, or for low-income children. Only in Quebec was a preschool policy shown to produce negative results in the cognition for 4- and 5-year-olds. This may be due to the low fee universal approach which could have implications for quality, and inequality in service provision. Parental leave policies on the other hand have more null effects, with only the above-mentioned German policy reform being linked to positive learning results. CCTs in Brazil (positive) and Ecuador (null effects), less often focus on child outcomes a more commonly of participation rates and drop out.
	School participation / dropout	The effect of family policy interventions on school participation and dropout has been repeatedly reviewed, and positively assessed in CCT cases, where school attendance is a condition of benefit receipt (learning outcomes, however, are more rarely reviewed). There is also evidence from both parental leave policies and preschool service studies of the link between these family policies to increased participation in schooling.
SDG 5	Parental care / family time	One study looked at the effects of increased job protection and maternity pay on maternal care time, which increased. However, child development effects were negligible.
SDG 16	Social development and behaviours	Effects on children social behaviours have been studied by preschool analysts and in the evaluation of the integration family support in the USA. Integrated family support helped with externalizing behaviours, preschool effects were shown for social development and mixed effects on social behaviour.

The message from Table 4 is that supporting families at key points of the life course, with either services, cash benefits, leave to raise children, or integrated policies (including those with conditionalities) can influence the education trajectories of children. This message provides a clear rationale for investigating the potential for tailored family support to complement education strategies, in all countries, as part of meeting the challenges of the SDGs.

2.4 SDG 5: Families, Family Policies and Gender Equity

The wage gap between men and women remains wide everywhere. And exists, to the detriment of women, in all countries regardless of the stage of economic development. According to ILO data, four of the top ten worst countries in gender wage gap are OECD member countries (Netherlands, Austria, United Kingdom, and Israel).

Women are less likely to work for pay, and are more prone to work shorter hours and work part- time (ILO, 2016a). Data from 121 countries, covering 92 percent of total employment worldwide, show that women represent less than 40 percent of total employment, but makeup 57 per cent of those working part-time (ILO, 2016a). Women are more likely to have shorter job tenure and also more likely to have experienced more career interruptions than their male counterparts.

Although there is a general notion of the increase in women’s labour force participation, the global female labour force participation rate decreased slightly (from 52.4 to 49.6 per cent) between 1995 to 2015, and the chance of women being on the job market remains about 27 percentage point lower than those for men (ILO, 2016a).

Families, family types and gender

The interplay within families profoundly affects power relationships between men and women through the allocation of roles and responsibilities for domestic work and upbringing of their children. How men and women spend their time within their family mirrors and reproduces the differences in their access to resources outside the home, namely income and political power. Gender inequality in the public sphere is both the cause and the result of the inequality in the private sphere.

At the individual level, men and women need to maintain an adequate balance between paid employment and family responsibilities. The proposed solutions to this dilemma vary among countries. The prescribed policies depend on many factors, such as the country’ demographic structures (e.g. fertility, mortality, mobility and availability of immigrant workers), social policies (e.g. welfare system, family structure, and labour policies), labour markets structure (e.g. industry composition, degree of gender segregation), and gender-role ideologies (e.g. what is thought to be appropriate for men and women). Moreover, these solutions exist within a context of changes to family types, such as increasing rates of single-parent families (headed most often by women) in high income settings, and multi-generation households globally (as families respond to increasing housing costs and labour market demands).

Families, gender equity outcomes and links to other SDGs

Goal 5 of the SDGs aims to achieve gender equality not only as a fundamental human right but also as a necessary condition for achieving peaceful, inclusive, and sustainable development. Although gender equality is enshrined in a stand-alone goal of its own, it is a cross-cutting issue and is deeply interlinked with many of the other SDGs such as poverty (Goal 1), food security (Goal 2), health (Goal 3), and education (Goal 4).

For example, women still make up a high proportion of people living in income poverty (e.g. Chant, 2006), and gender equality are expected to contribute to the reduction of poverty through improvement in women's income, health, education, and access to and control over land and other resources. Women play a critical role in the global food system, in production, preparation, consumption, and distribution. During the last half decade, while the overall proportion of the population engaged in agriculture is declining, the percentage of female involved in agriculture is increasing (FAO, 2011). Improving educational opportunities for women has long been known to have a high social return regarding decreasing infant/child mortality, and improving children's health and their education. (Shultz, 1995). When women have more influence over economic decisions, their families can allocate more income to food, health, education, children's clothing and children's nutrition (e.g. Doss, 2006, 2014).

Types of family policy and their effects on gender equity

Regarding gender equity, early years matter, as this is the time when differences begin to open between male and female career trajectories, and demands on home production. Inevitably therefore, longer and generous parental leave policies that are provided mainly to women, do not necessarily promote gender equality in the labour market as they can encourage mothers to delay their return and thus jeopardize long-term advancement of their career (See Table 5). Childcare policies, that are not employment sensitive, can also have an effect here. When the costs of parental leave (financial, or in terms of time or productivity) are also met by employers, this can also affect gender equity as decisions related to hiring women can be unfairly influenced at this stage.

One caution regarding this evidence on gender equity is that it is all from high-income settings, and little has been done in terms of quality-evaluation in other parts of the world. Nonetheless, across all countries and settings – and despite the impact of family policies to influence the labour market (and labour market attachment) – gender equality in the public sphere is also affected by unpaid domestic work and care work; policies for which need to be developed particularly in the light of growing elder care needs, and more single headed households (particularly female headed households).

Despite this high-income country focus, there are global lessons to be drawn about the effects of family policies on gender equity in the labour market, in home production, and child rearing – the most striking of which is the need to address inherent gender inequality in the design of these family benefits.

Table 5: Summary of the gender-specific family policy effects for SDG 5 and beyond

Complementary SDG area	Specific outcomes	Summary of the evidence reviewed
SDG 1 / SDG 4 / SDG 16	Family stability	One study explores the effect of the 'Daddy Quota' in Iceland on family stability – or specifically likelihood to divorce. Family stability has implications for poverty risks and child development (in both the short and long term). Results showed lower instability in cases where the 'Daddy Quota' is used.
SDG 3	Fertility	One study (Austria) links longer parental leave to increased fertility.
SDG 5	Maternal time with child	A Canadian study links increase mother child time with longer parental leave. Changes to men's childcare burden is not reported.
	Gender equity in housework	Three of the 'Daddy Quota' studies have looked at gender equity in housework, and two of which note that fathers do increase their share of housework when they have their own distinct leave entitlements. In Canada, long term effects were observed.
	Fathers' leave time	The 'Daddy Quota' in Sweden, Canada, and Norway were linked (using quasi-experiment models, and simple multivariate techniques) to increases to leave times taken by fathers.
	Fathers' childcare time	Perhaps in line with the evidence on the maternity benefit, of the two studies that look at leave policies and fathers time spent caring for the children, the 'Daddy Quota' intervention in Iceland was positive, and the parental payment increase (not leave increase) in Germany did not register an effect.
SDG 5 / SDG 1	Increased wages	Almost all studies looking at parental leave expansions and take-up found a negative or null effect on earnings. Of interest to gender equity, the use of the 'Daddy Quota' in Norway is also shown to reduce men's earnings. Only an early US study on the unpaid parental leave showed an earnings premium, after leave was taken, and the women returned to work (which offset part of the costs related to leave, which employers and the federal government have no obligation to pay).
SDG 5 / SDG 8	Return to same job	One study on the effect of longer parental leave in Canada finds a positive correlation to returning to the same job (although longer leave might be afforded to individuals who are expected to return to the same job).
SDG 5 / SDG 8 / SDG 1	Mothers' labour market participation	The literature that looks at the gender effects of leave types shows similarities between expansion to maternity leave entitlement (negative effects in the single study reviewed) and parental leave entitlement (mixed, negative and null). In Austria, the reversal of a leave extension policy resulted in increases in mothers' employment.
	Women's return to work after leave	In contrast women's return to work after leave seems to be positively influenced by maternity entitlement being extended. Results for parental leave policies overall are very mixed, and includes results from Austria and Germany when entitlement extension resulted in increases in delayed return to work.
	Work preferences of mothers (commitment / part-time work)	The work preferences of mothers have been the focus of two studies – on looking at commitment to work, the other at part time work – and assessed after an extension to the leave period of parental leave policies in Germany and Canada. In both cases a lower preference to work was found.

Variation in family leave policies are large, even between high-income countries, which is a strong indication of a lack of a single clear consensus on how to manage the family policy portfolio in the period of birth and infancy. Poorly designed policies can establish long term gender differentials in the both households and the labour market – and from this longer-term welfare needs. Expansions to leave policies, around the globe, should therefore be sensitive to gender-equal practices, as well as a range of other factors such as labour markets, sectors, and male and female educational histories, when attempting to balance SDG concerns at the national level (evident in the SDG framework) such as child rearing and development, gender equity, family poverty, and economic productivity.

Key Messages: Family policy and SDG 5

- Longer and generous parental leave policies do not necessarily promote gender equality in the labour market. They encourage mothers to delay their return and thus jeopardize long-term advancement of their career, resulting in perpetuating gender gap in economic rewards.
- Parental leave reserved for fathers, as a benefit non-transferable to mothers (daddy quota), is a promising scheme to encourage fathers to take leave from work, especially when this benefit is provided as bonus period of 'take-it-or-lose-it'. It is very important that the leave for fathers is well paid because of a strong incentive for a couple to allocate their time for paid and unpaid work according to the comparative advantage.
- Gender equality in the public sphere can never be achieved unless unpaid domestic work and care work is shared more equally in the private sphere.
- Future family policies should give more attention to the contradicting demand that they are trying to fill. They must ensure the well-being of children while making sure that equality between genders is promoted.
- It is striking to note that studies on changes to paternity leave have not evaluated the effects of policies on women's work patterns or preferences (although they do look at gender equity in home production). Work is needed here if we are to understand better the family policy effects and recent extensions to paternity leave on gender equitable employment.

Box 3: Literature reviews, and cautions for learning across different development contexts

Two key ambitions, set in advance of undertaking the literature reviews that contribute to the main report, were to be 'as rigorous as possible' and 'universal in regional coverage'. This meant the inclusion of only the most rigorous studies we could find *(See Box 2),* and to take a 'universal' approach to reviewing the role of family policies in meeting the SDGs by including literature from across the globe.

Inevitably, these ambitions have been met to varying extent across the SDGs covered, due to differences in the wealth and quality of available literature, determined by the existence and development of family policies and welfare in states across the world, and available data and resources for undertaking robust evaluation studies one form or another.

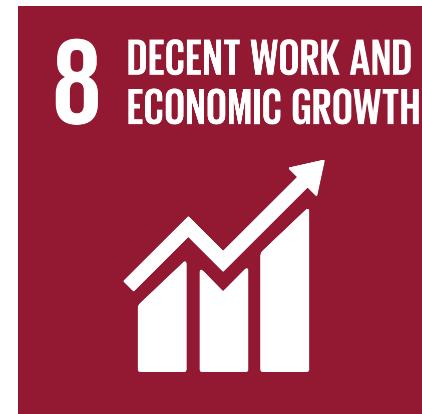
Imbalance in the wealth of data, both by regions of the world, and between the SDG topics themselves, means that this study cannot claim to be fully-representative of global experiences, or to be equally balanced in terms of informing how family policies influence the different SDGs in different settings.

With these limitations in mind, salient cautions for interpreting the findings of this synthesis review are as follows:

- The studies reviewed are more likely to come from higher income settings. This can influence how generalizable the findings of each study are, and how generalizable the summary findings are. It is important to note:
  - Evidence from evaluations are more likely to be applicable in contexts that can replicate the socio-demographic and economic situation of study countries.
  - Even in cases of similarities of social and economic contexts, the political and policy structures and systems will also determine the replicability of policies and programs from country to country. Again, evidence from evaluations are more likely to be applicable in contexts where public governance and finance structures can replicate the context of study countries.
  - Some of the implications for key messages do depend on 'systems' that can provide well-trained professional staff, deliver specialized services, in stable housing. Where this is the case, readers from different settings should determine whether specific practices can be replicated in a meaningful way.
  - Where systems, are not immediately replicable, policymakers and practitioners should explore methods of system strengthening, reform, and capacity building (i.e. How can these systems/staff be developed /trained in LICs?).
- There are no individual studies covering one region, the Middle East. There are no low-income studies in SDG 5 on Gender Equity.
- Inferences about replicability of high-income programmes and policies need to more clearly supported by cost evidence set in a broader public finance discourse. Cost evidence is not forthcoming from the studies reviewed (See section 3.1 below).

Nonetheless, within these limitations, these studies are an important contribution to the global evidence base, and highlight, within their scope, the potential for well-designed family policy to set strong foundations for meeting social progress goals across the globe. Where possible, information relevant to interpreting the generalizability of findings (country of study, family-focus) has been introduced. More information can be found in each SDG chapter.

2.5 SDG 8: Families, Family Policies and Youth Employment



After reaching 14.0 per cent in 2013 – which is the highest point in the past two decades – the global youth unemployment rate stood at 13.6 per cent in 2016, with the number of unemployed youth globally amounting to 71 million (ILO, 2016b). By country, the highest youth unemployment rates in 2016 were found in some parts of Sub-Saharan Africa – notably in South Africa (52.3 per cent) and Namibia (49.9 per cent), of Middle East – notably in Oman (50.8 per cent) and Libya (48.1 per cent), and of Eastern Europe – notably in Bosnia and Herzegovina (67.6 per cent) and Macedonia (49.50 per cent). The lowest youth unemployment rates are generally found in Western Europe – notably in Germany (6.5 per cent) – with an exception of Greece (48.2 per cent), Spain (42.9 per cent) and Italy (38.4 per cent), and in Southeast Asia – notably in Singapore (4.6 per cent) and Thailand (3.1 per cent).

Available data on the proportions of youth aged 15-24 who are not in employment, education or training as a percentage of the total youth population show very high rates in the Maldives (56.4 per cent in 2010), Trinidad and Tobago (52.5 per cent in 2013) and Yemen (44.8 per cent in 2014). However, in many parts of the Middle East and Africa, NEET data are not available.

The lowest NEET rates are found in Europe and Central Asia (14.6 per cent) and Northern America (15.9 per cent), followed by Latin America and the Caribbean (19.3 per cent), and the highest NEET rates were seen in South Asia (27.1 per cent).

Families, family types and youth employment

As Chapter 6 of the main report shows, differences in accessing employment opportunities are often based on family situation, household income and parental employment. This implies that the role of policies that affect families and parental employment in particular, along with family benefits and services, are essential to achieving SDG 8.

A paradox lies in the fact that poorer families with fewer economic resources, and with higher need for youth employment, often struggle – due to poverty – to access supports they need to most effectively engage with the labour market. At an individual level, some of the factors that account for difficulties encountered by young people when entering the workforce include lack of information, networks and connections, especially among youth from families with limited economic resources and social capital (WEF, 2012). At a system level, some of the major causes of youth unemployment are inflexible labour markets and regulations that make it difficult for young people to secure stable employment trajectories (ILO, 2016b).

Families, youth employment and links to other SDGs

Unless youth are equipped with the support they need to succeed in education, employment and training, there is a risk of millions of young people being left behind. The private and public cost of failing to activate a significant proportion of young people will result in larger inefficiencies in social progress efforts across the SDGs, through lower rates of productivity and higher rates of dependency.

It is evident in many countries that employment instability results in increases in earnings inequality, an underlying concern for SDG 10. In many cases youth employment or higher education is a bridge to independent living, and economic independence without which a significant proportion of young people have to rely on the support of their family and/or the State (Smeeding and Phillips, 2002). This can affect poverty concerns (SDG 1). Various factors are argued to have been responsible for this trend including reduced economic opportunities, technological changes and the spread of globalization (Blossfeld et al. 2005; Danziger and Ratner, 2010). Alongside these concerns, the failure to transition into independent living can lead to mental health risks (SDG 3), and anti-social or criminal behaviour (SDG 16 – see WEF 2012).

Types of family policy and their effects

For youth employment outcomes, evidence points towards the complementary effects of families with economic security and adequate resources. Although the evaluation evidence base is limited in terms of studies and geographic coverage (studies come from just Mexico and the United States) and the policies themselves are not always shown to be effective (See Table 6, and a detailed search plan uncovered only these few studies – see section 6.4.1 of the main report). Nevertheless, all countries have the challenge of building effective systems to support the school to work transition, and further studies on the role of the family in providing career advice, support during periods of unemployment, investment in youth training, and soft skills development – factors which could be readily hypothesised as determinants of youth activity – are needed.

Table 6: Summary of the youth activity-orientated family policy effects for SDG 8 and beyond

Complementary SDG area	Specific outcomes	Summary of the evidence reviewed
SDG 5	Female labour market participation	*Opportunidades* in Mexico record positive impacts on increases in work for older girls.
SDG 8 and SDG 1	Employment rates and earning levels	Evidence from four studies, three of which reviewed employment and earnings levels of young people, shows that only *Opportunidades* registered a positive effect these youth outcomes – and these were described in the study as 'limited'. US interventions for children leaving foster care did not register an impact.
	Intergenerational mobility	Limited positive effects on inter-generational occupational mobility were found in the *Opportunidades* CCT in Mexico.
SDG 8	Service sector employment	One study on the effects of *Opportunidades* registered shifts in youth employment from agricultural to non-agricultural employment.

Key Messages: Family policy and SDG 8

- There remains insufficient evidence on the role of the family in promoting youth activation, and the school to work transition. This is despite multiple policies (including education, training or employment incentives) delivered via existing family benefits, or in the family context – where effective family support would optimise impacts.
- While policies that are aimed at ensuring access to the labour market and creating decent jobs are essential, it is important to make relevant interventions to strengthen families, and avoid intergenerational transmission of weak labour market attachment.
- Helping parents to be in paid work would contribute not only to the economic well-being of their children but may also positively affect young peoples' attitudes, behaviours and outcomes in the labour market.
- The 2030 Agenda provides an opportunity to incorporate youth in family policies as part of comprehensive sustainable development strategies.

2.6 SDG 16: Families, Family Policies and Ending Violence

The vast majority of children across the globe are exposed to violent discipline (psychological aggression and/or physical punishment). Specifically, 60-90% of children experience violent discipline in most of the countries were data are available (See Chapter 7 of the main report). Notably data coverage is incomplete, and there is no way of knowing how developed countries compare to the Global South. This is due to a dearth of data on violent disciple of children (across all years) for countries such as the US, UK, Canada, Australia, and New Zealand, as well as most Asia-Pacific countries, and many European countries.

A second, more wide-reaching indicator of ending violence is produced using data on intentional homicides per 100,000 people, which shows large variability in homicide rates between countries – underling relative success across the globe in producing safe communities and societies. This indicator ranges from those many countries with a low of under 1 per 100,000 (e.g., Algeria) to a high of around 30 per 100,000 depending on the year (e.g. the Bahamas – 35 in 2011; El Salvador: 72 in 2011; and Honduras: 93 in 2011).

Central America appears to be a concentration of homicide hotspots – but raises the question of whether the data are not just reflecting the extreme end of interpersonal violence such as domestic/ family violence, but is also reflecting extreme interpersonal violence relating to drug issues.

Families, family types and ending violence

Different types of families present different levels of risk in terms of violence and ending violence. Domestic violence, and forms of violent discipline against children, are based in the family unit, and influenced by issues related to stress, drug and alcohol abuse (issues covered in SDG target 3.5), parenting practices, amongst other things. One clear route to preventing interpersonal violence, and towards addressing the needs of all families, is to reduce these stressors as early as possible, which means seeing families, and understanding their lives and environments, and their knowledge and attitudes to parenting practices (independent of wealth or education). Poverty has long been associated with child protection issues, and it stands to reason that in family with existing violence risks the increased stressors of poverty might further accentuate risk, but direct causal evidence on poverty and increased violence is not forthcoming.

Families, ending violence and links to other SDGs

Cleary violence against the person is a serious violation to be addressed in its own right, and should be address even if positive spill-overs were not to be so readily seen (See summary Table 7). And given the role of families and partners in perpetrating violence, it is rational to see family-based treatment, or a family focus to anti-poverty policies, as a key pillar to ending violence in the societies in which we live. For all people, violence can occur outside of the family too (in school, work, in the local community – indeed wherever human interaction occurs), however families also have a role here, in supporting victims of violence, and setting social norms regarding the acceptability of violence in the family and community more broadly.

This said, family interventions designed to lower rates of inter personal violence, and set community standards, if effective, can influence direct improvements to health (mental and physical) and education, quality of local environments and much more. One direct SDG 'supporting action' would directly benefit from ending violence: Goal 4 a. Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.

Types of family policy and their effects

Finally, family-related policies and programmes/interventions are integrally connected to achievement of the SDGs related to prevention of violence (See Table 7 and Annex Table 6). However, most of the evidence regarding effective interventions come from research in Anglophone western democracies, and limited data elsewhere, means it has not been possible to draw any conclusions about geographic associations between implementation of particular types of programmes, policies or interventions and a lower rate of interpersonal violence.

Table 7: Summary of the anti-violence programmes effects for SDG 16 and beyond

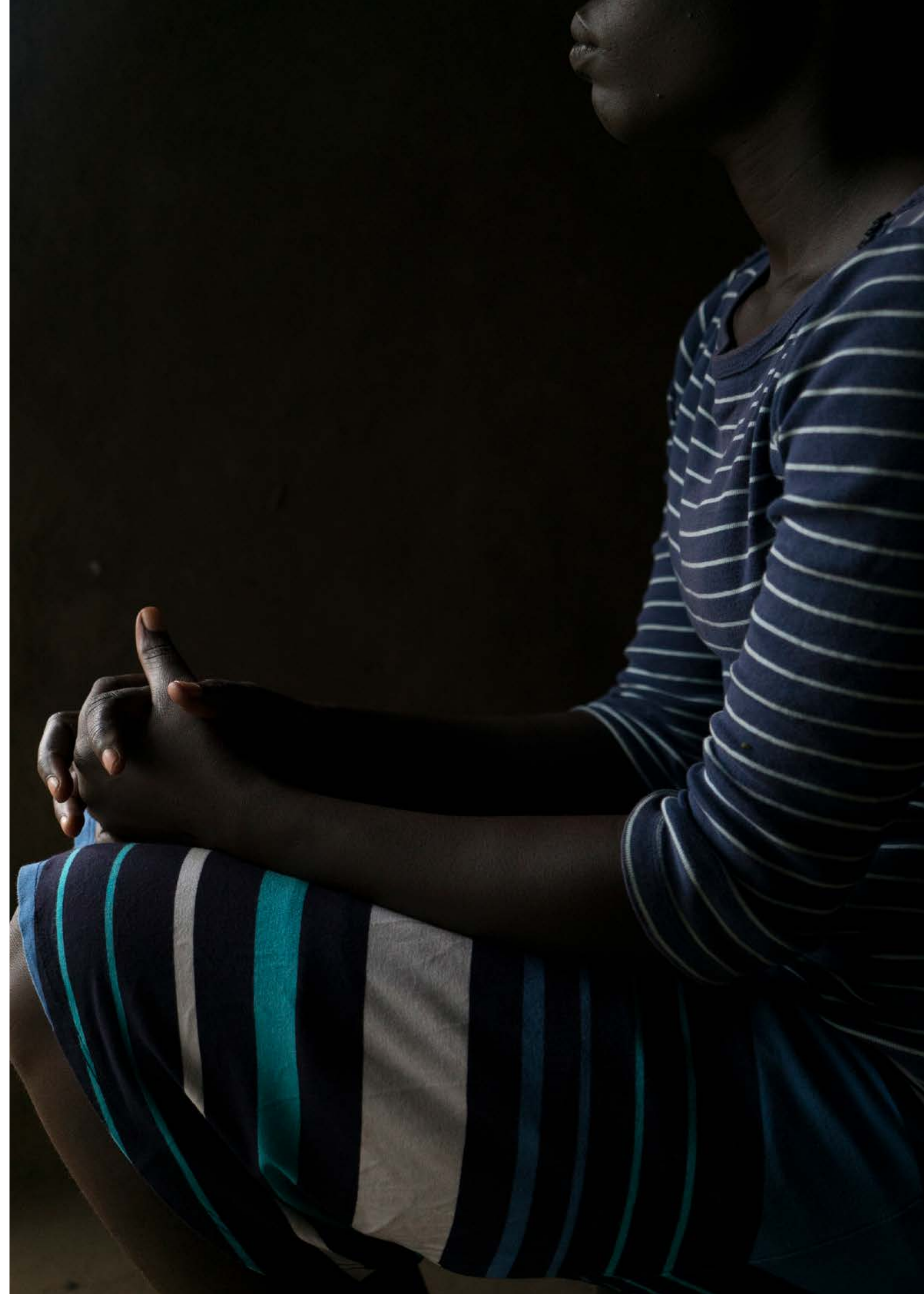
Complementary SDG areas	Specific outcomes	Summary of the evidence reviewed
SDG 3	Access to health checks	A family home visits programme for new parents resulted in increased reporting of infant access to health checks.
SDG 3	Hospitalization	Two evaluations of intensive home visits for vulnerable parents both pre and post-natal, in four settings, were shown to reduce rates of hospitalization.
SDG 4	Developmental activities (e.g. reading to children) and child outcomes	Two nurse-led family home visits services, pre and post-natal, showed impact on child development activities, and child outcomes. The KiVa school bullying intervention in Finland – which involves parents - also registered an effect on boys outcomes related to anxiety.
SDG 16	Self-reporting of physical aggression	Reduction in self-reported physical aggression were found, again, to be a result of intensive nurse family partnerships, and home visits. In contrast, a more clinical approach to treatment, cognitive behavioural therapy and 'gender re-education' for men, had no effects.
SDG 16	Reduced social acceptance of violence (e.g. Intimate Partner Violence, child corporal punishment/ violent discipline)	Reduced social acceptance of violence was found to be an effect of community interventions involving men and women (the example is from Uganda). Whereas violence in the form of violent discipline of children (including shouting and hitting) was not reduced in two nurse home visits interventions (in the US) but reduced in a Dutch version of the intervention which was delivered as a community intervention.
SDG 16 / 3 / 4 and 5	Decrease in incidence of violence	Empowerment plays a role in each of the interventions that have shown success in decreasing experience of violence. In the case of intimate partner violence, home visits and avoidance strategies are shown to result in reduced experiences. Providing micro-finance to women, along with training, has also been shown to reduce incidence of violence. In contrast, community intervention, and a single nurse home visits intervention for new mothers did not register significant effects in term of domestic violence. Finally children who experience the KiVa anti bullying programme also report lower rates of victimization.
SDG 16 / 3 and 4	Prevention of violent discipline of children and neglect	Four studies, all of which evaluate home visits by a nurse to new mothers in the US (of the type described above), evaluated for an impact on parents using violent discipline, found that on three occasions the treatment reduced the phenomena. The evaluation in Hawaii did not registered reductions.

Note: this table introduced the RCT evidence from the chapter on ending violence (Chapter 7 of the main report). Further evidence on the effects of family-focused intervention are reported from a review of reviews covered in the chapter. Furthermore intimate partner violence (IPV) is reviewed by type in the main report – separating forms of emotional, physical and sexual violence. Violent discipline, in terms of shouting, hitting or smacking children is also reviewed in more detail.

Evident in the summary above is the importance of settings, support and communities in addressing violence through a family policy lens. The first aspect is that the violence is often perpetrated by a family member, partner or parent. Although in some cases it is the involvement of a parents (such as in a bullying intention) that contributes to a solution. Second, professionals visiting the home early in a child's life, is an effective approach to identifying risk, and delivering education and training interventions to a maximised effect. Finally, family interventions, delivered in a community setting (mothers with infants for instance) may be influential in communicating norms about family functioning and child-rearing, as well as providing some form of reciprocal monitoring – shared norms and monitoring at a community level are likely to have some unique advantages in efforts to end violence and meet the challenge of SDG 16.

Key Messages: Family policy and SDG 16

- Prevention efforts need to be focused on addressing the preconditions that facilitate interpersonal violence, based on a conceptual understanding of the causal and contributing factors (such as enablers or determinants) at each of these levels of the socio-ecological model (e.g. individual, family, community, society) to create and support conditions of safety (See Quadara and Wall, 2012; Walden and Wall, 2014).
- Better measurement of the prevalence of interpersonal violence globally is needed – to monitor trends in actual occurrence of victimization in the long-term. Gaps in high-income settings are notable.
- As a priority, increase the relative investment in child maltreatment prevention policies and programmes – such as nurse family partnerships, and home based visiting for new mothers. These services can be cascaded (progressive universalism) to ensure all children benefit, with high-need cases followed up (this is further described in OECD, 2009).
- Continue investment in the domestic violence prevention programmes that have been evaluated as effective – such as family-focused community interventions.
- There is an absence of jurisdiction-wide programmes/policies—and lack of evidence to show what works—relating to prevention of sexual violence towards children and adults.
- Experiment with programmes and policies that can contribute to reduction in multiple forms of victimisation (on the basis of which drivers/risk factors and protective factors are shared across victimisation types), and invest at-scale.
- Meaningful and timely investment is needed in nation-wide policies and programmes that directly target prevention of the full range of interpersonal violence covered by the SDGs. Too few of the well-evaluated programmes have been implemented at scale.



3. SYNTHESIS OF FINDINGS: WHAT WORKS, AND HOW IT WORKS?

This synthesis report has included over 150 quality-assured family policy studies, evaluations and literature reviews. Every region of the world is covered by at least one example of a country-level or sub-national study, with the sole exception of the Middle East (despite including searches for Middle East studies in each literature review). Nevertheless, every region of the world is covered to some extent in the global literature reviews also included by the authors.

This section of the report addresses the main research questions as outlined in section 1.2.1, including: 1) How do family policies and programmes work to affect different social progress goals (as defined in the SDGs) in different parts of the world? 2) Which family attributes at household or national level impact on the effectiveness of the previously identified family interventions? and, 3) How the actions of both government and non-government actors can support the optimization of family policies and programmes that seek to contribute to a range of social progress and development goals? It does so by summarizing the promising practices in family policy and programming, and introducing the evidence on family attributes that determine differential in intervention effects, before then reviewing how the different SDGs interact overall (and why this is important), and then looking at 'next steps' for policymakers and other stakeholders working in this field.

3.1 Promising practices in family policy and programming

Evidence across the 6 SDGs studied in this report has shown that family-focused interventions are most often positively evaluated. This may reflect to some degree a publication bias towards significant results. Desired effects on family outcomes are achieved to varying degrees in the majority of cases across all goals (youth employment perhaps being borderline).

There is no 'silver bullet' in family policy or programme design, but aspects of different policies are shown to be effective in different settings when design for a specific purpose. For instance, cash benefits consistently reduce poverty, and decrease deprivation, and both conditional and sometimes unconditional versions of these benefits can encourage children's access to schools, healthcare, and improve health outcomes.

One ambition of this study was to uncover information on the implementation practices in successful and unsuccessful family policies, to allow inference in terms of 'quality provision'. This has been more successful in some areas than other, for instance Chapters on Health and End Violence – both of which cover programme evaluations and implementation practices. What is clear from the available evidence is that implementation choices matter – family focus policies function differently depending on where that are hosted (home, school, community) and who is involved (professionals, family members only, or even online approaches). Quality in family services, for high end acute treatments against violence and chronic health conditions, often means professional intervention, at the family level, including home visiting and training / education packages.

A caution for determining promising practices is it that much of the work that reviewed the efficacy of family-focused policy did not provide data on costs. This does not mean that policy makers and programmers cannot find these costs reported elsewhere, but in this study it has not been possible to determine how affordable many of the policies are. That said, evidence of impact of many of these policies on public and private outcomes, and spill-overs into efficiencies in complementary goals and sectors, suggest the ultimate benefits for family-focused public expenditure are many.

3.2 Complementarities and consequences of family-focused policies across the SDGs

This work has also sought to understand complementarities and trade-offs between individual family policies aligned to specific SDGs. Table 8 maps examples (horizontally) of where policies designed for specific SDG goals have resulted in influencing outcomes in others.

Where squares in Table 8 are filled with light blue, the studies in this report have observed positive spill-over effects of policies from one SDG field to another. These spill-overs are indicative of opportunities for optimising effects within and across social progress measures, through integrating policy portfolios in space and overtime (sequencing), and to increase effectiveness of efforts. It should be noted that efficiency gains are less easy to predict, as policy reforms can result in changes to predicted demand in the population (See OECD, 2015).

A quick review of Table 8 highlights how family-focused interventions designed to address goals in one SDG area can spill over and influence the attainability of goals in another SDG. Notwithstanding the boundaries of this review, it is also evident from Table 8 that these spill-over effects are not uniform, and can differ depending on which SDG the family-focused intervention is initially addressing. Acknowledging these trade-offs allows policymakers to design family policy portfolios, or make the case for prioritizing family policy enactment in any of the areas studied. Moreover, although the analysis does not provide clear evidence on sequencing or prioritizing interventions, the order of interventions matter. For instance, efforts to address employment outcomes for women will be sub-optimal whilst gender inequality in leave entitlements continue to exist. Or investment in learning outcomes will be less effective in areas of the world where issues of violence or insecurity have not been addressed.

It is important not to read the results reported in Table 8 as complete, final, or fully transferable. They are an indication of what policymakers, who work in these specific goal areas, might expect to find in terms of both direct and spill-over effects of policies that exercise a family-focused approach. Inevitably however, not all the available policy evidence can be included; health system effects, for instance, have not been reviewed. Moreover, not all the results will be transferrable across countries, or fully scalable within countries in the case of pilot or programme evaluations. Instead, policymakers can use this evidence to guide their investigations regarding the case for, the design and implementation of, and the potential effects of, family policy interventions.

Table 8: Observed SDGs connections via family focused policy and programming

Effects on >>> / Policies and programming for	1 NO POVERTY	3 GOOD HEALTH AND WELL-BEING	4 QUALITY EDUCATION	5 GENDER EQUALITY	8 DECENT WORK AND ECONOMIC GROWTH	16 PEACE, JUSTICE AND STRONG INSTITUTIONS
1 NO POVERTY		e.g. Access to health in multiple countries, and health outcomes				
3 GOOD HEALTH AND WELL-BEING						
4 QUALITY EDUCATION						
5 GENDER EQUALITY						
8 DECENT WORK AND ECONOMIC GROWTH						
16 PEACE, JUSTICE AND STRONG INSTITUTIONS						

Notes: Poverty and health family interventions also record positive impacts for SDG 2. Poverty has a positive impact on SDGs 10 and 11. The light blue sqaures denote observed positive spillover effects from one SDG intevention to another.

Table 8 has only compared the observed connections between the focal SDGs of this study. However, evidence uncovered as part of the work have shown that the positive impacts of family policies in Goals 1 and 3 spillover to affect family choices of related to diet, nutrition and food conusmption (Goal 2), and on housing and societal level issues such as inequality outcomes (SDGs 11 and 10).

3.3 Strengthening the role of the family: consideration for family policymakers and practitioners

This report has introduced key messages for policymakers and practitioners in each goal area. This section draws from those messages to highlight a few cross-goal considerations for policymakers and stakeholders working at the global, national and programming levels.

- **At a global level, more data work on the family is needed.** It is clear that data to measure important aspects of the SDGs are incomplete. Through UNStats and the SDG indicator groups, and sub-groups by goals (such as GAML, led by UIS) efforts are underway to complete these sets. Organizations working with policymakers on this important task should underline the need for disaggregation of data by family types, child age, and other family-policy relevant factors as data series develop. Moreover, data collection teams should highlight data collection priorities to operationalize some of the more pressing issues (such as violence) and the coverage of hard-to-reach populations.
- Both international and national organisations can work (together) to **build the evidence base to support the use of evidence-informed family policy, innovation in cross-sectoral integration, and implementation strategies**. This review clearly shows the need to for more research to meet the demand for evidence-informed responses to the SDGs. Evidence needs to include: filling gaps in evaluation evidence (youth employment); in addition to better understanding of processes and planning priorities for intervention and integrated family policy portfolios.
- National policymakers, and practitioners should also recognize that any given family policy will not work in the same way in different contexts/countries, even if global goals are the same. This means there is a need for **evidence on scalability and transfer of family policies, and particularly those programmes which are well-evaluated.** Comparative studies – such as this one – can only provide an indication of promising practices, not a prescription for action.
- **Practitioners working with families can take note of the important role played by family professionals, early interventions, and family involvement** in physical and mental health treatment. Moreover, evidence from suicide ideation and violence treatments show that family environments can be the cause and solution of negative social outcomes. Education and training of parents of new-borns, and of adolescents with mental health problems, are shown to be effective approaches to dealing with serious social issues.

4. SUMMARY AND CONCLUSIONS: WHAT IS THE ROLE FOR THE FAMILY AND FAMILY POLICIES IN MEETING THE SDGS?

This synthesis study, the culmination of work of 6 family policy experts from different parts of the globe, has underlined the value of working for families, and with families, to meet the SDGs. Poverty, health, education, gender and end violence interventions are broadly evidenced across many countries and regions, and effective strategies for family interventions are shown. Less is known about the role of youth employment. This is likely to be the result of a lack of quality data, rather than there being 'no role for the family'. Established active labour market policies, family allowances, and unemployment schemes commonly include family increments and conditions, and in so doing, implicitly accept the role of the family as part of these efforts.

Beyond of the role of family policies for specific goals, one clear conclusion of this work is that family policy interventions and strong families are a foundation for meeting multiple goals, even when single policies are being used for single purposes.

Well-designed family poverty interventions have positive spill-overs into education and health – decisions made about children's school or preschool attendance, for instance, will be made by parents or heads of households, and affordability will influence to some degree. Equally, family policies, when poorly designed, can impact the outcomes in other goals areas, to the detriment of their own ambitions. The example from gender-specific parental leave polices, which result in inequitable employment effects, are most stark.

Overall, the accumulated evidence is that strong families function as supportive units, providing important resources to all members. These resources include: time; money; physical resources; interpersonal care; and emotional security. Policies should seek to facilitate increased effectiveness of present social interventions, and reduce dependencies wherever possible.

Families are an elementary social unit. Hence the progress of families will inevitably influence the progress of the communities and societies of which they are part. In this sense, families are enabling agents for achieving the SDGs This is the reason why, while governments and other actors in society seek to meet these goals, the role of strong families and strong family policies cannot be overlooked.

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ANNEX: REFERENCE TABLES FOR POLICY SUMMARIES

The following annex tables cover detailed information summaries in the main text, and elaborated further in the Chapters of the main report. Each table includes:

Study method and authors. Abbreviations are used to indicate study methods abbreviations (LR=Literature review, IA=Incidence analysis, RA=Regression analysis, MM=Mixed methods, QE=Quasi-experimental study (including difference in difference, natural policy experiments, or discontinuity analyses), RCT=Randomised control trial, ES=Evaluation study (other), DM=Data matching (survey and administration data), MS=Microsimulation).

Benefit or programme type and delivery methods. This column records the type of policy evaluated, or the main programme contents and professional lead.

Where? This column list the country or countries of studies, and the national or subnational coverage in each case.

For Whom? This column records the recipient of the policy or program by the main attribute of eligibility to the service.

What are the results? These columns record the effects of the policy on outcomes as recorded in the study. The results here should be read with regard to the methods. In each table "++" "+" to "-" "--" denotes the range of effects from highly positive, positive, to negative, highly negative. "..." is a null effect. Blank squares indicate that no tests were undertaken for the specific outcome in the specific paper or report.

Notes specific to each table are flagged using asterisks and recorded below each annex table.

Annex Table 1: Details of the anti-poverty family policies and their effects

Study method and authors	Benefit or program type and delivery methods	Where?	For Who?	What are the results?									
				Reduced monetary or extreme poverty	Consumption / living conditions	Access to health	Health outcomes	Access to school	Education outcomes	Gender equity	Employment	Reduced inequality	Access to housing programs
IA / RA (Verme, 2004)	Social assistance benefits	Moldova	Poor and vulnerable households	+	++								
Review (Hagen-Zanker, et al, 2016)		Global	Eligible families by country							+			
MM/ DM (Ahmed et al. 2009)		Bangladesh (rural areas)	Ultra-poor	+									
RA (Amarante et al. 2009)		Uruguay	Children aged 0-5 year and those aged 6-18 years.	++				+					
MM (Levy and Ohls, 2007, 2010)	CCT	Jamaica	Vulnerable groups			+	...	+	...				
QE (Oliveira et al, 2007)		Brazil	Poor and extremely poor families		+								
ES / RA (Soares et al, 2008)		Paraguay (five poor districts)	Poor and moderately poor households	+		+		+					
DM (Borraz and González, 2009)		Chile	People living in conditions of extreme poverty				+		+		+*		+*
RCT (Riccio et al, 2010)		New York City (poor areas)	Eligible poor families	+	+		+		+		+		
RA (Hodges et al., 2007)	Child allowance	Mongolia	All children aged 0 to 17	++									
RA (DSD, SASSA and UNICEF. 2012)		South Africa	Poor children aged 0-17 eligible as per a means-test	+	+		+		+	+		+	
RA / DM (Levine et al, 2009)	Old age pension	Namibia	All elderly	++								+	
RA (Bello et al., 2008)		Lesotho	Older people aged 70+, without other pension	+									
RA / MS (Dethier et al, 2011)		18 Latin American countries	Older people	+									
RA (Garroway, 2013)		India	Older persons and widows	+**									

Notes: Positive consumption refers to spending on food, health education and children clothing than non-beneficiary families. Vulnerable groups refers poor children (0-17), poor pregnant of lactating mothers, poor pensioners (65+), and destitute or poor disabled persons of working age. * access to programs only, no outcomes effects. ** Widows pension only.

Annex Table 2: Details of the health programs and their effects

Study method and authors	Benefit or program type and delivery methods	Where?	For Who?	What are the results?								
				Nutrition / healthy eating	Perceived control over condition / improved knowledge*	Depression	Self-care / adherence	Physical health / weight loss* /physical activity**	Hospitalization	Suicide ideation / attempts	Mental health	Family support / parental stress
RCT (Ågren et al. (2012)	Nurse -led Counselling and education	Sweden	Patients and partners		y	..	..					
RCT (Dunbar, et al. (2013)	Nurse / dietician-led Education and Support Interventions	US	Patients and family members	y				y				
RCT (Harrington, et.al. (2010).	Exercise instructor-led exercise and education	UK	Patients and family members					y			y	
RCT (Liljeroos et.al. (2015)	Nurse-led Counselling and education	Sweden	Patients and partners		…	…						
RCT (Lofvenmark et.al. (2012)	Multi-professional-led tailored education program	Sweden	Patients and family members		yy				y*			
RCT (Aggarwal, et.al. (2010)	Health educator-led education and recommendations on diet and exercise	US	Patients and family members					y**				
RCT (Duncan, et.al. (2016)	Trained health promoter-led Family-centred intervention and advice	New Zealand	Patients and family members	y				y,y*				
RCT (Reid, et.al. (2014).	Health educators-led family focused healthy behavior counselling	Canada	Patients and family members	y				…,y**				
RCT (Garcia-Huidobro et al. (2011)	Facilitator / clinician-led Family counselling intervention and home visits.	Chile	Patients and family members					y				
RCT (Keogh et al. (2011)	Health psychologist-led Psychological family intervention at home	Ireland	Patients and family members		y			y,y**			y	y
RCT (Samuel-Hodge, et.al. (2017)	Dietitians-led family-centred behavioural weight loss intervention	US	Patients and partners			y	y	y,y**				y
RCT (Trief et al. (2016)	Dietician-led couples behavior change intervention	US	Patients and partners					…				
RCT (Wichit et al. (2017)	Nurse-led Family-oriented self-management program	Thailand	Patients and family members		y		y					
RCT (Doherty, et al. (2013)	Internet-based self-directed Teen Positive Parenting Program	UK	Patients (11 to 17 years) and parents		y							…
RCT (Ellis et.al. (2012)	Therapist-led Family education and routine interventions	US	146 adolescents				y	y				
RCT (Ellis et. al. (2017).	Computer delivered motivational sessions	US	Patients (11-14) and primary caregiver		y		y					
RCT (Harris, et al. (2015).	Clinician-led Behavioural Family Systems Therapy	US	Patients (12 to 18) and caregiver				yy	y				
RCT (Holmes et. al. (2014)	Trained facilitator-led Family Teamwork Coping Skills program	US	Patients (ages 11–14) and family					y				
RCT (Katz et al. (2014)	Trained facilitator-led family-focused psycho-educational interventions	US	Patients (8-16) and family					…				y
RCT (Kichler et al (2013)	Psychologist-led family-based group therapy sessions	US	Patients (13-17) and parents				y	…				
RCT (Nansel et.al. (2012)	Health advisors-led behavioural intervention	US	Patients and family				y					y
RCT (Nansel et.al. (2015)	Trained facilitator-led child and parent in-clinic session	US	Patients and parents	y				…				
RCT (Asarnow et.al. (2011)	Clinician-led youth and family crisis-therapy	US	Patients (10-18) and family							…		
RCT (Connell et al. (2016)	Trained facilitator-led Family Check-Up / school-based prevention programs	US	6th grade students and their families							yy		
RCT (Cross, et al. (2011)	Trained facilitator-led parent/teacher behavioural program	US	School staff and parents		y					y		
RCT (De Groot, et al. (2010)	Psychiatric nurse-led grief therapy sessions	Netherlands	Families bereaved by suicide							y		
RCT (Diamond et al. (2010)	Therapists-led Attachment-Based Family Therapy	US	Patients (12 -17) and family							y		
RCT (Esposito-Smythers et al. (2011)	Multi-professional-led intervention with cognitive behavioural treatment	US	Patients and families				y		y	y	y	
RCT (Gewitz et al. (2016)	Trained facilitator-led, positive parenting training	US	Patients and families		y					y	y	
RCT (Hooven et al. (2012)	School nurse or counsellor-led suicide prevention intervention	US	Patients and parents							y		
RCT (Pineda, and Dadds (2013)	Family / mental health worker-led, psycho-education program for parents	Australia	Patients and parents							y	y	y
RCT (Rossouw and Fonagy (2012)	Mental health workers-led family therapy	UK	Patients and families			y				y		
RCT (Vidot et al. (2016)	Trained facilitator-led parenting skill program sessions	US	8th graders and primary caregivers							…		y

Annex Table 3: Details on the effects of family policies on education and related outcomes

Study method and authors	Benefit or program type and delivery methods	Where?	For Who?	What are the results?					
				earnings increments	child development / health*/language **	learning outcomes / cognition	school participation / dropout	parental care / family time	social development and behaviours
QE, Carneiro et.al., (2011)	Increased paid and unpaid maternity leave	Norway, state	Eligible mothers	+			…		
QE, Dustmann and Schönberg (2012)	Expansions in maternity leave coverage in Germany	Germany state	Eligible mothers	+		+	+		
QE, Rasussen (2010)	Increased parents' birth-related leave	Denmark, state	Eligible mothers			…			
RA, Liu and Skans (2010)	Increases to parental leave	Sweden, state	Eligible mothers			…			
QE, Dahl, et.al. (2016)	Expansions of paid maternity leave	Norway, state	Eligible mothers			…			
QE, Baker and Milligan (2010)	Increase in duration of job-protected, paid maternity leave	Canada, federal and provincial levels	Eligible mothers		…			+	
LR, Barnett (1995)	Research synthesis (36 studies) ECD services and low income families	Global scope	Preschool children			+st	+lt		
LR, Currie (2001)	Research synthesis: preschool programs and cognitive development	US mainly	Preschool children			+	+		
LR, Anderson et.al., (2003)	Research synthesis: ECD programs and education outcomes (achievement, language, cognition, etc.).	Global scope	Preschool children			++	++		
LR, Pianta (2009)	Research synthesis of evidence studies of ECD and preschool programs	Global scope	Preschool children		++	++			…
LR, Nores and Barnett (2010)	Research synthesis of international evidence on the benefits of early childhood intervention	Global scope (23 countries)	Preschool children		++*	++			++
LR, Burger, K. (2010)	Research synthesis of the effects of multiple preschool programs on cognitive development	Global scope	Preschool children			+			
LR, Camilli, et.al. (2010)	Meta-analysis of preschool interventions on cognitive outcomes	Global scope	Preschool children			+			
RA, Dodge, et.al. (2016)	North Carolina's Smart Start (SS) and More at Four (MAF)	North Carolina, USA, state	SS: preschool children MAF: High-risk pre-schoolers			++	+		
RA, Dumas and Lefranc, (2010)	Expansion of preschool enrolment	France, state	All preschool children			++	++		
RA, Graces, et.al., (2002)	Head Start: an early public intervention program for disadvantaged preschool children.	USA, federal and local admin.	Preschool children at risk of poverty and social exclusion				+		+
QE, Lefebvre, et.al., (2008)	A low-fee universal childcare policy in Québec.	Québec, Canada, provincial	All preschool children			-	…		
RCT, Lowell, et.al., (2011)	Child FIRST (Child and Family Interagency, Resource, Support, and Training)	Bridgeport, Conn., USA	Vulnerable children aged prenatal to 6.		+**				+
LR, Rawlings and Rubio (2005)	Literature review of evaluation results for multiple CCT programs aimed at improving schooling outcomes	Colombia, Honduras, Jamaica, Mexico, Nicaragua, and Turkey	Poor households				+		
LR, Adato and Bassett, (2009)	Literature review of the assessments of 20 cash transfer programmes - 10 unconditional and 10 conditional	Africa, Latin America, Asia	Vulnerable children and families				+		
LR, Baird, et.al., (2014)	Review of 75 reports that cover 35 different conditional and unconditional CT programs aimed at improving education outcomes	Global scope	Vulnerable children and families				+		
QE, Ataanasio, et.al., (2010)	CCT program Familias en Accion (FA)	Rural parts of Colombia, municipality	Poor households with children aged 7 through 17				+		
QE, Baez and Camacho, (2011)	CCT program Familias en Accion (FA)	Rural parts of Colombia, municipality	Poor households with children aged 7 through 17				+		
RCT/QE, Gitter and Barham (2009)	Rede de Proteccion Social (RPS)	Nicaragua, region	Poor households				+		
RA, Glewwe and Kassouf (2012)	Bolsa Escola (later renamed Bolsa Familia) program which began in 1995	Brazil, municipalities	Poor households			+	+		
RCT, Macours, et.al. (2012)	Atención a Crisis	Rural Nicaragua, communities in 6 municipalities	Poor households		++				
QE, Ponce and Bedi, (2010)	The Bono de Desarrollo Humano	Ecuador	Poor households			…			
QE, Oosterbeek, Ponce and Schady (2008)	Bono de Desarrollo Humano	Ecuador	Poor households				+		

Note: 'st' refers to short-term effects, 'lt' refers to long-term effects.

Annex Table 4: Details of the gender-specific family policy effects

Study method and authors	Benefit or program type and delivery methods	Where?	For Who?	What are the results?										
				family stability (divorce risk)	Fertility	maternal time with child	gender equity in housework	Father leave	father childcare time	increased wages	return to same job	Mother labour market participation (in the first year *)	Women return to work after leave (delayed*)	Work preferences of mothers (commitment / PT work)
NP, Kluve, J., and Tamm, M. (2013).	Parental leave (increased payment)	Germany, East and West	Parents						…			-*	+	
QE, Gangl, M., and Ziefle, A. (2015).	Parental leave (Extension of leave period)	Germany, East and West	Parents										-*	-
RA, Hofferth, S. L., and Curtin, S. C. (2003).	Parental leave (Unpaid job-protected leave)	Federal Government U.S.	Parents							…			+	
QE, Schoenberg, Uta and Ludsteck, J. (2014).	Maternity leave (expansions in coverage)	National	Mothers									-	+	
QE, Lalive, Schlosser, Steinhaue, and Zweimueller, J. (2014).	Parental leave (various reforms increased leave, job protection, and increased payments)	Austria	Parents										-*	
NP, Lalive, R and Zweimueller, J. (2009)	Parental leave (increased leave)	Austria	Parents			+				-		-	-	
RA, Waldfogel (1998).	Parental leave (legislation for)	National, US and Great Britain	Parents							+				
QE, Baum (2003).	Parental leave (legislation for)	United States	Parents							…		…		
RA, Baker, M. and Milligan, K. (2008).	Parental leave length expansions	Canadian provinces	Parents				+				+			-
QE, Hondralis, I. (2017).	Parental leave (longer entitlement and payment)	Australia	Parents										+	
RA, Rønsen and Kitterød, (2015)	Paternal leave (introduction of "daddy quota")	Norway, National	Parents										…	
QE, Schonberg, U., and Ludsteck, J. (2014).	Parental leave - Expansion of job protection period and Maternity benefit expansions	Germany	Parents									…		
QE, Kotsadam, A., and Finseraas, H. (2011).	Paternal leave (Daddy quota in Norway)	Norway, National	Fathers				+							
QE, Ekberg, J., Eriksson, R. and Friebel, G. (2013).	Paternal leave (daddy month)	Sweden, National	Fathers				…	+		…				
RA, Patnaik (2017).	Paternal leave (Daddy quota)	Canadian provinces	Fathers				+lt	+						
QE, Rege, M. and Solli, I. F. (2013)	Paternal leave (Daddy quota)	Norway, National	Fathers					+		-				
QE, Steingrimsdottiry, H. and Vardardottirz, A. (2015).	Paternal leave (Daddy quota)	Iceland	Fathers		+				+					

Note: 'st' refer to short term effect, 'lt' long term effects.

Annex Table 5: Details of the youth employment focused family policies and their effects

Study method and authors	Benefit or program type and delivery methods	Where?	For Who?	What are the results?				
				Employment rates	Earnings levels	Service sector	Intergenerational mobility	Female labour market participation
Random-assignment evaluation (Zinn and Courtney, 2015)	Employment assistance programme	Eligible young people aged 16 and older in foster care	USA, national	…	…			
Evaluation study of administrative data / RA (Stewart et al., 2014)	Welfare support	Eligible young people transitioned out of foster care	USA, state level	…	…			
QE, Behrman et al. (2011)	Conditional cash transfer programme *Opportunidades*	Families with children	Mexico			+		+
RA (Rodríguez-Oreggia and Freije, 2012)	Conditional cash transfer programme *Opportunidades*	Young people aged 14-24	Mexico, rural areas	+	+		+	

Annex Table 6: Details of the anti-violence programme and their effects

Study method author	Benefit or programme type and delivery methods	Where?	For whom?	What are the results?						
				Access to health checks	Hospitalization	Developmental activities (e.g. reading to children) and child outcomes	Self-reporting of physical aggression	Reduced social acceptance of violence	Decrease in experience of IPV	Prevention of violent discipline of children and neglect
RCT (Abramsky, T., et al. (2014).	Community intervention to prevent violence against women and reduce HIV risk - led by Centre for Domestic Violence Prevention.	2 areas in Kampala Uganda	Adults under 50 years old who had lived in the area for at least 1 year.					+	…	
RCT (Alexander, P. C., et al. (2010)	Cognitive behavioural therapy with gender re-education community mobilization intervention to prevent violence against women and reduce HIV risk behaviours. Therapist.	Montgomery County, Maryland USA	Adult male clients referred to Abused Persons Program.				…			
RCT (Duggan, A., et al. (2004).	The Healthy Start Program for family functioning cognitive behavioural therapy with gender re-education. Home visitors.	Oahu, Hawaii	Families assessed as at-risk of child abuse at the time of their children's birth.							…
RCT (DuMont, K., et al. (2011).	Healthy Families New York (HFNY) intensive home visitation program. The Healthy Start Program for family functioning. Home visits are conducted by Family Support Workers (FSWs).	New York, USA	HFNY's evaluation included young women who were randomly assigned to the intervention or control groups prior to the birth of their first child, as well as older women who entered the study after the birth of their first child or a subsequent child.				+			+
RCT (Fergusson, D. M. et al. (2013).	Early start program - intensive home visiting to families facing multiple challenges. Healthy Families New York (HFNY) intensive home visitation program. Family support workers with qualifications in nursing, teaching or allied disciplines.	Christchurch, NZ	Families.		+		+			
RCT (Green, B. L., et al. (2014).\	Healthy Families Oregon home visiting program Early start program - intensive home visiting to families facing multiple challenges. Program staff.	Oregon, USA	New parents assessed to be at risk.	+		+		…		
RCT (Kiely, M., et al. (2010).	Intervention for intimate partner violence (IPV) emphasizing safety behaviours. Healthy Families Oregon home visiting program social workers or psychologists (trained specifically.)	Washington DC, USA	Women ≥18 years old, ≤28 weeks pregnant.						+	
RCT (LeCroy, C. and Krysik, J. (2011).	Healthy Families Arizona, services and home visiting intervention for intimate partner violence (IPV) emphasizing safety behaviours Home visitors	Arizona, USA	Families.					…		+
RCT (Mejdoubi, J., et al. (2013)	Pre- and post-natal home visits. Strong Communities for Children, a multi-year comprehensive community based initiative to prevent child maltreatment and improve children's safety. Nurses	Netherlands	Low educated women, under 25 and pregnant with first child.					+		
RCT (Olds, D. L. (2002)	Pre- and post-natal home visits. Pre and post-natal home visits. Nurses	New York, Tennessee, Colorado, USA	Women who have had no previous live births, and each has focused recruitment on women who were low income, unmarried, and adolescents.		+					+
RCT (Olds, D. L., et al. (2007)	Prenatal and infancy home visits in a public system of obstetric and paediatric care Pre and post-natal home visits. Nurses	Memphis, Tennessee	Women who have had no previous live births, with risk-aligned socio-economic characteristics.			+			…	
RCT (Pronyk, P. M., et al. (2006)	Microfinance loans combined with training. Prenatal and infancy home visits in a public system of obstetric and paediatric care. Microfinance services and trainers	Rural Limpopo province in South Africa	Women residing in villages.						+	
RCT (Sharps, P. W., et al. (2016)	Microfinance loans combined with training. Domestic Violence Enhanced Home Visitation Program (pre- and post-natal home visits) using community health nurse prenatal/postpartum home visitation.	Multisite USA	Women (English-speaking pregnant women aged 14 years or older, low income from prenatal home visiting programs).						+	
RCT (Williford, A., et al. (2012).	KiVa program is a school-wide intervention curricula and activities against bullying, including parents and teachers	Finland	Students in Late elementary (Grades 4 to 6) and middle school (Grades 7–9).			+ (boys)			+	

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19 months-old-child is fed at Marilyn's Nursery in Cottonground,
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A boy sits on his father's shoulders, as he walks down the main street
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Friends play together in the Village of Tagal, Lake Chad region,
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The Gajovic family spend time together in their home in Belgrade,
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A mother reads to her children at her home in Ko Daek Village,
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A Rohingya child gets muddy, unsafe water from a shallow hole, in the
Unchiprang makeshift refugee camp, Cox's Bazar district,
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While carrying her sibling in a sling on her back, a young girl takes
a bite of a green coconut in the village of Tahuak,
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A young girl child at an Early Education community centre of PK2, Ecole
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Gabriela Azurduy Arrieta, an environmental engineer, stands inside the
Puente Gemelo (Twin Bridge) construction site in La Paz, Bolivia (2014).
She is responsible for maintaining safety standards and providing
occupational training for workers at the site.

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Young men learn how to weld at a reinsertion centre in the village of
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Much more than just a job, a new social enterprise called Teenah,
in Iribid, Syria, is helping unemployed women gain self-confidence,
new skills, independence and a new lease on life.

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Haoua, 60, has 6 children. She is from Targal, Lake Chad region, Chad
and hosts an IDP family: "How could you say no to a family who comes
here with children?"

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A family in their home in Taiobeiras municipality in the Southeastern
state of Minas Gerais, Brazil (2016). During high school, the daughter [top]
was cyberbullied and reported the incident to the police. She has since
become an advocate against online sexual exploitation and cyberbullying.

Page 39: ©UNICEF/UN0207363/Michele Sibiloni
A 15-year-old single mother and victim of sexual violence mother, Uganda
(2018). She is a potential beneficiary of the David Beckham fund that aims
to increase girls' attendance in secondary school.

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A young woman with her baby brother. Bregu I Lumit, a suburb of Tirana,
Albania (2004).

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