



# Comparing Policies and Public Spending for Children across OECD Countries: Lessons and Challenges for Health Promotion in Schools

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# Child policy issues for OECD countries

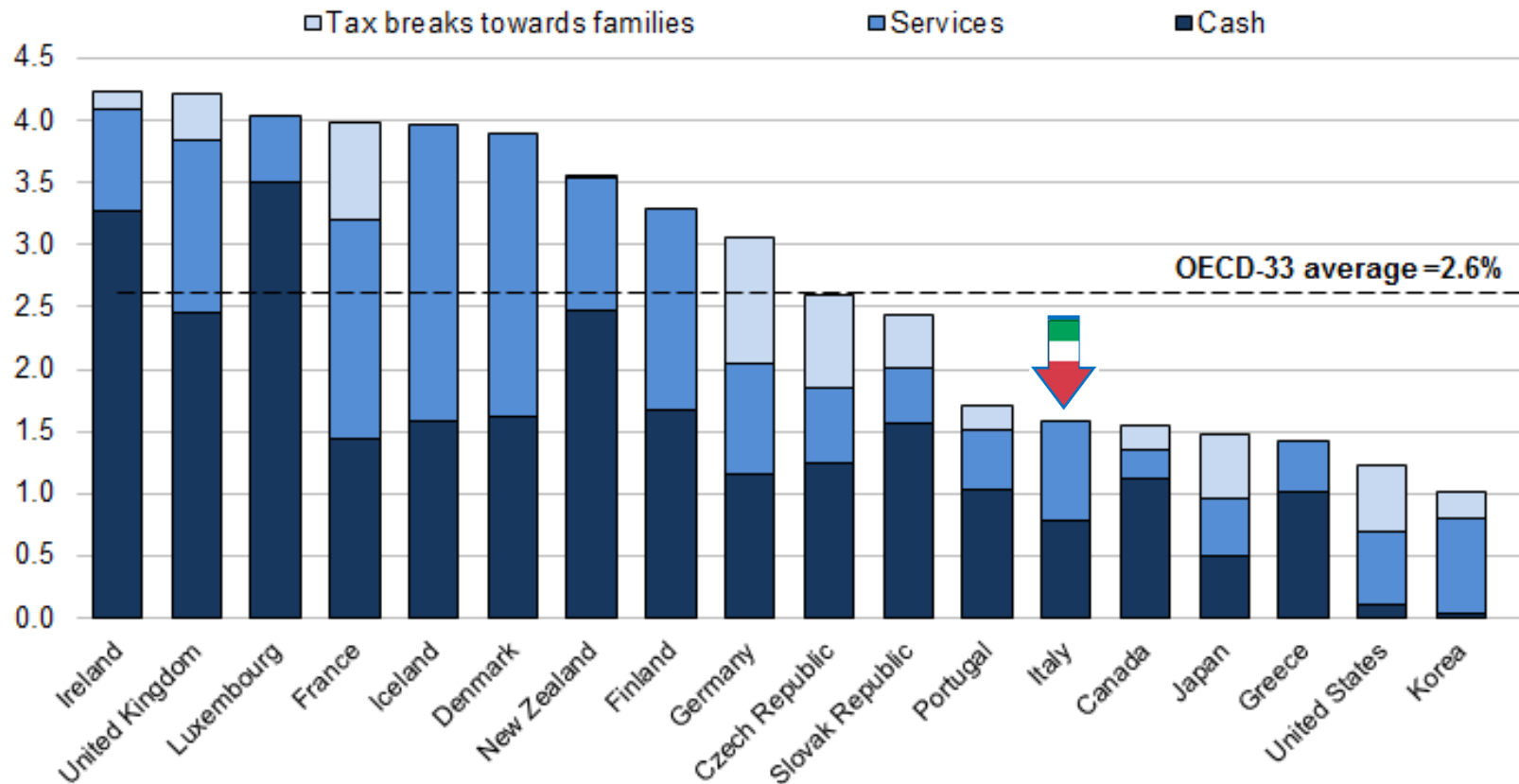
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- Children at a high poverty risk, and it is increasing
  - This puts a greater strain on schools and welfare systems
- Family well-being outcomes are evolving in different directions: no one country does everything well!
- Despite strong economies pre-crisis, no real progress has been made in poverty reduction
  - Fiscal consolidation has not (always) spared child policy
- Demand exists for a broader assessment of policy outcomes (including inequality)
- Family policy and child policy needs to do better
  - Welfare policies are becoming more efficient, but less effective
  - Does type and timing of spending matter for child well-being?



# Big differences in public spending on children and families

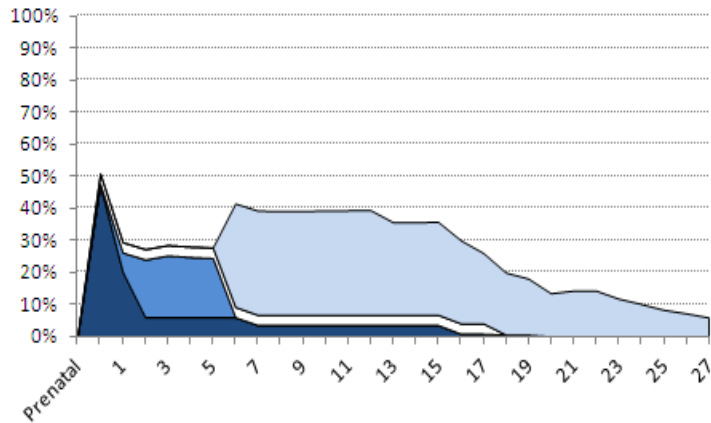
Public spending on family benefits in cash, services and tax measures, as a percentage of GDP, 2009



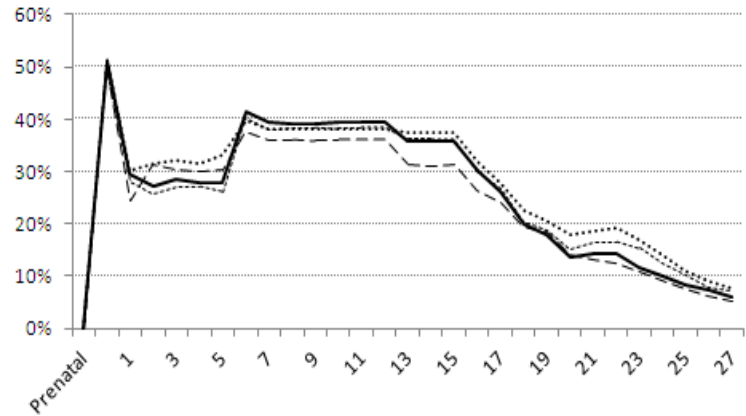


# Spending on schools takes priority across the child lifecycle...

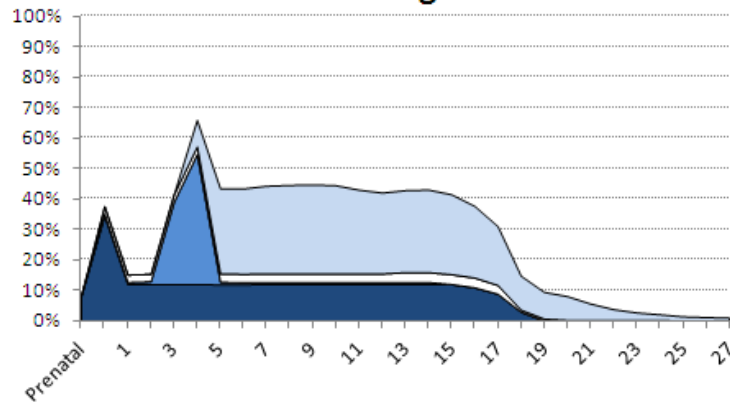
## Iceland



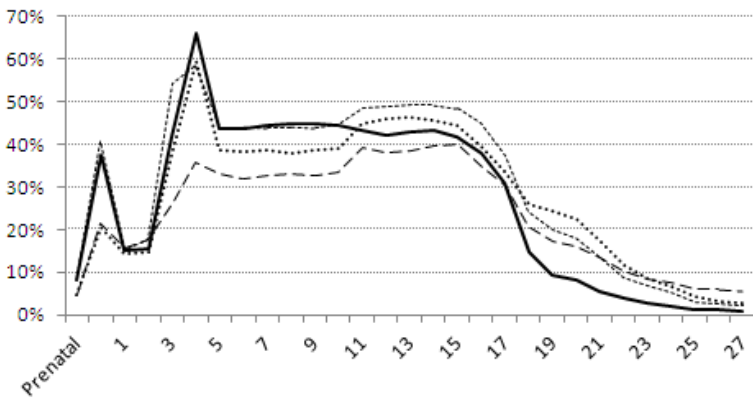
--- 2003    ..... 2005    - - - - 2007    — 2009



## United Kingdom



--- 2003    ..... 2005    - - - - 2007    — 2009



■ Cash benefits

■ Childcare

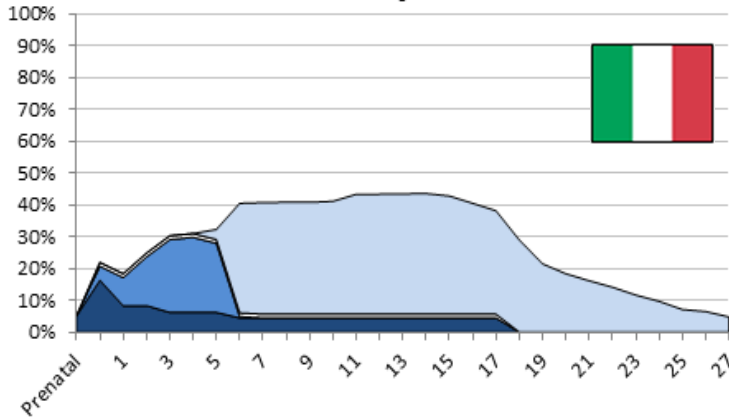
□ In-kind benefits

□ Education

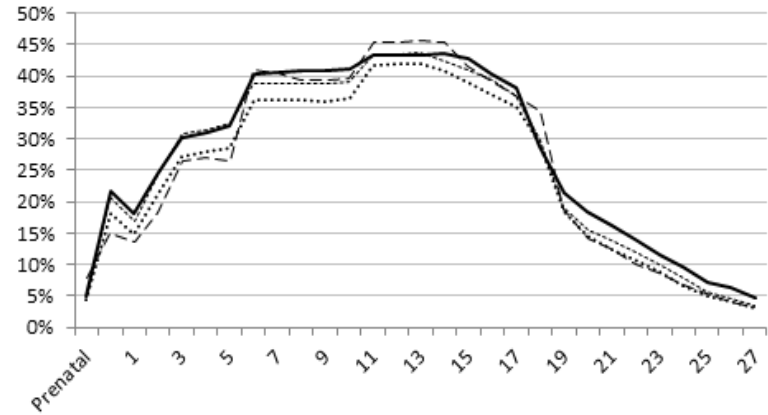


... this amounts to around 3 in every 5 Euros spent per child in total

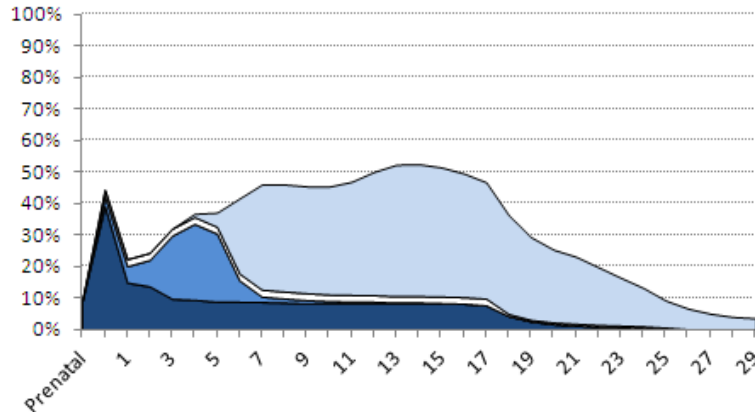
### Italy



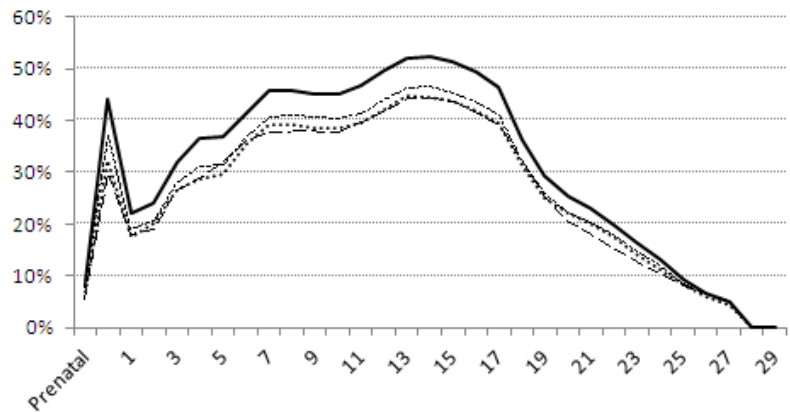
--- 2003    ..... 2005    - - - - 2007    — 2009



### OECD



--- 2003    ..... 2005    - - - - 2007    — 2009



■ Cash benefits    ■ Childcare

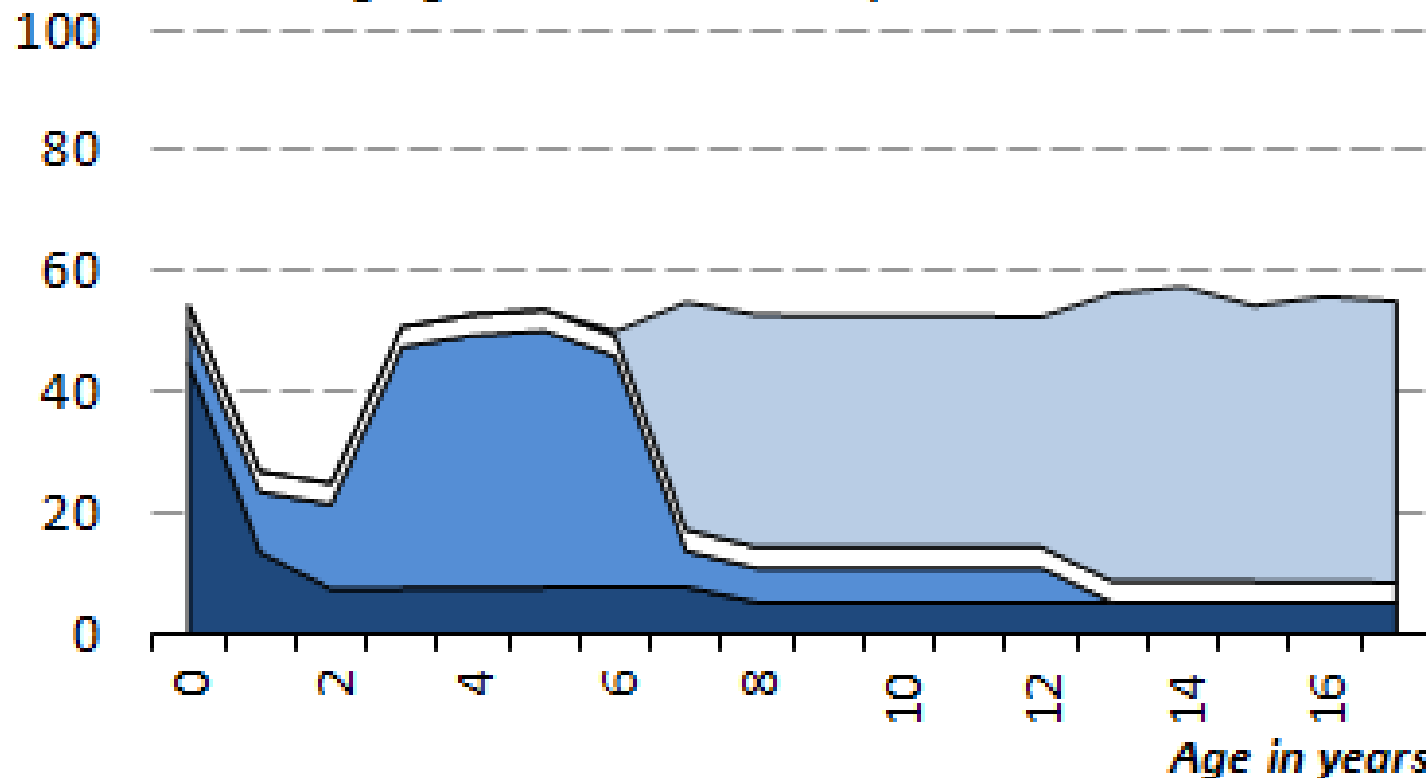
□ In-kind benefits    □ Education



# A brief look at how public health spending fits in...

Sweden, 2007

*% median working-age household income,*



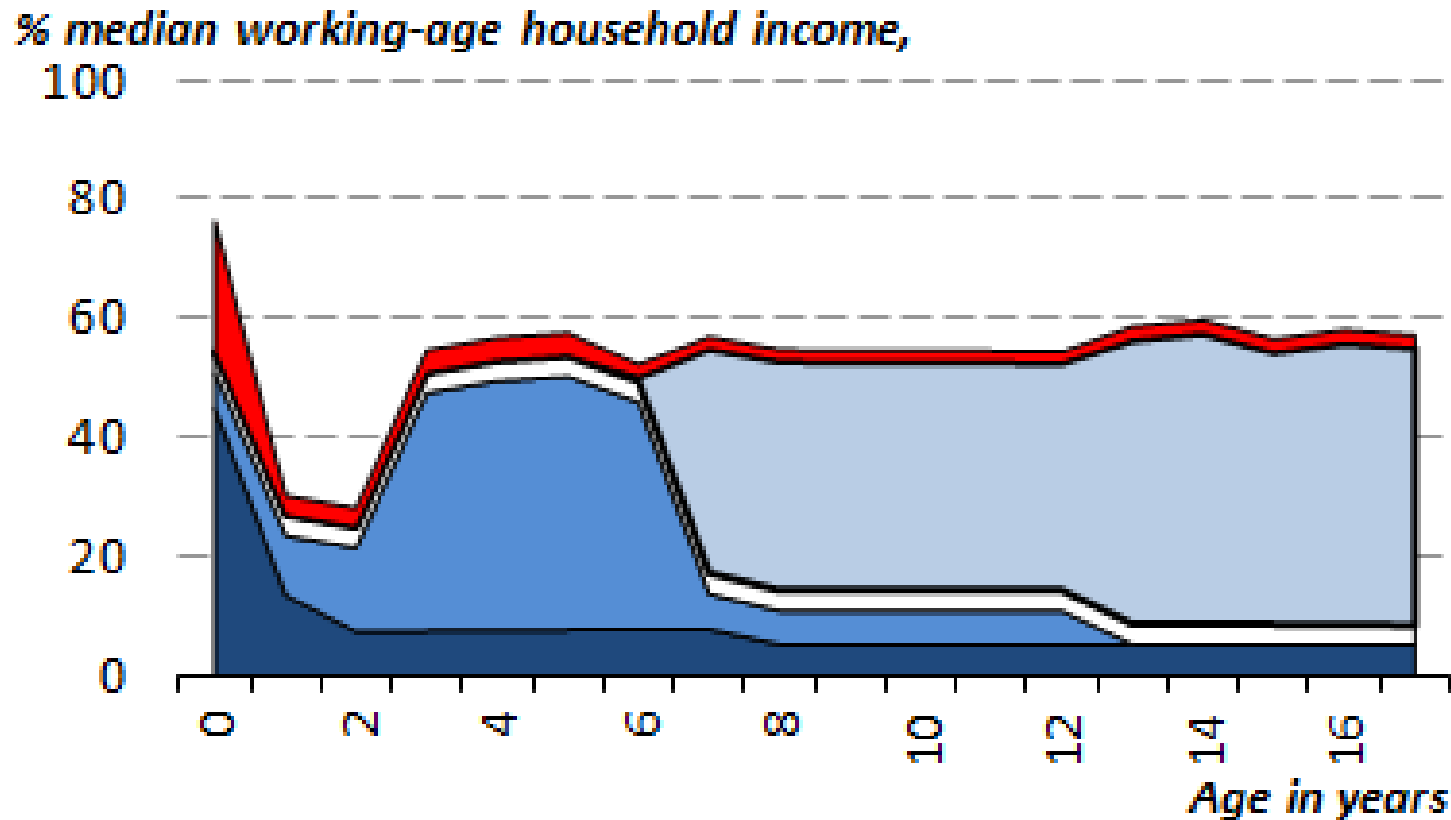
Note: The values inflated to 2007 prices for the purpose of this analysis.

Source: Dalman & Bremberg (1999) and Secretariat's calculations of the OECD Social Expenditure Database (2010b).



... costs at birth and in preschool are high in a low spending area.

Sweden, 2007



Note: The values inflated to 2007 prices for the purpose of this analysis.

Source: Dalman & Bremberg (1999) and Secretariat's calculations of the OECD Social Expenditure Database (2010b).



## Early vs. later years / school vs. home factors

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- Later years, and schools, see most investment
- More early investment is needed in most countries (and some targeting)
- Policies for transition are required
- Majority of school achievement explained by home factors
- Cash and service policies required
- Balancing the demands of work and child-rearing





# Does the 'when of spending' matter? ... and what about the how?

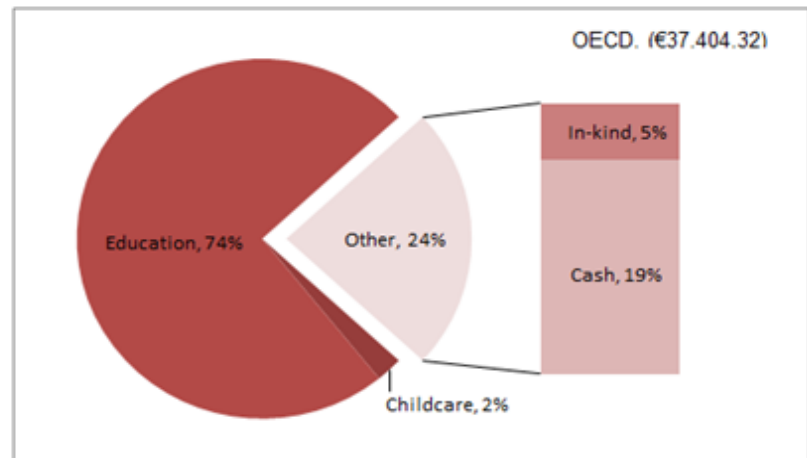
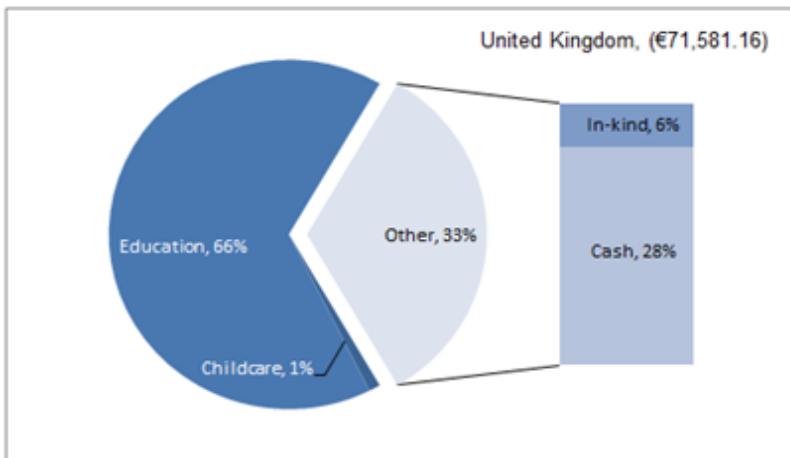
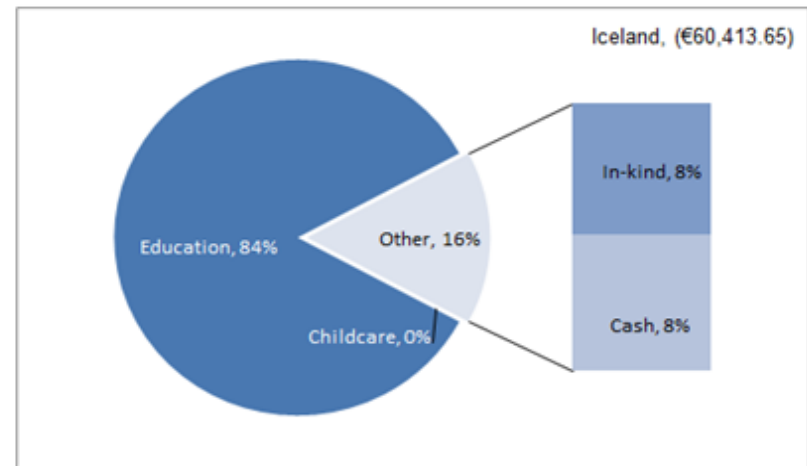
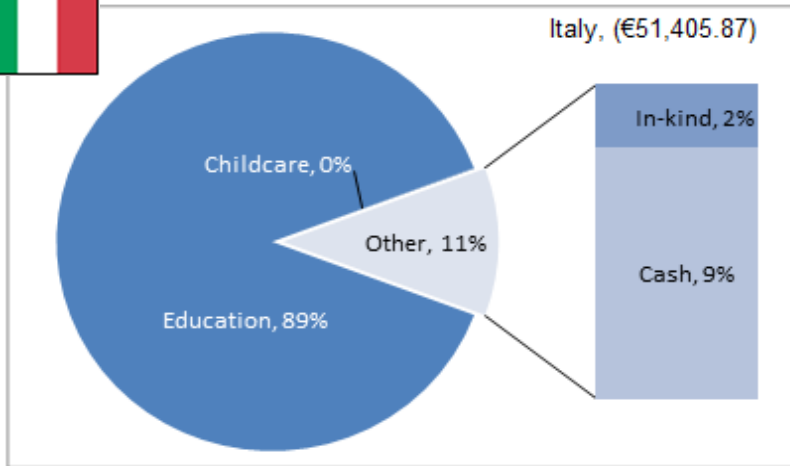
Correlations between spending relative to family income and outcomes circa 2009

		Child income poverty	Low birth weight rates	Infant mortality rate / 1000 live births	Neet rates (15-19)	PISA reading literacy	Labour participation rate, female	Fertility rate, births per woman
0-5 years	Cash	<b>-.480**</b>	.026	-.200*	<b>-.358**</b>	-.073	-.023	<b>-.232**</b>
	Childcare	<b>-.417**</b>	-.210*	-0.152	.014	-.047	0.136	<b>.256**</b>
	In-kind	<b>-.575**</b>	.009	-.295**	-.192*	.176	<b>.231**</b>	.007
	Total	<b>-.556**</b>	-.085	-.229*	<b>-.264**</b>	-.033	0.088	-.003
6-11 years	Cash	<b>-.351**</b>	.045	-.226*	<b>-.381**</b>	-.038	-.076	-.113
	Childcare	<b>-.454**</b>	-.242**	-.123	-.243*	.050	<b>.184*</b>	-.019
	In-kind	<b>-.565**</b>	.023	-.272**	-0.165	.163	<b>.218*</b>	.023
	Education	0.001	<b>.340**</b>	0.048	0.156	<b>-.296*</b>	-.117	.030
	Total	<b>-.338**</b>	0.179	-0.137	-0.152	-.170	-.033	-.033
12-17 years	Cash	<b>-.324**</b>	.060	-.204*	<b>-.381**</b>	-.064	-.122	-.126
	In-kind	<b>-.472**</b>	.048	-.303**	-0.121	.237	0.171	-.010
	Education	<b>-.406**</b>	.129	-.281**	-0.170	-.002	0.021	-.066
	Total	<b>-.467**</b>	.117	-.312**	<b>-.290**</b>	-.003	-0.011	-0.095

Source: OECD Family database



# Fiscal space in the compulsory years: how much?





# The longstanding role of schools for child health

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- 1916 (Hanifan) the value of the school as a central focus for community action, and the application of **child welfare policies**
- Long history of promoting health
  - Denmark – 1937 Education Act
  - Norway – in the 1950s school doctors informing career advice also!
  - Free milk in the UK (1970s)



# Complementarities between poverty, school and health outcomes for children?

	Rating health as fair or poor	Self reported health complaints	Being bullied	Obesity	Eating fruit	Eating breakfast every school day	Physical exercise	Smoking
Child poverty rate	-.052	.499**	-.034	.718**	.250	-.289	.120	-.061
Reading literacy achievement	.343	-.140	.201	-.032	-.318	.394*	-.050	-.421*
Mathematics literacy achievement	.113	-.421*	.330	-.404*	-.196	.250	-.036	-.081
Science literacy achievement	.202	-.400*	.311	-.138	-.345	.170	.178	-.055
NEET rate	-.320	.315	.066	.332	.090	-.074	.132	.048
Pressured by school work	-.236	-.039	-.199	.551**	.148	-.019	.096	-.389*
Young people liking school a lot	.371	-.324	-.033	-.164	.257	.222	.078	-.427*

\*. Correlation is significant at the 0.05 level, \*\*. at the 0.01 level (2-tailed)

Source: HBSC study data for 2009/10, OECD and EC sources as calculated for UNICEF IRC No. 10.



# Mainstream welfare policies and health promotion in schools

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- Family tax benefit increment in Australia
- Further / higher education supplements (AT, CH, CZ, and DE)
- Mexico's CCT for school attendance
- Equipment and clothing grants (FR, IE, IL, KR, and PT)
- Free school meals, breakfast clubs (MX, UK, and US)
- Out of school hours care (*All-day schools* in DK, UK, US and more)



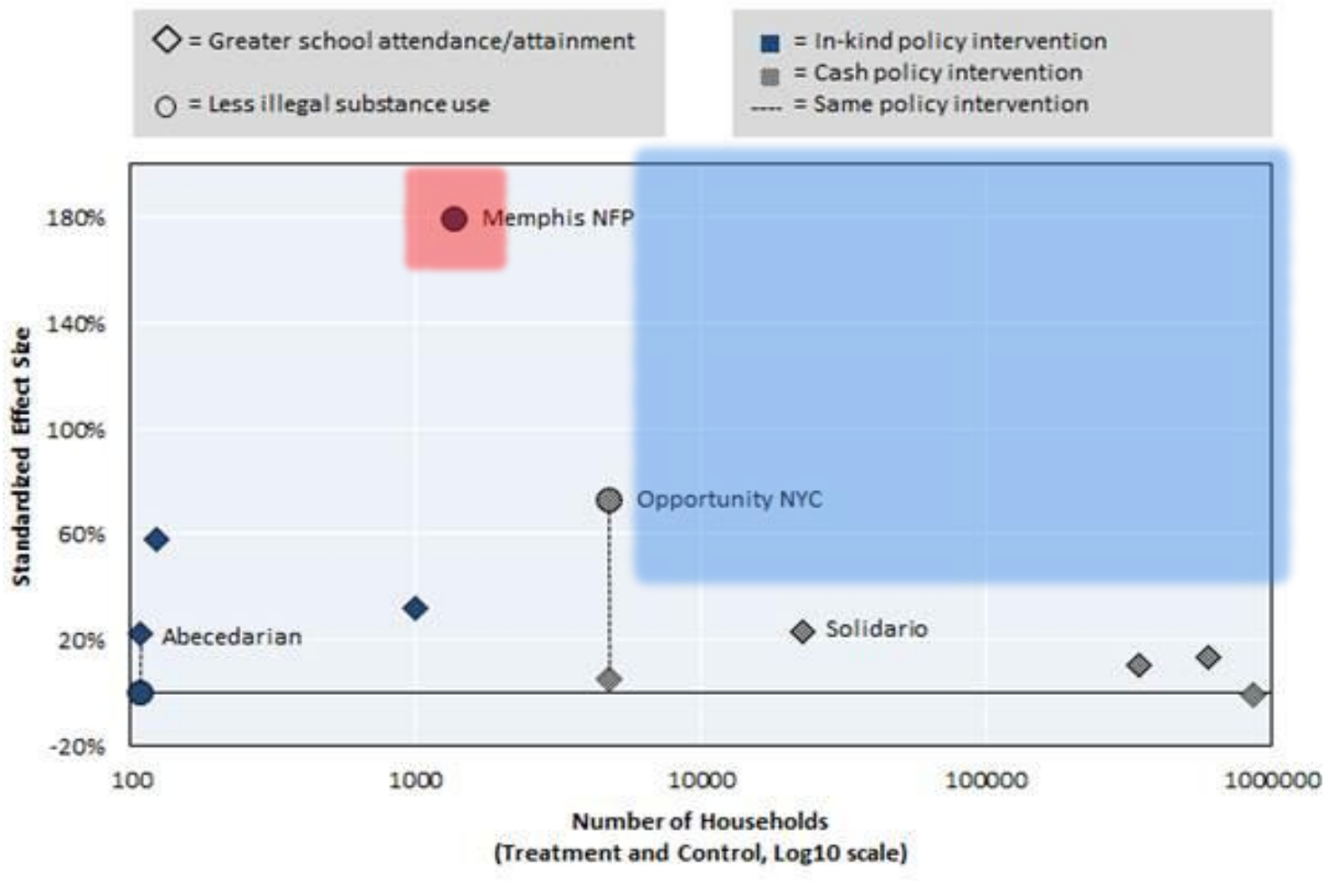
# What works? Evidence from experimental evaluations

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- RCT of supported parent participation in schools in Créteil (FR) in 2008 improved behaviour and reduced truancy by 16% in school-aged children.
- RCT of tailored support services to teenagers in the U.S. improved college admission tests, and participation in after-school programs
- Cash incentives and subsidies for service use: child immunisations (US), school attendance *and health outcomes* (CL, MX, TR), out-of-school attendance (UK)



# Limitations in the evaluation evidence





# The What, Why's and How's of service integration

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- Collocation to collaboration
- To meet Multiple needs, for efficiency goals
- Horizontal and vertical forms of integration
- Common issues in horizontal integration
  - Management: Fragmentation of finances or the 'wrong pockets'
  - Weak evidence base (person-centred)
  - Balancing Intervention and prevention (order)
  - Unlockable public resources





# Mental health supports in schools...

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- An important issue due to:
  - Early onset of MH problems (AU), and evidence of increases (SE, KR),
  - Barriers to access outside of school
  - Personal and educational costs
  - School bullying and suicide
- Providing teachers with mental health literature and training (AU, UK, KR, CA)
- Improving identification methods (DK, FI, NL)
- School-based health centres (SE, NO, NL) to address drug and alcohol problems, and provide counselling



## ...but... there is some way to go!

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- Although emergency service use is lowered (NO, SE)... and identification by mental health screening can work...
- Identification does not mean treatment
- Some approaches may have weak 'buy-in' by teachers and parents
- Evidence base is weak
  - Some approaches have had mixed results (UK)
  - For cost-effectiveness (and it's transferability!)
- Child and youth centres must also play a role!
  - Truants, drop-outs, and moving from health treatments to school



# Governance challenges to integrating services

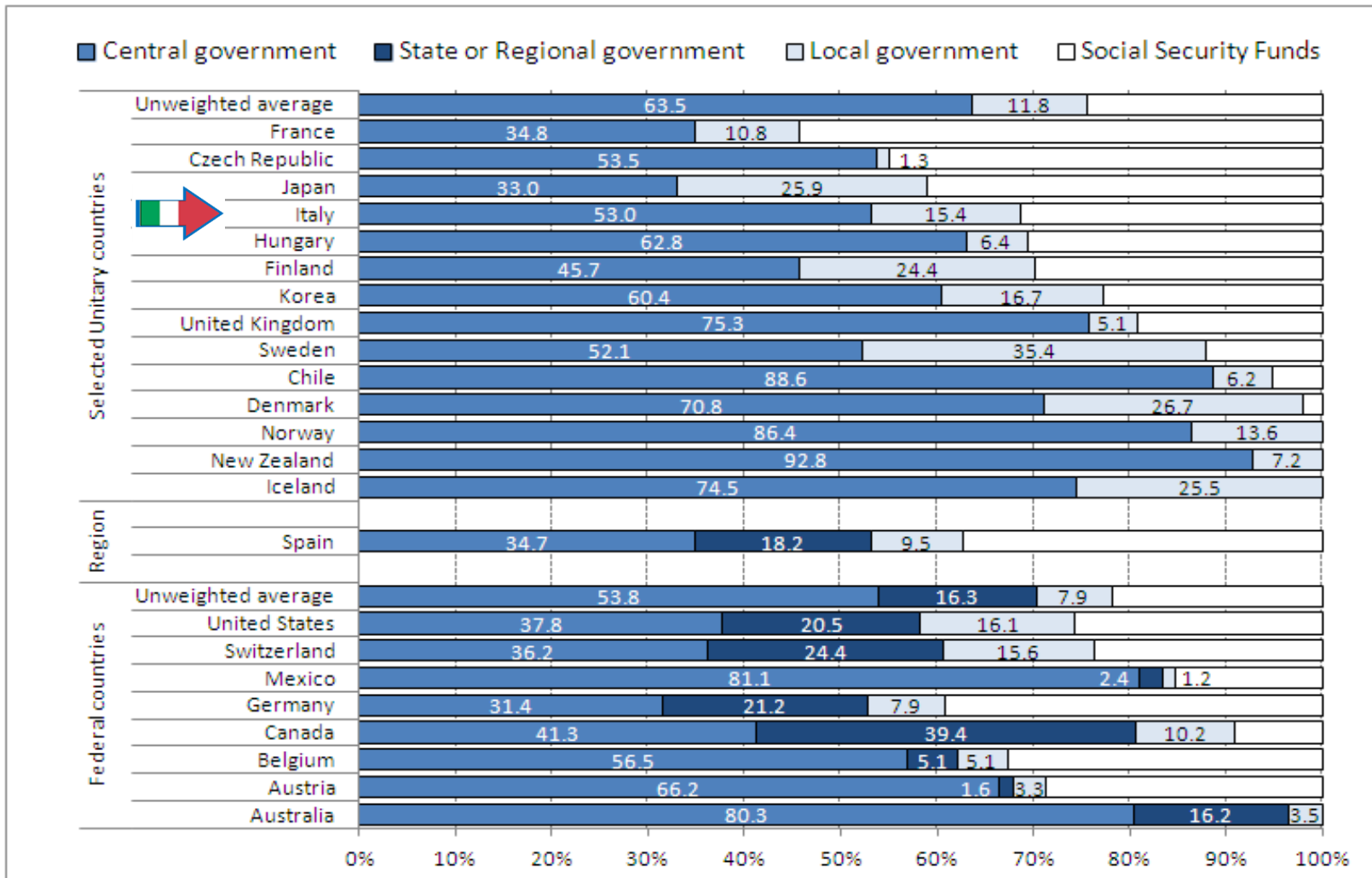
	Social Security		Housing		Health			Education	
	Social Assistance	Family cash benefits	Institutions (homeless, Kids in care)	Social Housing	Secondary health services	Primary health services	Counselling/ Psychology/ MH services	Compulsory	Childcare
<b>Australia</b>	Central	Central	Central State	Central State	State/Regional	State/Regional	State/Regional	State/Regional	State/Regional
<b>Canada</b>	State/Regional	Central State		State/Regional	State/Regional	State/Regional	State/Regional	State/Regional	State/Regional
<b>Chile</b>	Central Regional	Central		Central	Central Regional	Central Regional	Central Regional	Central	Central
<b>Czech Republic</b>	Central	Central	State/Regional	Local	Central Regional	Central Regional	Central	Regional Local	Central
<b>France</b>	Regional Local	Central Regional	State/Regional	Central	State/Regional	State/Regional	State/Regional	Central	Regional Local
<b>Germany</b>	State/Regional	Central	Local	State Local	State Local	State Local	State Local	State/Regional	Local
<b>Italy</b>	Regional Local	Central	Local*	Local	State/Regional	State/Regional	State/Regional	Regional Local	Regional Local
<b>Japan</b>	Central Local	Central Local	Central Local	Central Local	Central Local	Central Local	Central Local	Central Local	Central Local
<b>Sweden</b>	Local	Central	Local	Local	State/Regional	State/Regional	State/Regional	Local	Local
<b>United Kingdom</b>	Central	Central	Local	Local	Central Regional	Central Regional	Central Regional	Central Local	Central Local
<b>United States</b>	CSL	Central State	CSL	CSL	Private Central / State	Private Central / State	Private Central / State	CSL	CSL



Source: OECD (2014) Integrating Social Service Delivery for Vulnerable Groups, forthcoming



# Fiscal federalism, and policy transfer



Source: OECD Centre for Tax Policy, 2013.



# Implications and challenges

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- We need to do better for children!
- Good public and private reasons for optimal investment in children
- Schools are for more than learning, should provide a cost-effective opportunity for child welfare policies
  - Complementarities between health and education
  - Fixed and marginal costs
- Home factors matter: particularly in light of changing family demographics, longer school experiences
- Importing good practice, effective integration across two dimensions, create challenges
- Political economy of universality: a debate on social protection versus social investment (UK FSM?)



# Ongoing work for release in 2014

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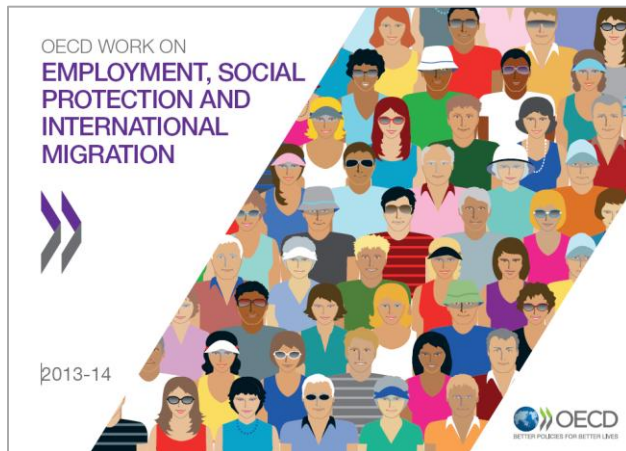
- Comparing cash and in-kind approaches
  - Evaluate effects of cash vs. services on other family/child outcomes (behavioural, health, education)
  - Meta-analysis of randomized experimental family policies
  - Model different methods of cash delivery
  - Evaluate cash vs. services in areas beyond childcare (e.g., other family services, healthcare, housing)
- Integrated Services



# Thank you

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