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

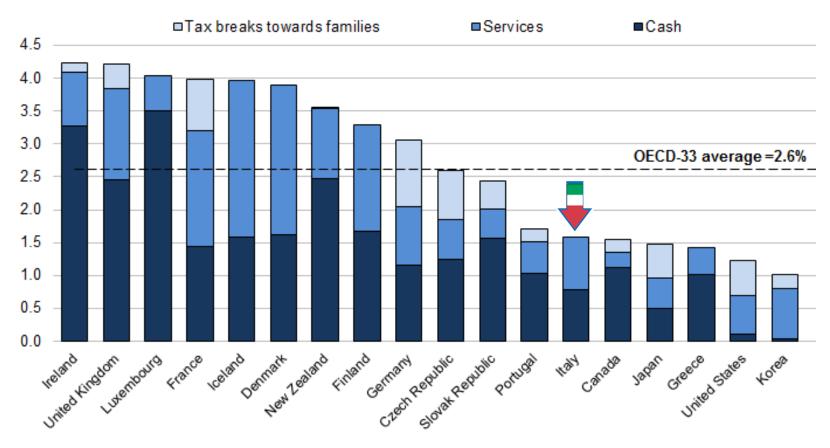
- Children at a high poverty risk, and it is increasing
 This puts a greater strain on schools and welfare systems
- Family well-being outcomes are evolving in different directions: no one country does everything well!
- Despite strong economies pre-crisis, no real progress has been made in poverty reduction

- 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 wellbeing?

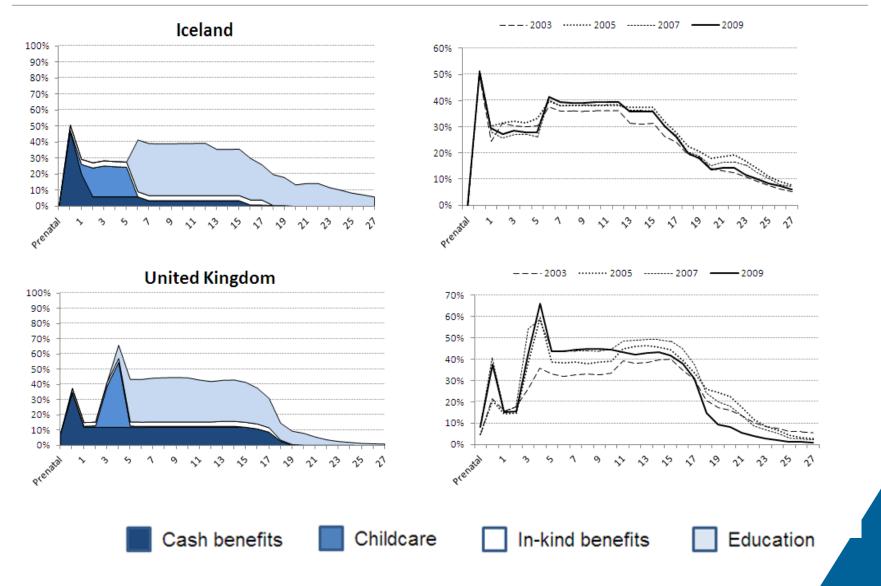
Big differences in public spending on children and families

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

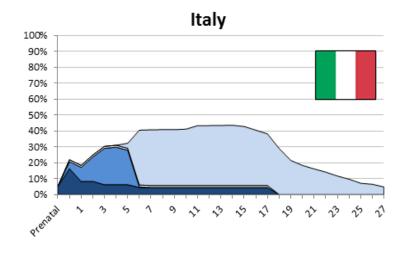


Source: OECD Family database

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



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



OECD

3 5 5

9

Cash benefits

2

1 1 1 1 1 1 1

Childcare

100%

90%

80% 70%

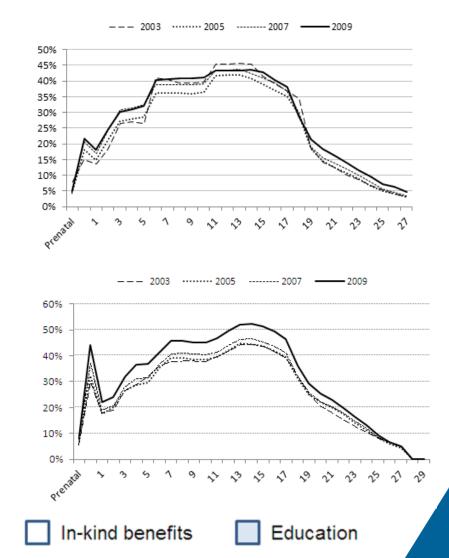
60% 50%

40%

30% 20%

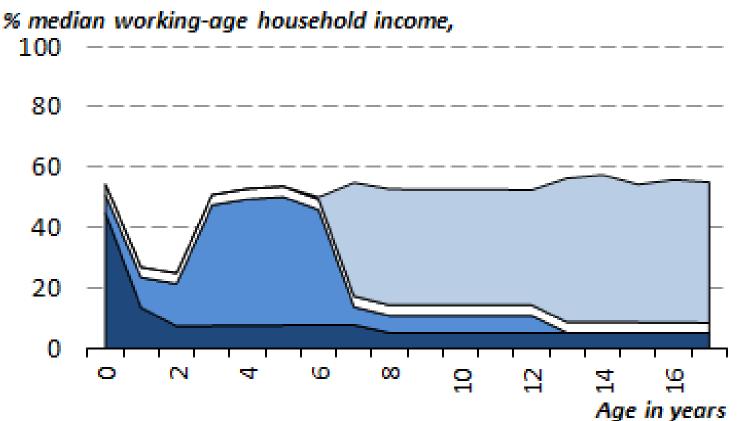
10% 0%

Prenatal

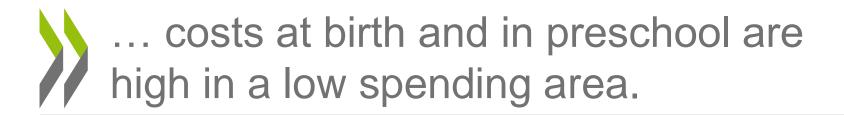


A brief look at how public health spending fits in...

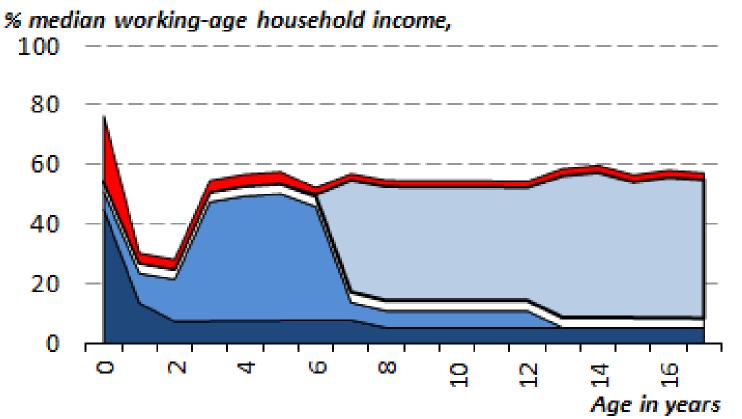




Note: The values inflated to 2007 prices for the purpose of this analysis. Source: Dalman & Bremberg (1999) and Secretariat's calculations of the OECD Social Expenditure Database (2010b).







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Early vs. later years / school vs. home factors

- 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

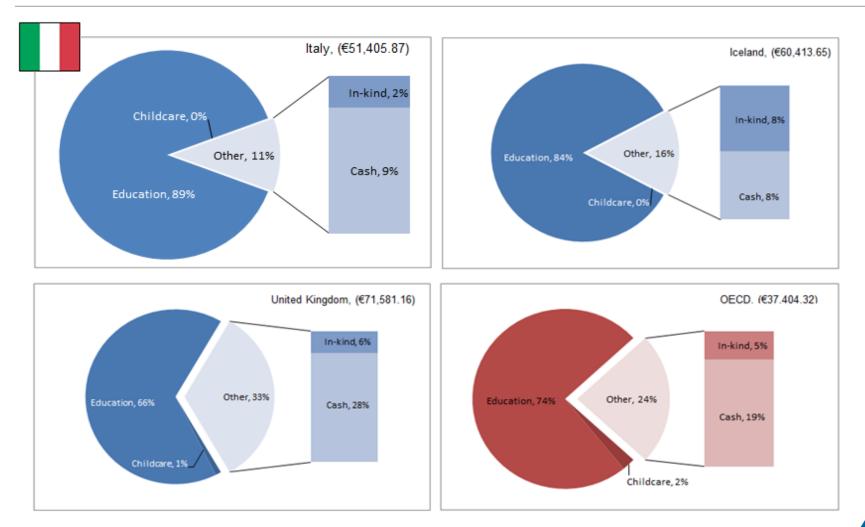
Does the 'when of spending' matter? ... and what about the how?

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
	Cash	480**	.026	200*	358**	073	023	232**
0-5	Childcare	417**	210*	-0.152	.014	047	0.136	.256**
years	In-kind	575**	.009	295**	192*	.176	.231**	.007
	Total	556**	085	229*	264**	033	0.088	003
	Cash	351**	.045	226*	381**	038	076	113
	Childcare	454**	242**	123	243*	.050	.184*	019
6-11 years	In-kind	565**	.023	272**	-0.165	.163	.218*	.023
	Education	0.001	.340**	0.048	0.156	296*	117	.030
	Total	338**	0.179	-0.137	-0.152	170	033	033
12-17 years	Cash	324**	.060	204*	381**	064	122	126
	In-kind	472**	.048	303**	-0.121	.237	0.171	010
	Education	406**	.129	281**	-0.170	002	0.021	066
	Total	467**	.117	312**	290**	003	-0.011	-0.095

Source: OECD Family database

Fiscal space in the compulsory years: how much?



Source: OECD Family database

The longstanding role of schools for child health

- 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.

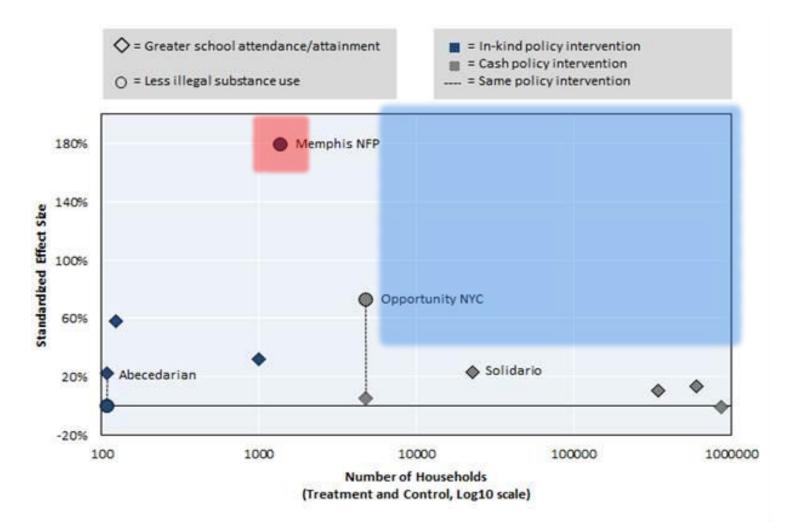
Mainstream welfare policies and health promotion in schools

- 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

- RCT of supported parent participation in schools in Crétiel (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



Source: OECD (2014) The Relative Efficiencies of Cash versus In-kind Benefits, forthcoming

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

- 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

http://www.oecd.org/social/integratedservices

Mental health supports in schools...

- 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!

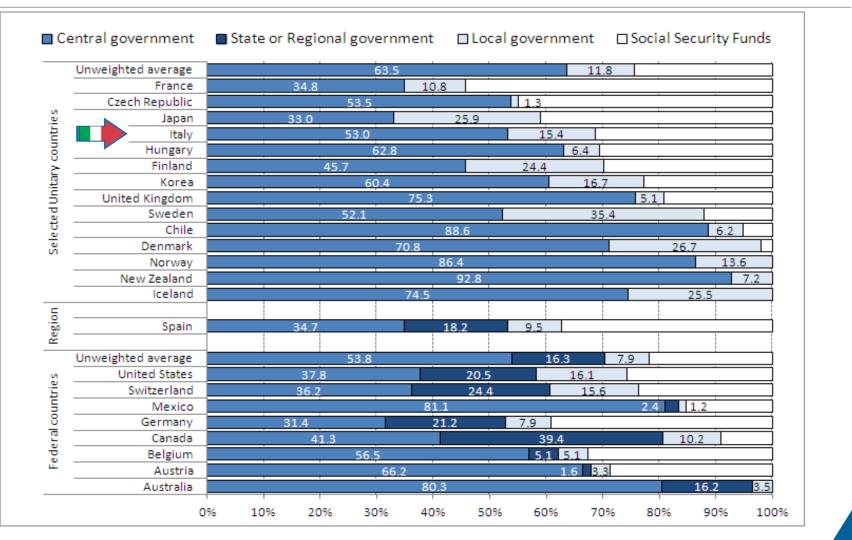
- Although emergency service use is lowered (NO, SE)... and identification by mental health screening can work...
- Identification does not mean treatment
- Some approaches may have weak 'buy-in' by teachers and parents
- Evidence base is weak
 - Some approaches have had mixed results (UK)
 - For cost-effectiveness (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
Australia	Central	Central	Central State	Central State	State/Regional	State/Regional	State/Regional	State/Regional	State/Regional
Canada	State/Regional	Central State		State/Regional	State/Regional	State/Regional	State/Regional	State/Regional	State/Regional
Chile	Central Regional	Central		Central	Central Regional	Central Regional	Central Regional	Central	Central
Czech Republic	Central	Central	State/Regional	Local	Central Regional	Central Regional	Central	Regional	Central
France	Regional	Central Regional	State/Regional	Central	State/Regional	State/Regional	State/Regional	Central	Regional
Germany	State/Regional	Central	Local	State	State	State	State	State/Regional	Local
Italy	Regional	Central	Local*	Local	State/Regional	State/Regional	State/Regional	Regional	Regional
Japan	Central	Central	Central	Central	Central	Central	Central	Central	Central
Sweden	Local	Central	Local	Local	State/Regional	State/Regional	State/Regional	Local	Local
United Kingdom	Central	Central	Local	Local	Central Regional	Central Regional	Central Regional	Central	Central
United States	CSL	Central State	CSL	CSL	Private	Private	Private	CSL	CSL

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

Fiscal federalism, and policy transfer



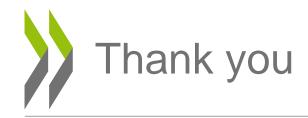
Source: OECD Centre for Tax Policy, 2013.

Implications and challenges

- 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

- 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



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