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Government spending and child well-being : a correlational study of the Organization for Economic Co-Operation and Development (OECD) countries

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GOVERNMENT SPENDING AND CHILD WELL-BEING: A CORRELATIONAL STUDY
OF THE ORGANIZATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT
(OECD) COUNTRIES

A Thesis

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
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in

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by
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TABLE OF CONTENTS

ACKNOWLEDGMENTS	ii
LIST OF TABLES	iv
ABSTRACT	v
INTRODUCTION	1
REVIEW OF LITERATURE	4
METHODOLOGY	15
RESULTS	20
DISCUSSION	27
REFERENCES	32
APPENDIX: IRB APPROVAL	36
VITA	37

LIST OF TABLES

1. OECD Countries' Government Spending as a Percent of GDP.....	20
2. Descriptive Characteristics of the 21 Child Well-being Indicators.....	23
3. Relationship between Government Spending and Child Well-being Indicators.....	25

ABSTRACT

Children who live in poverty are more likely to suffer from avoidable illnesses, become teenaged parents, be involved in the criminal justice system, and mature into adults who live in poverty (Isaacs et al., 2011). This study examines the relationship between government spending as a percent of gross domestic product (GDP) and 21 child well-being indicators. The samples in this study were collected from 30 Organization of Economic Co-Operation and Development (OECD) countries for the years 2009 and 2012. The major finding of this study reveals that there is a statistically significant relationship between government spending as a percent of GDP and percent of children living in poor homes, educational deprivation, overcrowding, youth NEET rates, physical activity, mortality, smoking, and teenaged birth rates. This study advances the field of child well-being by identifying the relationship between government spending as a percent of GDP and each of the 21 child well-being indicators.

INTRODUCTION

Children who live in poverty are more likely to endure avoidable illnesses, become parents as teenagers, and be involved in the criminal justice system (Isaacs et al., 2011). Children who encounter poverty in their first five years of life experience more substantial deficits in their test scores than children who have not endured poverty (Gunn & Duncan, 1997). Children who live in poverty also suffer from social deficits which can lead to depression, social isolation, and social rejection (Özkan, 2010). These and other deficits in well-being further hinder the ability of children in poverty to attain the tools to succeed once they reach adulthood and create a cycle of poverty.

Analyzing federal expenditures for the United States over the last 50 years, *Kids' Share* reported that government spending provided many programs for low-income children that support their health, education, housing, and safety—factors that directly impact well-being (Isaacs et al., 2011). Brady (2009) stated that countries with a greater portion of their Gross Domestic Product (GDP) used for government spending increased the well-being of those with low income. Brady (2009) specified that governments spend to promote equal value, equal opportunities and equal outcomes for all humans in a society. Studies revealed that government funding likely decreased poverty rates for children and decreased disparities (Smeeding, 2005, 2006).

According to the US Department of Health and Human Services (2010), child well-being is determined by the ability of families to help children grow up in a safe, secure, and open setting that allows children to mature into productive and healthy adults. Emphasizing emotional and social well-being, the US Department of Health and Human Services, the Administration on Children, Youth and Families ([ACYF], 2012) maintains that events such as living in an unsafe

neighborhood, suffering from abuse or neglect, and not receiving adequate care or nutrition influence children's development, and assets such as a safe home, nurturing parents, and proper nutrition help guide their growth in dynamic ways. The way a child views the world, copes with challenges, and receives support from family impacts that child's well-being (ACYF, 2012). The second National Survey of Child and Adolescent Well-being ([NSCAW], 2008) used physical, emotional, social, and behavioral health as well as educational attainment and the presence and absence of risky behaviors to measure well-being and found that 32% of children from birth to five were progressing at a lower rate than they should be progressing. Among children between ages 5 and 18, 10% presented academic problems or lower than normal cognitive function, and 43% had either behavioral or emotional difficulties with 13% having both (NSCAW, 2008). Compared to their peers, those from ages 13 to 18 reported more unsafe or risky behavior (NSCAW, 2008).

The Organization for Economic Co-operation and Development (OECD) measures children's well-being by indicators such as material possessions, health and environment, education, and school life, which is similar to the indicators used by NSCAW (OECD, 2009). Both the US and the OECD define child well-being by focusing on a multi-dimensional viewpoint ultimately measuring social skills and abilities for the future (NSCAW, 2008; OECD, 2009). Overall, the US and the OECD measure child well-being using internationally established criteria by the United Nations Convention on the Rights of Children (UNICEF, 2005).

In 2010, the US public spending on children was \$347 billion or \$140,000 per child and \$15,000 above the OECD average spent per child; however, America's children were ranked among the bottom for well-being outcomes (OECD, 2009; Isaacs et al., 2011). While the US

spends more per child than other OECD countries, US public spending per child, as a percent of GDP, is far below the average spending as a percent of GDP by other OECD countries (Lim, 2009; UNICEF, 2007). The United Nations Children's Fund measured child well-being in the richest countries and ranked the Netherlands and Sweden among the highest achievers in child well-being and the United States and the United Kingdom among the lowest (UNICEF, 2007).

The data concerning government spending as measured as a percent of GDP and its impact on children's well-being in the US and in 30 OECD countries have been collected by OECD. This study investigates the association between government spending and various types of child well-being measures. The purpose of this study is to contribute to the existing knowledge on how government spending is associated with indicators of child well-being.

The justification for this study is that gaps in the literature examining government spending and child well-being exist in that most studies measure child well-being using child poverty rate only, not other child well-being indicators. The present study addresses these gaps in the research by investigating the connections between government spending and types of child well-being including material well-being, housing and environment, educational, health and safety, risky behaviors, and quality of school life.

The literature review is organized in the following way: [1] The theoretical framework will provide a normative theory rationale of how each individual should be given the equal goods, services, and opportunities: [2] The definition of government spending and child well-being is discussed: [3] The findings of the existing literature on the relationship between government spending and child well-being is presented, and: [4] Implications are discussed.

REVIEW OF LITERATURE

There are several theoretical frameworks which explain how government spending relates to child well-being. The theory of justice expounds on equality of opportunity which means that each person should have an equal opportunity to elevate his or her self to receive needed goods and services. The theory of justice postulates how those in need deserve to be given equal opportunity to receive services.

Theory of Justice

John Rawls (1971) believed that random circumstances such as genes, luck, and what family a person was born into should not make a person successful or unsuccessful. In the theory of justice, Rawls attempts to solve the problem of distributive justice or the problem of people who have a large amount of material goods tend to gain much more and those who have few or little goods continue to get fewer goods in society (Rawls, 1971). His theory posited that “justice is fairness” means that as citizens of society, humans should be equal, have the same basic rights, and work together in a classless economic society (Rawls, 1971, p. 60; Waldron, 2011). In this society, the wealth and well-being of those who are the worst off would be maximized (Miller, 2011). Currently, children are the most disadvantaged demographic group and government spending for these children is a clear way to address this disparity in distributive justice (Lim, 2009; Miller, 2011).

The study of issues such as justice, liberty, politics, and rights and how they should be applied to citizens is political philosophy (Mosley, 2005). Rawls (1971) believed that political philosophy assisted a diverse society to solve conflict with reasonable agreements understanding societies from a broader viewpoint, laid out real political agreements that could be supported by the people, and explained that, despite the follies of the past, humankind works better because it

has taken the time to develop plans that helped the people. Rawls (1971) asked the questions, “What makes a society just?” (p. 7) and “How is social justice connected to an individual’s pursuit of the good life?” (p. 55). With his philosophy of a just society, Rawls believed that when goods in society are more equally distributed, citizens’ well-being will be enhanced. Esping-Andersen (2002) added that reducing the number of children who are in the low-income group would improve equality, enhance well-being, and produce increases in future justice for all. Esping-Andersen (2002) stated that a productive future society counts on how people fairly distribute goods and services to children, and, in turn, how investments in low-income children now will increase positive outcomes for the future.

Instead of the popular belief in utilitarianism or creating the most happiness for the most people, Rawls argued that fundamental rights and entitlements of individuals should not be discarded in the quest for maximized utility (Rawls, 1971). He believed that, even if discriminating against people on the basis of race, age, class, or sex increased social utility, discriminating would eventually defy citizens’ sense of basic justice (Nussbaum, 2001). By defying citizens’ sense of basic justice, an individual is removed from humanity and placed on a similar level as animals, therefore living without the basic social promises of humanity (Nussbaum, 2001). Ultimately, Rawls believed that free and equal citizens within a fair democratic society would support a diverse and peaceful citizenry that would amount to a greater freedom, social justice, and well-being for all involved (Wenar, 2008).

Rawls maintained that within the “veil of ignorance” citizens would be able to make the most fair-minded decisions about the rules by which they wanted to live in society (Rawls, 1971, p. 136). If each person could be put in a box or put behind a “veil” where they did not know their specific race, class, age, gender, societal history, or political affiliation then this person

could make an unbiased opinion (Rawls, 1971, p. 136; Wenar, 2008). Citizens would know that everyone has an interest in “primary goods,” and that there is enough for everyone to obtain some but not enough for gluttony (Miller, 2011; Rawls, 1971, p. 90). These primary goods are basic rights and liberties, freedom of movement, and the ability to choose between plenty of different jobs, the ability to have influential positions, the ability to make and save money, and basic self-worth that gives people the ability to carry out successful living (Nelson, 2008). Rational agreements among people would be made on the basis of increasing rights, liberty, freedom, jobs, money, and self-worth for all, and no citizen would be favored because of particular qualities such as sex, age, race, and political party affiliation (Nelson, 2008). Rawls (1971) explained that in order for justice to work in a society, citizens needed to have equally distributed “primary goods” (p. 90).

Though children are never mentioned in Rawls’ theory of justice, Bojer (2000) posited that the rearing of a child must be of highest importance for those favoring equality and justice. Many government spending programs focus on families with children; these policies are often under unremitting debate perhaps because of a misperception for whom these policies benefit (Bojer, 2000). Though extending primary goods to children may inadvertently benefit the parents, ultimately justice toward children is the main goal (Bojer, 2000). Further, children living in deprived or unjust conditions during childhood often require more government aid in their future because of low cognitive function and consequent low educational attainment (Esping-Andersen, 2002). It is not only a matter of social justice to consider spending on children, but it is an investment in these children as potentially productive adults (Esping-Andersen, 2002).

Government Spending

Government spending can be broken down into three parts: mandatory spending, discretionary spending, and interest on the national debt (Jeffery, 2005). Mandatory spending pays for Social Security, Medicaid, Medicare, and other income security programs in the US according to the current laws (Gruber, 2011). Discretionary spending is defined as optional spending, pays for highway construction, defense spending, farm subsidies, and foreign aid and must go through yearly appropriation by Congress (Gruber, 2011). The interest on the national debt makes up the interest payment. Because mandatory spending pays for the most programs that affect children such as Earned Income Tax Credit (EITC), child welfare, and education, it will be the focus of this study.

Children in poverty cannot lobby to Congress or cast votes on issues that affect their well-being; yet, they depend on government policies for their well-being and growth (Noyes, 1985). Children are also not able to work; therefore, if they are living in poverty, the government programs can safeguard that these future generations are protected and prepared to meet the challenges of adulthood. While the presumed responsibility to take care of children rests on the parent, many parents find it increasingly difficult to provide for their children despite work. The government invests in the future by meeting the basic needs of its children, including providing proper education, safety and health standards, and shielding families from suffering immense economic poverty (Noyes, 1985).

In 2010, 11% or \$374 billion, of the \$3.5 trillion federal budget was spent on all children in the US (Isaacs et al., 2011). Government funding provides many programs for low-income children and can be life lines for families with children in need. The three most financially helpful child welfare programs in order of helpfulness are Medicaid, EITC, and the Child Tax

Credit (Isaacs et al., 2011). Supplemental Nutrition Assistance Program, Social Security, educational programs, and nutrition programs also contribute to governmental spending on children (Isaacs et al., 2011). According to Lim (2009), EITC shows some of the most considerable positive impacts on well-being for children who live with single mothers by helping their mothers earn more. Improvements in a child's education, housing, nutrition, and/or safety can change their well-being for the better and set those children up for a more successful future.

Federal and state budgets for governmental spending that directly help children have been on the decline for the last 30 years (Isaacs et al., 2011). More talks of cuts to the budget equal more cuts for children (Snow, 2011). Spending cuts in one area of children's services can often lead to gaps in other services as dollars are stretched to help fill the need (Young, 2010).

The US children's budget ranks low compared to that of other OECD countries. In 2009, the US ranked 23rd out of the 30 countries measured for material well-being. Turkey, Slovak Republic, Poland, Mexico, and Greece were among countries in similar ranking as the US (OECD, 2009). Countries such as Norway, Denmark, Finland, Luxembourg, and Austria were ranked in the top five countries for material well-being for children (OECD, 2009).

Smeeding (2005, 2006) argued that increases in government spending helps decrease the poverty level of children and helps increase their well-being outcomes. There are many short-term and long-term negative consequences of experiencing poverty during childhood. Short-term effects such as going to bed without food, not having adequate clothing, or being ill without being able to afford health care take daily tolls on their growing bodies. The long-term effects of experiencing poverty are educational deprivation which leads to inability to work at a good paying job or small illnesses that turn into something more long term because adequate care was unavailable (UNICEF, 2012). Ultimately, skills are reduced and productivity is diminished

which could lead to unemployment in adulthood or dependency on government programs because of an inability to work (UNICEF, 2012).

Although the US spends what seem like a large amount of money on public spending programs, according to OECD, the well-being outcomes for children do not appear particularly encouraging (OECD, 2009). To put this in perspective, empirical studies operationalize government spending, not in nominal dollar terms, but as a percentage of Gross Domestic Product (GDP), which is the market value of goods and services produced during a given time period (Stiglitz, Sen, & Fitoussl, 2010). GDP is not only an indicator of production, but also an indicator of living standards. The US spends 19% of GDP on public spending programs of which 11% of GDP is spent on children and is below the average of 24% (Isaacs, 2011; OECD, 2009). According to UNICEF (2012), the US (23.1%) is ranked second to last behind Romania (25.5%) for percentage of children who live in poverty among developed countries.

Child Well-being

In the 17th and 18th centuries, there was no such measure as child well-being. If children lived past their fifth year, they were expected to work. Children were the responsibility of their families, and, if no family existed, they would be taken care of by volunteers of the village (Rodham, 1973). The English government established English Poor Laws during this time period; officials sent children without care to almshouses (charitable housing), made them into indentured servants, gave them outdoor relief (goods such as money, clothing or food), or otherwise sent them to work (McGowan, 2010). Children of this time were expected to work hard in harsh conditions and negligible care was given to their survival.

Social changes started taking place in the 19th century and states took on more responsibility for needy children. Welfare organizations began to appear. Orphanages and foster

care became established, and children's intelligence and morality started to have significance (McGowan, 2010). However, corporal punishment was not inappropriate, and children were often treated brutally for minor infractions (Shull, 1999). During this time period, child welfare organizations used taxpayer money to send poor and uncared for children to labor camps and almshouses to help address the problems of crime in the cities. Children were woefully neglected, and the money was squandered and ineffectual (McGowan, 2010).

Because of neglect and cruelty, the first child protective services were established during the 19th century. Cruelty prevention societies were established and laws gradually were written to protect children from extreme harm (Jalongo, 2006). The Charity Organization Society and the settlement house movement helped expand the role of the state in children and poor families' lives and reflected the idea that the poor were often victims of circumstances outside their power (McGowan, 2010).

Many new laws and organizations were established to help with the needs of children in the 20th century. The Children's Bureau was founded in 1912 and was one of the first organizations that inspected and reported on all matters of child welfare (Machtinger, 1999). The Children's Bureau played a significant role in the Social Security Laws of the 1930s and subsequently the development of Child Welfare Services (Kadushin, 1976). For the next 20 years, the Children's Bureau and Child Welfare Services began implementing standards that would be used to monitor how children were doing and how well the agencies were assisting children (McGowan, 2010). Focus and effort were placed on the needs and well-being of children during the 20th century. These techniques and ways to evaluate the conditions of children have become valuable assets for measuring and improving the well-being of children in the 21st century.

Social indicators for children which offered answers to social problems were developed in the 1960s, but it was not until the 1970s that children were asked to speak for themselves about their well-being (Lippman, 2005). In late 1970s and early 1980s, organizations such as UNICEF, the World Bank, and the Population Reference Bureau all published reports concerning social indicators of children (Lippman, 2005). However, indicators for child well-being such as infant mortality, child abuse, children in poverty, and indicators for youth such as, teen suicide, drug abuse, and high school dropouts were not specifically used in the US until the 1990s. The indicators were reported with the first *Kids Count* report (Fritz, 2009; O'Hare, 2011). Toward the end of the 1990s, federal agencies started publishing reports on child well-being in the US such as *America's Children: Key Indicators* (Lippman, 2005). These reports served as the introduction for using child well-being indicators and were able to collect large amounts of data that could be retrieved easily (O'Hare, 2011).

Though *Kids Count's* indicators are a good introduction and collect large amounts of data, there are several factors that are important to consider when measuring child well-being. According to the Congressional Research Service's statement on child well-being, there are five important factors that influence child well-being: family composition and living arrangements, how supportive the family is and how safe a child feels, financial well-being, how a child is cared for during early development and how they are supported during their introduction to education, and lastly, how adolescents are supported and encouraged into adulthood (Fernandes, 2010). Other studies state that similar indicators for family structure are also important to investigate such as the mental health of the parent, parent's access to resources, parental qualities, and family dynamic (Waldfogel, Craigie, & Brooks-Gunn, 2010).

OECD Indicators

The OECD was established in 1947 and was used to introduce European trust and reliance between countries after World War II (OECD, 2012). Today their mission is to encourage policies that enhance economic and social well-being around the world (OECD, 2011). In 1983, the OECD started producing reports on statistical characteristics of families and evolved into the more comprehensive child well-being indicators across the OECD countries (Lippman, 2005; OECD 2012).

Child well-being indicators evolved from the simple reports on family and school data on a few countries to the more inclusive data that are collected today on over 30 countries with many different indicators. OECD (2009) categorizes child well-being indicators into material, housing and environment, educational, health and safety, risky behaviors, and quality of school life. These 6 categories are subdivided further into 21 sub-categories. Material well-being is measured by three items: average disposable income, the number of children in poor homes, and educational deficiencies (OECD, 2009). Housing and environment are measured by two items: overcrowding and environmental factors (i.e. the safety of the neighborhood they live in, whether they live close to a grocery store and not just convenience stores or how clean is the neighborhood where they live) (OECD, 2009). Educational well-being is measured by three items: average literacy rates, literacy inequalities, and youth who are not enrolled in education, employment, or training (OECD, 2009). Health and safety are determined by eight items: birth rates, infant mortality rates, breastfeeding rates, pertussis and measles vaccination rates, physical activity rates, mortality rates and suicide rates (OECD, 2009). Risky behaviors are measured by three items: teenage birth, drinking, and smoking rates (OECD, 2009). Lastly, quality of school life is measured by two items: bullying and how much school is liked (OECD, 2009).

Correlation Between Government Spending and Child Well-being

Children who are at risk for educational deficiency, hazardous behaviors, and inadequate health care require government spending support in order to have a better chance of becoming a productive adult (Chatterjee, 1999). Children who grow up in poverty and would most benefit from government spending programs often suffer from poor health, have a lower life expectancy, have inferior educational achievement and later in life are more likely to be unemployed (Holtermann, 1996). In a study done in Israel, it was found that children who lived in certain locations which received government spending had much better well-being outcomes than children who did not live in these locations (Ben-Arieh, 2010). In the US, state spending is related to positive child outcomes such as school test scores, child mortality and adolescent behavioral outcomes (Harkenett et al., 2005).

According to OECD (2012) data, government spending and child well-being are positively related. The OECD (2009) report considered the six afore mentioned categories listed above for 30 countries, correlated the data and ranked them in order of outcome. Countries such as Norway, Luxembourg, and Denmark performed the best in the category of material well-being with Turkey performing the worst and the US ranked 23rd. Housing and environment rated Norway, Australia, and Sweden at the top and Mexico at the bottom with the US rated at 12th (OECD, 2009). Finland, Canada, and Korea were rated at the top of educational well-being with Turkey at the bottom and the US ranked 25th. Health and safety rated Slovak Republic, Iceland, and Sweden at the top with Turkey at the bottom and the US ranked 24th. Risky behaviors ranked Sweden, Japan, and Korea at the top with Mexico at the bottom and the US ranked 15th. Quality of school life saw Iceland, Norway and Netherland at the top with Slovak Republic at the bottom and the US ranked 14th (OECD, 2009).

The OECD data showed an interesting correlation between government spending and child well-being. In countries that spent more on material well-being, housing and environmental well-being, educational well-being, health and safety, risky behaviors, and quality of school life, all showed increased well-being outcomes for children (OECD, 2009). Children with positive well-being outcomes will more likely have positive outcomes as adults (Esping-Andersen, 2002). Policies that affect the well-being of children are crucial for a just society. When government policies that help increase positive child well-being are discounted or abandoned, future adult negative outcomes could be triggered (Esping-Andersen, 2002). Implementing policies and practices aligned with those found to have positive correlation between government spending and child well-being outcomes is an investment in the future of children. Improving the understanding of how these investments work not only touches on social justice issues but has the potential to enhance lives.

The most current empirical studies (e.g., Dorabawila, DuMont & Mitchell-Herzfeld, 2011; Gormick & Jantti, 2012) of child well-being used child poverty rate as the only child well-being measure in countries with varying degrees of government spending. Using child poverty rate does not fully show the extent of disparities in child well-being in countries with varying degrees of government spending. Therefore, measuring well-being by other measure such as examining material, housing and environmental, educational, health and safety, risky behaviors, and quality of school life gives a more complete depiction of the life of a child. This current study utilizes these measures which gives a more complete description of how the relationships between the levels of government spending affect child well-being outcomes.

METHODOLOGY

Data

This study uses secondary data which were collected by the OECD in 2009 and 2012 for 30 participating countries. Not all variables have values from all countries. For example, Canada, Korea, Switzerland, and Turkey did not have country wide data for the housing and environment section and Australia, Japan, Korea, Mexico, and New Zealand did not have country wide data for the quality of school life section. The data contain 21 measures within 6 categories of child well-being. These 21 measures were chosen to show the most influential qualities that determine child well-being. This study was approved by the Louisiana State University Institutional Review Board with an approval number of E6086. The unit of analysis for this study is country. No identifying information about specific persons will be revealed.

Explanation of Variables

Government spending. Government spending is one of the variables of interest. Government spending is conceptualized by government funding for programs that benefit children's well-being such as Medicaid, EITC, the Child Tax Credit, Supplemental Nutrition Assistance Program, Social Security, educational programs, and nutrition programs (Isaacs et al., 2011). Government spending is operationalized at the ratio level of measurement and calculated using each country's GDP. GDP will be the denominator. Data for GDP are available for 54 countries out of 60 OECD member countries for the years 2009 and 2012. When the term GDP is used, it will represent government spending as a percent of GDP from this point forward.

Child well-being. The second concept of interest is child well-being. Child well-being will be conceptualized by six categories. These categories are material well-being, housing and environment, health and safety, educational and quality of school life. These six categories are broken down further into 21 sub-categories. Material well-being is measured by the rate of average disposable income, the number of children in poor homes, and educational deficiencies. Housing and environment are measured by overcrowding and environmental factors. Educational well-being is calculated by average literacy rates, literacy inequalities, and youth who are not in education, employment or training (NEET) rates. Health and safety are determined by birth rates, infant mortality rates, breastfeeding rates, pertussis and measles vaccination rates, physical activity rates, suicide rates, and mortality rates. Quality of school life is measured by bullying and how much school is liked. Lastly, risky behaviors are measured by teenaged births, drinking, and smoking rates.

Material well-being. Material well-being is the measure of disposable income, the number of children in poor homes, and educational deprivation. Disposable income includes income from various economic activities such as wages and salaries; social benefits in cash such as pensions, unemployment benefits, family allowances, basic income support, and social transfers in kind such as health care, education and housing, received either free of charge or at reduced prices (OECD, 2012). Disposable income data are obtained from national household panel surveys that measure disposable incomes of OECD countries. These data are converted to US dollars using OECD equivalence exchange rate adjusted for the family size (OECD, 2012). The level of measurement of average disposable income is ratio. Children in poor homes are measured by examining children whose households are living on income below 50% on the

median income for their country (OECD, 2012). The level of measurement of children in poor homes is ratio.

Educational deprivation. Educational deprivation data are obtained from the OECD Program for International Student Assessment (PISA) which asks questions about eight items that would help a student study (OECD, 2012). These items include a desk, a space where a child can work uninterrupted, having a computer, access to software, access to connection to the Internet, a calculator, a dictionary, and textbooks for school (OECD, 2012). The proportion of children reporting less than four of these items are used (OECD, 2012). The level of measurement for educational deprivation is ratio.

Housing and environmental well-being. The housing and environment section measures overcrowding and poor environmental conditions. According to the OECD (2012), housing is considered a place to sleep and rest that feels safe and has privacy and personal space. Additionally, housing is affordable where persons can raise a family. Overcrowding is measured by asking questions about the number of rooms in households, if there are bedrooms, if there is a separate space for eating, or if the number of rooms surpasses the number of people living in the home (OECD, 2012). Ultimately, the number of rooms is divided by the number of persons living there to determine overcrowding. The level of measurement is ratio. Poor environmental conditions are assessed by asking questions about the environment outside the home. Street noise, graffiti, trash in the streets, abandoned buildings, and odors or noise levels from industry or neighbors are assessed (OECD, 2012). The level of measurement is ratio.

Educational well-being. Educational well-being has three variables— literacy scores, literacy inequality, and youth currently not in education, employment or training (NEET). Literacy scores are calculated from PISA literacy scores (OECD, 2012). PISA was launched in

1997 by OECD with three goals in mind. OECD wanted to measure student's lifelong learning ability, literacy, and policy issues such as are some schools more effective than others (OECD, 2012). PISA is given in more than 70 countries every 3 years (OECD, 2012). The tests average math, reading, and science performance scores for 15-year-old students. The level of measurement is ratio. Literacy inequality is measured by PICA literacy attainment of 15-year-old students (OECD, 2012). The level of measurement is ratio. NEET rates are measured by records of 15-19-year-olds who are not employed, in education, or seeking training (OECD, 2012). The level of measurement is ratio.

Health and safety. Health and Safety are determined by calculating low birth weight, infant mortality, breastfeeding rates, pertussis vaccination rates, measles vaccination rates, physical activity rates, mortality rates, and suicide rates. Low birth weight is measured by the percentage of newborns who weighed less than 2.5 kilograms per 1000 births. The level of measurement is ratio. Infant mortality is measured by the percentage of infant deaths per 1000 of the infant population before they reach their first birth date (OECD, 2012). The level of measurement is ratio. Breastfeeding rates are measured by the number of mothers who have ever breastfeed their newborn babies (OECD, 2012). The level of measurement is ratio.

Vaccination rates for pertussis or whooping cough are measured by vaccination data and the incidence of pertussis in children aged two among the total population (OECD, 2012). The level of measurement is ratio. Vaccination rates for measles are measured by data and the incidence of measles in children aged two among the total population (OECD, 2012).

Vaccination rates are measured by the number of cases reported per 100,000 populations (OECD, 2012). The level of measurement is ratio. Physical activity rates are measured by the regularity of moderate to vigorous physical activity among 11, 13, and 15-year-olds (OECD,

2012). The level of measurement is ratio. Mortality rates are measured by the number of deaths of those under 20 per 100,000 (OECD, 2012). The level of measurement is ratio. Suicide rates are measured by the number of 15-19-year-olds per 100,000 who commit suicide (OECD, 2012). The level of measurement is ratio.

Risky behaviors. Risky behaviors are determined by measuring smoking rates, drunkenness, and teenaged births. Smoking rates are measured by the percentage of 15-year-olds who smoke at least once a week (OECD, 2012). The level of measurement is ratio. Drunkenness rates are measured by percentage of 13 and 15-year-olds who have been drunk at least twice in their lives (OECD, 2012). The level of measurement is ratio. Teenage birth rates are measured by births per 1000 of 15 to 19 year-old females. The level of measurement is ratio.

Quality of school life. Quality of school life includes bullying rates and liking school. Bullying rates are measured by the percentage of children 11, 13, and 15 who have been bullied at school at least twice in the last several months (OECD, 2012). The level of measurement is ratio. Liking school is measured by the percentage of 11, 13, and 15-year-olds who stated that they liked school (OECD, 2012). The level of measurement is ratio.

Data Analysis

This study utilizes a correlational analysis. The association between government spending and each of the 21 areas of child well-being outcomes are investigated using Pearson's product moment correlation coefficient (r). Data are analyzed using the Statistical Package for the Social Sciences (SPSS).

RESULTS

Descriptive Analysis

Table 1 presents descriptive characteristics of OECD countries with government spending as a percent of GDP listed for 2009 and 2012. Descriptive data are arranged by OECD countries in ascending order using government spending as a percent of GDP for 2009 and 2012. Then the 21 well-being indicators are shown giving number of countries participating, mean, standard deviation, and range. The mean government spending as a percent of GDP in 2009 and 2012 was 22.85 and 23.24, respectively. The highest government spending for both 2009 and 2012 was France with 32.10. In 2009, Mexico had the lowest level government spending as a percent of GDP at 8.20; in 2012, South Korea had the least government spending as a percent of GDP at 9.30.

Table 1

OECD Countries' Government Spending as a Percent of GDP

Countries Recorded 2009	GDP	Countries Recorded 2012	GDP
France	32.1	France	32.1
Denmark	30.2	Denmark	30.5
Sweden	29.8	Belgium	30
Belgium	29.7	Finland	29
Finland	29.4	Austria	28.3
Austria	29.1	Sweden	28.2
Germany	27.8	Italy	28.1
Italy	27.8	Germany	26.3
Spain	26	Spain	26.3
Portugal	25.6	Portugal	25
United Kingdom	24.1	Netherlands	24.3
Greece	23.9	United Kingdom	23.9
Hungary	23.9	Luxembourg	23.3
Ireland	23.6	Greece	23.1
Luxembourg	23.6	Ireland	23.1

Table 1 continued

Countries Recorded 2009		GDP	Countries Recorded 2012		GDP
Norway		23.3	Norway		22.1
Netherlands		23.2	New Zealand		22
Japan		22.4	Hungary		21.1
Poland		21.5	Czech Republic		20.6
New Zealand		21.2	Poland		20.4
Czech Republic		20.7	Switzerland		20.3
Canada		19.2	United States		19.4
United States		19.2	Australia		18.7
Slovak Republic		18.7	Canada		18.2
Iceland		18.5	Slovak Republic		17.6
Australia		17.8	Iceland		16.4
Turkey		12.8	South Korea		9.3
South Korea		9.4	Japan		*
Mexico		8.2	Mexico		*
Switzerland		*	Turkey		*
2009		Mean GDP 22.85	2012		Mean GDP 23.24

* No information available

Table 2 shows the descriptive characteristics of the 21 child well-being indicators arranged by the following categories: material well-being, housing and environmental well-being, educational well-being, health and safety, risky behaviors, and quality of school life. Disposable income data were recorded using 100% ($n=60$) of OECD countries, with the mean of 19.81 ($sd = 7.06$) and range of 29.17 (5.07 – 34.24). Children in poor homes were recorded using 100% ($n=60$) of OECD countries, with the mean of 12.37, ($sd = 5.55$) and range of 21.83 (2.74 – 24.59). Educational deprivation was recorded using 100% ($n=60$) of OECD countries, with the mean of 2.67, ($sd = 3.29$) and a range of 13.3 (.40 – 13.7).

Overcrowding was recorded using 86.67% ($n=52$) of OECD countries, with the mean of 31.95 ($sd = 20.92$) and range of 63.63 (10.33 – 73.96). Poor environmental conditions were

recorded using 80% ($n=48$) of OECD countries, the mean was 25.22, ($sd = 7.40$) and range of 28.21 (10.50 – 38.71).

Literacy scores were recorded using 100% ($n=60$) of OECD countries, with the mean of 496.32, ($sd = 29.13$) and range of 144 (408.67 – 552.67). The literacy inequality was recorded using 100% ($n=60$) of OECD countries, with the mean of 1.67 ($sd = .07$) and the range of .28 (1.48 – 1.76). Youth NEET rates were recorded using 90% ($n=54$) of OECD countries, with the mean of 7.38 ($sd = 6.43$) and range of 36.00 (1.70 – 37.70).

Low birth weight was recorded using 100% ($n=60$) of OECD countries, with the mean of 6.64 ($sd = 1.71$) and range of 7.40 (3.90 – 11.30). Infant mortality was recorded using 100% ($n=60$) of OECD countries, with mean of 5.54 ($sd = 4.47$) and range of 21.30 (2.30 – 23.60). Breastfeeding rates were recorded by 96.7% ($n=58$) of OECD countries, with the mean of 86.03 ($sd = 12.92$) and range of 58.00 (41.00 – 99.00). Vaccination rates for pertussis were recorded using 96.7% ($n=58$) of OECD countries, with the mean of 93.78 ($sd = 5.27$) and range of 21.80 (78.00 – 99.80). Vaccination rates for measles were recorded using 96.7% ($n=58$) of OECD countries, with the mean of 91.52 ($sd = 5.86$) and range of 25.80 (74.00 – 99.80). Physical activity rates were recorded using 86.7% ($n=52$) of OECD countries, with the mean of 20.13 ($sd = 6.10$) and range of 29.00 (13.10 – 42.10). Mortality rates were recorded using 96.7% ($n=58$) of OECD countries, with the mean of 24.60 ($sd = 6.69$) and range of 35.39 (14.84 – 50.23). The suicide rates were recorded using 96.7% ($n=58$) of OECD countries, with the mean of 6.86 ($sd = 3.18$) and range of 14.69 (1.26 – 15.95).

Smoking rates were recorded using 80% ($n=48$) of OECD countries, with the mean of 16.51 ($sd = 4.72$) and range of 19.00 (8.10 – 27.10). Drunkenness rates were recorded using 80% ($n=48$) of OECD countries, with the mean of 15.23 ($sd = 4.26$) and range of 14.80 (10.00 –

24.80). Teenaged birth rates were recorded using 100% ($n=60$) of OECD countries, with the mean of 15.5 ($sd = 13.85$) and range of 62.10 (3.70 – 65.80).

Bullying was recorded using 80% ($n=48$) of OECD countries, with the mean of 10.98 ($sd = 5.09$) and range of 21.10 (4.20 – 25.30). Liking school was recorded using 83.3% ($n=50$) of OECD countries, with the mean of 27.17 ($sd = 10.29$) and range of 45.70 (11.70 – 57.40).

Table 2

Descriptive Characteristics of the 21 Child Well-being Indicators

Well-being Indicators	Countries Recorded <i>n</i> (%)	Mean	<i>sd</i>	Range
Material Well-being				
Disposable Income	60 (100)	19.18	7.06	5.07 – 34.24
Poor Homes	60 (100)	12.37	5.55	2.74 – 24.59
Educational Deprivation	60 (100)	2.67	3.29	.40 – 13.70
Housing and Environmental Well-being				
Overcrowding	52 (86.67)	31.95	20.95	10.33 – 73.96
Poor Environmental Conditions	48 (80)	25.22	7.40	10.50 – 38.71
Educational Well-being				
Literacy Scores	60 (100)	496.32	29.13	408.67 – 552.67
Literacy Inequality	60 (100)	1.67	.07	1.48 – 1.76
Youth NEET Rates	54 (90)	7.38	6.43	1.70 – 37.70
Health and Safety				
Low Birth Weight	60 (100)	6.64	1.71	3.90 – 11.30
Infant Mortality	60 (100)	5.54	4.47	2.30 – 23.60
Breastfeeding Rates	58 (96.70)	86.03	12.92	41.00 – 99.00
Vaccination Rates (Pertussis)	58 (96.70)	93.78	5.27	78.00 – 99.80
Vaccination Rates (Measles)	58 (96.70)	91.52	5.86	74.00 – 99.80
Physical Activity	52 (86.70)	20.13	6.10	13.10 – 42.10
Mortality Rates	58 (96.70)	24.60	6.69	14.84 – 50.23
Suicide Rates	58 (96.70)	6.86	3.18	1.26 – 15.95
Risky Behaviors				
Smoking	48 (80)	16.51	4.72	8.10 – 27.10

Table 2 continued

Well-being Indicators	Countries Recorded <i>n</i> (%)	Mean	<i>sd</i>	Range
Mortality Rates	58 (96.70)	24.60	6.69	14.84 – 50.23
Suicide Rates	58 (96.70)	6.86	3.18	1.26 – 15.95
Risky Behaviors				
Smoking	48 (80)	16.51	4.72	8.10 – 27.10
Drunkenness	48 (80)	15.23	4.26	10.00 – 24.80
Teenage Births	60 (100)	15.50	13.86	3.70 – 65.80
Quality of School Life				
Bullying	48 (80)	10.98	5.09	4.20 – 25.30
Liking School	50 (83.30)	27.17	10.29	11.70 – 57.40

Statistical Analysis

Pearson's r correlation coefficient was used to investigate the relationship between government spending as percent of GDP and the 21 child well-being indicators. The relationship between government spending as a percent of GDP and poor homes is negative and moderate (Pearson $r = -.43$). The relationship between government spending as a percent of GDP and educational deprivations is negative and moderately strong (Pearson $r = -.53$).

The relationship between government spending as a percent of GDP and overcrowding is negative and moderate (Pearson $r = -.44$). The relationship between government spending as a percent of GDP and youth NEET rates is negative and moderate (Pearson $r = -.31$).

The relationship between government spending as a percent of GDP and low birth weight is negative and weak (Pearson $r = -.10$). The relationship between government spending as a percent of GDP and infant mortality is negative and moderately strong (Pearson $r = -.53$). The relationship between government spending as a percent of GDP and physical activity is negative

and moderate (Pearson $r = -.30$). The relationship between government spending as a percent of GDP and mortality rates is negative and moderate (Pearson $r = -.29$).

The relationship between government spending as a percent of GDP and smoking is positive and moderate (Pearson $r = .33$). The relationship between government spending as a percent of GDP and teen births is negative and moderate (Pearson $r = -.47$). The relationship between government spending as a percent of GDP and liking school is negative and moderate (Pearson $r = -.26$).

Table 3

Relationship between Government Spending and Child Well-being Indicators

Well-being Indicators	Countries Recorded <i>n</i> (%)	Pearson <i>r</i>	Sig
Material Well-being			
Disposable Income	56 (93.33)	0.210	0.121
Poor Homes	56 (93.33)	-.428**	0.001
Educational Deprivation	56 (93.33)	-.526**	0
Housing and Environmental Well-being			
Overcrowding	50 (83.33)	-.437**	0.002
Poor Environmental Conditions	47 (78.33)	0.211	0.154
Educational Well-being			
Literacy Scores	56 (93.33)	0.119	0.383
Literacy Inequality	56 (93.33)	0.101	0.458
Youth NEET Rates	51 (85)	-.312**	0.026
Health and Safety			
Low Birth Weight	56 (93.33)	-.102	0.454
Infant Mortality	56 (93.33)	-.531**	0
Breastfeeding Rates	54 (90)	-.119	0.393
Vaccination Rates (Pertussis)	54 (90)	0.083	0.553
Vaccination Rates (Measles)	54 (90)	-.195	0.157
Physical Activity	49 (81.67)	-.297*	0.038
Mortality Rates	55 (91.67)	-.293*	0.03
Suicide	55 (91.67)	-.099	0.471

Table 3 continued

Well-being Indicators	Countries Recorded <i>n</i> (%)	Pearson <i>r</i>	Sig
Risky Behaviors			
Smoking	47 (78.33)	.328*	0.025
Drunkenness	47 (78.33)	.139	0.353
Teenage Births	56 (93.33)	-.469**	0
Quality of School Life			
Bullying	46 (76.67)	-.14	0.352
Liking School	48 (80)	-.256	0.079

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

DISCUSSION

This study explored the relationship between government spending as a percent of GDP and the 21 OECD child well-being indicators. The six well-being categories are material well-being, which includes disposable income, poor homes, and educational deprivation; environmental well-being, which includes overcrowding and environmental conditions; educational well-being, which includes literacy, literacy inequality, and NEET; health and safety, which includes low birth rate, infant mortality, breastfeeding, pertussis vaccination, measles vaccination, physical activity, mortality rate, and suicide rate; risky behavior, which includes smoking, drunkenness, and teen birth rates; and quality of school life, which includes bullying and liking school.

The relationship between government spending and educational deprivation and infant mortality was negative and moderately strong. The relationship between government spending and poor homes, overcrowding, NEET, physical activity, mortality rate, teen birth, and liking school was negative and moderate. The relationship between government spending and disposable income, environmental conditions, literacy, literacy inequality, low birth rates, breastfeeding, vaccines, suicide, drunkenness, and bullying was not significant. Out of the six broad categories, all but quality of school life had sub-categories that were significant.

The countries that have lower government spending as a percent of GDP have higher incidences of educational deprivation, which means that children in countries with lower government spending as a percent of GDP are likely to have four or less of the eight basic educational items. This finding is consistent with Arze del Granado, Gupta, and Hajdenberg's (2013) study that children in countries that have higher government spending as a percent of GDP are more likely to have the tools they need to succeed in their schooling, especially among

countries with lower economic development. Children from household that are considered of low socioeconomic status often do not have the space or the funds available to buy note books or pens much less a desk or computer; therefore, increases in government spending as a percent of GDP help give families more to spend on these basic educational items which help set them up for a more successful educational outcome (OECD, 2008). Government spending decreases deficiencies in education that can lead to negative child well-being outcomes (Chatterjee, 1999).

The countries that have higher government spending as a percent of GDP tend to have lower infant mortality. Unlike indicators such as life expectancy, other studies have stated that infant mortality is one of the most sensitive to changes in government spending (Conley & Springer, 2001; Harknett et al., 2005). Since infant mortality is measured over a short time span (i.e., one year of life or less), it is easier to see the impact of increases in government spending as a percent of GDP on this indicator (Reidpath & Allotey, 2002). Infant mortality has been shown to be a good indicator of the general health and quality of life of even the poorest in a nation (Conley & Springer, 2001).

Unexpectedly, this study found that the countries that have higher government spending as a percent of GDP are likely to have higher smoking rates. Other extraneous variables (Rubin & Babbie, 2013) may explain the significant relationship between government spending as a percent of GDP and higher smoking rates. Cultural differences could also explain this variable. In Europe, smoking happens everywhere and there is not a stigma attached to doing it. In the US, campaigns against smoking appear to have helped curtail this habit for youth.

Unique Contributions of Study

This study contributes to the literature because most existing studies in the substantive area of child well-being examine government spending as a percent of GDP and the poverty rate

exclusively, not other child well-being indicators. This study investigated the association between government spending as a percent of GDP and 21 child well-being indicators, including material well-being, housing and environment, educational, health and safety, risky behaviors and quality of school life, and the current study found that there were statistically significant relationships in all but quality of school life.

Limitations

The limitations for this study include lack of diversity from other countries. OECD currently uses data from 34 countries, most of which are European countries. It would be interesting to look at how input from countries such as Africa, South America, or other Asian countries would affect the outcomes. But even with the 30 mostly European countries that were used the limitation of cultural compatibility still had influence. The bivariate nature of this study is also a limitation because bivariate studies identify the relationship between two variables when, in fact, there may be other variables that influence the nature of the relationship. There are many differences in variables for the amount of countries that had data. The greatest number of countries that reported for a variable was 56 out of 60 and the lowest number of countries that reported was 46 out of 60.

While more comprehensive than other well-being measures, many other factors are not captured in the OECD 21 child well-being indicators. The Congressional Research Service reported that there are five important factors that influence child well-being: family composition and living arrangements, how supportive is the family, child care, and social support during early development, and how encouraged the child feels as they grow into adulthood (Fernandes, 2010). It would be interesting to investigate how government spending is related to other important factors such as the mental health of the parent, resources available to the parent, and parenting

qualities (Waldfogel, Craigie, & Brooks-Gunn, 2010). Juvenile crime, detention, or truancy are other indicators that could be influenced by government spending.

Although overcrowding was addressed as a living arrangement, whether a child lived with only a mother, or only a father, or if they moved back and forth was never addressed. Education was assessed but only as literacy or being deprived of education and not the effects of early childhood development or whether a child has encouragement and assistance doing homework. Many indicators looked at the lives of those in their teenage years but none explored the support or encouragement that may exist while these adolescents are in the process of being educated. Considering family stability, reassurance, conflict, or abandonment, scholastic encouragement, and whether the adolescent has responsibilities such as a job are some variables that could capture adolescent support (Fernandes, 2010).

To the best of author's knowledge, this is the first study to measure the relationship between government spending as a percent to GDP and the 21 OECD child well-being indicators. There are no other studies to make comparisons, and further research is needed in this area to explore the types of child well-being that can be improved the most by an increase in the government spending as a percent of GDP.

Implications for Social Work Practice, Research and Education

Those who start out with more tend to gain more and those who have less tend to continue to have less, and this is where Rawls began his thoughts on the theory of justice in his attempts to solve the problem of distributive justice (Rawls, 1971). Rawls believed that genes, luck, and what family a person was born into should not make a person successful or unsuccessful (Rawls, 1971). Rawls believed as citizens of society, humans should be equal, have the same basic rights, and work together in a classless economic society which would lead to

“justice as fairness” (Rawls, 1971, p. 60; Waldron, 2011). Children living in poverty and deprivation are more likely to encounter illnesses, attain lower educational levels, and grow up in perpetual poverty. Social workers can use the findings of the current study to support the use of financial resources and government spending that can increase child well-being. The findings of this study can be used as a way to encourage others to support justice for the children who often do not have a voice for themselves and are unable to influence policy.

More research in the area of government spending as a percent of GDP and child well-being indicators is needed to help better understand which policy options are desirable to help increase child well-being. As social workers, it is important to know the empirical evidence and advocate for policy choices that improve child well-being outcomes. As advocates for social justice, it is necessary for social workers to continue to learn the long-term implications of government spending on children’s living, learning, and community and health conditions, and to advocate for allocation of scarce financial resources for improving children’s well-being.

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APPENDIX: IRB APPROVAL

Application for Exemption from Institutional Oversight

Unless qualified as meeting the specific criteria for exemption from Institutional Review Board (IRB) oversight, ALL LSU research projects using living humans as subjects, or samples or data obtained from humans, directly or indirectly, with or without their consent, must be approved or exempted in advance by the LSU IRB. This form is used to determine if a project may be exempted, and is used to request an exemption.

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 irb@lsu.edu
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Apply at Please fill out the application in its entirety and include the completed application as well as parts A-F, listed below, when submitting to the IRB. Once the application is completed, please submit two copies of the completed application to the IRB Office or to a member of the Human Subjects Screening Committee. Members of this committee can be found at:

- A Complete Application Includes All of the Following:
 - (A) Two copies of this completed form and two copies of parts B thru F.
 - (B) A brief project description (adequate to evaluate risks to subjects and to explain your responses to Parts B&C)
 - (C) Copies of all instruments to be used.
 - *If this proposal is part of a grant proposal, include a copy of the proposal and all commitment material.
 - (D) The consent form that you will use in the study (see part 3 for more information.)
 - (E) Certificate of Completion of Human Subjects Protection Training for all personnel involved in the project, including students who are involved with testing or handling data, unless already on file with the IRB. Training link: [http://www.lsu.edu/irb](#)
 - (F) IRB Security of Data Agreement: [http://www.lsu.edu/irb](#)

1) Principal Investigator: Rachel Suzanne Forestich Rank: student
 Dept: social work Ph: 225-636-0371 E-mail: rforest1@lsu.edu

2) Co Investigator(s) please include department, title, phone, and e-mail for each.
 *If student, please identify and name supervising professor in this space.
 ✓ Dr. Yourgrace Lin, Social Work, Assistant Professor, (225) 578-0119, Fm 119@lsu.edu
 ✓ Dr. Michelle Livermore, Social Work, Associate Professor, (225) 578-1015, mliver@lsu.edu

IRB # E-6096 LSU Proposal # _____
 Complete Application
 Human Subjects Training

3) Project Title: The relationship between government spending for children and their well-being

Study Exempted By:
 Dr. Robert C. Mathews, Chairman
 Institutional Review Board
 Louisiana State University
 131 David Boyd Hall
 Baton Rouge, LA 70803 | www.lsu.edu/irb
 Exemption Expires: 8/20/2015

4) Proposed? (yes or no) No Yes, LSU Proposal Number _____
 Also, if YES, either:
 This application completely matches the scope of work in the grant
 OR
 None IRB Applications will be filed later

5) Subject pool (e.g. Psychology students):
 *Under any "vulnerable populations" to be used: (children <18; the mentally impaired, pregnant women, the aged, etc.). Projects with incarcerated persons cannot be exempted.

6) PI Signature: Rachel Suzanne Forestich Date: 8-27-12 (in pen/signatures)

** I certify my responses are accurate and complete. If the project scope or design is later changes, will resubmit for review. I will obtain written approval from the Authorized Representative of all non LSU institutions in which the study is conducted. I also understand that it is my responsibility to maintain a copy of all consent forms at LSU for three years after completion of the study. If I leave LSU before that time the consent forms should be preserved in the Departmental Office.

Screening Committee Action: Exempted Not Exempted Category/Paragraph: 7A
 Signed Consent Waived? Yes / No
 Reviewer: TPASE Signature: [Signature] Date: 8-27-12
NOU

VITA

Rachel D. Suzanna Foretich was born to Joseph J. Foretich and Mary Kathleen Drake Foretich. She has three sisters and two brothers. She successfully ran a landscaping business in Baton Rouge, Louisiana from 1996-2003 when she sold her business to pursue a personal chef and organic caterer in Seattle, Washington. She returned to finish her undergraduate degree at Louisiana State University in 2008 and finished with a Bachelor's degree in Humanities and Social Sciences in 2010. She will graduate with her Masters of Social Work in May, 2013. She intends to pursue a career in Social Work in Seattle, Washington.