

Austrian Health Impact Assessment of Compulsory Kindergarten Education

Summary

Health impact assessment (HIA) is a systematic process of analysing and assessing policy plans with regard to possible positive and negative effects for health and the distribution of those effects within the population. HIA helps the decision-makers in charge arrive at evidence-based choices. HIA is a specific procedure based on the analysis of available evidence, taking into account input from diverse stakeholders and pressure groups. Its goals and methods are different from those of scientific studies in a narrow sense and also from evaluation.

In 2009 GÖG, on behalf of the Austrian Federal Ministry of Health, drew up a policy paper on the establishment of health impact assessment in Austria (Horvath et al. 2010). According to the paper, running a pilot project is an essential step in the context of introducing HIA, which is still in its early stages in Austria, in order to have a practical model for studying and testing methods, and for having an Austrian reference project for public relations activities. After consultations with key stakeholders, **compulsory kindergarten education** was chosen as the theme of the HIA pilot project. The pilot project was assisted by a steering committee, whose members included representatives of GÖG's client, stakeholders' groups and experts.

The objective of this health impact assessment is to identify and analyse possible positive and negative effects on health of the Agreement under Section 15a of the Austrian Constitutional Act on one year of compulsory kindergarten education (i.e. compulsory early education in institutional kindergartens and care centres on a half-day basis, free of cost), with the focus on children's health as defined by the compulsory health concept of the World Health Organization. In this context, three scenarios were examined: no compulsory kindergarten education, one year of compulsory kindergarten education, and two years of compulsory kindergarten education. In addition, the effects on parents, kindergarten staff, as well as on kindergartens as part of the educational system, were taken into account, as this has indirect impacts on the children. The results of the HIA include an analysis of effects, and recommendations that have been derived from the assessment. Estimating the cost resulting from each scenario and of implementing the recommendations has not formed part of the project.

The **methodology** of the project was oriented towards the usual stages of health impact assessment and the corresponding tasks defined (screening, scoping, assessment, reporting). The assessment of health impacts, which was mainly made in the

context of an appraisal workshop in which the stakeholders also took part, was based on research and analysis of national and international **literature** as well as results of a written questionnaire survey in the context of a meeting of heads of kindergarten at district level in the province of Styria, and a **qualitative survey** with a focus group in Vienna. In addition, policy and project analyses, as well as regional and population analyses, were carried out.

The **overall assessment of the HIA** concludes that one year of compulsory kindergarten education, compared to an absence of compulsory kindergarten attendance, potentially has a number of positive consequences for children's health, most of which will be long-term effects. The positive impacts identified would be enhanced further if two-year kindergarten attendance were compulsory, paralleled by improvements of the general framework (structural quality of education).

- » The positive effects on the educational potential of children are of particular relevance, as institutional education at an early age¹ contributes to the promotion of social, cognitive, linguistic, emotional as well as motor skills. Education is a key determinant of health.
- » With one year of compulsory kindergarten education, it is also possible to identify any specific need for support of individual children and to cooperate with the parents and other stakeholders in the educational system in order to provide the support needed. The children concerned may thus receive appropriate support and can furthermore be prepared for the requirements of future educational stages.
- » The positive effects of compulsory kindergarten education are particularly felt among socially disadvantaged groups therefore one year of compulsory kindergarten attendance will also contribute to reducing health inequalities.
- » Still, the positive effects of one year of compulsory kindergarten education can only be effective if a high quality of education² and educational work can be ensured, otherwise, the potential mentioned cannot be used fully.

The main **recommendation derived from the health impact assessment** is therefore to ensure an improvement of the necessary general framework (structural quality of

1

Institutional education in the sense of 'educational environments for children, organised by public authorities and for which public authorities are accountable' (Charlotte Bühler Institut 2007).

2

'The educational quality of institutions of early education is adequate if it supports children physically, emotionally, socially and intellectually, with regard to their well-being as well as their present and future education, and thus also assists families in performing their educational, caring and parenting duties.' (Tietze et al. 2007)

education) for kindergartens as institutions of early education³. The existing framework has a direct impact on educational process quality in kindergartens and thus on workplace quality for kindergarten teachers and assistants. Appropriate general conditions are therefore of vital importance for achieving health-promoting effects through kindergarten education.

The 2009 framework education plan for one year of compulsory kindergarten education concluded in accordance with Section 15a of the Federal Constitution has been an important first step. What is essential now is to ensure and further improve educational quality, particularly with regard to the following aspects: definition and implementation of uniform nation-wide framework conditions for kindergartens, oriented towards accepted international standards (e.g. regarding group sizes and teacher-per-child ratios, time and resources spent for further training and supervision of kindergarten staff, parents' participation); measures enhancing the attractiveness of the profession of kindergarten teacher; promotion of health literacy among kindergarten staff; positive approaches to diversity.

In order to fully use the potential for specifically supporting children the recommendation is to identify special need for support at an early stage, in a systematic, uniform nation-wide process of assured quality. The results of such a survey would also help solve the problem of insufficient data on children's health.

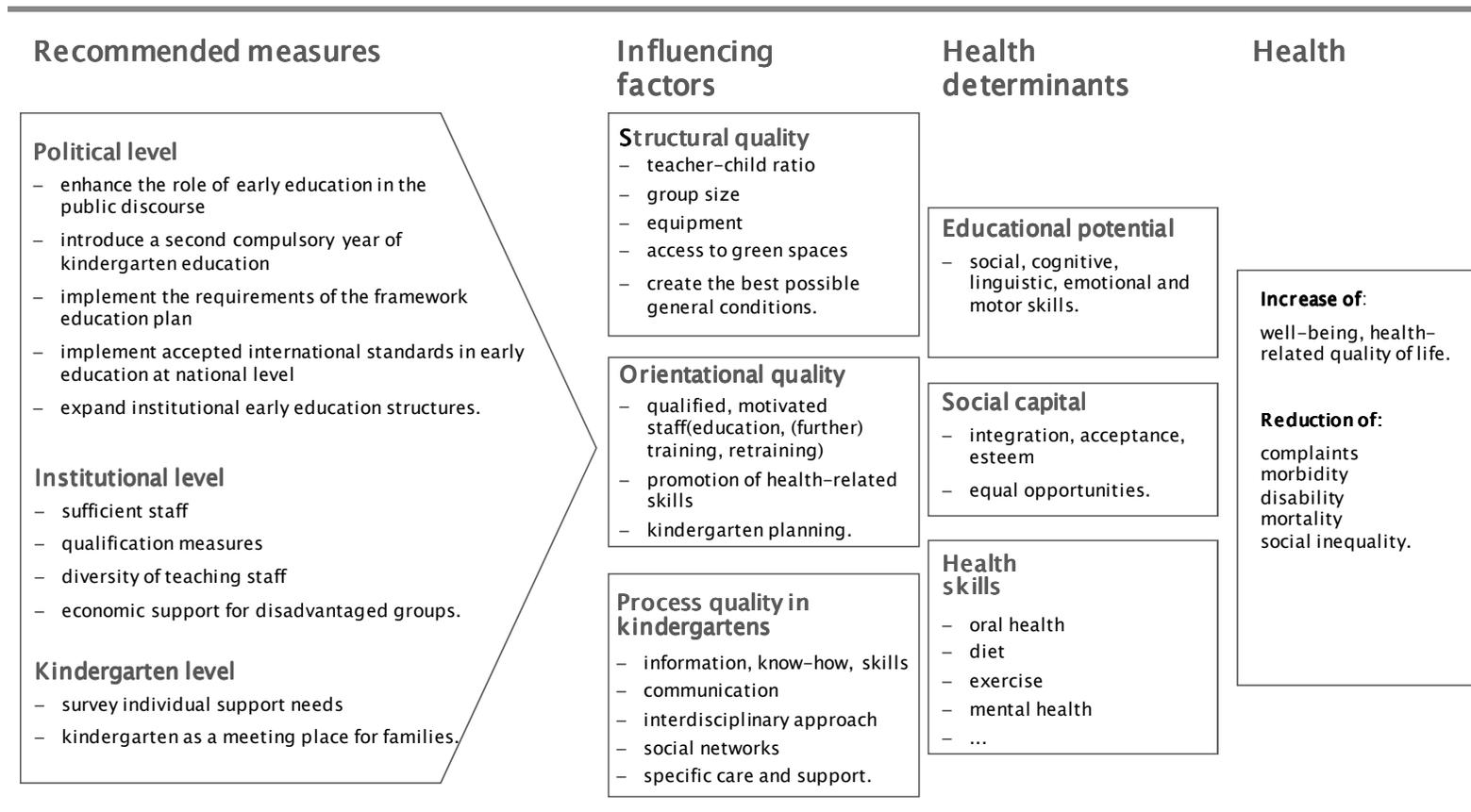
In addition, it is recommended to intensify the process started with the introduction of compulsory kindergarten education, i.e. improving the social and political status of kindergartens as institutions of early education, e.g. by active, intensified information and communication of the opportunities and advantages brought about by early education in specialised institutions, as investments in this area will have great long-term advantages with regard to both health as well as social and economic benefits (see also Figure 1).

When implementing these recommendations the well-being of children shall always be taken into account, in conformity with the 1989 U.N. Convention on the Rights of the Child (U.N. Convention 1989). The principles laid down in the Convention, while recognising the primary responsibility of parents, underline the duty of the States Parties to the Convention to create positive conditions for the development of children and young people.

3

Institutions of early education include all institutionalised forms of education and care services for children of pre-school age (Charlotte Bühler Institut 2007).

Figure 1:
Overview of measures recommended and their connection with children's health



Source: compiled by Martin Sprenger (2012) based on the Swiss model of results: www.gesundheitsfoerderung.ch/common/files/knowhow/tools/N107738_Ergebnismodell_view_de.pdf; representation by GÖG/ÖBIG