



Social Outcomes of Learning (SOL)

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Teaching, Learning and Assessment for
Adults with Low Foundation Skills

CERI Paris
13-15 February 2008

Table 1.2. Mortality rate and education

	Year	Age	Ratio	
			Men	Women
Italy	1991-96	45+	1.22	1.20
Spain	1992-96	45+	1.24	1.27
Denmark	1991-95	60-69	1.28	1.26
France	1990-94	60-69	1.31	1.14
Finland	1991-95	45+	1.33	1.24
Switzerland	1991-95	45+	1.33	1.27
Belgium	1991-95	45+	1.34	1.29
England and Wales	1991-96	45+	1.35	1.22
Norway	1990-95	45+	1.36	1.27
Austria	1991-92	45+	1.43	1.32
OECD-14			1.50	1.30
Czech Republic	end-90s	20+64	1.66	1.09
Netherlands	1991-97	25-74	1.92	1.28
Hungary	2002	45-64	1.97	1.58
Poland	1988-89	50-64	2.24	1.78

Notes: Countries are ranked in decreasing order of relative inequalities among men. Relative inequalities are measured by the ratio of the mortality rate in the less educated group as compared to the better educated ones.

Source: Mackenbach (2006).

SOL: classifying outcomes

	(A) Private	(B) Public
(1) Monetary	Earnings, income, wealth Productivity	Health care costs
(2) Non- monetary	Health status Life satisfaction	Social cohesion Well-functioning democracy Collective wellbeing

SOL

Main domains

- Health (mental and physical)
- Social capital (civic and social engagement)

Horizontal themes:

- Intergenerational effects
- Distribution effects

Some social consequences of low literacy and numeracy skills

- **Less access to training**
- **Earlier pregnancy**
- **Wrong side of the digital divide**
- **Lower involvement, and perceived interest, in children's education**

SOL: Rationale/drivers

- **Accountability**
- **Competition on public expenditure**
- **Intersectoral linkages**
- **Values in education**

SOL: Health

Rationale: **cost containment**; and **wellbeing**

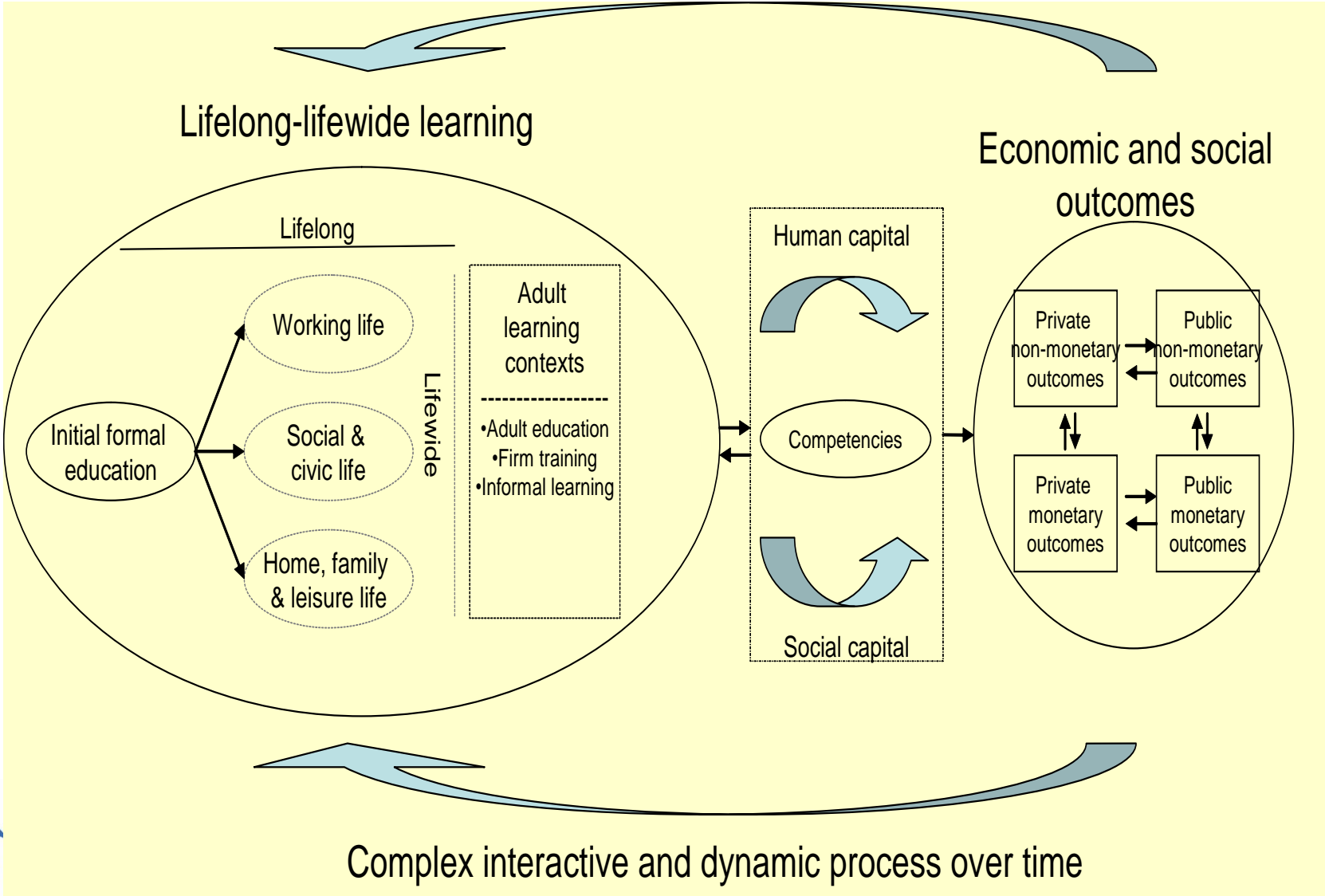
- Health expenditure as % of GDP: 5% in 1970 to 8.8% in 2003. In all OECD countries, health expenditure rising faster than GDP.

Demographics: ageing populations estimated to drive rise of 3% of GDP in health expenditure by 2050

Obesity : in ten OECD countries more than 50% of adults are now defined as either being overweight or obese . The cost of health care for obese people services is 36% higher, and the cost of medications 77% higher. Can education help?

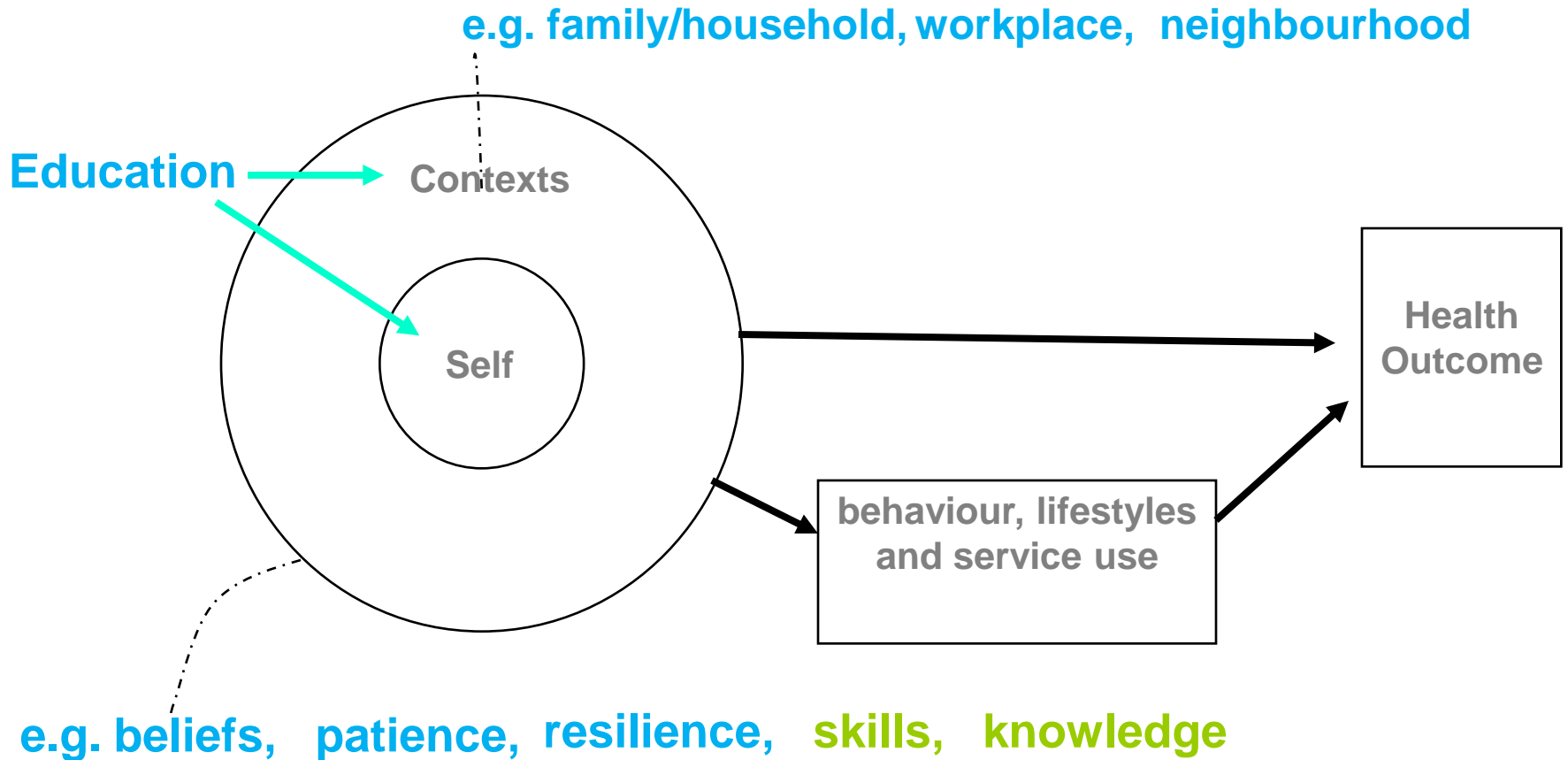
Depression: Chevalier & Feinstein (2006) taking women without qualifications to Level 2 (just above basic) reduces risk of depression at age 42, from 26% to 22%. Estimated saving: L 200m p. a. How/why does this happen?

Key relationships linking learning, competence and capital formation



Complex interactive and dynamic process over time

The “self in context” model



Positive effect mechanisms

- **Behaviours: utilisation of information, future orientation**
- **Use of health services, health literacy**
- **Psychosocial effects**
- **Intergenerational effects**

Collateral benefits: e.g. of spousal education

BUT: education as generator of inequality ?

- **differences between top and bottom of educational hierarchy**

Three Causal Mechanisms Linking Education and Outcomes

Absolute Education Model	The more education you have
Relative Model	The more education you have vs. the average education your peers have
Cumulative Model	The more education your peers have

Phase 1: policy/research agenda

- **Enrich data analysis**, especially: longitudinal data; experimental design; biographical analysis
- **Educational implications:** for pedagogy, assessment, qualifications
- Widen **'literacy' benchmarks**
- Foster **intersectoral dialogue**

SOL Phase 2: Objectives

1. Deepen analysis

Health: obesity

depression

smoking/alcohol

Social capital: voting

political interest

civic participation

attitudes: trust, tolerance

SOL: Phase 1 Outputs

•Vol 1 - Measuring the Effects of Education on Health and Civic Engagement

www.oecd.org/edu/socialoutcomes/symposium

•Vol 2 - Understanding the Social Outcomes of Education (synthesis report)

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