

Lifelong learning and health: The H1 project



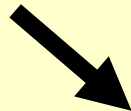
The Centre for Research on the Wider Benefits of Learning



www.learningbenefits.net

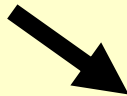
Processes through which education promotes health and well-being at the level of the individual

Education



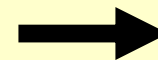
Immediate outcomes

Psychosocial development
Cognitive development
Qualifications



Channels

Economic
Access to services
Health practices
Coping with stress



Health outcomes

Well-being
Mental health
Physical health

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Research questions

1. What is adult health and well being like for people who had poor school attainment?
2. Does adult learning contribute to sustaining and improving the well being and health of this group?

- Qualitative research
 - E.g. in depth interviews
 - Useful for understanding processes, building theory, practice
- Quantitative research
 - E.g. statistical analyses of large surveys
 - Useful for estimating impacts across populations, relative efficacy of investments

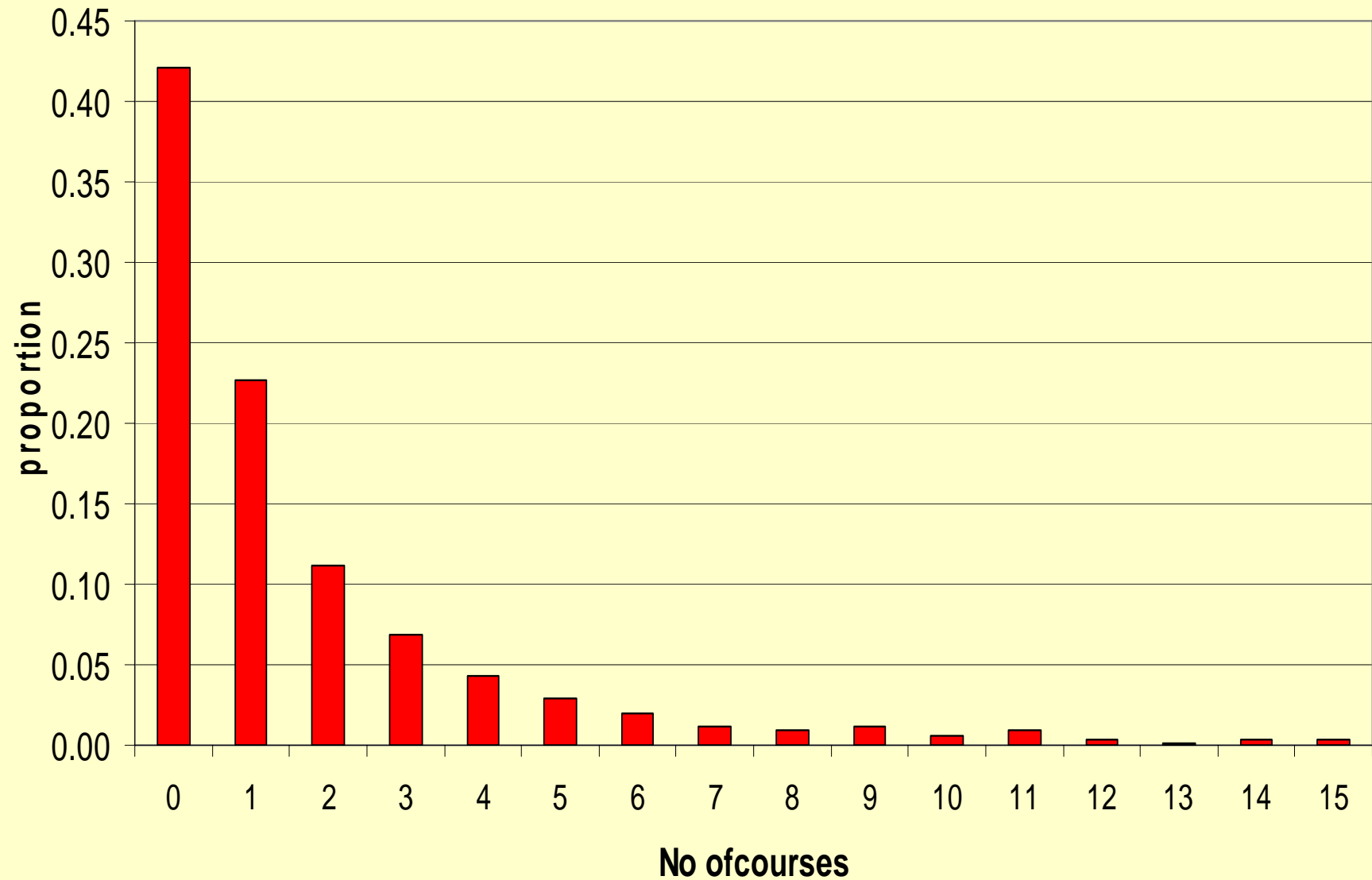
National Child Development Study (NCDS)

- All babies born in Britain during a week in 1958
- Followed up at 7, 11, 16, 23, 33, 42 (in 2000)
- Information from cohort members, parents, teachers, health visitors
- Representative of that cohort in Britain

- Circumstances in childhood
- Circumstances in adult hood

- AL (1991-2000)
- Changes in health and well being (1991-2000)

The take-up of adult learning (between 33 and 42)



Health and well being at 33 and 42

Well being

- Satisfaction with life so far
- Optimism
- Self-efficacy

Health and well being at 33 and 42

Malaise

- Self-rated health
- Depression

Health and well being at 33 and 42

Health behaviours

- Smoking
- Excessive drinking
- Exercise

Transformed efficacy

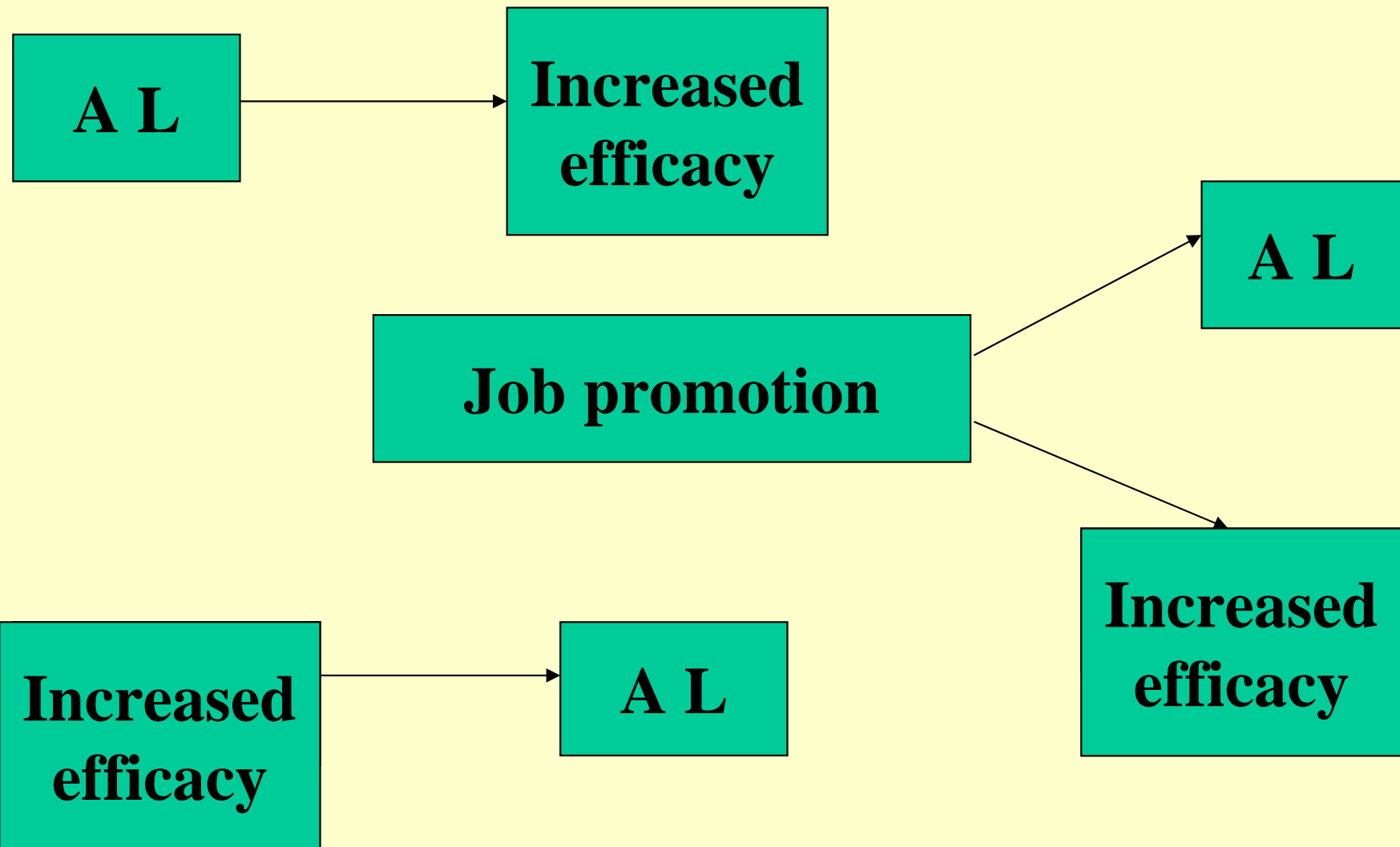
	Age 33	Age 42
Low efficacy	X	
High efficacy		X

Correlations found between taking participation in adult learning and transformed:

- Optimism, efficacy
- Self-rated health, depression
- Smoking, excessive drinking, exercise

between ages 33 and 42

Three explanations



Control sets

- Social and family background
- Childhood health
- Cognitive ability
- Childhood behaviour
- Qualifications at 16
- Childhood circumstances
- SES and highest qualifications at 33
- Health and well being at 33

Transformed...	M.effect of AL (% pts)	Mean change (%)
Satisfaction	2.1	29
Optimism	4.7*	24
Efficacy	7.1*	40
S-rated health	5.6*	44
Depression	2.8	32
Smoking	4.3	23
XS drinking	3.5	53
Exercise	4.6*	49

Those with poor school attainment

- Same pattern of results – i.e. effects of AL found for well being and health practices that are less deeply ingrained
- Sizes of effects generally greater (differences in effect sizes aren't statistically significant)
- New effects of AL found on transformed self-rated health, recovery from depression for women

- Effects of AL found for the whole cohort apply to both men and women
- Effects of AL found for those with poor school attainment apply to both men and women
- Some evidence that AL contributes to recovery from depression for women with poor school attainment

	Life sat	Opt	Eff	Srh	Dep	Smk	Alc	Exer
Aca								11.4
Voc				10.2			9.7	
Emp		3.4	7.5					4.4
CB		3.6	5.4			6.2		7.1

Conclusions

For the cohort born in 1958:

- AL between 33 and 42 contributes to improvements in well being, increases in levels of exercise, giving up smoking(?)
- We find no evidence that AL contributes to changes in outcomes that are more ingrained, such as susceptibility to depression, physical health conditions, and heavy drinking
- Contributions of AL found for the whole cohort are found also for those with poor school attainment