

Early Life Cohort Feasibility Study

Report from an online consultation survey 16th June- 5th July 2021



Early Life Cohort Feasibility Study online consultation survey responses

Key messages

- The two population groups most selected as priorities for inclusion were families from deprived or low-income backgrounds (68% of the sample chose this group) and families from ethnic minorities (chosen by 58% of the sample).
- The three most popular methods recommended for engaging priority groups in ELC were using community-level engagement methods, using translated materials and undertaking qualitative work with groups to understand what might encourage them to participate.
- Population boosts were the most popular method recommended for engaging ethnic minorities
- The age of the infant that was most chosen as optimal for first recruitment was 6 months, followed by 3 months or younger.
- There was a fairly evenly spread range of views on the optimal sample size for the main study, with the most popular choice being 15,000-24,999, followed by 100,000+
- In the light of trade-offs that need to be made due to constrained resources, the most popular priorities expressed were sample boosts for special groups, and consent for record linkages
- The three scientific themes of highest interest were inequality disadvantage and social mobility, cognitive and socio-emotional development, and infant-parent relationships
- A range of suggestions for content included measures that could only be included in the feasibility study via separately funded enhancements: such as:
 - LENA devices (to capture the language environment);
 - Neuroscientific measures (via eye-tracking and EEG)
 - Dietary diaries
 - Anthropometric measures of parents and children
 - Vision (to be taken by parents via app and in home visits)
 - Face scanning
 - Collection of biosamples: hair samples (carer and offspring); blood/urine/saliva: to measure a variety of critically important nutrients for child growth and development e.g. vitamin D, fatty acids, iron, iodine, zinc, selenium, B vitamins and biomarkers for potential mechanisms e.g. inflammation; dried blood spots for later immune analysis (eg antibodies, markers of inflammation)

Introduction

The online consultation on the design and content of the Early Life Cohort Feasibility Study was open between 16th June- 5th July 2021. We received 122 responses. Respondents were predominantly from the higher education sector but also included some representatives from government and the third sector. This report is split into four substantive sections covering the full contents of the survey:

1. Creating an inclusive cohort

- 2. Study design features
- 3. Recommendations for measures to include in the feasibility study
- 4. Recommendations for record linkages to be conducted for the feasibility study

1. Creating an inclusive cohort

Respondents were asked which groups should be prioritized for special approaches to ensure strong representation in the sample, and for the groups they picked, the approaches they would recommend to help with recruitment. Table 1 documents the results. In summary, the two most chosen groups for prioritization were families from deprived or low-income backgrounds (68% of the sample chose this group) and families from ethnic minorities (chosen by 58% of the samples). Across all bar one groups, the three most popular methods recommended for engaging priority groups in ELC were using community-level engagement methods, using translated materials and undertaking qualitative work with groups to understand what might encourage them to participate.

Respondents who indicated that ethnic minority groups should be prioritized by the study were asked some additional questions around which specific minority groups should be targeted using various engagement strategies. Table 2 shows the results.

Table 1 Groups which should be prioritised by ELC, and recommended engagement strategies

				Reco	mmended eng	agement strate	egies		
	Prioritized	Community	Tailored	Targeting	Translated	Qual. Work	Sample	Other	None
	groups (n=125)	-level	engagement	incentives	materials		DOOSTS		
	.59%	77%	38%	26%	59%	72%	39%		
Ethnic minorities	n=74	57	28	19	44	53	29	5	1
Parents born	23%	41%	17%	10%	28%	34%	14%	1	0
outside of the UK	n=29	12	5	3	8	10	4		U
	25%	42%	26%	19%	29%	35%	39%	0	1
UHES	n=31	13	8	6	9	11	12		T
Vulnerable children	40%	50%	20%	16%	36%	40%	22%	1	0
vullerable children	n=50	25	10	8	18	20	11		0
Promature habies	13%	50%	19%	19%	56%	56%	25%	2	0
Fremature bables	n=16	8	3	3	9	9	4		
Deprived/low	68%	54%	27%	18%	41%	54%	26%	5	1
income	n=85	46	23	15	35	46	22		–
Teenage hirths	8%	50%	40%	30%	50%	50%	20%	0	0
	n=10	5	4	3	5	5	2		0
Twins/multiple	7%	22%	11%	0%	22%	11%	11%	0	0
births	n=9	2	1	0	2	1	1	0	0
Other	6%								
Other	n=7								
None	2%								
None	n=2								

Key: cells highlighted dark green show the two most popular groups for prioritization, and cells highlighted light green show the most popular engagement strategies for each group.

Table 2Specific ethnic minorities to prioritise for different engagement strategies

	Indian	Pakistani	Bangladeshi	Chinese	African	Caribbean
Community-level	35%	47%	39%	37%	51%	49%
(n=51)	18	24	20	19	26	25
Tailored engagement	30%	39%	43%	39%	48%	39%
(n=23)	7	9	10	9	11	9
Targeted incentives	22%	28%	33%	28%	61%	61%
(n=18)	4	5	6	5	11	11
Translated materials	21%	48%	55%	30%	15%	9%
(n=33)	7	16	18	10	5	3
Qual. Work	22%	41%	39%	22%	48%	41%
(n=46)	10	19	18	10	22	19
Sample boosts	33%	57%	57%	33%	57%	57%
(n=21)	7	12	12	7	12	12

Key: cells highlighted light green show the most popular ethnicities selected for each engagement strategy.

The survey asked which other groups (beyond those listed above) should be prioritised for inclusion in the study. The following recommendations were made:

- Children at higher risk of developing ASD
- Children of parents with a mental health diagnosis
- Children with special educational needs and disabilities (suggested three times)
- Disabled parent (suggested twice)
- Deaf community parents and children
- Homeless/vulnerably housed
- Single parents

2. Study design features

Respondents were asked what the optimal age of recruitment should be. Table 3 shows the results, along with the text underneath which shows the windows of ages selected. 6 months was the age that was most frequently chosen, followed by 3 months or younger.

Table 3 Optimal age of recruitment

What do you consider the optimal age (in months) at recruitment for the first wa	 Freq.	Percent	Cum.
3 months or younger	23	23.71	23.71
4 months	4	4.12	27.84
5 months	1	1.03	28.87
6 months	30	30.93	59.79
7 months	1	1.03	60.82
8 months	3	3.09	63.92
9 months	14	14.43	78.35
10 months	2	2.06	80.41
12 months or older	2	2.06	82.47
A window of ages (please specify)	17	17.53	100.00
Total	+ 97	100.00	

Windows of ages suggested:

- Recruitment during pregnancy (suggested three times)
- Pregnancy to 9 months
- 0 to 6 months
- 6 to 12 months
- 8 to 12 months
- 9 to 12 months
- Age of onset of autistic symptoms

Survey respondents were asked two questions about a new, full scale birth cohort. The first asked what the sample size should be. Table 4 shows the results. The second asked about trade-offs, and which areas should be prioritized, with results summarized in Table 5.

Table 4

Design recommendations for a future, full-scale birth cohort

Sample size for a main study

For the main study, what overall (UK wide) sample size should be recruited at th	Freq.	Percent	Cum.
Less than 5,000 5,000 to 9,999 10,000 to 14,999 15,000 to 24,999 25,000 to 49,999 50,000 to 99,999 100,000 or more	1 9 13 18 15 4 16	1.32 11.84 17.11 23.68 19.74 5.26 21.05	1.32 13.16 30.26 53.95 73.68 78.95 100.00
Total	76	100.00	

Table 5 Tradeoffs: prioritized areas

	N	%
Sample boosts of special groups	54	46%
Consents for record linkage	45	38%
Largest possible sample	34	29%
Inclusion of fathers/multiple informants	34	29%
Richness of novel/observational measures	34	29%
Collection of biosamples	27	23%
Face to face survey (rather than other modes)	18	15%
Sample boosts for S, W, NI	15	13%
Longest possible interview	8	7%

Additionally, respondents were asked to identify the most important scientific themes that the study should cover. Table 6 shows the results, and the text underneath documents other suggestions.

Table 6 Most important themes

Theme	N	%
Inequality, disadvantage	55	54%
Cognitive, social, emotional	47	47%
Infant-parent rel. & home	40	40%
Mental health	36	36%
Social, environmental	35	35%
Bio embedding of stress	26	26%
Infant health	18	18%
Genomics	11	11%
Other	10	10%

Other themes suggested:

- Changing work, family/childcare policies and how they impact child developments and parents' wellbeing
- Gender dynamics
- Sensory health
- Vision

3. Recommendations for measures to include in the feasibility study

Respondents were asked if they had any particular areas of questioning they would like to see included in the study, including any specific measures or scales. Their responses are below, split into thematic areas.

Cognitive, social and emotional development:

- The Early Executive Functions Questionnaire (measures early cognitive executive functions and regulatory skills)
- Related novel/neuro measures:
 - Eye-tracking measures of cognition that are predictors of later language, IQ, neurodevelopmental disorders: 1. face scanning, predictor of vocabulary. 2. visual search (with face, non-face targets), predictors of later ASD, ADHD traits. 3. working memory, predictor of later IQ, academic success
 - o LENA
 - Language Explorer this is an app which can be used to collect a language sample for semi-automatic transcription and automatic analysis. It will be of more use when the children are a little older rather than in the first year

Infant-parent relationships and the home environment:

- Strange situation paradigm (measure of attachment, should be administered to both parents)
- Important to plan to include parental cultural resources in an early wave of the study, ideally in W1, alternatively in W2. Cultural resources include: books in the home, reading behaviour (reading for self, not just to child)

- It is so important to understand how 'caring' and 'caring responsibilities' are understood in parenting practices, and who is seen to be responsible for these/what choices are perceived by the parents.
- Keys to Interactive Parenting Scale. Describes 12 dimensions of the parent-baby relationship based on an 8 minute video of parent and baby playing together.
- Questions on parenting approach to gender, whether the parent is raising their child to be gender neutral or gender normative. As well as, the parents desired gender for the child.
- PICT the parent infant caregiving scale (asks about frequency or caregiving behaviors through touch)

Social, environmental and neighbourhood influences on infant and family:

- Measure of available green space and engagement with green space
- ONS Loneliness measurement three item and single item measures were recommended. The
 three item measure is a three item version of the UCLA Loneliness measure. Recent
 measurement invariance testing suggests the four item UCLA is better, but we would want to
 make comparisons with other studies. Thus, I would recommend the single item measure of
 loneliness recommended by the ONS it is also being used more frequently in surveys and offers
 more variability in scores given the response options are 1-5.
- Record of social interactions (who, when, where)
- Specific questions about how new parents manage with environmental concerns and all the recommendations about limiting contaminants (through food, cosmetics, furnitures), also waste reduction, new transportation mode.

Infant health, growth, nutrition and sleep

- DIETARY RECORD either by 24 hour diet recall, FFQ or 4 day diary (suggested twice)
- Baby Eating Behaviour Questionnaire = Measures Early Appetite Traits
- The Feeding Practices and Structure Questionnaire = Measures Early Infant Feeding Behaviour
- Anthropometric measures of parents and children
- Vision. Good vision is the basis of early childhood development babies take in around 80% of the information for learning through eyesight. It is essential that this is measured (home testing by parents with established vision apps and through a home visit)
- Granular information on infant feeding breastfeeding, formula feeding, reasons for changes, age of introduction of complementary feeds, reasons for introduction of complementary feeds, developmental readiness markers, approaches to responsive bottle feeding and responsive introduction of complementary feeds
- Standardized color photographs of both parents as well as the babies (to measure heritability of physical attractiveness)
- Questions about: pregnancy complications, delivery complications,
- Continuous tracking of growth records Can be taken from infant care / health visitation records
- A composite questionnaire capturing early sleep, not just duration of sleep but also the sensory environment and the strategies parents use to help infants sleep as well as parental perception on infant sleep difficulties.
- Face scanning for mouth/eye ratio

Mental health:

- Malaise Inventory (mother and father)
- What is used by Roots of Empathy, Triple P or SFP programmes ?

• Rutter Malaise + Kessler Scale of Mental Health

Parent health:

- General request to assess prenatal alcohol and nicotine exposure. Important to distinguish stage of pregnancy, ie, what was usde after pregnancy was known? (suggested twice)
- The same tobacco smoking measures as used in MCS. It would be preferable to capture both if women smoked during pregnancy (and whether they quit) as well as whether there is smoking after birth by other household members. This would allow investigation of consequences of smoking during pregnancy and second hand smoke exposure in very early life.
- Psychotic-like experiences. Schizotypal Personality Questionnaire-Brief (SPQ-B; 22-items, parent-report; SPQ-C, child-report).
- I would like to see a measure recording psychoactive medications prescribed in the last six months in parents

Inequality, disadvantage and social mobility:

- Parental cognition has been an omission from previous cohorts obviously should not be too onerous, but should include a language measure and a maths measure (suggested twice)
- Housing stability measuring childhood access to stable housing and the effect it has on development, health outcomes, etc.
- Parental working environment working hours, flexible working patterns (flexitime, working from home, etc), work culture
- Use of parental leave/shared parental leave on parental interaction/engagement with children, parental stress and child/parental well-being outcomes
- Take up of leave -- negotiations/reasons as well as behaviour, childcare and unpaid care/domestic work from both parents (inc non residential coparenting) to understand gender sharing/dividing
- Housing status the type and quality of the housing that the family is living in
- Collect information about home environment and conditions including cooking fuels, presence of damp/mould, noise, etc.

Childcare and early education:

- Time use diary focusing on detailed types of child care, and on child co-presence when doing other tasks
- Weeks of leave (of any kind) taken from work/study/other activity in order to care for an infant.

Genomics, early adversity and the biological embedding of stress:

- Collection of hair samples from carer and offspring to measure cortisol
- Biosamples to be obtained to measure a variety of critically important nutrients for child growth and development e.g. vitamin D, fatty acids, iron, iodine, zinc, selenium, B vitamins and biomarkers for potential mechanisms e.g. inflammation
- MEASURE OF NUTRITIONAL STATUS confirm by measuring key nutrients in blood, urine and/or saliva i.e. vitamin D and iron are most common
- Electroencephalography (EEG)
- Epigenetics
- Finger prick blood samples to provide dried blood spots for later immune analysis (eg antibodies, markers of inflammation)

4. Recommendations for record linkages to be conducted for the feasibility study

Respondents made a number of suggestions for record linkages which they felt would be useful to include in the study. These are outlines below, split into thematic areas.

Infant-parent relationships and the home environment:

• CAFCASS data (children involved with family courts)

Social, environmental and neighbourhood influences on infant and family:

- Air quality/pollution suggested three times
- Social deprivation (index of multiple deprivation) suggested twice
- Census data suggested twice
- Noise pollution suggested twice
- Climatic data
- Access to green space
- Metals in soil
- Proximity to industrial installations
- Crime data for an area
- Family's access of local Children's Centre
- Health, education and social care facilities in the area
- Local COVID-19 pandemic-related restrictions

Infant health, growth, nutrition and sleep:

- Child Health Records in Infancy
- Social care records
- National Neonatal Research Database (NNRD)
- Electronic Red Book

Parent health:

- IAPT service (psychological therapy) use by the parents
- Obstetric records of the mother

Inequality, disadvantage and social mobility:

- HMRC data (including parental leave use)
- Workplace Employment Relations Study (WERS)

5. Appendix I

Participant analysis

		% of	
Sector	Ν	total	
Higher Education	93	82%	from 51 centres
Government	12	11%	
Third sector	7	6%	
Private sector	1	1%	
Media	0	0%	

		% of
Location	Ν	total
Greater London	40	35%
South East	15	13%
Scotland	13	12%
South West	10	9%
Wales	6	5%
East of England	5	4%
International	5	4%
Northern Ireland	4	4%
North West	4	4%
Yorkshire & the Humber	3	3%
Republic of Ireland	3	3%
West Midlands	2	2%
East Midlands	2	2%
North East	1	1%

		% of
Primary discipline/area of interest	Ν	total
Psychology	17	15%
Demography	12	11%
Epidemiology	10	9%
Sociology	8	7%
Education	7	6%
Public health services	6	5%
Genetics	6	5%
Not applicable	5	4%

Social studies	5	4%
Nutrition and Biomedical Sciences	5	4%
Survey methodology	4	4%
Clinical medicine	4	4%
Speech and Language Sciences	4	4%
Geography	4	4%
Perinatal and infant mental health	4	4%
Psychiatry	3	3%
Statistics	2	2%
Other - Health and social medicine	2	2%
Operational Research	2	2%
Economics	1	1%
Behavioural sciences	1	1%
Gender studies	1	1%

Organisations represented

- AD Cave Solutions
- Cardiff University
- Centre for Homelessness Impact
- City, University of London
- Department for Education
- Department for Work and Pensions
- Dundee City Council
- Durham University
- East Ayrshire Council
- Economic and Social Research Institute, Dublin
- Fatherhood Institute
- Florida State University College of Medicine
- Home-Start Orkney
- Imperial College London
- Inserm
- King's College London
- London School of Economics and Political Science
- Loughborough University
- Maynooth University
- Medical Benefits Scheme, Antigua & Barbuda
- MRC Lifecourse Epidemiology Unit, University of Southampton
- National Literacy Trust
- National Perinatal Epidemiology Unit
- North Bristol NHS Trust, University of Bristol
- Oxford Brookes University
- Pennsylvania State University

PSS

- Queen Mary University of London
- Queen's University Belfast
- School of Psychology, Exeter University
- Scottish Government
- Sheffield Hallam University
- Stockholm University
- The Connection at St. Martin's
- The London School of Hygiene & Tropical Medicine
- Trinity College Dublin
- TwinsUK, King's College London
- UCL Centre for Longitudinal Studies
- UCL GOS Institute of Child Health
- UCL Institute of Education
- **Ulster University**
- University College London
- University Hospitals Dorset
- University of Brighton
- University of Bristol
- University of Cambridge
- University of East Anglia
- University of East London
- University of Edinburgh
- University of Essex
- University of Glasgow
- University of Kent
- University of Leeds
- University of Manchester
- University of Nottingham
- University of Oxford
- University of Southampton
- University of St Andrews
- University of Stirling
- University of Strathclyde
- University of Surrey
- University of the West of England
- University of Warwick
- University of York
- Wellcome Sanger Institute
- Welsh Government
- What About The Children?

6. Appendix II

Questionnaire script



Introduction

Early Life Cohort Feasibility Study survey and topic and instrument proposal form

The study is funded by ESRC, who have specified the feasibility study must include and/or test the following features of a future large scale Early Life Cohort:

- An initial sample of babies-born drawn from administrative data held by governments across the UK, to ensure a representative sample with boosted numbers in the devolved nations and of important minority groups.
- Face-to-face survey data collection, alongside different and new forms of data and multiple modes of data collection
- Bio-samples collection
- Diverse and new forms of data linkage
- Prospective harmonisation to facilitate comparative work with other longitudinal studies
- A co-produced design with public engagement from the outset

Please also read the <u>Early Life Cohort Feasibility Study webpage</u> before you submit

The online consultation closes at 17:00 (UK time) on Friday 2nd July 2021

Your Details

Name

Organisation

Role

Sector

Email

Creating an inclusive cohort

The early life cohort aims to maximise participation of traditionally 'less often heard' populations. This might be achieved through special approaches such as bespoke engagement strategies, targeted incentives, or potentially via population boosts.

Which of the following groups should be prioritised for special approaches to ensure strong representation in the sample?

Please select up to 3.

- Ethnic minorities
- Parents born outside of the UK
- Own household fathers/parents
- Vulnerable children e.g. children with a social worker
- Premature babies
- Deprived / low income families
- Teenage births
- Twins / multiple births
- Other
- None

Which of the following approaches would you recommend to help with recruitment of **ethnic minorities**?

Community-level engagement

- Tailored participant materials
- Targeted incentives (e.g. higher incentives for some groups)
- Participant materials translated into different languages

Qualitative work/ focus groups to better understand barriers and drivers to taking part Sample boosts

Other (specify)

Are there particular ethnic minorities that should be prioritised for **community level engagement** to help with their recruitment to the study?



Are there particular ethnic minorities that should be prioritised for **tailored participant materials** to help with their recruitment to the study?



Are there particular ethnic minorities that should be prioritised for **targeted incentives (e.g. higher incentives)** to help with their recruitment to the study?

Indian	
Pakistani	
Bangladeshi	
Chinese	
African	
Caribbean	
	Other (specify)
None	

Are there particular ethnic minorities that should be prioritised for **translating participant materials into different languages** to help with their recruitment to the study?

Indian	
Pakistani	
Bangladeshi	
Chinese	
African	
Caribbean	
	Other (specify)
None	-

Are there particular ethnic minorities that should be prioritised for **qualitative work / focus groups** to better understand barriers and drivers to taking part in the study?

Indian
Pakistani
Bangladeshi
Chinese

	African	
	Caribbean	
		Other (specify)
\square	None	

Are there particular ethnic minorities that should be prioritised for **sample boosts**?

Indian	
Pakistani	
Bangladeshi	
Chinese	
African	
Caribbean	
	Other (specify)
None	I

You suggested a strategy to help with recruitment of ethnic minorities:

\${q://QID221/ChoiceTextEntryValue/6}

Are there particular minorities that should be prioritised for this approach?

Indian		
Pakistani		
Bangladeshi		
Chinese		
African		
Caribbean		
	Other (specify	/)

ſ

Are there particular minorities that should be prioritised for ensuring strong representation in the study?



Which of the following approaches would you recommend to help with recruitment of **parents born outside of the UK**?

Community-level engagement

Tailored participant materials

Targeted incentives (e.g. higher incentives for some groups)

Participant materials translated into different languages

Qualitative work/ focus groups to better understand barriers and drivers to taking part

Sample boosts

Other (specify)

None

Which of the following approaches would you recommend to help with recruitment of **own household fathers/parents?**

Community-level engagement

Tailored participant materials

Targeted incentives (e.g. higher incentives for some groups)

	Participant materials translated into different languages Qualitative work/ focus groups to better understand barriers and drivers to taking part
	Sample boosts
	Other (specify)
	None
V r€	Which of the following approaches would you recommend to help with ecruitment of vulnerable children ?
	Community-level engagement

Tailored participant materials

Targeted incentives (e.g. higher incentives for some groups)

Participant materials translated into different languages

Qualitative work/ focus groups to better understand barriers and drivers to taking part Sample boosts

Other (specify)

None

Which of the following approaches would you recommend to help with recruitment of **premature babies**?

Community-level engagement

Tailored participant materials

Targeted incentives (e.g. higher incentives for some groups)

Participant materials translated into different languages

Qualitative work/ focus groups to better understand barriers and drivers to taking part Sample boosts

Other (specify)

Which of the following approaches would you recommend to help with recruitment of **deprived / low income families**?

Community-level engagement
Tailored participant materials
Targeted incentives (e.g. higher incentives for some groups)
Participant materials translated into different languages
Qualitative work/ focus groups to better understand barriers and drivers to taking part
Sample boosts

None

Which of the following approaches would you recommend to help with recruitment of **teenage births**?

Community-level engagement
Tailored participant materials
Targeted incentives (e.g. higher incentives for some groups)
Participant materials translated into different languages
Qualitative work/ focus groups to better understand barriers and drivers to taking part
Sample boosts

None

Which of the following approaches would you recommend to help with recruitment of **twins / multiple births**?

- Community-level engagement
- Tailored participant materials
- Targeted incentives (e.g. higher incentives for some groups)
- Participant materials translated into different languages
- Qualitative work/ focus groups to better understand barriers and drivers to taking part

Sample boosts	
	Other (specify)

None

Which other group(s) do you suggest should be prioritised for ensuring their inclusion in the study?

Which of the following approaches would you recommend to help wi	th
recruitment of this other group?	

Community-level engagement
Tailored participant materials
Targeted incentives (e.g. higher incentives for some groups)
Participant materials translated into different languages
Qualitative work/ focus groups to better understand barriers and drivers to taking part
Sample boosts
Other (specify)
None

Study Design Features

What do you consider the optimal age (in months) at recruitment for the first wave of data collection in the Feasibility Study? Note that only one home visit is going to be possible in the first year of life.

Please bear in mind that the youngest feasible given the sampling frame is likely to be c. 6 months, however this is still subject to investigation.

\bigcirc	3
\bigcirc	4
\bigcirc	5
\bigcirc	6
\bigcirc	7
\bigcirc	8
\bigcirc	9
\bigcirc	1
\bigcirc	1
\bigcirc	1
\bigcirc	Г

3 months or younger
4 months
5 months
6 months
7 months

-) 8 months) 9 months
-) 10 months
-) 11 months
- 12 months or older

A window of ages (please specify)

Please explain the scientific reasons why you recommend this age/ age window:



For the main study, what overall (UK wide) sample size should be recruited at the first wave?



- Less than 5,000 5,000 to 9,999
- 10,000 to 14,999
- 15,000 to 24,999
- 25,000 to 49,999
- 50,000 to 99,999

Please explain the scientific reasons why you recommend this sample size:

For the main study, there will likely be a trade-off for cost reasons between sample size, sample boosts for special groups, sample boosts for smaller countries, survey length, collection of novel measures and/or bio-samples, mode, inclusion of multiple informants, record linkage consents. Which of these design options would you prioritise?

Choose up to 3.

Largest possible sample
Sample boosts of special groups
Sample boosts for Scotland, Wales and Northern Ireland
Inclusion of fathers/multiple informants (vs primary caregiver only)
Face-to-face survey (vs online, other remote modes)
Longest possible interview
Collection of bio-samples
Richness of novel observational measures e.g. neuro-science, language, environment
Consents for record linkage
Other (specify)

What innovations in study design or fieldwork approach would you like to see included in the Feasibility Study?

Do you have any other comments or suggestions on the study design, or on approaches to be taken to ensure an inclusive cohort?

Scientific priorities

What do you think are the most important topics or themes you would want this study to focus on?

Choose up to three.

Cognitive, social, and emotional development of infants
Infant-parent relationships, and the early home environment
Infant health, including growth, nutrition and sleep
Mental health of parents and the developing child
Social, environmental and neighbourhood influences on infant and family
Inequality, disadvantage, and social mobility in the new cohort
Early adversity and biological embedding of stress
Genomics
Other (specify)

Topic or instrument recommendations

Do you wish to make any recommendations for inclusion of a particular topic or measure within the Feasibility Study?

) Yes) No

You will be able to make up to 10 proposals. Please describe each on a separate page.

First proposal

Please select a scientific theme for your first proposal.

Cognitive, social, and emotional development of infants

Infant-parent relationships, and the early home environment

Infant health, including growth, nutrition and sleep

Mental health of parents and the developing child

Social, environmental and neighbourhood influences on infant and family

Inequality, disadvantage, and social mobility in the new cohort

Early adversity and biological embedding of stress

Genomics

What is the name of the instrument / measure you recommend? What does it measure?

If possible please indicate source of measure - e.g. survey, website:

Scientific justification for inclusion:

Scientific or other relevant references:

Do you wish to propose another instrument / measure for inclusion in the Feasibility Study?

) Yes

No

Second proposal

Please select a scientific theme for your proposal.

-) Cognitive, social, and emotional development of infants
-) Infant-parent relationships, and the early home environment
- Infant health, including growth, nutrition and sleep
- Mental health of parents and the developing child
- Social, environmental and neighbourhood influences on infant and family
- Inequality, disadvantage, and social mobility in the new cohort
-) Early adversity and biological embedding of stress
- Genomics

What is the name of the instrument / measure you recommend? What does it measure?

If possible please indicate source of measure - e.g. survey, website:

Scientific justification for inclusion:

Scientific or other relevant references:

Do you wish to propose another instrument / measure for inclusion in the Feasibility Study?

$\mathbf{)}$	Yes
	Ma

) No

Third proposal

Please select a scientific theme for your proposal.

Cognitive, social, and emotional development of infants
Infant-parent relationships, and the early home environment
Infant health, including growth, nutrition and sleep
Mental health of parents and the developing child
Social, environmental and neighbourhood influences on infant and family
Inequality, disadvantage, and social mobility in the new cohort
Early adversity and biological embedding of stress
Genomics

What is the name of the instrument / measure you recommend? What does it measure?

If possible please indicate source of measure - e.g. survey, website:

Scientific justification for inclusion:

Scientific or other relevant references:

Do you wish to propose another instrument / measure for inclusion in the Feasibility Study?

Yes

Fourth proposal

Please select a scientific theme for your proposal.

-) Cognitive, social, and emotional development of infants
- Infant-parent relationships, and the early home environment
- Infant health, including growth, nutrition and sleep
- Mental health of parents and the developing child
- Social, environmental and neighbourhood influences on infant and family
- Inequality, disadvantage, and social mobility in the new cohort
- Early adversity and biological embedding of stress
- Genomics

What is the name of the instrument / measure you recommend? What does it measure?

If possible please indicate source of measure - e.g. survey, website:

Scientific justification for inclusion:

Scientific or other relevant references:

Do you wish to propose another instrument / measure for inclusion in the Feasibility Study?

Yes

Fifth proposal

Please select a scientific theme for your proposal.

- Cognitive, social, and emotional development of infants
-) Infant-parent relationships, and the early home environment
- Infant health, including growth, nutrition and sleep
-) Mental health of parents and the developing child
- Social, environmental and neighbourhood influences on infant and family
- Inequality, disadvantage, and social mobility in the new cohort
-) Early adversity and biological embedding of stress
- Genomics

What is the name of the instrument / measure you recommend? What does it measure?

If possible please indicate source of measure - e.g. survey, website:

Scientific justification for inclusion:

Scientific or other relevant references:

Do you wish to propose another instrument / measure for inclusion in the Feasibility Study?

Yes

) No

Sixth proposal

Please select a scientific theme for your proposal.

- Cognitive, social, and emotional development of infants
-) Infant-parent relationships, and the early home environment
-) Infant health, including growth, nutrition and sleep
- Mental health of parents and the developing child
- Social, environmental and neighbourhood influences on infant and family
- Inequality, disadvantage, and social mobility in the new cohort
- Early adversity and biological embedding of stress
- Genomics

What is the name of the instrument / measure you recommend? What does it measure?

If possible please indicate source of measure - e.g. survey, website:

Scientific justification for inclusion:

Scientific or other relevant references:

Do you wish to propose another instrument / measure for inclusion in the Feasibility Study?

) Yes

) No

Seventh proposal

Please select a scientific theme for your proposal.

Cognitive, social, and emotional development of infants
Infant-parent relationships, and the early home environment
Infant health, including growth, nutrition and sleep
Mental health of parents and the developing child
Social, environmental and neighbourhood influences on infant and family
Inequality, disadvantage, and social mobility in the new cohort
Early adversity and biological embedding of stress
Genomics

What is the name of the instrument / measure you recommend? What does it measure?

If possible please indicate source of measure - e.g. survey, website:

Scientific justification for inclusion:

Scientific or other relevant references:

Do you wish to propose another instrument / measure for inclusion in the Feasibility Study?

Yes

Eighth proposal

Please select a scientific theme for your proposal.

-) Cognitive, social, and emotional development of infants
- Infant-parent relationships, and the early home environment
- Infant health, including growth, nutrition and sleep
- Mental health of parents and the developing child
- Social, environmental and neighbourhood influences on infant and family
- Inequality, disadvantage, and social mobility in the new cohort
- Early adversity and biological embedding of stress
- Genomics

What is the name of the instrument / measure you recommend? What does it measure?

If possible please indicate source of measure - e.g. survey, website:

Scientific justification for inclusion:

Scientific or other relevant references:

Do you wish to propose another instrument / measure for inclusion in the Feasibility Study?

Yes

Ninth proposal

Please select a scientific theme for your proposal.

- Cognitive, social, and emotional development of infants
-) Infant-parent relationships, and the early home environment
- Infant health, including growth, nutrition and sleep
-) Mental health of parents and the developing child
- Social, environmental and neighbourhood influences on infant and family
- Inequality, disadvantage, and social mobility in the new cohort
-) Early adversity and biological embedding of stress
- Genomics

What is the name of the instrument / measure you recommend? What does it measure?

If possible please indicate source of measure - e.g. survey, website:

Scientific justification for inclusion:

Scientific or other relevant references:

Do you wish to propose another instrument / measure for inclusion in the Feasibility Study?

Yes

Tenth proposal

Please select a scientific theme for your proposal.

- Cognitive, social, and emotional development of infants
-) Infant-parent relationships, and the early home environment
-) Infant health, including growth, nutrition and sleep
- Mental health of parents and the developing child
- Social, environmental and neighbourhood influences on infant and family
- Inequality, disadvantage, and social mobility in the new cohort
- Early adversity and biological embedding of stress
- Genomics

What is the name of the instrument / measure you recommend? What does it measure?

If possible please indicate source of measure - e.g. survey, website:

Scientific justification for inclusion:

Scientific or other relevant references:

Record linkage / Geo-linkage recommendations

Record linkage / geo-linkage recommendations

Do you wish to make any recommendations for inclusion of a particular record linkage, or linkage based on geo-location?

Yes

) No

You will be able to make up to 5 recommendations for linkages.

First proposal

Which theme does your suggested linkage relate to?

) Cognitive, social, and emotional development of infants

- 00000000
 - Infant-parent relationships, and the early home environment
 -) Infant health, including growth, nutrition and sleep
 -) Mental health of parents and the developing child
 - Social, environmental and neighbourhood influences on infant and family
 - Inequality, disadvantage, and social mobility in the new cohort
 - Early adversity and biological embedding of stress
 - Genomics

What is the linkage you recommend? What does it capture?

If possible please indicate where the linked data can be obtained - e.g. website/URL:

Scientific justification:

Scientific or other relevant references:

Do you wish to make any further recommendations for record linkages to be conducted in the Feasibility Study?

) Yes) No

Second proposal

Which theme does your suggested linkage relate to?

Cognitive, social, and emotional development of infants
Infant-parent relationships, and the early home environment
Infant health, including growth, nutrition and sleep
Mental health of parents and the developing child
Social, environmental and neighbourhood influences on infant and family
Inequality, disadvantage, and social mobility in the new cohort
Early adversity and biological embedding of stress
Genomics

What is the linkage you recommend? What does it capture?

If possible please indicate where the linked data can be obtained - e.g. website/URL:

Scientific justification:

Scientific or other relevant references:

Do you wish to make any further recommendations for record linkages to be conducted in the Feasibility Study?

Yes

Third proposal

Which theme does your suggested linkage relate to?

- Cognitive, social, and emotional development of infants
-) Infant-parent relationships, and the early home environment
- Infant health, including growth, nutrition and sleep
-) Mental health of parents and the developing child
- Social, environmental and neighbourhood influences on infant and family
- Inequality, disadvantage, and social mobility in the new cohort
- Early adversity and biological embedding of stress
- Genomics

What is the linkage you recommend? What does it capture?

If possible please indicate where the linked data can be obtained - e.g. website/URL:

Scientific justification:

Scientific or other relevant references:

Do you wish to make any further recommendations for record linkages to be conducted in the Feasibility Study?

Yes

Fourth proposal

Which theme does your suggested linkage relate to?

- Cognitive, social, and emotional development of infants
-) Infant-parent relationships, and the early home environment
-) Infant health, including growth, nutrition and sleep
-) Mental health of parents and the developing child
- Social, environmental and neighbourhood influences on infant and family
- Inequality, disadvantage, and social mobility in the new cohort
- Early adversity and biological embedding of stress
- Genomics

What is the linkage you recommend? What does it capture?

If possible please indicate where the linked data can be obtained - e.g. website/URL:

Scientific justification:

Scientific or other relevant references:

Do you wish to make any further recommendations for record linkages to be conducted in the Feasibility Study?

) Yes) No

Fifth proposal

Which theme does your suggested linkage relate to?

Cognitive, social, and emotional development of infants
Infant-parent relationships, and the early home environment
Infant health, including growth, nutrition and sleep
Mental health of parents and the developing child
Social, environmental and neighbourhood influences on infant and family
Inequality, disadvantage, and social mobility in the new cohort
Early adversity and biological embedding of stress
Genomics

What is the linkage you recommend? What does it capture?

If possible please indicate where the linked data can be obtained - e.g. website/URL:

Scientific justification:

Scientific or other relevant references:

Block 1

You have come to the end of the online consultation form. If you'd like to go back to check or change any of your suggestions you should do so now. Once you've clicked 'Submit form' you won't be able to go back.

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