



Early Life Cohort Feasibility Study
NCB stakeholder engagement event (17th June 2021)
response to findings



Contents

Introduction	3
What are the evidence and policy needs that this study and the larger study could support? 3	
What are the key content areas the study should explore?	6

Introduction

On 17th June 2021, National Children's Bureau (NCB) held a stakeholder engagement event in partnership with the Early Life Cohort Feasibility Study (ELC-FS) to ensure that the study is informed by the evidence needs of stakeholders. A total of 69 policy and practitioner stakeholders registered for the event, with 54 attendees from 33 organisations attending from across the 4 nations. The report from the event can be read [here](#). Below is a report of the evidence/policy needs and suggested topic areas from the event, with a comment on how ELC-FS have incorporated these needs/requests into the survey's scientific content. We do not comment on the findings from the event related to engagement in this report, as the ELC-FS engagement strategy is still under development. A draft of the current version of the questionnaire (dated July 2022) is available on the ELC-FS CLS website [here](#).

What are the evidence and policy needs that this study and the larger study could support?

During the stakeholder engagement event, the following areas were identified as evidence and policy needs that the ELC-FS could support. Below each area, we detail in italics how these comments were considered in our approach to questionnaire design.

1) Children's rights and voice

There is a general challenge of ensuring the 'infant voice' is heard – this study could support and push the boundaries by being more experimental in its approach.

Capturing the views and experiences of babies and young children and measuring parent-infant relationships is important. There are a range of creative ways to do this, e.g. through play therapy techniques.

At 6 months old, it is of course too soon for the views of babies to be directly heard, however the views of those in positions of care and responsibility to infants, and groups of young people who the babies will eventually become, have been actively consulted through qualitative work undertaken in the feasibility study. The ELC-FS will test a variety of novel measures as part of the study protocol in a set of small-scale field tests. These will test the potential for trained fieldwork agency staff to collect specialised objective measurements across a range of domains, including:

- *neuroscience (including a looking-time task, eye-tracking, and mobile EEG, together with the use of an actimetry device)*
- *measurements of the early language environment (through placement in the home of the LENA device)*
- *biosampling (testing the feasibility of collecting and assaying hair samples from babies)*
- *anthropometry (including weight, length, head circumference and adiposity).*

2) Environment and society

- a. Understanding how children's language develops and how development differs according to genetic influences and environmental influences.
- b. differences (if any) between parents living in urban vs. rural areas.
- c. the extent of social capital that individuals have (i.e. social support networks within the family and wider community) and its impact on parents' level of engagement in their community.

ELC-FS now plans the first data collection to be when the baby is at 6 months old, when the measurement of gestures/communications/language is not yet possible, because the baby is too young. Physical developmental milestones appropriate for 6-month-olds will be included

in the questionnaire and we will test the placement of LENA devices to measure the child's linguistic environment will be carried out subject to funding. To support the assessment of urban vs rural differences, ELC-FS will be incorporating information about the families' neighbourhood and lived environment via geo-linkage, using the address history of respondents since their child's birth. Social capital measures will also be included in the questionnaires such as perceived social support, loneliness, contact with and support from parents and use of community-based services.

3) Technology

- a. Technology in early years – the benefits & challenges e.g. how screen time might potentially impact face-to-face engagement with baby vs social support and information available for new mums via the online world.
- b. How parents engage with technology and various apps was also identified as a need, looking at the stresses that these place on parents as well as how supportive they are. In addition, where parents access information and the level of trust they place in particular information sources was also identified.

We will be collecting information on child's screen use in the questionnaire, as well as a report by the interviewer whether technology was disruptive during the interview (e.g. the TV being on). Originally, we developed a set of questions asking about support via internet forums/apps for families and how useful these sources were, but these had to be cut as the questionnaire section was too long. We also considered whether measures of 'technoference' when parents are distracted from care by their technology, could be included. We explored some questions written by experts on this topic but were not satisfied at their validity for inclusion.

4) Parents/Carers support delivery mechanism preferences

A range of evidence and policy needs were identified in relation to parents/carers, including their preferences for face-to-face sessions vs. online/remote support and whether trusting/productive relationships are inhibited by online support (particularly important in light of the pandemic). In addition, a number of attendees would like to know how child outcomes vary in relation to parent's experiences of service(s).

As part of development work for the ELC-FS and the children of the 2020s survey, a service use workshop was held between academics and government stakeholders to develop questions relating to service use provision. Under tight space constraints for ELC-FS, questions about whether services were delivered online/preferences for online delivery was not explored.

5) Service provision / uptake / impact:

The groups noted a wide range of information needs in relation to service provision, uptake and impact including:

- a) Parental knowledge of services available to them
- b) The range of services/interventions that parents access for themselves and their child. This would need to include a variety of service types (early mental health services / peri-natal / children's centres etc.) and cover universal and more specialist provision. Any geographical/socio-economic differences/inequalities in access would need to be explored.
- c) Parents' experiences of services (from referral through to completing them)
- d) The barriers, if any, to accessing these services
- e) What impact service provision has had on parental/child outcomes

As described above, a service use workshop was held to develop questions relating to service use provision. Questions that have been prioritised include which services the family have used and how frequently, including a range of different professionals related to mother-infant health and well-being, and frequency of use of different community-based family services. The items included on these service use list cover a variety of different universal and specialist service providers, with a focus on services particularly used by families with young children. We will also collect information about whether and when professionals were consulted for parents' mental health concerns. Questions on problems with service use were devised for the ELC-FS but have been cut under tight space constraints. Questions about parental knowledge of available services were not developed, with priority given to actual use so that impact on parental/child outcomes and any inequalities in access/use can be identified.

6) Social disadvantage / inequalities

- Extent of unmet need in general;
- The impact of child poverty, in particular social security, child welfare benefit receipt and comparison across the 4 nations.

We will be asking questions about a set of disadvantage indicators, including on income, debt, benefit receipt (including specific family related benefits), and the baby box/bundle schemes in Wales and Scotland. Comparative analysis across the 4 nations should be possible in the main ELC, given the aim for the feasibility study to test the feasibility of population boosts within the devolved nations.

7) The impact of multiple adversities (e.g. parental illness/disability, parental substance abuse, and parental mental illness).

Parental longstanding illness disability, use of alcohol/smoking/e-cigarettes and mental health indicators will all be included in the questionnaires.

8) Measuring outcomes

Attendees reported that this study could provide important outcomes data in relation to:

- Early social & emotional development (for example, via the administration of the ASQ, Eyberg instrument).
- Resilience, bonding & attachment.

A variety of child-specific outcome measures will be included in the ELC-FS questionnaire. These include child temperament, parent-infant bonding, developmental milestones, child's health, and information about child's diet, sleep and crying.

What are the key content areas the study should explore?

Stakeholders also suggested different substantive research areas that should be incorporated into the ELC-FS questionnaires. In column 3, we outline how these suggestions were incorporated:

Areas	Content recommended for exploration	ELC-FS response
<i>Parental income and employment</i>	Employment status of both parents with a particular focus on whether either/both are <ul style="list-style-type: none"> - working (full or part time). - Have a contract of employment with a range of employment rights or zero hours contracts (Note: focus could be on examining levels of employment security). 	<ul style="list-style-type: none"> - We will be asking detailed questions about both parents' employment, as well as usual hours worked, in the PI and AI questionnaires. - We developed questions based on the LFS regarding precarious work, agency work and shift work, but these have had to be cut under time constraints.
<i>Parenting / bonding & attachment</i>	<ul style="list-style-type: none"> - Early parent-child interactions – in particular, language input children are receiving & parent language (e.g., via family history) and wearable devices could also capture important aspects of this. Participants noted possible risk that wearables could influence parent-child interaction. - Extent and quality of parent/ child attachment and parental bonding. - Parenting styles /capacity and experiences. - Parental attitudes, perceptions and understanding of early years & attachment 	<ul style="list-style-type: none"> - We will be testing the placement of LENA devices, which are wearable devices which aim to capture the child's linguistic environment, and subject to funding have also proposed undertaking field tests to test the feasibility of looking time tasks and other neuro-science informed measures that also capture information about infant-child interactions. - Parental bonding will be asked in both PI and AI questionnaires - Questions about parenting/child activities, as well as parenting stress are included in both PI and AI questionnaires. - We developed a set of questions based on MCS1 on parenting beliefs, but these had to be cut under tight space constraints
<i>Parenting contextual factors</i>	<ul style="list-style-type: none"> - Level of parental literacy. - Parental relationships, domestic violence and the impact of domestic violence on the child. - Homelessness / parents in temporary accommodation. - Parents in prison, or prison-experienced. 	<ul style="list-style-type: none"> - We will not be asking about parental literacy at the first wave due to space constraints, as this can be collected in later waves. We will however test gathering consents for linkage to parents' education records held in the national pupil database.

Areas	Content recommended for exploration	ELC-FS response
		<ul style="list-style-type: none"> - Information on the quality of the relationship between parents and partners will be asked in both the PI and AI questionnaire, using the couple satisfaction index and a co-parenting measure from Growing up in Scotland wave 1. We developed questions on partner violence based on questions in BCS70, but cut these as they were too sensitive for a first wave survey - Homelessness and other housing issues will be asked about in a 'significant life events' module to capture different early life stressors - Prison experience will not be asked about at the first wave as this is too sensitive for a first wave questionnaire
Services	<ul style="list-style-type: none"> - Range/types of information parents receive and which do they actually find useful. - Advice and support available and taken up prenatally (e.g. on attachment). - Parents' experience of the various types of support (e.g. health visitor, BabyBuddy, GP, peer support, extended family) and the perceived benefit of these interventions for families and parents. - Extent of childcare available and accessed and whether parents find the quality acceptable. - Extent of variation, if any, that exists in the quality of access / timeliness of access to services (e.g. dental services) across areas. - Extent of support provided by wider family support networks. 	<p>We will be asking about frequency of use for the following professionals:</p> <ol style="list-style-type: none"> 1) Midwife 2) Health visitor 3) GP 4) Family nurse (including Family Nurse Partnership Nurse) 5) Social Worker 6) Family Support Worker/Early Help Worker 7) Paediatrician 8) Consultant/hospital doctor 9) Paediatric physiotherapist <p>And the following community-based services:</p> <ol style="list-style-type: none"> 1) Breastfeeding support 2) Infant feeding/weaning/nutrition support 3) Infant weight and growth support 4) Infant sleep support 5) Baby and infant health advice and support

Areas	Content recommended for exploration	ELC-FS response
		<ul style="list-style-type: none"> 6) Playgroup or play sessions (e.g. stay and play groups, one o'clock clubs, baby singing groups, messy play groups) 7) Baby classes (e.g. baby massage, baby yoga groups, baby swimming, signing groups, sensory groups) 8) Advice and services about child's disability or learning needs 9) Parenting support/parenting classes 10) Mental health support 11) Family relationships support 12) Money or debt advice and support 13) Housing advice and support 14) Jobs and training advice and support 15) Parent fitness classes 16) Drug and alcohol support 17) Other (specify) <p>Childcare providers and support from grandparents with childcare/family life will also be asked about. Services in the prenatal period and sources of information were deprioritised due to space constraints. Questions on problems with accessing services were cut due to space constraints.</p>
<i>Parental health and environmental context</i>	<ul style="list-style-type: none"> - Extent of breastfeeding. - Impact of Covid-19 (as a discrete topic within the survey – and focus should be on well-being aspects). - Environmental factors- e.g. access to outdoor space and time spent outdoors with an analysis by socio-economic background 	<ul style="list-style-type: none"> - We will be asking a set of questions from MCS1 on breastfeeding and introduction of other milk/foods - All COVID-19 questions have been cut from the questionnaires under tight space constraints, as the priority of the feasibility study is to test questions for the main stage survey, where covid-19 will be less directly relevant

Areas	Content recommended for exploration	ELC-FS response
	<ul style="list-style-type: none"> - The home learning environment and what parents know about how to create a positive learning environment - SEND & disability and their impact on child & parents alongside any support needed/received. - Social capital including networks around parents and the impact of these networks. - An examination of environment, genomics and stress (acknowledging that this would ideally include a pregnancy sample). The group noted a pregnancy sub-study would be valuable. Also suggested using antenatal book-in records could be considered for sampling purposes (there is a 98% uptake of 20-week scan appointments)). - The early identification of neurological issues and early measurement and identification of speech and language issues. - The impact of screen time on mental health, sleep etc. 	<ul style="list-style-type: none"> - Access to outdoor space will not be asked, but will be added via geo-linkage - We will be asking about parents' longstanding illness and disabilities, and how much impact this has on their day-to-day activities. We will not be asking about support for this specifically given space constraints. - Social capital will be explored via questions on perceived social support, service use and support from parents - We will be conducting a genetic analysis on a sub-sample of 500 participants - We aim to test the feasibility of conducting a range of neurodevelopmental critical function assessments with the children as part of the study - We will be asking about child's screen time but not the parents. We explored developing a set of questions on 'technoferece' with parenting, but were not satisfied by the validity of the scales.

