

Overview of plans for MCS7: Age 17 Survey

Emla Fitzsimons

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Aim of today

1. Provide overview of suggestions received via online consultation (summer 2015)
2. Provide forum for cross-disciplinary interaction and discussion of these and new suggestions

→ Help shape content of age 17 survey

Next steps

- Today feeds through to draft questionnaires, to be devised in 2016 (PI, with support from MCS7 Scientific Advisory Group and CLS scientific and survey teams); and to co-funding case
- Further consultation via email in Autumn 2016 (not seeking new content!)
- Development work, pilots in 2017 (with fieldwork agency)
- Fieldwork in 2018

MCS7 Scientific Advisory Group

- Louise Arseneault (Professor of Developmental Psychology, King's College)
- Paul Gregg (Professor of Economics, Bath)
- Helen Sweeting (Senior Investigator Scientist, MRC/CSO Social & Public Health Sciences Unit, Glasgow)
- Chris Taylor (Professor of Education Policy, Cardiff)
- Russell Viner (Professor of Adolescent Health, UCL)

MCS7 (Age 17) Consultative Conference: Plan for the day

- 1. Introduction to and overview** of the Millennium Cohort Study and age 17 survey - Emla Fitzsimons (30 mins)
- 2. Activities and daily life**
 - Presentation - Paul Gregg/Helen Sweeting (20 mins)
 - 3 parallel breakout sessions (45 mins)
- 3. Cognitive development**
 - Presentation - Chris Taylor (20 mins)
 - 3 parallel breakout sessions (45 mins)
- 4. Socio-emotional development**
 - Presentation - Louise Arseneault (20 mins)
 - 3 parallel breakout sessions (45 mins)
- 5. Feedback from breakout sessions and general discussion** (60 mins)

UK Millennium Cohort Study (MCS)

- Longitudinal birth cohort study of ~19,000 children born in ~400 areas of UK at turn of the millennium

- Run by the Centre for Longitudinal Studies, UCL IoE

- Previously 1946, 1958, 1970 birth cohorts...
 - Gap of 30 years before MCS!
 - Youngest of British national cohorts
 - First birth cohort study to include all 4 countries
 - Births over ~12 month period
 - Over-sampling of areas with high child poverty, areas with higher ethnic minority populations (Eng only), Wales, Scotland + NI

Millennium Cohort Study

Funded by Economic and Social Research Council (ESRC) and UK government departments

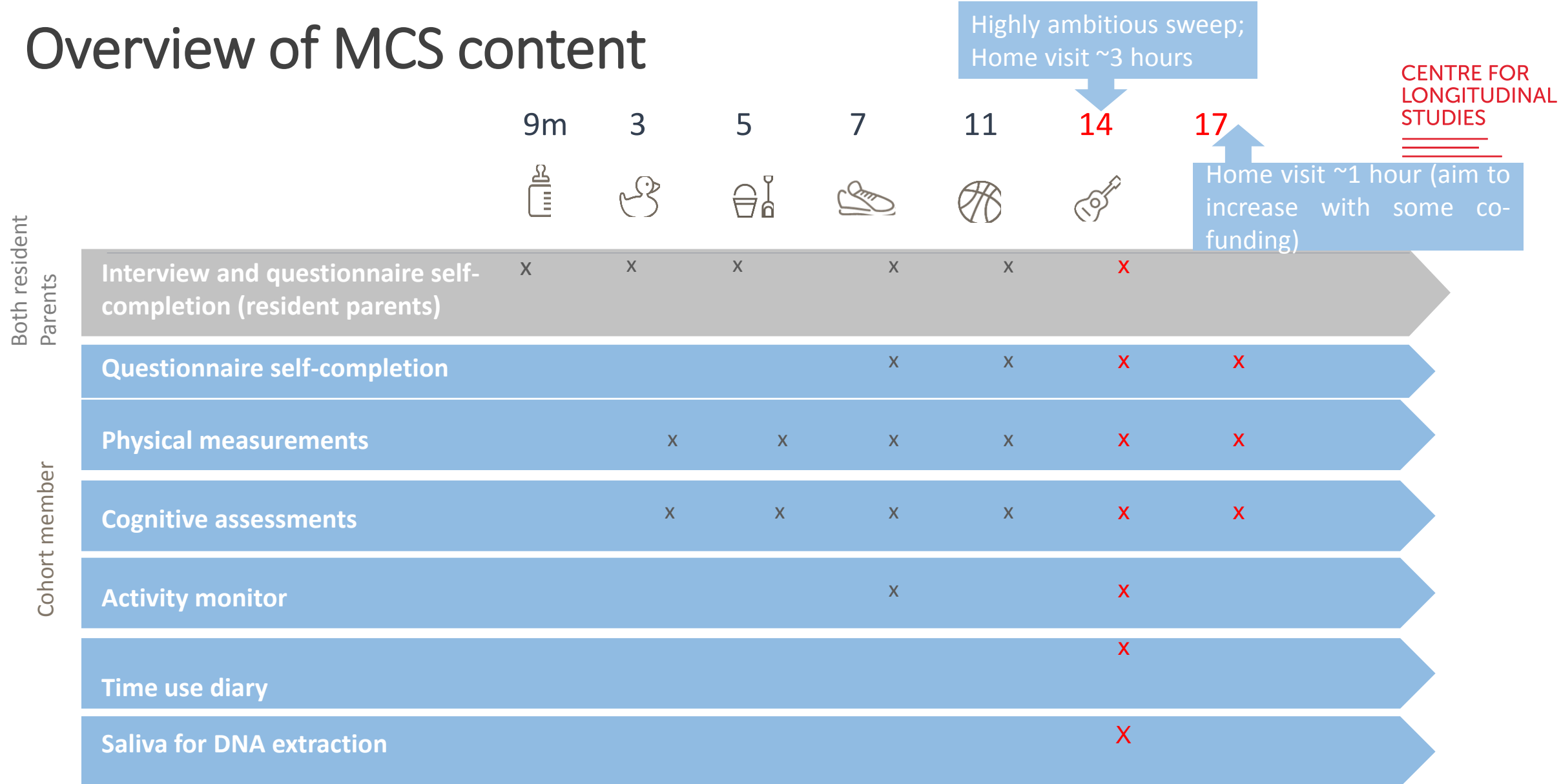
Highly influential – at least 600 peer-reviewed publications based on MCS (to age 7 only!)

→ Can expect influence of the study to proliferate as cohort ages

Major contributions to

- Relationship between **early years and later outcomes/development** (e.g. breastfeeding, inequality in child development, parenting and home environment)
- **Physical development** – overweight/obesity (trajectories and associated factors)
- Impacts of **early childcare**
- **Drivers of educational attainment**

Overview of MCS content



Also: consent to link to administrative health records (to age 14); education records (to age 16); parents' economic records

MCS7 – age 17 survey

Scheduled for 2018

New phase, charting the cohort's experience of maturation to adulthood

Marks a pivotal stage in the lifecycle, when paths of cohort members will diverge in a way that will greatly influence their future well-being

Consultation centres around what cohort members are

'Doing' (activities and daily life)

'Feeling' (socio-emotional development)

'Thinking' (cognitive development)

[Note physical development will also be measured]

Activities and Daily Life

Important to build up a picture of daily life, to understand how young people are spending their time **and** how this affects key decisions

- 1) **Core activities** engaged in - first time for **diverging transitions** in relation to e.g. schooling, further education, training, work, living at home
- 2) **Effort on education/school work**, to help provide an understanding of how personal effort relates to key educational outcomes
- 3) **Risky behaviours**, e.g. smoking, alcohol, drug use, criminal activity, and sexual risky behaviour, all likely to have increased sharply since 14 and to reflect more established rather than exploratory behaviour
- 4) **Engagement with social media** - plays a central role in the lives of the MCS cohort compared to previous British cohorts

Activities and Daily Life

- 5) **Relationships** with parents, family and peers - role of peers likely to be more important than at any time previously
- 6) **Healthy behaviours**, e.g. exercise, diet

Socio-emotional development

Malleability of non-cognitive characteristics supported by research suggesting that the domain of the brain relating to **social and behavioural skills** (personality, motivation, decision-making, executive functions, etc.) matures considerably through late adolescence

Non-cognitive skills increasingly recognised as equally important predictors of both educational attainment and labour market outcomes as cognitive skills

Mental health will be of increased importance at this age, and around 1 in 10 adolescents can be expected to experience major depression by age 18

Attitudes, aspirations and preferences, e.g. preferences for education, attitudes to risk, willingness to trade off resources at two different points in time, expectations and information about returns to education, and expectations about future life events (e.g. partnership formation, childbirth)

Cognitive development

A hallmark of the study; Well-validated (ideally short!) measures of cognition, e.g. numeracy, language, crystallised skills, fluid intelligence...

Physical Development

Age 17 a key stage of physical development, with a significant number of cohort members likely to have reached physical maturity - plan to collect anthropometrics (height, weight, body fat)

Health status?

Parents?

Cohort member likely to be sole respondent, marking a key turning point in their participation in the survey, which has been increasing over time

What (if any) is the crucial information we must collect about parents at this age? Can cohort member be proxy respondent?

Data linkages

Plan to collect consent to various data linkages e.g. health, education, economic, criminal – suggestions welcome

Some considerations

*For each question -
Why is it best placed in
context of a longitudinal
study?*

*Maximising response
rates a crucial objective*

*Important to keep in mind
length of questions,
respondent burden,
balance of questionnaire*

*Comparability with
previous cohorts/
international data*

*Each sweep a contribution
to a life course project*

*- Think about constructs
we will wish to measure
through adulthood*

*Innovative/risky
suggestions welcome!*

Home visit planned;

*Other modes of data
collection appropriate for
certain parts?*

*Data linkages –
suggestions, and
implications for
questionnaire content*

*Thoughts on not
interviewing parents –
what crucial
information would we
miss?*