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Millennium Cohort Study

Health Visitor Survey

Brian Dodgeon

User Guide to the Dataset

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Centre for Longitudinal Studies Following lives from birth through the adult years www.cls.ioe.ac.uk



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The Centre for Longitudinal Studies (CLS) is an ESRC Resource Centre based at the Institution of Education. It provides support and facilities for those using the three internationally-renowned birth cohort studies: the National Child Development Study (1958), the 1970 British Cohort Study and the Millennium Cohort Study (2000). CLS conducts research using the birth cohort study data, with a special interest in family life and parenting, family economics, youth life course transitions and basic skills. The views expressed in this work are those of the author and do not necessarily reflect the views of the Economic and Social Research Council. All errors and omissions remain those of the author.

This document is available in alternative formats. Please contact the Centre for Longitudinal Studies. tel: +44 (0)20 7612 6875 email: clsfeedback@ioe.ac.uk

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1. Millennium Cohort Study Health Visitor Survey - Introduction

- 1.1 This guide will introduce data derived from a survey of health visitors undertaken as part of the Millennium Cohort Study (MCS) and designed to provide information on local services for young families in the areas from which the cohort sample was selected. A brief overview of MCS will be followed by a summary of the development and conduct of the Health Visitor Survey and the data that were gathered.
- 1.2 MCS is the fourth of Britain's world-renowned national longitudinal birth cohort studies. Each follows a large sample of individuals born over a limited period of time through the course of their lives, charting the effects of events and circumstances in early life on outcomes and achievements later on. The initial survey of this latest study (MCS1) was conducted during 2001-2002, taking a new "year-long" cohort of around 19,000 babies. In England and Wales they were born over the 12 months starting in September 2000, and over 13¹/₂ months from late November 2000 in Scotland and Northern Ireland. Information was collected from parents when the babies were aged nine months.
- 1.3 The Health Visitor Survey was prepared at the same time as the MCS1 fieldwork, and conducted soon after the MCS1 survey was completed. This time the focus was not on individual MCS participants, but on local services for young families in the MCS electoral wards. It was felt that health visitors might be well placed to provide an expert overview of what was available in the local area, especially given their role in needs assessment. The idea was to provide a snapshot of information about the neighbourhoods in which MCS children would be growing up, so as to help explain health inequalities and ultimately improve the services available to those children. There was particular interest in:
 - Childcare available: e.g. LA/private/employer-provided;
 - Health facilities: e.g. Psychologist, speech therapist, physiotherapist;
 - Family support: Family Service Units, National Childbirth Trust etc.
 - Leisure facilities: Open spaces, play areas, pools, sports facilities;
 - Statutory initiatives Housing (or Education) Action Zone, Sure Start, etc.
- 1.4 Of course, in a longitudinal study such as MCS, it is inevitable that a proportion of participants eventually move elsewhere. So this neighbourhood information outlines the 'starting' environment for the child, that is, at 9 months old (MCS1). Even for those children whose families stay in the area, the available facilities may of course change as they grow older.
- 1.5 Those approached were the health visitors who had already been contacted to help identify babies eligible for inclusion in MCS in the first place. Questionnaires were sent to 434 health visitor teams throughout the UK in the summer of 2002, and 302 completed returns came in by January 2003. The completed data represent 274 MCS clustered sampling points (i.e.69% of all MCS points). Note that this is not quite the same as 274 wards, since some small wards were combined to form 'superwards,' with at least 25 expected births a year (see Plewis 2007, section 3.18). The response rates varied geographically, from 83% in disadvantaged wards in

Northern Ireland, to 47% in ethnic minority wards in England (see Table 1). For a much more detailed breakdown of response rates and a thorough analysis of the health visitors' replies, see Brassett-Grundy et al. (2004).

- 1.6 Finally, the results from the completed questionnaires were used as a 'look-up' table to link this locally-based information to the individual records of all the MCS participants who lived in those 302 wards: a total of 14,322 in all. This is the form in which this deposit is supplied (i.e.14,322 records indexed by the MCS unique identifier (MCSID), as opposed to 302 questionnaires indexed by sampling points/wards). For the 4,496 participants living in wards where no questionnaire was returned, a variable 'HVflag' in the dataset indicates 'No information from health visitor survey,' so the dataset includes a total of 18,818 records in all. This facilitates longitudinal linkage to the datasets corresponding to all the MCS sweeps.
- 1.7 Frequency counts of twelve key variables, broken down by country, are supplied in Appendix 2.

2. Planning of the Survey

- 2.1 This section and the next give a brief account of how the health visitor survey was planned and carried out. For a fuller description, see Appendix 1 and Brassett-Grundy et al (2004).
- 2.2 Health visitors' caseloads do not neatly coincide with electoral wards so the information pack sent out to them was designed to include postcodes and maps to identify the geographical boundaries of the areas for which information was requested, whilst explaining MCS and its aims.
- 2.3 Health visitor recruitment in Scotland and N.Ireland followed the same pattern as for England & Wales, but 3-4 months later, because of the later start-date of MCS1 fieldwork in those countries.
- 2.4 Visits were made in person by one or two MCS research team members to brief groups of health visitors, to explain the study and engage their help in finding eligible babies in their wards.
- 2.5 Cooperation from health visitors and their managers was purely voluntary and thus greatly appreciated by the MCS research team. After NHS reorganisation, 151 Trusts covering 426 wards agreed to help, resulting in a mail-out of 3,000+ health visitor packs. Only 4 Trusts declined to take part (3 English, one Scottish, covering twelve wards), whilst 4 English wards were never successfully allocated to a Trust.
- 2.6 A Pilot Survey was run in May 2002, covering 40 electoral wards throughout England, Wales, Scotland and Northern Ireland. Various items of feedback were taken on board in planning the survey itself: e.g. a larger window of postal response time was required; abbreviations and names of organisations in Northern Ireland needed to be altered, and maps supplied to supplement postcodes. In large wards, it

was suggested the questionnaire ought to be sent to a central clinic or surgery for completion by a number of health visitors who had joint knowledge of the whole area.

3. Survey Procedure and Sampling Stratification

- 3.1 The contact database was updated in the light of the pilot, to ensure questionnaires went to the right people. Where CLS had details of a health visitor acting as 'ward co-ordinator,' the questionnaire was sent to them; otherwise, it was sent to the local supervisor for dissemination to relevant health visitors. The aim was for a single questionnaire to reach a health visitor for each MCS ward.
- 3.2 The sampling points of MCS Sweep 1 had been assigned to one of three strata in England and one of two strata in Wales, Scotland and N. Ireland. The health visitor survey responses were coded accordingly:
 - o 'advantaged' (England, Wales, Scotland, N Ireland);
 - o 'disadvantaged' (England, Wales, Scotland, N Ireland);
 - 'ethnic minority' (England).
- 3.3 A total of 353 questionnaires were sent out in England, Wales and Scotland in early June 2002, specifying a closing date of late July 2002 (see Appendix 5), and enclosing a map of the relevant MCS area. Seventy questionnaires with maps were sent out in N.Ireland in late June 2002, specifying a closing date of mid August (see Appendix 6). A further 11 questionnaires were sent out for Scottish wards at a similar time, for areas which had taken extra time to trace and print the relevant maps.
- 3.4 Thus a total of 434 questionnaires were sent out in England, Wales, Scotland and N Ireland.

4. Response

- 4.1 In all, 302 questionnaires were returned by 13 Jan 2003, representing 274 sampling points out of a total of 398 (see Table 1). The overall coverage of MCS sampling points was 69%.
- 4.2 The best co-operation was in N.Ireland, where responses were received from 78% of sampling points. In England there were responses from 64% of sampling points (but only 47% from ethnic minority areas). Advantaged and disadvantaged areas had similar response rates, although it was slightly better in disadvantaged wards, particularly in N.Ireland.
- 4.3 Outright refusals were received from less than 2% of sampling points. Health visitors in 7 single wards in England refused or were unable to participate (representing 6 sampling points). Health visitors in 1 Scottish ward (representing a single sampling point) were unable to participate. There were no refusals from Wales or N. Ireland.

5. Temporary weights for small wards to compute response rates

- 5.1 As mentioned in para.1.5, the original sample for MCS Sweep 1 had sampling points containing combinations of single wards and groups of merged wards (termed 'superwards' grouped because of very small numbers of expected births see Plewis 2003).
- 5.2 To treat the health visitor survey similarly, the questionnaire data were entered into a database, and temporary weights attached:
 - 1.0 for a sampling point with single ward only;
 - 1.0 for the only ward within a 'superward' to return a questionnaire (i.e these data would have to represent the whole of that superward);
 - where questionnaires were returned by more than one ward within a superward, weights were assigned to each according to the proportion of births each represented in the issued sample.
- 5.3 It should be noted that, although these temporary weights were very useful in compiling figures on the comparative response rates from teams of health visitors (e.g. in Table 1 and the more detailed analyses in Brassett-Grundy et al 2004), they are not relevant in the context of using the deposited Health Visitor Survey Dataset for analysis purposes. This is because the ward-level data have been linked to family-level records (see section 7), and so the appropriate weighting would be that normally used to analyse MCS datasets (see Jones and Ketende 2010 and section 8 below).

Table 1. Responses to main health visitor survey by country and stratum, Jan 2003(taking into account weights assigned for small wards)

Country	Stratum	Total number of sampling points (where 'superwards' constitute a single point or cluster)	Number of sampling points responding to health visitor survey (also as % of total)
	Advantaged	110*	71 (65%)
England	Disadvantaged	71	47 (66%)
Ligiana	Ethnic Minority	19	9 (47%)
	Total	200	127 (64%)
	Advantaged	23	16 (70%)
Wales	Disadvantaged	50	36 (72%)
	Total	73	52 (71%)
	Advantaged	32	23 (72%)
Scotland	Disadvantaged	30	23 (77%)
	Total	62	46 (74%)
	Advantaged	23	16 (70%)
Northern Ireland	Disadvantaged	40	33 (83%)
	Total	63	49 (78%)
Total	Total	398	274 (69%)

* Three advantaged sampling points (all in England) were not sent questionnaires in this survey and so the total possible number of returns for this category was 107. This raises the survey response rate in this category to 66%.

6. Publication of initial analyses at ward level

6.1 Soon after the completion of the Health Visitor Survey, an analysis of the ward-level response was produced by the Centre for Longitudinal Studies (Brassett-Grundy et al 2004). The second full sweep of data collection (MCS2) was by then in full swing, being followed in quick succession by MCS3 (2006) and MCS4 (2008). There was therefore a delay before the results of this survey were documented and linked to the rest of the MCS data at the family level.

7. Linkage to family-level dataset

- 7.1 In due course, the data from each health visitor questionnaire were linked to all the MCS families resident in that particular sampling point, so each MCS cohort member (potentially) has neighbourhood data from their 2002/3 residence associated with their longitudinal data. This is the form in which this deposit is supplied (i.e. 18,818 records indexed by the MCS unique identifier (MCSID), as opposed to 302 questionnaires indexed by sampling points/wards). Of these 18,818 records, 4,496 are flagged as 'No data from HV survey' (see variable HVFLAG), to indicate there was no response from a health visitor team in that ward.
- 7.2 The Health Visitor Dataset is therefore supplied in the most convenient form for linkage to other MCS datasets: the most obvious being MCS1, the results of the first MCS sweep, which was conducted around the same time as the Health Visitor Survey. The dataset should also be merged with the MCS Longitudinal Family File, in order to pick up the 'weighting' and stratification variables (see section 8 below and Jones and Ketende 2010).

8. Weighting system to be applied when using the health visitor dataset

- 8.1 As MCS users will be aware, the Millennium Cohort Study does not use a simple random sample design like the 1958 and 1970 longitudinal birth cohorts, NCDS and BCS70. It is a stratified cluster sample with finite population sampling and varying probabilities of selection: those in Wales, Scotland and Northern Ireland, and those in wards with high ethnic minority populations are more likely to be sampled than other UK inhabitants.
- 8.2 MCS sampled all eligible children at age 9 months in each of 398 wards (or 'superwards') in total, as can be seen from Table 1. But of course in the whole of the UK there are 9,548 wards (or superwards), as shown in Table 2.
- 8.3 The figures in column two of Table 2 show the exact probability of any one of the 9,548 UK wards being selected as one of the 398 included in the study. For instance, since there are 5,289 'England: advantaged' wards in all, but only 110 were included in the Study (see Table 1), the probability of selection is 110/5289=0.0208.
- 8.4 Similarly, continuing down column 2 of Table 2, we see that for 'England: Disadvantaged' wards the probability of selection is 71/1853=0.0383, and so on.

- 8.5 These probability figures led to the creation of the MCS variable 'Weight1,' with which users may already be familiar (see column 3 of Table 2). 'Weight1' is calculated by expressing the number of MCS wards as a ratio of all possible wards in that country, and dividing that ratio by the respective probability of selection, listed in column 2 of Table 2.
- 8.6 So, for the example of England, the ratio is 200/7311 (=0.0274). Dividing this figure by the 'probability' figure of 0.0208, we get the weight1 value of 1.32 for 'England: advantaged.' Similarly, dividing 0.0274 by 0.0383 we arrive at 0.71 for 'England: disadvantaged' (see column 3 of Table 2).
- 8.7 This is the basic principle by which the well-known MCS weights were calculated: Weight1 applies to analyses conducted within one UK country; column 4 of Table 2 shows the corresponding 'Weight2,' used for analyses of the whole UK (where the ratio of 398/9548 is divided by the probability figure in column 2 - for more details see Plewis 2007). These weights were later refined slightly into the variables aovwt1 and aovwt2 to compensate for individual-level non-response (see Jones and Ketende 2010).
- 8.8 In order to analyse the variables in the Health Visitor Dataset, use the sampling weights for country-specific or UK analyses as discussed in para 8.7 above, with the method/syntax explained in Jones and Ketende 2010. However, it is important to note that one should select only those cases where the variable HVFLAG=1 (i.e. 'Information supplied from HV Survey' = YES). This excludes those MCS members living in wards where no questionnaire was returned by the health visitor team, since one cannot be certain the facilities available in non-responding wards were in fact similar to those wards in the same 'stratum' that did respond.
- 8.9 Researchers who are unsure about how to use the MCS weights, or who require more detailed advice on the representativeness of the data, are advised to contact the Centre for Longitudinal Studies User Support Team at: clsfeedback@ioe.ac.uk.

	1	2	3	4
Stratum	No. Wards and Super- wards	Probability of ward within stratum being sampled	Weight1 (Weight for each UK country)	Weight2 (Weight for UK as a whole)
England: Advantaged	5289	0.0208	1.32	2.00
England: Disadvantaged	1853	0.0383	0.71	1.09
England: Ethnic min	169	0.112	0.24	0.37
WALES: Advantaged	345	0.067	1.77	0.62
WALES: Disadvantaged	274	0.182	0.65	0.23
SCOTLAND: Advantaged	709	0.045	1.23	0.93
SCOTLAND: Disadvantaged	409	0.073	0.75	0.57
N.IRELAND: Advantaged	258	0.089	1.41	0.47
N.IRELAND: Disadvantaged	242	0.165	0.76	0.25
Total	9548			

Table 2. All UK wards, with MCS weighting system

9. Caveats regarding the analysis of the health visitor dataset

- 9.1 As health visitors do not organise the geography of their work based upon electoral wards, it cannot be 100% guaranteed that the questionnaires they completed were done with strict adherence to the maps and postcodes to which each related.
- 9.2 Where health visitors were new to the area (often the case given the climate of high staff turnover), they may not have known whether various services existed. Analysis of the data therefore reflects what health visitors knew about the area in which they worked, rather than a definitive assessment of which services actually existed. Equally, health visitors possessed varying degrees of available time and motivation to complete this postal survey, given the demands of working in a sector that is often understaffed.
- 9.3 It should be remembered that the services and facilities identified by health visitors in this survey represent a 'snapshot' of what was available in 2002. The environment surrounding MCS children may have changed and evolved in the years since then, and of course many MCS families have since moved to a different geographical location.

9. Elements of the Deposit

10.1 Data from each health visitor questionnaire, linked to all the MCS families resident in that particular sampling point, are available from the Economic and Social Data Service (ESDS - <u>http://www.esds.ac.uk/</u>). The elements of this deposit are listed below.

Format
SPSS
STATA
PDF
PDF

10. Variables in the Dataset

A summary of the variables included in the deposit is provided below.

NB: ** Indicates codes were identical to preceding variable in sequence (i.e. 1=Yes in this area; 2= Yes, in adjacent area; 3= No).

Variable Name	Variable Description	Range of Codes (non-missing)	Missing Values
MCSID	MCS research ID		None
HVFLAG	Information from health visitor survey or not	0 No 1 Yes	None
CMFLAG	Cohort member number	1-3	None
COUNTRY	Country (of sampling)		
STRATUM	Stratum	1 Advantaged 2 Disadvantaged 3 Ethnic minority	-1 N/A
SUPER_WA	Super Ward indicator	1 Complete response – single ward 2 Partial response – only response 3 Partial response – 1 of 2 or more 4 Complete response – 1 of complete set of respondents	-1 N/A
ISD_SAMP	Issued sample (number of births)	3-642	-1 N/A
SURESTRT	Is this a Sure Start ward (according to NESS)?	1 Yes 2 No	-1 N/A
CHILD_1	Q1.1 Registered Childminders?	1 Yes – in this area 2 Yes – in adjacent area 3 No	-1 N/A -8 D/K -9 No answer
CHILD_2	Q 1.2 Employer-provided childcare?	**	**
CHILD_3	Q 1.3 LA Nurseries?	**	**
CHILD_4 CHILD_5	Q 1.4 Private Nurseries? Q 1.5 Neighbourhood Nurseries?	**	**
CHILD_6	Q 1.6 Social Services sponsored childminding schemes?	**	**

Variable Name	Variable Description	Range of Codes (non-missing)	Missing Values
CHILD_7	Q 1.7 Early Excellence Centre?	**	**
CHILD_8	Q 1.8 Pre-school Learning Alliance?	**	**
CHILD 9	Q 1.9 Private nursery school?	**	**
CHILD_10	Q 1.10 LA nursery school?	**	**
CHILD_11	Q 1.11 Nursery classes in primary/infants school?	**	**
CHILD_NP	Q 1.10 & 1.11 - Any Local Authority nursery school/class provision?	**	**
CHILD_12	Q 1.12 Playlink scheme?	**	**
CHILD_13	Q 1.13 Breakfast clubs?	**	**
CHILD_14	Q 1.14 After-school clubs?	**	**
CHILD_15	Q 1.15 Summer play schemes?	**	**
CHILD_16	Q 1.16 Story-telling sessions?	**	**
CHILD_17	Q 1.17 Other childcare?	**	**
HA_1A	Q 2 (a) 1 (a) Clinical Psychologist?	1 Yes – in this area 2 Yes – in adjacent area 3 No	-1 N/A -8 D/K -9 No answer
HA1A_WT	Q 2 (a) 1 (a) Clinical Psychologist - waiting time	1 <= 1 month 2 1- 6 mths 3 7-12 mths 4 > 1 year	-1 N/A -8 D/K -9 No answer
HA_1B	Q 2 (a) 1 (b) Speech Therapist?	1 Yes – in this area 2 Yes – in adjacent area 3 No	-1 N/A -8 D/K -9 No answer
HA1B_WT	Q 2 (a) 1 (b) Speech Therapist - waiting time	1 <= 1 month 2 1-6 mths 3 7-12 mths 4 > 1 year	-1 N/A -8 D/K -9 No answer
HA_1C	Q 2 (a) 1 (c) Physiotherapist?	1 Yes – in this area 2 Yes – in adjacent area 3 No	-1 N/A -8 D/K -9 No answer
HA1C_WT	Q 2 (a) 1 (c) Physiotherapist - waiting time	1 <= 1 month 2 1- 6 mths 3 7-12 mths 4 > 1 year	-1 N/A -8 D/K -9 No answer
HA_1D	Q 2 (a) 1 (d) Occupational Therapist?	1 Yes – in this area 2 Yes – in adjacent area 3 No	-1 N/A -8 D/K -9 No answer
HA1D_WT	Q 2 (a) 1 (d) Occupational Therapist - waiting time	1 <= 1 month 2 1- 6 mths	-1 N/A -8 D/K

Variable Name	Variable Description	Range of Codes (non-missing)	Missing Values
		3 7-12 mths 4 > 1 year	-9 No answer
HA_1E	Q 2 (a) 1 (e) Ear, Nose and Throat Specialist?	1 Yes – in this area 2 Yes – in adjacent area 3 No	-1 N/A -8 D/K -9 No answer
HA1E_WT	Q 2 (a) 1 (e) Ear, Nose and Throat Specialist – waiting time	1 <= 1 month 2 1- 6 mths 3 7-12 mths 4 > 1 year	-1 N/A -8 D/K -9 No answer
HA_1F	Q 2 (a) 1 (f) Other health specialist?	1 Yes – in this area 2 Yes – in adjacent area 3 No	-1 N/A -8 D/K -9 No answer
HA1F_WT	Q 2 (a) 1 (f) Other health specialist – waiting time	1 <= 1 month	
HA_2	Q 2 (a) 2 Child and Adolescent Mental Health Services?	1 Yes – in this area 2 Yes – in adjacent area 3 No	-1 N/A -8 D/K -9 No answer
HA2_WT	Q 2 (a) 2 CAMS - waiting time	1 <= 1 month 2 1- 6 mths 3 7-12 mths 4 > 1 year	-1 N/A -8 D/K -9 No answer
HA_3	Q 2 (a) 3 Counselling Services?	1 Yes – in this area 2 Yes – in adjacent area 3 No	-1 N/A -8 D/K -9 No answer
HA3_WT	Q 2 (a) 3 Counselling Services – waiting time	1 <= 1 month 2 1- 6 mths 3 7-12 mths 4 > 1 year	-1 N/A -8 D/K -9 No answer
HB_1	Q 2 (b) 1 Postnatal depression screening?	1 Yes – in this area 2 Yes – in adjacent area 3 No	-1 N/A -8 D/K -9 No answer
HB_2	Q 2 (b) 2 Episodic psychotic mental illness identification?	**	**
HB_3	Q 2 (b) 3 Disabled children specialist provision?	**	**
HB_4	Q 2 (b) 4 Portage Services?	**	**
HB_5	Q 2 (b) 5 Child Health Clinic?	**	**
HB_6	Q 2 (b) 6 Lay Mothers'		

Variable Name	Variable Description	Range of Codes (non-missing)	Missing Values
	Breastfeeding Group?		
HB_7	Q 2 (b) 7 Community Mothers' Scheme?	**	**
HB_8	Q 2 (b) 8 Family Planning Service?	**	**
HB_9	Q 2 (b) 9 Youth Family Planning Advisory Service?	**	**
HB_10	Q 2 (b) 10 Well Woman Clinic?	**	**
HB_11	Q 2 (b) 11 Self-help groups?	**	**
HB_12	Q 2 (b) 12 Other health service?	**	**
FAMS_1	Q 3.1 National Childbirth Trust Groups?	**	**
FAMS_2	Q 3.2 Family Welfare Association?	**	**
FAMS_3	Q 3.3 Family Centre (vol. or stat.) e.g. Barnardos?	**	**
FAMS_4	Q 3.4 Family Befriending Services?	**	**
FAMS 5	Q 3.5 HomeStart?	**	**
FAMS_6	Q 3.6 Ormiston Trust?	**	**
FAMS_7	Q 3.7 Link workers/interpreters?	**	**
FAMS_8	Q 3.8 Family Service Units?	**	**
FAMS_9	Q 3.9 Welcare?	**	**
FAMS 10	Q 3.10 Newpin?	**	**
FAMS 11	Q 3.11 Women's Aid?	**	**
FAMS 12	Q 3.12 KIDS?	**	**
FAMS 13	Q 3.13 BREAK?	**	**
FAMS 14	Q 3.14 Children's Society?	**	**
FAMS_15	Q 3.15 NCH Action for Children?	**	**
FAMS_16	Q 3.16 Kids Club Network?	**	**
FAMS_17	Q 3.17 Minority ethnically- specific family support?	**	**
FAMS_18	Q 3.18 Religion-specific family support?	**	**
FAMS_19	Q 3.19 Parent Craft Classes?	**	**
FAMS_20	Q 3.20 Parenting Programmes?	**	**
FAMS_21	Q 3.21 Pippin?	**	**
FAMS 22	Q 3.22 Father Groups/Projects?	**	**
FAMS_23	Q 3.23 Grandparents' Group?	**	**
FAMS_24	Q 3.24 Swap-shop for ** **		**
FAMS_25	Q 3.25 Equipment Loan ** **		**
FAMS 26	Q 3.26 Credit Unions?	**	**
FAMS_27	Q 3.27 Other family support?	**	**
LEIS 1	Q 4.1 Open spaces with safe	**	**

Variable Name	Variable Description	Range of Codes (non-missing)	Missing Values
	play areas?		
LEIS_2			**
LEIS_3	Q 4.3 Private Leisure Centre (members-only)?	**	**
LEIS 4	Q 4.4 Public Leisure Centre?	**	**
LEIS 5	Q 4.5 Public Swimming Pool?	**	**
LEIS_6	Q 4.6 Bowling Alley?	**	**
LEIS 7	Q 4.7 Junior sports schemes,	**	**
	e.g. gymnastics?		
LEIS_8	Q 4.8 Activity centre e.g.	**	**
	Whacky Warehouse, Jungle		
	Gym?		
LEIS_9	Q 4.9 Parent and Toddler	**	**
LEIS_9	Group?		
LEIS 10	Q 4.10 Tumble Tots	**	**
LEIS_IU			
	Groups/Baby Gym/Crescendo?	**	**
LEIS_11	Q 4.11 Playbus?	**	**
LEIS_12	Q 4.12 Toy Library?	**	**
LEIS_13	Q 4.13 Mobile Library?	**	**
LEIS_14	Q 4.14 Bookstart Schemes?		
LEIS_15	Q 4.15 Music-making groups?	**	**
LEIS_16	Q 4.16 Cinema?	**	**
LEIS_17	Q 4.17 Museum?	**	**
LEIS_18	Q 4.18 Zoo/City Farm?	**	**
LEIS_19	Q 4.19 Other leisure service?	**	**
STAT_1	Q 5.1 Health Action Zone (HAZ)?	**	**
STAT 2	Q 5.2 Healthy Living Centre?	**	**
STAT_3	Q 5.3 Health Improvement ** **		**
_	Programme?		
STAT_4	Q 5.4 Sure Start?	**	**
STAT_5	Q 5.5 Healthy Schools Initiative/Programme?	**	**
STAT 6	Q 5.6 Education Action Zone?	**	**
STAT_7	Q 5.7 Employment Zone?	**	**
STAT_8	Q 5.8 Housing Action	**	**
01111_0	Zone/Trust?		
STAT_9	Q 5.9 Single Regeneration Budget?	**	**
STAT_10	Q 5.10 New Deal for	**	**
STAT_11	Communities? Q 5.11 Local Governments ** ** Associations' New Commitment to Regeneration? **		**
STAT_12	to Regeneration? ** Q 5.12 Neighbourhood ** Renewal Fund? **		**
STAT_13	Q 5.13 Local Agenda 21?	**	**
STAT_13	Q 5. 13 LOCAL Agenda 21?		**
	Q 5.14 Crime Reduction ** Programme?		

Variable Name	Variable Description	Range of Codes Missing Value (non-missing)	
STAT_15	Q 5.15 Drug Action Team?	**	**
STAT_16	Q 5.16 Other Statutory Initiative?	**	**
BAD_IND	Indicator of whether any bad things listed	0 No bad things listed 1 Yes, bad things listed	-1 N/A
GOOD_IND	Indicator of whether any good things listed 1 Yes, good things listed		-1 N/A
OTH_IND	Indicator of whether 'other comments' supplied	0 No 1 Yes	-1 N/A

11. References

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Appendix 1 Planning and Implementation of the Survey

A1 Recruitment of Health Visitors

A.1.1 CLS was given Medical Research Ethics Committee (MREC) approval to ask supervisors for the co-operation of their health visitors in filling out the questionnaire. Researchers were aware that helping with the survey was not part of a health visitor's normal duties, which were often already demanding, so CLS is very grateful for their co-operation.

A1.2 Health visitors' caseloads do not coincide neatly with electoral wards – so the information pack sent out to them was designed to include postcodes and maps to identify the geographical boundaries of the areas for which information was requested, whilst explaining MCS and its aims.

A1.3 There was no central list of health visitors, so the process of contacting them was complicated. The identification of Health Trusts responsible for the study's specific wards required detailed research: there were 119 Trusts for the English wards, 15 for the Welsh, 14 for the Scottish and 11 for the Northern Irish – 159 in total.

A1.4 Letters were sent in April 2001 to Directors of Nursing in each Trust, explaining MCS's aims, requesting support for health visitors' collaboration in finding MCS babies, and requesting contact details of health visitors or their team leaders (see sample letter in Appendix 3). These letters enclosed a sample copy of the health visitor information pack (see Appendix 4).

A1.4 A telephone exercise was run in May-June 2001 to follow up 57 English Trust and 8 Welsh Trust Directors of Nursing from whom no reply had been received. Further information or reassurance regarding ethical approval was sometimes necessary. Some Directors replied that their area didn't contain the 'assigned' electoral ward, so further research was undertaken to locate the correct addressee/Trust. In September 2001 CLS wrote to the one Welsh and 27 English Trusts from whom no reply had yet been received.

A1.5 Health visitor recruitment in Scotland and N.Ireland followed the same pattern as for England & Wales, but 3/4 months later, because of the later start-date of MCS1 fieldwork in those countries.

A1.6 The process of locating health visitors in the correct sample wards was a lengthy undertaking, continuing throughout the first sweep of MCS data collection. Personnel in this sector often changed, necessitating constant maintenance of the MCS contacts database

A1.7 Visits were made in person by one or two MCS research team members to brief groups of health visitors, explain the study and engage their help in finding eligible babies in their wards.

A1.8 The NHS underwent a major structural re-organisation during this exercise. Health Trusts were abolished and replaced by Primary Care Trusts, necessitating almost complete reallocation of the sample wards to the new structures. There were many personnel changes, so new contacts needed to be established, to co-ordinate the health visitors' help.

A1.9 Cooperation from health visitors and their managers was purely voluntary and thus greatly appreciated by the MCS research team. After the NHS reorganisation, 151 Trusts covering 426 wards agreed to help, resulting in a mail-out of over 3,000 health visitor packs.

Only 4 Trusts declined to take part (3 English, one Scottish, covering twelve wards), whilst 4 English wards were never successfully allocated to a Trust.

A2 Pilot Survey

A2.1 A draft questionnaire was developed during the health visitor contact process.

A2.2 An advisory team was set up, including two academics with expert knowledge of health visiting practices, to assess the questionnaire design before piloting.

A2.3 Ethical approval was obtained March 2002 from the South West Multi-Centre Research Ethics Committee.

A2.4 Pilot questionnaires were sent in May 2002 to representatives in 40 electoral wards throughout England, Wales, Scotland and N Ireland. Maps were enclosed showing the area (in England, Wales, Scotland) for which information was sought. Maps were not available for N.Ireland, so lists of postcodes covering the ward were enclosed instead.

A2.5 A 'Feedback' form was enclosed for comments on the questionnaire's design and content. A period of two weeks was given for questionnaires and feedback forms to be returned. The wards selected varied in size and location, and were chosen to be within Health Trusts where the team had already established good relationships.

A3 Evaluation of the Health Visitor Survey Pilot

A3.1 The questionnaire was generally answered well, including interesting answers to the open-ended questions regarding what was good or bad about the area.

A3.2 Some questions were left unanswered because the tick-boxes were a little too small or blocks of questions were cramped.

A3.3. Evidently, larger prepaid envelopes were needed for the return of the questionnaire.

A3.4 Health visitors had rarely included their postcode in responding to the request for contact information, so this would need to be requested more overtly.

A3.5 A larger window of response time was needed, since it occasionally took a fortnight for the questionnaire to arrive on the relevant health visitor's desk.

A3.6 Feedback was generally very positive indeed, and one or two comments were made concerning MCS as a whole.

A3.7 Suggestions were occasionally offered for further improvements: for example, abbreviations, organisations and statutory initiatives were altered for N. Ireland, since they often had different names there. Northern Irish health visitors requested maps, since working with postcodes was not easy: so ward maps were sourced and copied for the main survey.

A3.8 In large wards, the pilot concluded it would be best to send the questionnaire to a central clinic or surgery for completion by a number of health visitors who had joint knowledge of the whole area. The draft questionnaire was developed during the health visitor contact process.

A4 Procedure for the Main Health Visitor Survey

A4.1 The contact database was updated following the pilot, to ensure the questionnaires were going to the right people (including those who had declined to assist with identifying additional families with babies eligible for the MCS).

A4.2 Where the MCS team had details of a health visitor acting as a 'ward coordinator,' the relevant questionnaire was sent to them.

A4.3 Otherwise, the questionnaire was sent to the local supervisor for dissemination to the relevant health visitors. The aim was for a single questionnaire to reach a health visitor for each MCS ward.

A4.4. A total of 353 questionnaires were sent out in England, Wales and Scotland in early June 2002, specifying a closing date of late July 2002 (see Appendix 5), and enclosing a map of the relevant MCS area.

A4.5 Seventy questionnaires with maps were sent out in N.Ireland in late June 2002, specifying a closing date of mid August (see Appendix 6). A further eleven questionnaires were sent out for Scottish wards at a similar time, for areas which had taken extra time to trace and print the relevant maps.

A4.6 All questionnaires were mailed with FREEPOST envelopes to encourage response. Questionnaires were not sent to those areas that had responded to the pilot survey, since the questionnaire's content had barely changed. Questionnaires were also not sent to the three wards that had never successfully been allocated to a health trust during the main part of the MCS1 survey.

A4.7 Thus a total of 434 questionnaires were sent out in England, Wales, Scotland and N Ireland.

Appendix 2 Frequency counts of key variables in the dataset, by country

This appendix contains 'raw' frequency counts only: the data in these tables have not been weighted according to the procedure outlined in section 8, to adjust for MCS's stratified cluster sample design.

		Country				
		1 England	2 Wales	3 Scotland	4 N. Ireland	Total
CHILD_1 Q 1.1	1 Yes – in this ward	7857	1846	1829	1379	12911
Registered	2 Yes – in adjacent ward	298	94	0	161	553
Childminders?	3 No	177	20	31	0	228
	4/5 Don't know or no answer	379	114	0	137	630
	 -1 No information from health visitor survey 	2984	724	510	278	4496
Total	2	11695	2798	2370	1955	18818

CHILD_1 Q 1.1 Registered Childminders? * COUNTRY Crosstabulation

CHILD_3 Q 1.3 LA Nurseries? * C	OUNTRY Crosstabulation
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			Country			
		1 England	2 Wales	3 Scotland	4 N. Ireland	Total
CHILD_3 Q1.3 LA	1 Yes – in this ward	3556	1006	1179	464	6205
Nurseries?	2 Yes – in adjacent ward	1029	69	230	375	1703
	3 No	3617	930	417	717	5681
	4/5 Don't know or no answer	509	69	34	121	733
	 -1 No information from health visitor survey 	2984	724	510	278	4496
Total	Sarvey	11695	2798	2370	1955	18818

CHILD_4 Q 1.4 Private Nurseries? * COUNTRY Crosstabulation

			Country			
		1 England	2 Wales	3 Scotland	4 N. Ireland	Total
CHILD_4 Q 1.4 Private	1 Yes – in this ward	5769	1293	1050	585	8697
Nurseries?	2 Yes – in adjacent ward	1702	155	439	458	2754
	3 No	971	477	371	589	2408
	4/5 Don't know or no answer	269	149	0	45	463
	-1 No information from health visitor	2984	724	510	278	4496
Total	survey	11695	2798	2370	1955	18818

		Country				
		1 England	2 Wales	3 Scotland	4 N. Ireland	Total
HA_1A Q 2 (a) 1 (a)	1 Yes – in this ward	5254	782	1205	677	7918
Clinical Psychologist?	2 Yes – in adjacent ward	3094	876	601	663	5234
	3 No	355	366	54	171	946
	4/5 Don't know or no answer	8	50	0	166	224
	-1 No information from health visitor survey	2984	724	510	278	4496
Total	-	11695	2798	2370	1955	18818

HA_1A Q 2 (a) 1 (a) Clinical Psychologist? * COUNTRY Crosstabulation

HA_1B Q 2 (a) 1 (b) Speech Therapist? * COUNTRY Crosstabulation

		Country				
		1 England	2 Wales	3 Scotland	4 N. Ireland	Total
HA_1B Q 2 (a) 1 (b)	1 Yes – in this ward	6783	1238	1650	1054	10725
Speech Therapist?	2 Yes – in adjacent ward	1909	812	210	623	3554
	3 No	19	0	0	0	19
	4/5 Don't know or no answer	0	24	0	0	24
	 -1 No information from health visitor survey 	2984	724	510	278	4496
Total		11695	2798	2370	1955	18818

HA_1C Q 2 (a) 1 (c) Physiotherapist? * COUNTRY Crosstabulation

		Country				
		1 England	2 Wales	3 Scotland	4 N. Ireland	Total
HA_1C Q 2 (a) 1 (c)	1 Yes – in this ward	5628	1223	1241	885	8977
Physiotherapist?	2 Yes – in adjacent ward	2683	769	533	792	4777
	3 No	308	58	86	0	452
	4/5 Don't know or no answer	92	24	0	0	116
	 -1 No information from health visitor survey 	2984	724	510	278	4496
Total		11695	2798	2370	1955	18818

		Country				
		1 England	2 Wales	3 Scotland	4 N. Ireland	Total
HB_3 Q 2 (b) 3 Disabled	1 Yes – in this ward	4184	1254	845	635	6918
children specialist	2 Yes – in adjacent ward	2738	708	782	856	5084
provision?	3 No	761	81	176	68	1086
	4/5 Don't know or no answer	1028	31	57	118	1234
	-1 No information from health visitor survey	2984	724	510	278	4496
Total		11695	2798	2370	1955	18818

HB_3 Q 2 (b) 3 Disabled children specialist provision? * COUNTRY Crosstabulation

FAMS_1 Q 3.1 National Childbirth Trust Groups? * COUNTRY Crosstabulation

		Country				
		1 England	2 Wales	3 Scotland	4 N. Ireland	Total
FAMS_1 Q 3.1 National	1 Yes – in this ward	2878	420	231	250	3779
Childbirth Trust Groups?	2 Yes – in adjacent ward	3908	617	596	449	5570
	3 No	1456	731	729	868	3784
	4/5 Don't know or no answer	469	306	304	110	1189
	-1 No information from health visitor survey	2984	724	510	278	4496
Total	,	11695	2798	2370	1955	18818

FAMS_5 Q 3.5 HomeStart? * COUNTRY Crosstabulation

			Country			
		1 England	2 Wales	3 Scotland	4 N. Ireland	Total
FAMS_5 Q 3.5	1 Yes – in this ward	4495	1144	671	681	6991
HomeStart?	2 Yes – in adjacent ward	1455	263	283	406	2407
	3 No	2613	562	821	590	4586
	4/5 Don't know or no answer	148	105	85	0	338
	-1 No information from health visitor survey	2984	724	510	278	4496
Total	Sarvoy	11695	2798	2370	1955	18818

		Country				
		1 England	2 Wales	3 Scotland	4 N. Ireland	Total
LEIS_1 Q 4.1 Open	1 Yes – in this ward	5696	1745	1456	1209	10106
spaces with safe play	2 Yes – in adjacent ward	1567	151	176	233	2127
areas?	3 No	1312	27	91	235	1665
	4/5 Don't know or no answer	136	151	137	0	424
	 1 No information from health visitor survey 	2984	724	510	278	4496
Total	,	11695	2798	2370	1955	18818

LEIS_1 Q 4.1 Open spaces with safe play areas? * COUNTRY Crosstabulation

LEIS_5 Q 4.5 Public Swimming Pool? * COUNTRY	Crosstabulation
	0103510501011011

		Country				
		1 England	2 Wales	3 Scotland	4 N. Ireland	Total
LEIS_5 Q 4.5 Public	1 Yes – in this ward	3615	1101	655	255	5626
Swimming Pool?	2 Yes – in adjacent ward	4387	815	869	1140	7211
3 No	3 No	636	91	336	282	1345
	4/5 Don't know or no answer	73	67	0	0	140
	-1 No information from health visitor survey	2984	724	510	278	4496
Total		11695	2798	2370	1955	18818

STAT_4 Q 5.4 Sure Start? * COUNTRY Crosstabulation

		Country				
		1 England	2 Wales	3 Scotland	4 N. Ireland	Total
STAT_4 Q 5.4 Sure Start?	1 Yes – in this ward 2 No	3565 4965	1010 997	949 860	375 1275	5899 8097
Start?	3/4 Don't know or no answer	181	67	51	27	326
	 1 No information from health visitor survey 	2984	724	510	278	4496
Total		11695	2798	2370	1955	18818

Appendix 3 Sample letter to Directors of Nursing (or equivalents) seeking health visitors' collaboration

<u>Sample letter to Directors of Nursing (or equivalents) seeking</u> <u>health visitors' collaboration.</u>

Dear > <,

July 2001

Child of the New Century The Millennium Cohort Study

I am writing to ask for your help, and that of health visitors, in the first sweep of a new Millennium Cohort Study, known as 'Child of the New Century'. This is a longitudinal study which will follow the lives of over 20,000 babies born in the year beginning 1st September 2000, in England and Wales, and beginning 1st December in Scotland and Northern Ireland. It is being carried out by the *Centre for Longitudinal Studies* based in the *Institute of Education, University of London* and the *National Centre for Social Research*. The study has the full backing of the CPHVA, and with the support of local health visitors its value can be strengthened. The study has received Multi-centre Research Ethics Committee (MREC) approval at national level and all Local Research Ethics Committees (LREC) have been informed.

The sample consists of all babies of 9-months, resident in nearly 400 electoral wards, selected to ensure adequate representation of each UK country and of families from deprived and ethnic minority backgrounds. The following wards lying within your Community NHS Trust /Primary Care Trust have been selected for the study: > <. We estimate that over a year there are about > < births in the ward(s). In order to help identify the ward(s) involved I enclose a map of your Trust area with the study ward(s) marked in black and also an enlarged map of each ward involved. Within the health visitor pack, also provided, is a list of the postcodes of all residences within each ward.

The plan is for a trained interviewer from the National Centre for Social Research to carry out a home interview with the parent(s) of each 'eligible' baby when s/he is around 9-months-old. Participation will, of course, be completely voluntary and confidential, and no medical examination or tests will be involved.

Recruitment of cases

We would be so grateful if you could help us in our request for the collaboration of the health visiting service in order to ensure completeness of the recruitment process. We first wrote to you about this in May 2001, but fear that our earlier letter went astray or was wrongly addressed. To reiterate, families eligible for the survey are those with babies born between 1st September 2000 and 31st August 2001 who are resident in the above ward(s) as they approach 9-months of age. The majority will be identified from official Child Benefit records by the Department of Work and Pensions (formerly the DSS). The DVVP will send out letters inviting participation in the survey, when the baby is 7–8-months-old, asking parents to let them know if they wish to opt out - failing which an interviewer will call. The collaboration of health visitors is absolutely essential if the survey is going to be a success.

Health Visitor's Pack

Exactly what we would like to ask of the health visitor(s) in the selected ward(s) is set out in the enclosed Health Visitor Pack. We hope that you can provide crucial help by informing the relevant health visitor(s) of babies living in the selected wards and in giving your blessing to their participation in the survey.

Distribution of Health Visitor Packs

To get the health visitor involvement going, it is urgent now to get the packs distributed. It had been our intention to send a pack to each individual health visitor and to this end we asked for a list of the names and addresses of every health visitor in each ward to be sent to us. Many Trusts have complied, but the returns so

far have indicated that though some wards have only a few health visitors, many have much larger numbers, up to nearly 50 in the case of one urban ward. With nearly 400 wards involved, it would prove an enormous logistic problem for us to locate all the relevant health visitors and to send separate packs. If there is a convenient way that you or your nominee could arrange distribution locally, this would be of great help and we will send you the requisite number of packs by return. If this is not convenient for you we will fall back on the original plan and will send out separate packs when we receive the names and addresses of the individual health visitors. We are enclosing a 'Chain of Communication Form' on which you might like to indicate your preference (Section D).

Chain of Communication Form

Perhaps you could be kind enough to complete the above-mentioned form to also confirm who is concerned with the study at your end and with whom we may need to be in communication (Sections A-C)? Finally, it would also be helpful if you could continue to advise us of any future change of management or personnel that may take place over the coming year if this is likely to have an impact on the survey operation.

I am afraid we are running on a very tight timetable, so I would appreciate it if you could get back in touch with us within a week, or as soon as possible. I really apologise for the short notice.

I do hope you will be able to help us and join in this important cohort study, which is the fourth in the UK, but the first for 30 years. I am very conscious that you and your staff have already got plenty to do, and would deeply appreciate any contribution you were able to make. We look forward to hearing from you. Please feel free to contact the study team by freephone (0800 092 1250), fax (020 7612 6880) or e-mail <u>childnc@cls.ioe.ac.uk</u> if you would like any further information.

Yours sincerely,

PROFESSOR HEATHER JOSHI Project Leader Appendix 4 Sample Health Visitor's Pack

Sample Health Visitors Pack

2.1 Document A: Letter to health visitors with instructions

January 2002

Dear Health Visitor,

Millennium Cohort Study – Child of the New Century

Your Community Nursing Service have suggested that you might be willing to help us with the first sweep of the new Millennium Cohort Study known as 'Child of the New Century'. This important study, which has the support of the CPHVA, is being planned and analysed by the Centre for Longitudinal Studies at the Institute of Education, London University and the National Centre for Social Research. Further information is in the enclosed Health Visitor Pack including a summary of the survey questions (in Doc. J).

Health visitors have a long history of participation in every one of Britain's unique cohort studies, of which this is the fourth. This time we hope the commitment required of health visitors, though vital to the success of the survey, will not prove too onerous, as professional interviewers will be completing the questionnaires. May I now explain about the study and then outline what we are asking you to do.

Families whose babies are eligible for the study are/will be all those with a baby born between 1st September 2000 and 31st August 2001 who, when the baby reaches 9-months of age, are living in any one of 273 selected localities (electoral wards) in England and Wales. It is vitally important for us to identify as soon as possible every eligible baby resident in each ward, in order to recruit parents for the 9-month home interview.

Pre-fieldwork It is essential to ensure that parents of all eligible babies are informed of the study and are given the option to participate. We are seeking the help of health visitors to encourage all eligible families to join the survey. We know names, addresses and birth-dates for most of these babies from the Department of Social Security (now Department of Work and Pensions) based on child benefit claims. We are seeking further vital help from the Health Visiting Service to tell us about all eligible families who move into, or within, the ward with a child aged 5-8 months inclusive, as these families may not be recorded in the Child Benefit records at their new address.

Fieldwork The interviews, which started in June 2001, will continue for a whole year as each baby reaches 9-months of age. An interviewer from the *National Centre for Social Research* will be in contact with the parent(s) of eligible babies already known to us just before the interview is due. The interviewer will invite the mother to participate in a home interview (lasting a little over an hour) at a mutually convenient time and date. There will also be an interview for fathers (lasting about half an hour). Participation will be completely voluntary and identities of individuals will never be revealed. There will be no medical examination, no measurements or tests and no handling of the baby.

In confidence All information provided will, of course, be treated with absolute confidentiality by the survey team. Even the identity of the selected wards will not be known publicly except to participants. Strict confidentiality will be ensured.

How can you help? More details of exactly how you can help are given on the back of this letter. We have obtained the necessary ethical approval for the study nationally and local research ethical committees have been informed, which means we have permission to approach NHS staff and parents for this specific help. Health visitors have already helped to make the pilot surveys a success, and generally enjoyed by the parents. With your vital help in promoting the survey and in identifying and giving us advance notice of families moving into or within your ward, the success of the main study will be greatly enhanced.

Presentation of results Finally, it is our intention to produce a summary report based upon the findings as quickly as we can after the final interviews. This will be made available to the relevant NHS Trusts and their staff. Copies will be lodged with the CPHVA as another source of reference.

Thank you and every good wish,

PROFESSOR HEATHER JOSHI Project Leader

Millennium Cohort Study - Child of the New Century

How you can help?

1. Eligible babies

We are aiming to find every eligible baby in every participating ward so that an interview with the parents can take place when the baby is 9-months-old. The interviewing will continue until the survey ends in July 2002. Eligible babies are those with birth dates between the 1st September 2000 and 31st August 2001 who have addresses within the study wards at 9-months-old.

From now until the survey ends, please check from your practice/clinic records whether there are any eligible babies resident within your ward. For help in identification, a list of all postcodes in the ward is enclosed (Doc. C). Due to frequent postcode changes, you may find a few eligible families living in the ward whose postcodes do not appear on our list.

2. Approaching parents of eligible babies

Among those for whom we need your cooperation, are babies who have moved *into the ward* (inward transfers) between the age of 5and 9-months, and those whose address has changed *within* the ward. It will help us greatly if you could inform moving families about the survey, so if you have a baby in either of these groups on your list, we would be grateful if you would contact the parents concerned <u>as their baby approaches 8-months of age.</u> Families who move with babies aged 7- and 8-months will definitely not be identified for us from the Child Benefit Register, and those who move at 5- and 6-months of age are also likely to be missed.

Ideally it would save special effort if this contact can be made to coincide with a routine screening appointment or other consultation. Alternatively, where this task is not onerous, please make contact by other methods, e.g. telephone. Contact after the baby is 9-months of age would be too late for us to arrange an interview. Last dates for informing us are given in the '*Key Dates*' document (Doc. B).

There is no need for you to ask parent(s) to agree to take part in the study at this stage. However, we would be very grateful if you could give to them a '*Parent Pack*', which contains a letter of invitation to take part in the study (Doc. G) and a study information sheet (Doc. H).

3. Notifying us

Please notify us of any of the above cases <u>as the babies approach 8-months of age, and any point thereafter when babies older than 8-months-old are found.</u> This can be achieved by using the '**Moving Family Form**' (Doc. F), which is in your Health Visitor Pack. Please first ask the parent(s) to indicate their agreement for us to know their address (this is simply to allow an interviewer to call to find out whether they wish to join in) and, if they are in agreement, please complete a 'Moving Family Form' and return it to us immediately.

If the family is non-English speaking please complete a 'Non-English Speaking Family Form' (Doc. E) and return it to us.

4. Answering questions about the survey

The majority of parents will have received a letter of invitation from the Department of Work and Pensions (a copy of which is enclosed – Doc. D). Those who have already been invited to join in the survey may make contact with you when their baby is between 7- and 9- months-old. If so, please explain about the survey and encourage the family to join in.

Please remind the parent(s) that they will receive a letter giving the name of the interviewer, who will contact them shortly to arrange an appointment for an interview at a day and time convenient to the family, unless they have already opted out.

If the parent(s) is/are worried in any way, please explain that you know about the survey and emphasise that the survey consists only of a single interview at which time he/she can decline to take part. Families can also contact the research team at the contact details below.

5. Updating Personal Child Health Records

We would be very grateful if you could try to ensure that the '*Personal Child Health Record*' (PCHR) for all survey babies is kept up to date as fully as possible, especially in relation to immunisations and developmental checks, if necessary by referring to your own records. This record should be produced for reference at the 9-month interview. It is very important that this record is accurate since it will be used at the next follow-up of the study, at 2 ½ years.

6. Passing a letter to GPs

Although GPs will not be directly involved in the study, I would be very grateful if you could pass a copy of the enclosed '**GP Pack**' (which contains a letter of information (Doc. I) and a summary of the study (Doc. J)) to each practice with whom an eligible baby is registered.

<u>Please remember to return to us, as urgently as possible</u>, **Moving Family Forms** and **Non-English Speaking Family Forms**.

If you have a designated supervisor, please contact them with any queries.

Alternatively, please get in touch with the survey team if you have any queries or observations, or if you would like further copies of any documentation: freephone 0800 092 1250, fax. 020 7612 6880 or e-mail <u>childnc@cls.ioe.ac.uk</u>



Child of the New Century The Millennium Cohort Study

Key Dates for Survey (England and Wales)

Doc. B

This document should be read in conjunction with 'Instructions for Health Visitors' (Doc A). It refers to each of the thirteen 4-week waves of survey births from 1st September 2000 – 31st August 2001. For each wave of births, an optimum date is shown up to which health visitors can notify us of special cases in time for inclusion in the interview program. Failing this, a second date is shown which is the final date for ensuring a 'late' interview. Please note that for each birth wave a date is also shown on which mothers who claim child benefit become eligible to be sent a letter from the Department of Social Security (now renamed the Department for Work & Pensions), informing them of the study.

We greatly appreciate your help and the efforts you make to notify us as speedily as possible of those babies you identify for inclusion in our study. Thank-you.

Wave	Born in 4 weeks beginning		<u>DWP</u> letters sent out	The date by which you can report cases for interview at 9-months	The date at which interviewer begins to make contact with families	The last date to report cases to ensure interview at 10-months
		Babies aged:				
		Months (approx)	7-8	8 1/2	8-9	9 1/2
		Weeks	32-35	35-38	37-40	39-42
1	1-Sep-00		8-May-01	25-May	11-Jun	22-Jun
2	29-Sep-00		4-Jun-01	22-Jun	9-Jul	20-Jul
3	27-Oct-00		2-Jul-01	20-Jul	6-Aug	17-Aug
4	24-Nov-00		30-Jul-01	17-Aug	3-Sep	14-Sep
5	22-Dec-00		28-Aug-01	14-Sep	1-Oct	12-Oct
6	19-Jan-01		24-Sep-01	12-Oct	29-Oct	9-Nov
7	16-Feb-01		22-Oct-01	9-Nov	26-Nov	7-Dec
8	16-Mar-01		19-Nov-01	7-Dec	24-Dec	4-Jan
9	12-Apr-01		17-Dec-01	4-Jan	21-Jan	1-Feb
10	11-May-01		14-Jan-02	1-Feb	18-Feb	1-Mar
11	8-Jun-01		11-Feb-02	1-Mar	18-Mar	28-Mar
12	6-Jul-01		11-Mar-02	28-Mar	15-Apr	26-Apr
13	3-Aug-01		8-Apr-02	26-Apr	13-May	24-May

CHILD OF THE NEW CENTURY

Ward Name:	Xxxxxx
Health Authority:	Xxxxxxxxx
Ward Code:	XX11
Point Number:	111

 Tel:
 020 7612 6902

 Fax:
 020 7612 6880

 Email:
 cnc@cls.ioe.ac.uk

CONFIDENTIAL

CHILD OF THE NEW CENTURY

List of Postco	odes (England)	XX11	111	
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Tel: 020 7612 6902

Fax: 020 7612 6880

Email: cnc@cls.ioe.ac.uk

Millennium Cohort Study – Health Visitor Survey Interim Report

CONFIDENTIAL

2.4 Document D: Department of Work and Pensions' letter to parents

Department for Work and Pensions

Millennium Cohort Study ASD Information Centre FREEPOST HQ5 Room BP5 201 Benton Park View Benton Park Road Newcastle upon Tyne NE98 1YB

«TITLE_1» «FORENAME» «SURNAME_» «ADDRESS_» «ADDRESS0» «ADDRESS1» «ADDRESS2» «ORIGPCD»

Reference No: «REFNO»

Date: 27 July 2001

Dear «TITLE_1» «SURNAME_»

CHILD OF THE NEW CENTURY

The Millennium Cohort Study

We are writing to invite you to take part in a new study of babies in the United Kingdom, which is going to be vitally important in getting good services for children growing up in the 21st century. The *Centre for Longitudinal Studies at the Institute of Education, London University* and the *National Centre for Social Research* are carrying out the study. The enclosed leaflet from the research team explains what it is about and why it is so important. The team has also told GPs and health visitors in your area about the study.

The study will collect information about the lives of up to 20,000 babies. This will be done by interviewing parents. It will not involve any medical examination or tests.

You may wish to know why your baby has been chosen from our records for 'Child of the New Century'. Firstly, the study only includes babies born between 1 September 2000 and 30 November 2001. Secondly, you live in one of the areas chosen by chance to be part of the study.

An interviewer from the *National Centre* will be calling on you at home some time during the next month or so. He or she will explain more about the study, confirm whether you will be taking part, and arrange a convenient time for the interview.

Whether or not you take part will not affect your benefit entitlement or any dealings you have with DSS or Benefits Agency, now or in the future. Anything you tell the interviewer will be treated in the **strictest confidence**. No report will ever identify you or your family.

We hope very much that you will help with this important study. If, however, you do not wish an interviewer to contact you, please let us know before 10th August 2001, either by writing to the FREEPOST address above or telephoning the Project Team during office hours (Monday-Thursday 9:00a.m. to 4:30 p.m. Friday 9:00 a.m. to 4:00 p.m.) on 0800 015 0524. If you do write or phone, **please remember to give your name and the reference number at the top of this letter.**

Thank you for your co-operation. We hope you will enjoy talking to the interviewer.

Yours sincerely

Katie Dodd

Doc. D



Child of the New Century The Millennium Cohort Study

NON-ENGLISH-SPEAKING FAMILY FORM

Please complete a form for each family in the Survey where the respondent does not speak English.

Name of parent(s) PLEASE PRINT (Please include title, forename and surname)			
Is this the Mother or Father? PLEASE WRITE IN RELATIONSHIP TO BABY			
Name of baby(ies) PLEASE PRINT (Please give forename and surname)			
Date of baby(ies) birth PLEASE PRINT (Please write in day, month and year)			
Address & postcodeAddressPLEASE PRINT			
Town			
County			
Postcode			
Telephone number (if known) PLEASE PRINT			
What is the mother's (or other respondent's) native language?			
Is this the only language the mother (or other respondent) speaks?	No	Yes 🛛	
Do other member(s) of the household speak English?	No	Yes 🛛	

Doc. E

Please see overleaf **→**

Your name please print	
Your telephone number	
Today's date please print	

Please inform us as soon as possible by -

Freephone: 0800 092 1250

Fax.: 020 7612 6880

E-mail: childnc@cls.ioe.ac.uk

or, post first class to: Child of the New Century - Millennium Cohort Study,

Centre for Longitudinal Studies, Institute of Education, FREEPOST LON20095, London. WC1H OAL



Child of the New Century The Millennium Cohort Study

MOVING FAMILY FORM

Please complete this form for families with a child of up to 9-months of age, with a recent, or anticipated, change of address.

Name of Ward:	
---------------	--

Name of Health Visitor:	Tel.:
Full name of parent(s) PLEASE PRINT (Please include title, forename and surname)	
Is this the Mother or Father? PLEASE WRITE IN RELATIONSHIP TO BABY	
Full name of baby(ies) PLEASE PRINT (Please give forename and surname)	
Date of baby(ies) birth PLEASE PRINT (Please write in day, month and year)	
New Address & PostcodeAddressPLEASE PRINTAddress	
Town	

Postcode

County

New Telephone Number PLEASE PRINT (*if available*)

Please see overleaf \rightarrow

Doc. F

Old Address & Postcode Address PLEASE PRINT Address	
Town	
County	
Postcode	
Date moved (or likely to move) PLEASE PRINT	

Please inform us as soon as possible by -

Freephone: 0800 092 1250

Fax.: 020 7612 6880

E-mail: childnc@cls.ioe.ac.uk

or, post to: Child of the New Century - Millennium Cohort Study,

Centre for Longitudinal Studies, Institute of Education,

FREEPOST LON20095, London. WC1H OAL

Doc. F

2.7 Document G: Parents' letter

January 2002

Dear Parent,

CHILD OF THE NEW CENTURY

The Millennium Cohort Study

We are writing to invite you to take part in a new study that will follow the development of babies in the United Kingdom. It is going to be vitally important in getting good services for children growing up in the 21st century. The *Centre for Longitudinal Studies* at the *Institute of Education, London University* and the *National Centre for Social Research* are carrying out the study. The enclosed leaflet explains what it is about and why it is so important. As well as asking your Health Visitor to help us by giving you this letter, the team has also told GPs in your area about the study.

The study will start by collecting information on over 20,000 babies. This will be done through interviews with the parents. It will not involve any medical examination or tests on your baby.

You may wish to know why your own baby has been chosen for 'Child of the New Century'. Firstly, the study only includes babies born between 1st September 2000 and 30th November 2001. Secondly, you happen to live in one of the areas chosen to be part of the study.

An interviewer from the *National Centre for Social Research* will be calling on you at home some time during the next month or so. You will get a letter from them nearer the time. When the interviewer calls, he or she will explain more about the study, and confirm whether you wish to take part. If so, they will arrange a convenient time for the interview, which should normally take about an hour and a half.

Anything told to the interviewer will be treated in the **strictest confidence**. No report will ever identify you or your family.

We hope very much that you will want to help with this important study. If you have any questions please call a member of the study team free on 0800 092 1250.

Thank-you for your co-operation. We hope you will enjoy talking to the interviewer.

Yours sincerely,

PROFESSOR HEATHER JOSHI Project Leader

2.8 Document H: Parents' information sheet





Child of the New Century About our survey

Is your baby special?

We think so. Your baby has been picked to be in a major new national survey that could make all the difference to people's lives in the future.

What is it like for children growing up in the 21st century? How will they get on at school? What helps them and what holds them back? The answers you give us will help plan health care, education and child care services to really benefit children and their parents.

So can we come and ask all about you and your baby? The information you give us will be confidential under the law - you won't be named in the survey report, no names are made public.

Our interviewers are trained to ask everyone the same kinds of questions about

- > your baby's birth and early development
- > your family
- > your beliefs and concerns about bringing up children today

The interview with Mum will last a little over an hour, and one with Dad, if available, about half an hour. The interviewer will not need to handle your baby, and there will be no medical tests.

To fill in the background we'll also ask you a bit about your own education and employment and about the home you live in.

Then we'll put together the answers from all the people we talk to throughout the United Kingdom. This will show what life is like right now for the Children of the New Century.

Project Leader: Professor Heather Joshi Centre for Longitudinal Studies
Institute of Education
University of London 20 Bedford Way
London
WC1H 0AL

Do you have questions for us?

What's the point of this survey?

A fair question given all the fuss we're making about your baby! It's only by getting this kind of information - now and by following the babies as they grow into adulthood - that government, parents and others can change things for the better.

We've done surveys like this before - in fact Britain is the world leader in this research. We found out, for example, that good health services for mothers and children, good housing and proper food make a lasting difference to health and success as children grow up. But this is the first new survey for over 30 years.

Will this be the only interview?

We'd like to come back in a couple of years time and find out how things are going. By the time your baby grows up we will be following up with interviews every few years. That way we get a good idea of how your child is developing. This information will give the government and other groups valuable clues about how they can give people more help.

Once I've said yes to this survey is my baby stuck with it for life?

Absolutely not. You or your child can bow out at any time, although of course we hope you stay with us. People generally seem to enjoy being part of these surveys.

Who's this 'we' you keep talking about?

We are a research centre in the Institute of Education in London. We have been chosen to carry out this survey because we have carried out other, similar surveys and can be trusted to do a professional job. The interviews are being carried out by the National Centre for Social Research who we have chosen because they are experts in this field. Child of the New Century is being funded by government and others.

If you would like more information there is a leaflet that goes into more detail. Or you can talk to someone from the Study team on Freephone 0800 092 1250.

Other useful contacts:

Parentline - 0808 800 2222 Or contact your local Citizens Advice Bureau (the number will be in your local telephone directory).

Project Leader: Professor Heather Joshi Centre for Longitudinal Studies ■ Institute of Education ■ University of London 20 Bedford Way ■ London ■ WC1H 0AL

Millennium Cohort Study – Health Visitor Survey Interim Report

2.9 Document I: GPs' letter

January 2002

Dear Doctor,

CHILD OF THE NEW CENTURY

The Millennium Cohort Study

The first national birth cohort study for 30 years is starting this year. It will follow many aspects of the lives of children born at the start of the new century. We are writing to inform you about it as it could involve babies registered with your practice. We are not asking busy GPs to undertake medical examinations, unlike previous birth cohort studies.

Your practice is in, or close to, one of the electoral wards across the country chosen for the study. The local health visiting service is being asked to help identify special groups including families who have recently moved into the ward, to inform them about the study and to recruit them for the interview. It is also through the health visitor that we are able to contact you. He/she should be able to confirm which of your patients are cohort members and, if you so wish, to show you some further documentation about the study.

The Department of Work and Pensions (formerly Department of Social Security) is sending out preliminary letters to the eligible families, who will be visited by a research interviewer, unless they indicate an unwillingness to take part. The interviewer will also ensure that there is informed consent to proceeding with the interview. We have discussed this and other matters with the Medical Research Ethics Committee, and approval has been obtained at national level and has been circulated to the Local Research Ethics Committees. The BMA and Royal College of General Practitioners have also been informed.

Fieldwork will run for 12-13 months from June 2001. The interview, when the baby is around 9months, will be at a date and time convenient to the parent(s) and will take just over one and a half hours. It will be conducted by a trained interviewer from the *National Centre for Social Research*. There will be no need for a medical examination, measurements or for the baby to be disturbed in any way. Under no circumstances will names of individuals responsible be revealed. The data is kept confidential and secure. Pilot studies have already indicated the interest of parents in this study, and the acceptability of the questions asked.

Do please be in touch with us at any time if there is any further information you need, and please reassure any patient, who may ask you about the survey, of our *bona fides*.

With kindest regards,

Professor Heather Joshi MA, Mlitt, FBA Principal Investigator Professor Neville Butler MD FRCP FRCOG Senior Medical Adviser

Enclosure: Project Summary "First Survey"

Doc. I



Child of the New Century

The Millennium Cohort Study

FIRST SURVEY

Introduction

A consortium headed by the Centre for Longitudinal Studies, is to carry out the first sweep of the new Millennium Cohort Study known as 'Child of the New Century', funded by the Economic and Social Research Council and a number of Government Departments in all four UK countries. The survey will begin in June 2001, and will gather information for a sample of over 20,000 babies born in the UK over a 12-month period.

Rationale for the study

Understanding the social conditions surrounding birth and early childhood is increasingly appreciated as fundamental to the study of the whole of the life course. This applies across the range, from the origins of social exclusion through investigation of the influence of early circumstances on health over the life course to providing evidence for major policy initiatives such as "Sure Start". The initiation of the study presents an exceptional research opportunity to investigate the all-important first year of life and potentially resolve many of the issues about its long-term impact. These include issues of central policy interest such as the foundations of social capital and cohesion.

Major questions about the prospects for children born in 2000-1 concern poverty and wealth, the quality of family life and its support by public policy and the broader community. The health and wellbeing of parents and infants will be located in the context of the rich socio-economic data to be collected in the study. Issues to emerge for future sweeps of the cohort will include: advantage and disadvantage in education, health, employment and the parenting of the next generation. Besides changing family forms, there are social and economic changes in the labour market, technology, social polarisation, gender roles, and the ideology of individualism. These will make the unfolding lives of the new cohort different from those of their predecessors. Will such changes also be reflected in variation in behaviour, attitudes and expectations among parents? Which of the intricate links between the social and biological aspects of human development can be illuminated?

The Sample

The sample population for the study will be drawn from all live births in the UK over a 12-month period, beginning 1st September 2000 in England and Wales, and 1st December 2000 in Scotland and Northern Ireland.

The sample will be selected from a random sample of electoral wards, disproportionately stratified to ensure adequate representation of all four UK countries, disadvantaged areas and those with high concentrations of Black and Asian families.

The Survey

<u>Identification and recruitment</u> of the sample will be achieved in two ways - through the DSS (now the Department of Work and Pensions) who keep child benefit records and also from health visitors employed in Community Health Trusts and attached to general practices where the baby is registered.

<u>A home interview lasting approx. 1 ³/₄ hours</u> will be carried out with the mother and (where resident) father or father figure when the cohort baby is 9-months of age. No medical examination or tests will be involved. The actual procedure will be conducted by a trained interviewer from the National Centre for Social Research. The techniques include Computer Assisted Personal Interview (CAPI) and Computer Aided Self-completion Interview (CASI).

Requisite ethical clearance has been obtained at national level. Strict precautions are taken to ensure confidentiality.

Some of the subjects covered in the interview are shown in the following table:

<u>Respondent</u>	<u>Element</u>	Content
Mother or Father	Interview	Household & family
Mother	Interview	Ethnicity & language Baby's father Lone parenthood Pregnancy, labour & delivery Baby's health & development Childcare Grandparents, friends & social support Parental health Education & training Employment & earnings Housing, local community & services Time with & without the baby Interests
	Self- completion	Baby's temperament & behaviour Partnership relations Domestic tasks Previous pregnancies & partnerships Mental health Attitudes to relationships, parenting, work, etc.
Father (where available)	Interview	Ethnicity & language Father's involvement with baby Lone parenthood Baby's mother (if not resident) Grandparents & friends Parental health Education & training Employment & earnings Time with & without the baby Interests
	Self- completion	Baby's temperament & behaviour Partnership relations Previous children Mental health Attitudes to marriage, parenting, work, etc.

Disposal and publication of results

This first survey will produce a multi-purpose, multi-disciplinary dataset covering family and baby during the first year of life. Results will be made available to professionals and practitioners. The data will be also available to the research community via the ESRC Data Archive. The results also aim to lay the foundation for future follow-ups of the same cohort. Thank you for your interest.

Contact

For further details e-mail: *childnc@cls.ioe.ac.uk* or call: 0800 029 1250 or visit our website at <u>www.cls.ioe.ac.uk</u>.

The Research Team comprises the following:

The partner institutions

Centre for Longitudinal Studies (CLS), Institute of Education: Professor John Bynner

International Centre for Health and Society, University College: Professor Sir Michael Marmot

Institute of Child Health, University College: Professor Catherine Peckham

Department of Psychology, City University: Dr. Dermot Bowler

The Millennium Cohort Study Management Team (CLS)

Professor Heather Joshi (Project Director) Kate Smith Ian Plewis Peter Shepherd Dr Elsa Ferri Professor Neville Butler Mahmood Sadigh Kevin Dodwell Denise Brown

Other Members of Research Coordinating Team (including Scientific Consultants)

Professor Mel Bartley -International Centre for Health and Safety (ICHS) Dr. Helen Bedford – Institute of Child Health (ICH) Dr. Leslie Davidson - University of Oxford Professor Peter Dolton (CLS) Professor Harvey Goldstein – Institute of Education (IoE) Dr. Yvonne Kelly (ICHS) Dr. Kathleen Kiernan – London School of Economics (LSE) Professor Alison Macfarlane (City University) Professor Christine Power (ICH) Dr. Ingrid Schoon (City University) Dr. Dick Wiggins (City University) Appendix 5 Health Visitor Survey Questionnaire (Eng, Wales & Scotland)

<u>Child of the New Century -</u> <u>Millennium Cohort Study</u>

<u>Area Characteristics :</u> <u>Health Visitors' Questionnaire</u>

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The letter on the following page gives full details about the purpose of this questionnaire and the manner in which it is to be completed. Please read this carefully before you begin to complete it.

 \star This questionnaire should be completed in relation to the electoral ward area depicted on the attached map. \star

If you have any queries about this survey or would like any help with the questions, please contact:

Angela Brassett-Grundy, Child of the New Century – Millennium Cohort Study *Tel.: 020 7612 6764 E-mail: abg@cls.ioe.ac.uk Fax.: 020 7612 6880*

Please return this form, by <u>26th July 2002</u> using the FREEPOST envelope provided, or by fax. or e-mail:

Fax.: 020 7612 6880

E-mail: childnc@cls.ioe.ac.uk

(Freephone: 0800 092 1250)



June 2002

Dear Health Visitor,

Millennium Cohort Study – Health Visitor Questionnaire

We would be very grateful for your further help with the Millennium Cohort Study (also known as 'Child of the New Century').

Given your role in Needs Assessment, we hope that you will be able to provide us with an expert overview of the sorts of services available to families living in the electoral wards from which the survey has drawn its sample, so that we might be better able to explain health inequalities and improve the services dealing with them. For this reason we have developed a short questionnaire for completion by health visitors who are working in Trusts that cover each of the selected wards. A copy of the questionnaire is contained in this booklet, and we have also enclosed a map of the area to which the questionnaire relates. We would be most grateful if you could take ten minutes to complete and return it in the enclosed FREEPOST envelope, to reach us by **26th July 2002**. We would also like to stress that your co-operation is entirely voluntary, yet very much appreciated.

You will notice from the questions that we are interested in the availability of a range of services which might be provided within the area itself or in adjacent areas which people in the survey area could use. We are also especially interested in the availability of these services to mothers and fathers with babies who do not have access to a car, and this should be borne in mind when completing the questionnaire. If you know that a service is provided in the area outlined on the attached map (in whole or in part) you should tick the "*Yes, provided within this area*" box; if you know that the service is accessible from this area but are not sure of its exact location, then please tick the "*Yes, provided in adjacent area*" box. If you feel that you are unable to complete this questionnaire, do feel free to enlist the help of a colleague(s) who also has knowledge of the area outlined in the attached map.

We would like to point out that all of your responses will be treated in the utmost confidence. In addition, all those who participate will receive a summary of the results as soon as they are available.

May we take this opportunity to thank you for your co-operation in the study to date; it is only with your help that we can make this study a real success.

Yours sincerely,

Professor Heather Joshi Principal Investigator Millennium Cohort Research Team Angela Brassett-Grundy Research Officer Millennium Cohort Research Team

How to answer these questions

Please follow the instructions given for each question. You may be asked to give your answers in a number of ways; for some questions you will be asked to tick a box, while for others we would like you to write in your answer. For example:

Please tick one box onl	y , on questions like this:
-------------------------	------------------------------------

Yes, provided in this area	Yes, provided in adjacent area	No , not available	Don't know	

Please write in your answer, on questions like this:

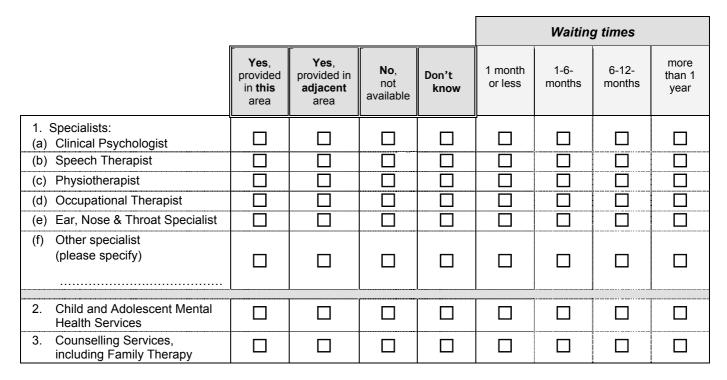
Other (please specify):

Questionnaire begins here:

1. <u>Childcare:</u> Are any of the following available to people living in this area?

	Yes, provided in this area	Yes, provided in adjacent area	No , not available	Don't know
1. Registered Childminders				
2. Employer provided Childcare				
3. LA provided Nurseries				
4. Private Nurseries				
5. Neighbourhood Nurseries				
6. Social Services Sponsored Childminding Schemes				
7. Early Excellence Centre				
8. Pre-school Learning Alliance				
9. Private Nursery School				
10. L.A. Nursery School				
11. Nursery Classes in Primary/Infants Schools				
12. Playlink Scheme				
13. Breakfast Clubs				
14. After-school Clubs				
15. Summer Play Schemes				
16. Story-telling sessions				
17. Other childcare (please specify):				

2. <u>Health:</u> (a) Are any of the following services available, on NHS through GP referral, to people living in this area? (*If you answer 'Yes', please indicate waiting times where known.*)



2. Health: (b) Are any of these other health services available to people living in this area?

		Yes, provided in this area	Yes, provided in adjacent area	No , not available	Don't know
1.	Screening for postnatal depression using relevant instrument				
2.	Identification of parents with episodic psychotic mental illness				
3.	Specialist provision for disabled children				
4.	Portage Services (home-visiting for preschool children with special needs)				
5.	Child Health Clinic				
6.	Lay Mothers' Breast-feeding Group				
7.	Community Mothers' Scheme				
8.	Family Planning Service				
9.	Youth family planning advisory service, e.g. Sexcare				
10.	Well Woman Clinic				
11.	Self-help groups				
12.	Other health services (please specify):				

For help with this questionnaire, please contact Angela Brassett-Grundy, Child of the New Century - Millennium Cohort Study,
Tel.: 020 7612 6764E-mail: abg@cls.ioe.ac.ukFax.: 020 7612 6880

3. Family support: Are any of the following available to people living in this area?

		Yes, provided in this area	Yes, provided in adjacent area	No , not available	Don't know
1.	National Childbirth Trust Groups				
2.	Family Welfare Association				
3.	Family Centre (voluntary or statutory sector), e.g. Barnardos				
4.	Family Befriending Services				
5.	Home Start (provides family support through home visiting)				
6.	Ormiston Trust (provides support for families and children)				
7.	Link workers/Interpreters				
8.	Family Service Units (provides services for disadvantaged families and communities)				
9.	Welcare (provides information, advice and counselling for families)				
10.	Newpin (works to protect and preserve mental health in parents and children, and to prevent child abuse)				
11.	Women's Aid (works to end domestic violence)				
12.	KIDS (provides help for children with disabilities and their families)				
	BREAK (provides residential and day care services for families with special needs)				
	Children's Society				
15.	NCH Action for Children				
16.	Kids Club Network				
17.	Minority ethnically specific, e.g. Bangladeshi Welfare Association, Society of Asian Disabled				
18.	Religion specific, e.g. Catholic Child Welfare, Muslim Welfare Association				
19.	Parent Craft classes				
20.	Parenting Programmes				
21.	Pippin (Parents In Partnership Parent Infant Network)				
22.	Father Groups/Projects				
23.	Grandparents' Group				
24.	Swap-shop for children's clothes				
25.	Equipment Loan Service				
26.	Credit Unions				
27.	Other family support (please specify):				

4. <u>Leisure:</u> Are any of the following available to people living in this area?			Page 4	
(Please exclude those which are provided by schools.)	Yes, provided in this area	Yes, provided in adjacent area	No , not available	Don't know
1. Open spaces with safe play areas				
2. Adventure playground, skateboarding/roller-skating area				
3. Private Leisure Centre (members-only)				
4. Public Leisure Centre				
5. Public Swimming Pool				
6. Bowling Alley				
7. Junior sports schemes, e.g. gymnastics				
8. Activity centre, e.g. Whacky Warehouse, Jungle Gym				
9. Parent and Toddler Group				
10. Tumble Tots Groups/Baby Gym/Crescendo				
11. Playbus				
12. Toy Library				
13. Mobile Library				
14. Book Start Schemes				
15. Music-making groups				
16. Cinema				
17. Museum				
18. Zoo/City Farm				
19. Other leisure facilities/services (please specify):				

wing available to people living in this area? . we amy of the falls

5. Statutory initiatives: Are any of the following, or their equivalents, operating specifically in this area (i.e. anywhere in the area outlined on the attached map)?

	Yes	No	Don't Know
1. Health Action Zone (HAZ)			
2. Healthy Living Centre			
3. Health Improvement Programme			
4. Sure Start local programmes			
5. Healthy Schools Initiative/Programme			
6. Education Action Zone			
7. Employment Zone			
8. Housing Action Zone/Trust			
9. Single Regeneration Budget			
10. New Deal for Communities			
11. Local Government Associations' New Commitment to Regeneration			
12. Neighbourhood Renewal Fund			
13. Local Agenda 21 (promotes sustainable development and improves urban environ'ts)			
14. Crime Reduction Programme			
15. Drug Action Team			
16. Other statutory initiatives (please specify):			

6. What do you think are the <u>bad</u> things about living in this area, for families with young children?

7. What do you think are the good things about living in this area, for families with young children?

So that we can get back to you with the results, please tell us who you are! (Please PRINT your details.)

Your Name:	
Your Trust:	
Your Address:	
Your Postcode:	
Your Tel. No.:	
Your E-mail Address:	

Thank-you so much for the time and trouble you have taken to answer our questions. Your help is greatly appreciated.

 \star A summary of the results from this research will be sent to all those who participate. \star

Please return this form, by <u>26th July 2002</u> using the FREEPOST envelope provided, or by fax. or e-mail:

Fax.: 020 7612 6880

E-mail: childnc@cls.ioe.ac.uk

(Freephone: 0800 092 1250)

Appendix 6 Health Visitor Survey Questionnaire (Northern Ireland)

<u>Child of the New Century -</u> <u>Millennium Cohort Study</u>

<u>Area Characteristics :</u> <u>Health Visitors' Questionnaire</u>

CONFIDENTIAL

The letter on the following page gives full details about the purpose of this questionnaire and the manner in which it is to be completed. Please read this carefully before you begin to complete it.

This questionnaire should be completed in relation to the electoral ward area depicted on the attached map, pertaining to the enclosed postcodes.

If you have any queries about this survey or would like any help with the questions, please contact:

Angela Brassett-Grundy, Child of the New Century – Millennium Cohort Study *Tel.: 020 7612 6764 E-mail: abg@cls.ioe.ac.uk Fax.: 020 7612 6880*

Please return this form, by <u>12th August 2002</u>

using the FREEPOST envelope provided, or by fax. or e-mail:

Fax.: 020 7612 6880

E-mail: childnc@cls.ioe.ac.uk

(Freephone: 0800 092 1250)



July 2002

Dear Health Visitor,

Millennium Cohort Study – Health Visitor Questionnaire

We would be very grateful for your further help with the Millennium Cohort Study (also known as 'Child of the New Century').

Given your role in Needs Assessment, we hope that you will be able to provide us with an expert overview of the sorts of services available to families living in the electoral wards from which the survey has drawn its sample, so that we might be better able to explain health inequalities and improve the services dealing with them. For this reason we have developed a short questionnaire for completion by health visitors who are working in Trusts that cover each of the selected wards. A copy of the questionnaire is contained in this booklet, and we have also enclosed the postcodes and a map of the area to which the questionnaire relates. We would be most grateful if you could take ten minutes to complete and return it in the enclosed FREEPOST envelope, to reach us by **12th August 2002**. We would also like to stress that your co-operation is entirely voluntary, yet very much appreciated.

You will notice from the questions that we are interested in the availability of a range of services which might be provided within the area itself or in adjacent areas which people in the survey area could use. We are also especially interested in the availability of these services to mothers and fathers with babies who do not have access to a car, and this should be borne in mind when completing the questionnaire. If you know that a service is provided in the area outlined on the attached map (in whole or in part) you should tick the "*Yes, provided within this area*" box; if you know that the service is accessible from this area but are not sure of its exact location, then please tick the "*Yes, provided in adjacent area*" box. If you feel that you are unable to complete this questionnaire, do feel free to enlist the help of a colleague(s) who also has knowledge of the area outlined in the attached map.

We would like to point out that all of your responses will be treated in the utmost confidence. In addition, all those who participate will receive a summary of the results as soon as they are available.

May we take this opportunity to thank you for your co-operation in the study to date; it is only with your help that we can make this study a real success.

Yours sincerely,

Professor Heather Joshi Principal Investigator Millennium Cohort Research Team Angela Brassett-Grundy Research Officer Millennium Cohort Research Team

How to answer these questions

Please follow the instructions given for each question. You may be asked to give your answers in a number of ways; for some questions you will be asked to tick a box, while for others we would like you to write in your answer. For example:

Please **tick one box only**, on questions like this:

Yes, provided in this area	Yes, provided in adjacent area	No , not available	Don't know

Please write in your answer, on questions like this:

Other (please specify):

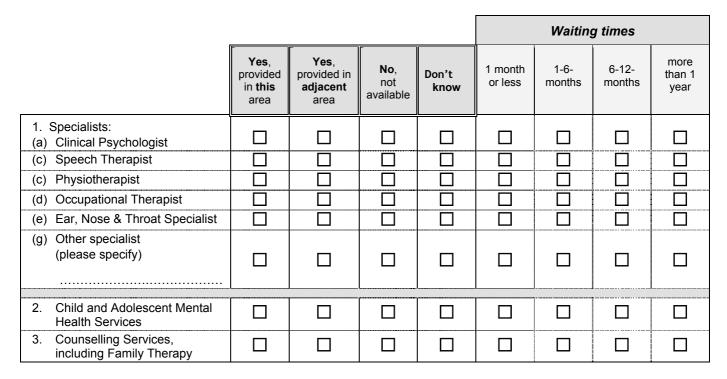
Questionnaire begins here:

1. <u>Childcare:</u> Are any of the following available to people living in this area?

	Yes, provided in this area	Yes, provided in adjacent area	No , not available	Don't know
1. Registered Childminders				
2. Employer provided Childcare				
3. LA provided Nurseries				
4. Private Nurseries				
5. Neighbourhood Nurseries				
6. Social Services Sponsored Childminding Schemes				
7. Early Excellence Centre				
8. Pre-school Learning Alliance				
9. Private Nursery School				
10. L.A. Nursery School				
11. Nursery Classes in Primary/Infants Schools				
12. Playlink Scheme				
13. Breakfast Clubs				
14. After-school Clubs				
15. Summer Play Schemes				
16. Story-telling sessions				
17. Other childcare (please specify):				

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2. <u>Health:</u> (a) Are any of the following services available, on NHS through GP referral, to people living in this area? (*If you answer 'Yes', please indicate waiting times where known.*)



2. Health: (b) Are any of these other health services available to people living in this area?

		Yes, provided in this area	Yes, provided in adjacent area	No , not available	Don't know
1.	Screening for postnatal depression using relevant instrument				
2.	Identification of parents with episodic psychotic mental illness				
3.	Specialist provision for disabled children				
4.	Portage Services (home-visiting for preschool children with special needs)				
5.	Child Health Clinic				
6.					
7.	Lay Mothers' Breast-feeding Group				
8.	Community Mothers' Scheme				
9.	Family Planning Service				
10.	Youth family planning advisory service, e.g. Sexcare				
11.	Well Woman Clinic				
12.	Self-help groups				
13.	Other health services (please specify):				

For help with this questionnaire, please contact AngelaBrassett-Grundy, Child of the New Century - Millennium Cohort Study,Tel.:02076126764Fax::02076126880

3. Family support: Are any of the following available to people living in this area?

	Yes, provided in this area	Yes, provided in adjacent area	No , not available	Don't know
1. National Childbirth Trust Groups				
2. Family Welfare Association				
 Family Centre (voluntary or statutory sector), e.g. Barnardos 				
4. Family Befriending Services				
5. Home Start (provides family support through home visiting)				
6. Ormiston Trust (provides support for families and children)				
7. Link workers/Interpreters				
8. Family Service Units (provides services for disadvantaged families and communities)				
 Welcare (provides information, advice and counselling for families) 				
10. Newpin (works to protect and preserve mental health in parents and children, and to prevent child abuse)				
11. Women's Aid (works to end domestic violence)				
12. KIDS (provides help for children with disabilities and their families)				
 BREAK (provides residential and day care services for families with special needs) 				
14. Children's Society				
15. NCH Action for Children				
16. Kids Club Network				
17. Minority ethnically specific, e.g. Bangladeshi Welfare Association, Society of Asian Disabled				
 Religion specific, e.g. Catholic Child Welfare, Muslim Welfare Association 				
19. Parent Craft classes				
20. Parenting Programmes				
21. Pippin (Parents In Partnership Parent Infant Network)				
22. Father Groups/Projects				
23. Grandparents' Group				
24. Swap-shop for children's clothes				
25. Equipment Loan Service				
26. Credit Unions				
27. Other family support (please specify):				

4. <u>Leisure:</u> Are any of the following available to people living in this area?			Page 4	
(Please exclude those which are provided by schools.)	Yes, provided in this area	Yes, provided in adjacent area	No , not available	Don't know
1. Open spaces with safe play areas				
2. Adventure playground, skateboarding/roller-skating area				
3. Private Leisure Centre (members-only)				
4. Public Leisure Centre				
5. Public Swimming Pool				
6. Bowling Alley				
7. Junior sports schemes, e.g. gymnastics				
8. Activity centre, e.g. Whacky Warehouse, Jungle Gym				
9. Parent and Toddler Group				
10. Tumble Tots Groups/Baby Gym/Crescendo				
11. Playbus				
12. Toy Library				
13. Mobile Library				
14. Book Start Schemes				
15. Music-making groups				
16. Cinema				
17. Museum				
18. Zoo/City Farm				
19. Other leisure facilities/services (please specify):				

wing available to people living in this area? . we amy of the falle

5. Statutory initiatives: Are any of the following, or their equivalents, operating specifically in this area (i.e. anywhere in the area outlined on the attached map)?

	Yes	No	Don't Know
1. Health Action Zone (HAZ)			
2. Healthy Living Centre			
3. Health Improvement Programme			
4. Sure Start local programmes			
5. Healthy Schools Initiative/Programme			
6. Education Action Zone			
7. Employment Zone			
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9. Single Regeneration Budget			
10. New Deal for Communities			
11. Local Government Associations' New Commitment to Regeneration			
12. Neighbourhood Renewal Fund			
13. Local Agenda 21 (promotes sustainable development and improves urban environ'ts)			
14. Crime Reduction Programme			
15. Drug Action Team			
16. Other statutory initiatives (please specify):			

6. What do you think are the <u>bad</u> things about living in this area, for families with young children?

7. What do you think are the good things about living in this area, for families with young children?

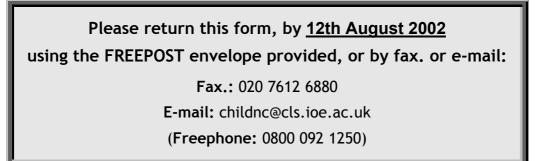
8. Please use this space for any other comments:

So that we can get back to you with the results, please tell us who you are! (*Please* PRINT your details.)

Your Name:	
Your Trust:	
Your Address:	
Your Postcode:	
Your Tel. No.:	
Your E-mail Address:	

Thank-you so much for the time and trouble you have taken to answer our questions. Your help is greatly appreciated.

 \star A summary of the results from this research will be sent to all those who participate. \star



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Centre for Longitudinal Studies Institute of Education 20 Bedford Way London WC1H 0AL Tel: 020 7612 6860 Fax: 020 7612 6880 Email: clsfeedback@ioe.ac.uk Web: www.cls.ioe.ac.uk