

kō'hört

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Following lives from birth and through the adult years

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Welcome

Following the success of the CLS International Conference in September, this issue of **Kō'hört** is dedicated to longitudinal studies that were started around the turn of the new millennium, i.e. studies whose subjects were born within a decade of 2000, and who have so far only been observed as children. CLS manages the Millennium Cohort Study (MCS), which is following UK children born between 2000 and 2001 – on the back page of this issue we feature two projects based on MCS data – one on parental care and employment and the other on infertility treatment.

Sara McLanahan, one of the keynote speakers at the International Conference, has contributed an article on the Fragile Families and Well-Being Study, a birth cohort study designed to understand more about changes in family formation and implications for children's future life chances. Heather Joshi (CLS Director) has provided a short response to Sara's article.

Maureen Samms-Vaughan writes about the Jamaican birth cohort studies whilst Anne-Dorthe Hastbæk describes the Danish Children in Care Study. And Kirstine Hansen, MCS Research Director (CLS), has written an article on grandparental involvement in child-rearing and childcare. Many thanks to everybody who has contributed to this issue.

This is the last issue edited by Jessica Henniker-Major. If you have any comments on this issue, or wish to contribute an article to a future issue, please contact Alexandra Frosch at a.frosch@ioe.ac.uk.

International Conference on Child Cohort Studies

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Between 12 and 14 September 2006, CLS held the International Conference on Child Cohort Studies at St Catherine's College in Oxford. The event was attended by over 200 individuals involved in large-scale birth cohort studies following children born around the turn of the new millennium.

As well as 45 oral presentations, the conference included keynote speeches from Professor Jeanne Brooks-Gunn (Columbia University), Professor Sara McLanahan (Princeton University) and Professor Jonathan Bradshaw (University of York); a panel discussion entitled "What is the point of international comparisons?"; and two poster sessions in which 56 delegates presented summaries of their cohort studies.

Many of the presentations from the conference are available to download from www.cls.ioe.ac.uk/conference06-presentations.

Summary information on some of the studies represented at the conference is available in our new online International Zone (www.cls.ioe.ac.uk/international-zone). Our aim is to add more studies over time – if you are working on a cohort study and would like us to feature it in this zone, please contact Jon Johnson at j.johnson@ioe.ac.uk. There are also plans to publish a special issue of the International Journal of Social Research Methodology in December 2007. This will be based upon a selection of papers given at the conference.

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Fragile families and child well-being: a birth cohort study

Professor Sarah McLanahan, Princeton University (mclanaha@princeton.edu)

Dramatic changes have occurred in family formation during the past thirty years, including delays in marriage, increases in divorce and increases in non-marital childbearing. The Fragile Families and Child Well-being Study is designed to learn more about these changes and their implications for children's future life chances.

The study is following a cohort of approximately 5,000 parents who gave birth in large US cities at the end of the 20th century. The data are nationally representative of births in cities and include a large over-sample of births to unmarried parents. The study addresses four specific questions: (1) What are parents' capabilities and how do capabilities change over time? A key issue here is to learn more about the resources and capabilities of unmarried parents, especially unmarried fathers; (2) What is the nature of relationships between unmarried parents? Are parental relationships committed or casual? Do parents plan to marry? How stable are

their relationships? (3) How do children born outside of marriage fare compared with children born to married parents? How important are family structures and stability in determining child outcomes? And finally (4) What role do policies and government programs play in children's lives?

Mothers were interviewed in the hospitals shortly after giving birth, and fathers were interviewed in the hospital or as soon as possible thereafter. Both parents were re-interviewed by telephone when the child was aged one, three, and five. The nine year interviews are scheduled to begin in the spring of 2007. At each of the telephone interviews, parents were asked a wide range of questions about their attitudes, relationships, parenting behaviour, health, education, neighbourhood conditions and socio-economic characteristics. Additional interviews with mothers as well as child assessments were conducted in the home when the child was age three and five.

The study has several innovative features. First, it interviews non-resident as well as resident fathers. Second, the study gathers extensive information about parental relationships, including dating relationships as well as marital and cohabiting unions. Third, the study includes interviews with childcare providers (at years 3 and 5) and teachers (at years 5 and 9). And finally, the 9 year interview will collect DNA information from mothers and children.

To date, the study has produced a number of important findings. Firstly, the evidence shows that unmarried parents have very 'high hopes' for their relationships. A large majority say that they value marriage and two thirds say that their chances of marriage are 50-50 or better. At the same time, these parents have very low capacities. Compared with their married counterparts, unmarried parents are younger, less educated, more likely to be from ethnic and racial minority groups, more likely to be in poor health and less likely to have a steady income.

Secondly, parental relationships among unmarried parents are very unstable. By the time the child is age five, half of unmarried parents have ended their relationships, and a large proportion have formed new partnerships, some with children. High partnership turnover and high rates of fertility have led to a phenomenon researchers have recently labelled as "multiple partnered fertility" – having children with several different partners.

Thirdly, children born to unmarried parents have poorer outcomes across a variety of domains, including low birth weight, asthma, obesity, low cognitive test scores and behavioural problems. Part of their disadvantage is due to the fact that unmarried parents have low capabilities that predate the child's birth. Another part, however, is due to the family settings in which children are raised.

Finally, because of their low capabilities, unmarried parents rely heavily on public transfers, including health insurance, public assistance, housing assistance and childcare subsidies. Thus the availability and quality of these policies and programs are likely to have an important effect on children's future life chances.

A response

from Professor Heather Joshi,
CLS Director (h.joshi@ioe.ac.uk)

The report on the Fragile Families Study drew considerable interest at the conference in Oxford. This study has been going for several years and hence is beginning to yield the fruits of longitudinal follow-up and is, in this sense, ahead of the UK Millennium Cohort Study (MCS) and several other studies which have hardly begun. It is also remarkable for having managed to make contact with so many fathers among unmarried parents. They were the original focus of interest and the study's strategy of making contact with both parents at the maternity hospital was clearly successful in reaching non-resident fathers. Although MCS was able to establish when it started (when the children were 9 months old) that many non-resident fathers were involved in their children's lives, it has not proved possible to interview enough non-resident parents. This contrast may be a useful lesson for the design of new birth cohort studies.

Another reaction to the presentation was that it gave perhaps too pessimistic a picture of the prospects for children born to unmarried parents, at least in some European countries, or in some social strata. The characterisation of childbearing within unmarried or cohabiting partnerships as economically disadvantaged and unstable did not ring true to all of the audience for all circumstances. Parenthood within long-term cohabiting unions by the elite is also on the demographic landscape, illustrated anecdotally in the biography of a leading female politician in France or by the hero and heroine of "Four Weddings and a Funeral". Evidence from the 1958 and 1970 British birth cohorts suggests that one strand of development in Britain is the emergence of cohabiting parenthood as an alternative to marriage. But MCS also confirms the picture from the USA – that a large proportion of young, disadvantaged mothers are not married. The follow-up will tell just how fragile these British families are.

The Jamaican birth cohort studies

Maureen Samms-Vaughan, Affette McCaw-Binns and Deanna Ashley,
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The Jamaican Birth Cohort studies had their genesis in the Ministry of Health's desire to improve perinatal and maternal health outcomes using an evidence-based approach, in partnership with the University of the West Indies' Department of Child Health. Consultation was sought with the University of Bristol building on their technical expertise and experience with the British Birth Cohort Studies, with funding from the International Development Research Centre (IDRC). At the end of the perinatal study, the value of the cohort for providing evidence based information on childhood and adolescent health, development and behaviour directly influencing policy and practice was acknowledged. Plans were developed for follow-up studies at critical points in the life cycle of Jamaican children: the end of the pre-school years (age 5-6), primary years (age 11-12) and secondary years (age 15-16). Funding was obtained for all but the 5-6 year follow-up.

Three waves of data collection have been completed, and a fourth is in progress. The first wave, the Jamaican Perinatal Mortality and Morbidity Study, identified 94% of births (n=10,527) island-wide in September-October 1986. Data were obtained from medical records, maternal interview, newborn examination and perinatal necropsy. At ages 11-12 years and 15-16 years, geographical sub-groups of cohort children living in the mostly urban parishes of Kingston and St. Andrew, were identified from school records (n=1,720, n=1,565, respectively). Parents completed socio-economic, health and behaviour questionnaires; teachers completed behaviour questionnaires. Children completed behaviour questionnaires, cognitive and academic tests and had anthropometry. The children, now adults, are currently being seen at 18-20 years to investigate the impact of early life experiences on adult health.

Highlights of findings include accurate determination of the perinatal (38.1/1,000) and neonatal mortality

rates (17.9/1,000) and the maternal mortality ratio (106/100,000), identification of the hypertensive disorders of pregnancy and access to referral obstetric and paediatric care as major contributors to maternal and perinatal mortality, and asphyxia and prematurity as risk factors for perinatal and neonatal mortality. The follow-up studies have been able to track changes in family structure that children experience throughout their lives; to demonstrate that the academic environment is probably a significant factor in boys' underachievement as there is no gender difference in cognitive function but significant differences in academic achievement; to demonstrate the negative impact of excessive television viewing on educational attainment; document children's exposure to all forms of violence, including corporal punishment, domestic and community violence; and correlate the contribution of exposure to violence to aggressive behaviour.

Developing countries should be encouraged to undertake longitudinal studies, despite the initial cost, so that scarce resources can be effectively utilised to impact population outcomes and policy, guided by evidence-based data.

Children in Care (CIC) – a Danish longitudinal study

Anne-Dorthe Hestbæk, Mette Lausten and Tine Egelund, Danish National Institute of Social Research (adh@sfi.dk)

In 2003 the Danish National Institute of Social Research (SFI) started a longitudinal study on children in care. The sample consisted of all the children born in Denmark in 1995 that were (or previously had been) in out-of-home care.

The study examines four main research topics: (1) risk and protective factors for children in care; (2) the use of child welfare/protection interventions during childhood and adolescence; (3) developmental outcomes of children in care; and (4) the connection between risk factors, protective factors, child welfare and child protective interventions, and the outcomes of the child.

Data in the first wave were collected in 2003, when the children were 7-8 years old. The population was 715 children from the 1995 cohort who were currently or previously in care however,

due to attrition, the net sample was 575 children.

Survey instruments included standardised interviews with mothers (or fathers in custody of the child), postal questionnaires to the municipal child welfare workers and postal questionnaires to carers of children currently in care.

SFI also hosts a representative, longitudinal study (N = 6,000) on the development and welfare of the 1995 cohort, where approximately 15% of the children are of ethnic minority origin. These studies – including a sub-sample of disadvantaged families whose children are not in care – serve as comparison groups to children in care.

Results from the first sweep

- From as early as 7-8 years, children in care are more likely to have considerable difficulties in keeping up

with the expected academic performance at school.

- Using the SDQ-scale, more than half of the children are scored into the abnormal field.
- Some young children in care have experienced extreme turbulence in their family life, for example the number of habitations, changing stepfathers, high numbers of siblings etc.
- Some children also experience turbulent care careers moving back and forth between a family home and care environment.

We intend to follow up this cohort every third year. The second wave takes place at the end of 2006, when the children will be 11. Newcomers into care will be included in the sample. The children themselves will go through an interview, followed by a short cognitive test, and postal questionnaires will be sent to the child's carers.

Grandparental involvement in child-rearing and childcare

Kirstine Hansen, Centre for Longitudinal Studies
(k.hansen@ioe.ac.uk)

Since the 1980s there has been a large rise in the number of employed mothers in the UK. This in turn has led to an increased need for alternative forms of childcare whilst mothers are at work.

In the Millennium Cohort Study (MCS), 47% of working mothers used grandparents to care for their child at some point. In this research we examine whether informal care, particularly care provided by grandparents, is worse for child outcomes than formal care (that provided in nurseries/play groups and crèches) for children whose mothers are in employment.

The first MCS survey (9 months) provides data on childcare and a range of demographic and socio-economic variables. From the second survey (age 3) we can examine child outcome measures.

Our results show that both formal care and grandparent care are positively associated with vocabulary test scores compared to other informal care. This is true even when our full set of control variables is added to the model.

When we tested children's knowledge of colours, numbers, letters, sizes and shapes, formal care is positively associated with the children's test scores, even after controlling for other variables. However, once other variables are controlled for, the effect of grandparent care cannot be distinguished from the effect of other types of informal care. Both are negatively associated with the test scores compared to formal care.

We also found that children in formal care have better behavioural scores than children in other types of care. Children in grandparental care were found to have worse behavioural scores than children in other types of care.

Projects using MCS data

Parental care and employment in early childhood

Kelly Ward and Shirley Dex, Centre for Longitudinal Studies

The aim of this project, funded by the Equal Opportunities Commission (March to September 2006), was to analyse the life history of Millennium Cohort Study (MCS) parents living in Great Britain. The analyses drew on data from the first two sweeps of MCS (at 9 months and 3 years). In particular, we were interested in the relationship between mothers' and fathers' leave arrangements around the birth of the cohort baby and the subsequent employment patterns of mothers. The majority of mothers who were not working before childbirth and had taken no maternity leave were not employed when their child was 3, although intermittent patterns of employment between surveys were apparent for some. Approximately two in five White, Indian and Black Caribbean mothers were found to work continuously between surveys, compared to fewer than one in ten Pakistani and Bangladeshi mothers. A report is due to be published in December 2006. Another web-based publication on minority ethnic differences in mothers' employment is planned for early 2007.

The experience of treatment for infertility among women who successfully became pregnant

Maggie Redshaw, Chris Hockley (NPEU, University of Oxford) and Leslie Davidson (Dept. of Epidemiology, Mailman School of Public Health, Columbia University)

In the first survey of MCS, 2.5% of natural mothers reported having received medical treatment for infertility. A semi-structured postal questionnaire was sent to this group asking questions about the nature of their treatment and the financial costs incurred. 230 responses were received and analysed qualitatively. Emergent themes related to the treatment process, pain and distress, lack of choice and control, timing, emotional and financial costs, fairness and contrasts in care. Women wished to be treated with respect and dignity and given appropriate information and support. They wanted their distress recognised and to feel cared for in situations with uncertain outcomes. Many of these mothers now have a sense of being complete, though for some this has been at great emotional and financial cost.

The paper "A qualitative study of the experience of treatment for infertility among women who successfully became pregnant" was published in September 2006 in Human Reproduction Advance Access (doi:10.1093/humrep/del344).

This study formed part of the Department of Health contribution to the ONS consortium of government funders to the Millennium Cohort Study.

Diary dates

Two-day introductory workshop to MCS data management and analysis

30 November – 1 December, Institute of Education, London

This workshop is aimed at newcomers to Millennium Cohort Study (MCS) data. Further information, including details of costs and how to register, is available on the CLS website at www.cls.ioe.ac.uk/mcs-workshop06.

NCDS/BCS70 User Group Meeting 2006: Employment, occupations and socio-economic status

9.45am – 4.30pm, Thursday 14 December 2006, Institute of Education, London

This meeting will be of interest to researchers and those working in government and the voluntary sector. Further information is available at www.cls.ioe.ac.uk/usergroup06.

If you require this newsletter in a larger font size, please contact Alexandra Frosch (a.frosch@ioe.ac.uk)