The policy impact of the *British Cohort Study 1970*

The UK is a world leader in longitudinal studies, with many decades of investments in a range of different surveys (Davis-Kean et al, 2017), and UK birth cohort studies set the standards by which similar surveys are conducted internationally.

One survey which has been particularly impactful is the *British Cohort Study*. Over and above the significant body of academic research generated by the British Cohort Study, there are three key areas of policy impact:

**Education**

Analysis by Leon Feinstein found that bright children from poor families were overtaken by less able children from affluent backgrounds by age 6, and that there was no evidence that school entry made any difference.

David Halpern, former chief analyst in the Prime Minister’s Strategy Unit under Tony Blair, states that Feinstein’s analysis was pivotal in government decisions around extra spending on pre-school education (O’Leary & Fox, 2018).

- The analysis was also used to make the case for higher spending in the government’s *Every Child Matters* Green paper in 2003 (IoE, 2010).

**Children at Risk**

Findings from the British Cohort Study (and other birth cohort studies) demonstrate the effects on later life of adverse childhood experiences. Policy makers from across government draw on this analysis to focus services to identify and support those children most at risk (Davis-Kean et al, 2017).

**Reading Behaviour**

Alice Sullivan and Matt Brown analyse reading behaviour of children using the BCS70.

- They find that (i) children between the age of 10 and 16 who read for pleasure made more progress in maths, vocabulary and spelling than those children who rarely read, and (ii) this was more important to children’s cognitive development than their parents level of education.

- Their research was highlighted both in the *British Labour Party’s education policy review* in 2014, and in the UK’s Department for Education policy document *Reading: The next steps. Supporting Higher Standards in Schools* (IoE, 2015).
The wider impact of the *British Cohort Study 1970*

The British Cohort Study has contributed to policy debates, parliamentary inquiries, and wider discussions around a number of different policy areas including education, social care, primary health care, and public health.

The study is referenced in a number of highly influential government inquiries and reports.

With its siblings, the National Child Development Study and the Millennium Cohort, the British Cohort Study has been a key source of evidence for:

- the Warnock Committee on Children with Special Educational Needs,
- the Independent Inquiry into Inequalities in Health,
- the Moser Committee on Adult Basic Skills,
- the Milburn Inquiry,
- the National Equality Panel,
- and the Marmot Review of Health Inequalities.

The British Cohort Study is referenced in several policy documents, under both Labour and Conservative governments.

“When people ask me, ‘does social science evidence ever change policy?’ a particular incident springs to mind. In the context of a broad-ranging discussion on education and skills, with a thick set of analytical material in front of us, one of the Ministers present tore out one of the Strategy Unit’s slides and – leaning forward to put it in front of the Prime Minister declared ‘...but what are we going to do about this? The slide.......showed how the cognitive ability of bright children from poorer backgrounds appeared to be overtaken by that of much less able children from affluent backgrounds long before they ever entered school. Within a year more than £500k was assigned to build a programme of pre-school provision for the UK’”

The British Cohort Study (BCS70) follows more than 17,000 people born in England, Scotland and Wales in a single week of 1970. There have been nine ‘sweeps’ of all cohort members at birth, ages 5, 10, 16, 26, 30, 34, 38, 42 and 46.

The BCS70 has collected information on health, physical, educational and social development, and economic circumstances among other factors.

Key findings from the study include:

- Cohort members with lowest literacy levels at age 34 were twice as likely to report poor physical health;
- Parents’ interests in children’s education is a significant predictor of education attainment;
- Children’s development is not affected by their mothers working during their first year of life;
- Children’s cognitive development is affected by poverty: bright children from poorer backgrounds are overtaken by less able children from affluent backgrounds by age 6;
- Graduates are less depressed, healthier and less likely to require social security benefits than non-graduates;
- There is little evidence of social mobility increasing in the second half of the 20th century.

Research references


Nutley, S., Davies, H and Walter, I (2002) Evidence based policy and practice: cross sector lessons from the UK, University of St Andrew’s, UK: St Andrew’s

The aim of EuroCohort is to provide deep, insightful, comparative and longitudinal data on the wellbeing experiences of children and young people across Europe. By doing so, researchers, governments and others might better understand – and take steps to improve – youth’s life chances, outlook, happiness and wellbeing.

The Potential Impact of EuroCohort
To understand whether and how EuroCohort might have such impact, researchers from Manchester Metropolitan and University of Bologna (UNIBO) have developed a series of impact case studies. These examine the policy impacts that other longitudinal surveys have delivered.

These impact case studies explore how and in what ways these studies have effected government policies, by asking three important question:

• How did the survey affect policy? Did survey analysis directly lead to new or changed policies? Did it contribute to wider discussions on the need for policy change?

• What type of knowledge or insight did the survey provide? Did the survey provide insight into social problems? Of what policy interventions worked and did not work? Of how to make policies more effective?

• Was the policy effective? Is there any evaluation or other research evidence that the policy was effective and had a positive effect in the ways intended?