

Children of the 21st century From birth to nine months

Editors

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9. Conclusions

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In what has been an unprecedented time in the UK for family policy initiatives and developments, it has been useful, and perhaps not entirely coincidental that a new large-scale longitudinal survey of babies was launched. In starting the Millennium Cohort Study of 18,800 babies, we were following in well-worn footsteps of earlier generations, this being the fourth nation wide birth cohort study launched in the UK. However, in other ways, new pathways were being charted in this survey which were very clearly in tune with and driven by millennium policy issues on families and children. This volume has given us the chance to start to dip into the richness of this new survey, explore its potential, compare with earlier generations and provide some benchmarks for the future with this new generation of children who have started out life in this era of new UK family policy.

The policy context into which this new birth cohort arrived had many dimensions. Clearly there was and is concern about the sizeable numbers of children growing up in poverty. Concern has grown alongside mounting evidence, not least from the earlier birth cohorts that this leads to poorer outcomes for these children when they become adults. The devolved UK administrations, with their potential to have differing health and education policies are another strong policy interest. It is important to know whether

children's and families' experiences will start to diverge more within the UK than in the past. The role of fathers has become a concern in this era of increasing lone parent families and reductions in men's labour force participation rates. Minority ethnic communities are a growing component of the UK population partly because some have higher fertility rates, and yet, in many cases, live in disadvantaged conditions and areas. In this era of concern about equality of opportunity, how are minority ethnic children faring? Finally, in an era of low fertility and increasing childlessness, looking after this generation of children becomes a more pressing societal issue. We will be relying on these millennium children more in the future, given the demographics of ageing, to look after us all over our increasing life spans. These are some of the main broad policy concerns of the new millennium which helped to persuade the Economic and Social Research Council and governments to initiate and fund this new large-scale study.

Longitudinal surveys have to take the long view. It is a long way ahead before we will be able to see the effects of early experiences on this cohort's adult lives. The potential for such quasi-causal analyses is of course one of the main strengths of longitudinal data. These over-time relationships of experiences and the durations of time spent in different circumstances can be examined. Cohort studies are not suited to investigating the short-term effects of the latest government intervention (for example, changes in Income Support level). This is especially true if the intervention is focused on a particular sub group of the population who, even in a large-scale survey will have relatively few who have experienced the policy change. Deciding on the questions to put in longitudinal as opposed to cross-sectional surveys is consequently more demanding, given they have to be there for the long term and not for short-term policy interests. We cannot foresee 25 years ahead exactly what will be in policy concerns about young adults, or the next generation of babies.

None the less, the start of a new cohort study does offer a unique opportunity, at its first contact, to view the experiences, in this case, of a large-scale representative survey of families and babies. This volume is unique in this cohort study's life, therefore, as well as being the starting point for a hugely

valuable future data set. However, since there are elements of recalled information in the first sweep of the MCS data set, there was also some potential for limited longitudinal analyses.

What we have here is a new cohort of babies starting out life in an era of unprecedented initiatives on family policy. The policy and economic environment is very distinguishable from the times the earlier studies of birth cohorts started. In the jargon, this may be a 'period effect' if the policy climate does not persist. If it does, it may form a long-term 'cohort' effect' distinguishing this generation of babies from their predecessors. In due course, it will be possible to analyse these and future period effects on millennium babies' later life outcomes, and by comparing cohorts disentangle period from age effects. It will also be possible to look at differences in development within the cohort for different outcomes from different beginnings.

To put this study in its historical context it may be interesting to contrast the concerns of the Millennium survey with the first investigation of the 1946 cohort, Maternity in Great Britain (RCOG 1948). At the dawn of the Welfare State, childbirth was a dangerous experience for both mother and child. It frequently took place without analgesia, often at home and usually had to be paid for. The evidence collected in the 1946 and subsequent birth surveys of 1958 and 1970 have helped build the services used by the Millennium mothers before and during their almost universal short-stay hospital deliveries, controlled pain and very much more frequent caesareans. The authors of the 1946 maternity survey were concerned about the mother's health after 'confinement', which usually lasted two weeks, and her return to housework. In those days, before central heating and washing machines (almost universal in the new survey) housework was heavy – carrying coal, laundry by hand, making beds and the authors of the survey recommended help for the new mother. By contrast, among the themes which emerge from the study of parenthood at the dawn of the twenty-first century is a concern for work-life balance, the division of domestic and parenting work between mothers and fathers and the provision of childcare services, still in their own infancy.

It was not possible to include birth out of wedlock in the 1946 survey, due to the stigma of illegitimacy, and the high rate of adoption, but there were not many of them. By contrast lone and cohabiting mothers are important groups in the MCS with important differences in their circumstances from married couples. A final contrast between the surveys is that the 1946 survey, in its follow up over-represents 'white collar' classes, as there were then relatively few fathers in these occupations. The Millennium Cohort Study over-represents the other end of the social spectrum, people living in areas of high child poverty as well as minority ethnic groups, who were not a feature of the post-war population. The change in weighting represents less a change of focus towards under-privileged people than a change in the underlying abundance of reasonably advantaged people. This itself is a credit to the economic and social policy of the last half century.

Policy questions

We started out this volume with a list of more specific policy questions the Millennium Cohort data had the potential to answer. It is to these we now return.

How are babies developing under different family structures and parenting regimes?

The odds of conventionally defined low birth weight were somewhat higher for lone than married mothers (by a factor of 1.36), and for mothers who were poor according to the indicator constructed in chapter 3 by a factor of 1.49. Analyses reported in Chapter 5 show that a number of socio-economic factors and mothers' smoking, associated with lone parenthood, contributed to variations in birth weight. So the children are starting out with an unequal physical endowment reflecting the disadvantage that precede and follow lone motherhood.

The vast majority of babies were developing at the normal rate for a 9-10 month old child, and it is very early to start ranking children by their achievements. The MCS data allowed us to investigate their gross motor, fine motor and communicative gesture development as well as their birth weight and growth.

There were social as well as biological factors associated with the ethnic minorities' display of delays in development on the motor skills and gestures. However, having a lone parent or being overcrowded were not significantly related to achievement of development milestones, after controlling for other characteristics. These other characteristics included those of the child, the mother and the socio-emotional environment. However, some of the characteristics that were significantly associated with some development delays were also those that lone parents were likely to have, namely lower or no educational qualifications and being teenage mothers. In this sense, there were some relationships between development delays and different household structures. In terms of the policy implications, one emphasis needs to be on addressing mothers' educational standards in order to avoid development delays in children. The results also suggest that children will benefit, in this and other ways, if women can be persuaded or helped to avoid becoming teenage mothers and waiting instead until they are older to give birth.

Our analysis of family poverty showed that the lack of employment, dramatically more pronounced among lone parents, was a major factor associated with the family being in poverty. It is too early, with the Millennium Cohort babies, to show effects on children (or adults) of growing up in poverty beyond the first milestones. However, previous studies have already pointed to a range of poorer outcomes from the lack of household resources. Clearly being in the state of poverty is related to certain family structures, albeit also mediated by employment status.

However, being of Bangladeshi or Pakistani origin in the case of all three developmental skills and mixed origin in the case of gestures were also associated with delays in development. Growing up in a Bangladeshi or Pakistani family meant having two natural married parents. Ethnic origin here was also an indicator of household structure, with more traditional family structures in this case being associated with development delays. Being of Bangladeshi or Pakistani ethnic origin also became less significant when elements of the socio-emotional environment like mother's depression and the physical environment of overcrowded housing were controlled. The focus of

policy to safeguard against child development delays, therefore, may need to be more on addressing the issues of mothers' depression (which affects one fifth to one quarter of mothers) and improving overcrowded housing conditions (affecting 8%).

How do babies develop where their father is involved with them, whether present or absent from the household, compared with babies whose fathers are not involved?

There is no evidence yet, from the MCS survey, on whether and how children benefit from father involvement, but there is plenty of new evidence that many non-resident fathers take an interest in their child both at birth and into the first year. Also approximately one third of the non-resident fathers contributed to the mother's cash resources, although not all did so regularly. There is also enough variation in the range of practices and attitudes on the part of the fathers in two-parent families for future research to look for related outcomes in child development as well as family stability.

Are new century babies growing up in more insular privatised family units with less contact with other generations?

Millennium babies are growing up, in the vast majority of cases, with their grandparents thoroughly involved with them and their families. The relationships, as far as we can tell, appear to be in good shape and working in both directions. Cohort parents are keeping in touch with their own parents, although cohort mothers more so than fathers, and grandparents are keeping in touch and offering child care and other financial and non-financial help for their children and grandchildren. It is not a picture of atomised and isolated nuclear families, sometimes shrunken to one parent. Rather there are some very extensive contributions being given from grandparents to the families of their children in many cases. However, marital breakdown in the grandparent generation was associated with lower levels of contact between cohort parents, cohort children and their grandparents.

It may be that we are witnessing, in the case of some of these families, what others have called 'the pivot generation' (see Mooney et al, 2002). Pivot generation mothers are those who delayed childbearing well into their thirties who still have substantial caring responsibilities for children. At the same time, they are starting to have caring responsibilities for their older parents and relatives. Earlier generations had largely completed the child caring responsibilities before the parental caring responsibilities crept up on them.

Cultural patterns of relating to wider families and caring were evident in the findings about different minority ethnic households. Given the higher frequency of grandmothers living with their children, especially in Asian families, compared to other ethnic groups, we expected that this might lead to a greater degree of involvement of grandparents overall for these minority ethnic families. Our results suggest this was not necessarily the case. Some minority ethnic families had lower levels of contact with grandparents, partly because their parents were not alive, and partly, we suspected but will not confirm until the next survey, because they were not living in the country. These differences acted to equalise the contact with grandparents for most ethnic groups. However, it still left Black African families in the survey substantially less supported by grandparents than other families. In this sense, the extent to which families are recent immigrants was found to be the main indicator of how isolated they were from older generations and wider family, rather than a preference for an isolated lifestyle.

As found in other studies, the extent of grandparent involvement with child care for their grandchildren was a very significant cementing element in these intergenerational relationships. When governments consider the expansion of formal child care, they also need to take account of the value to families and communities of these informal child care networks and of the social capital they generate. These reach beyond intergenerational relationships with grandparents into reciprocal relationships with neighbours and friends. It is also clear, that even with the expansion of formal child care places, many families where the mother is in paid work cannot manage without the assistance of informal child care arrangements.

What proportion and which babies start out in poverty in the 4 countries at the turn of the 21st century?

Our analysis of poverty, as far as this was possible with the data, suggested that as many as 23.7 per cent of families with a millennium baby were starting out their life in poverty. This proportion was broadly consistent with official estimates. However, different measures of poverty were used and the percentages of families in poverty were found to be very sensitive to the measure of poverty used (19.8% of families on means-tested benefits, or 27.5% with household income less than 60 per cent of the median). That a sizeable proportion of millennium babies are growing up in poverty, along with other analysis of perceived changes in families' financial circumstances around the birth, suggested that the point of arrival of a baby in the family is one which often makes family finances particularly vulnerable. More attention may need to be paid to this point in the lifecourse by policy provisions.

When we compare, using our own measure, the extent of poverty in Millennium Cohort family across UK countries we found that families living in Wales had a significantly higher chance of living in poverty. However, after controlling for a range of other characteristics which might explain the extent of a mother living in poverty, living in Wales was not significantly different from living in England. Country difference turned out to be sensitive to the measure of poverty used. When using a low income measure of poverty, all the other UK countries had a higher odds of being poor than families living in England, with Northern Ireland having the highest chance.

Country differences, however, were very small in comparison with the largest contributors to the odds of mothers living in poverty which were being a lone parent and having no earner in the family. This endorses the thrust of anti-poverty policy being aimed at getting families some employment and, if that were possible, more than one parent. Analysis also draws attention to the characteristics of families without jobs; they were un-partnered, young mothers with little education, poor health, living in areas with poorer job prospects, and for some, belonging to some of the minority ethnic groups. Effective policy should be aware of their specific needs.

How soon do mothers return to work after childbirth compared with earlier generations?

Comparison of the mothers in the Millennium Cohort with the mothers of earlier cohort studies shows an increasingly fast rate of returning to work after childbirth. In the 1946 and 1958 generations it was common for women to have all of their children before considering a return to work whereas by the millennium, the norm is for mothers to return to work after each child, bearing in mind there are fewer children, and to have very short gaps from employment. This implies not only shorter time out of paid work over childbirth in this millennium generation of mothers but also a change in the patterns of being in and out of paid work. This more continuous pattern of labour market participation now accounts for approximately one half of these mothers.

Millennium mothers are the generation of major beneficiaries of the earlier introduction of statutory maternity leave, made increasingly generous in leave entitlement and payments over the 1980s and 1990s. Millennium mothers are roughly the same generation as birth cohort members born in 1970 (likely to be mothers around the millennium). Mothers born in the 1958 cohort started to benefit from these statutory arrangements where they entered childbearing relatively late (in their 30s at the start of the 1990s) but those who gave birth in their 20s would have seen less benefit than millennium mothers from these entitlements. By the millennium, maternity rights had been extended to cover the majority of mothers rather than the minority previously eligible. Also a cultural change had established maternity and other parental leave as the normal expectation in all workplaces by the turn of the Millennium.

The original introduction of Statutory Maternity Leave in the 1970s and the successive enhancement to the entitlements were accompanied by arguments in favour of giving mothers rights to longer periods of leave and more financial support while they were off work for the benefit of the mother and her child. Mothers' successive shortening of the period away from work has run in the opposite direction. To some extent statutory entitlements have focused behaviour on the end of the period of paid leave (18 weeks) rather than on the end of the period of leave (29 weeks), which was longer but not all paid. But

this and other survey evidence suggests that many mothers are returning before their leave entitlement runs out. It is somewhat ironic, therefore, to see the changes in mothers' behaviour patterns, with their successively shorter periods spent away from paid work for childbirth, against the pressure to continue to lengthen the statutory leave entitlement period.

On the other hand, polarisation between mothers, as detected in the early 1990s by Dex and Joshi (1996), may be increasing. Set against the pattern of continuous labour force participation has been a growing group of mothers without any labour force experience or involvement. This group of low qualified, younger, often teenagers and lone mothers, with larger families, living in disadvantaged areas, on benefit and often in poverty, seem to have little chance of markedly improving their circumstances. These are, of course, the mothers who the government seeks to get into employment in order, primarily to raise their children's standard of living.

Just before the millennium (1999) statutory entitlements to parental leave were introduced for UK parents. Again some cohort fathers benefited from this new provision, although others may have benefited if their employer already offered such a provision. Parental leave is now offered to fathers in the form it was eventually adopted in Sweden on a non-transferable basis. If fathers do not take up their leave, they cannot transfer it to mothers. The change from being a transferable to a non-transferable entitlement in Sweden saw a marked increase in the take up of leave by men. It will be interesting to see how take-up develops in the UK. Statutory entitlements to paid paternity leave became available in the UK in 2003 and were too late to have affected fathers for the birth of this cohort child, though some had employers who already offered a non-statutory paternity leave scheme.

How many employed fathers and mothers have access to flexible working arrangements, and does taking them up make a difference to their child care choices or to their feelings of work-life balance?

In the lead up to the new millennium, government was considering how to help working parents. Various consultations showed that what parents wanted most was greater flexibility in the workplace. Surveys also charted the extent of that flexibility among employers and employees.

We were able to compare MCS findings with turn of the millennium large-scale representative sources on the extent of employee access to flexible working arrangements. MCS survey findings suggested that this set of parents, with a young baby, had more access than employees in general. This could be either because parents with a young baby have far more access to flexible working arrangements than the population in general, the other sources are underestimating, or MCS is over-estimating the extent of flexible working arrangements offered to employees. The same higher rates were true of MCS parents' uses and take up of these arrangements which, again, appeared more extensive among MCS parents than other surveys might lead us to expect.

Mothers' use of flexible working arrangements, where they were offered, varied from the high of 76 per cent in the case of using part-time hours, 56 per cent for flexible working hours and 21 per cent for job share or term-time only work. Fathers' use of flexible working arrangements was generally lower than mothers' use ranging from 62 per cent use in the case of working at home occasionally, 55 per cent using flexible working hours and 8-9 per cent in the use of part-time work or term-time only work.

Our analysis showed that using an employer's flexible working arrangements although not merely access to them, did make a small but significant improvement to mothers' feelings of control over their lives, as did using formal child care and using 2 or more types of child care. However, using formal child care was associated with a decline in mothers' satisfaction with life and an increase in their depression score. However, other correlates of feeling more in control of life and depression were more important than flexible working

or child care arrangements. Factors which were associated with lower levels of satisfaction and feeling in control of life included: the ethnic origin of mothers, with some Asian groups often being less satisfied or feeling in control than other groups; being a younger mother; having a large family; being a lone parent; having a non-employed partner, baby not sleeping; and living in areas of high minority ethnic population or other disadvantaged areas.

Since this first sweep of MCS data were collected, the government has introduced more rights for parents. Since 2003, parents with a child under 6 have the right to request flexible working arrangements of their choice from their employer. Their employer has a duty to give this request serious consideration. It will be interesting to see in future MCS sweeps whether cohort parents extend their use of flexible working arrangements under this new statutory right, in comparison with their use at this first sweep in 2001.

What proportion and which babies start out with good health across our four countries?

Health is measured in different ways. When babies are first born, prematurity and birth weight can be indicators of normal or poor health. Using these indicators, approximately 7 per cent of singleton babies were preterm (gestation of 28-36 weeks) and 8 per cent of singleton babies were of low birth weight and subject, therefore to greater health risks. There were only small variations across countries in the extent of these health risks. But there were more substantial variations according to socio-economic status and area of residence. Risks also increased for babies whose parents were in routine occupations or had never been employed and for families living in areas of high minority ethnic population or other disadvantaged areas.

Risks of delays in babies' motor skill and gesture development were extremely small ranging from a maximum of 7 per cent of babies with delay on one of the gross motor skills, 5 per cent delayed on one of the fine motor skills and only a maximum of 0.5 per cent of babies delayed on any of the communicative gestures. Country differences were unimportant.

The extent of breastfeeding, a factor known to improve children's health status, varied to some extent by country as did the extent of mothers' smoking while pregnant, known to put children's health at risk. Breastfeeding was highest in England and lowest in Northern Ireland and lower among lone mothers. Smoking in pregnancy was highest in Wales followed by Northern Ireland and lowest in England and Scotland. The extent to which babies were completely immunised was lower in England than in the other UK countries.

When a measure of positive health status was constructed from a number of health indicators, there was considerable variation across the UK countries; with the lowest rate of positive health for babies in Northern Ireland, the next lowest in Wales, and the highest in England. This was one health indicator where it was beneficial rather than a disadvantage to be living in an area of high minority ethnic population. This was largely because many mothers from minority ethnic groups living in such areas, and predominantly in England, breastfed their babies and did not smoke during pregnancy.

Access to health services was very much more differentiated in this sample varying typically across socio-economic categories and for some minority ethnic groups although less so by country. Pakistani and Bangladeshi mothers did not receive antenatal care, attend antenatal classes and were late in having their first antenatal visit and their pregnancy confirmed by a doctor or midwife to a greater extent than mothers of other ethnic identities. The language difficulties of immigrant groups are thought to contribute to this shortfall in access to services.

In summary, while there were some country differences between millennium babies in their health at birth and over the first year, these were mostly fairly small relative to other differences by socio-economic circumstances and lone parent status. Devolved administrations might want to follow up on some of the larger differences, but greater effect would probably result where policy interventions can target lower social class groups, and lone parents with health-improving measures or parental education.

Are parents' health and circumstances related to the baby's health and development?

Mothers' mental health status has been found in earlier studies to be a risk factor for her children's health, development and well being. The analysis of development delays of babies in this volume supported these earlier findings that mothers who showed signs of being depressed at the interview were more likely to have babies with motor and gesture development delays. Mothers' depression was also a feature of the small group of mothers who often felt annoyed or resentful towards the baby. Identifying and assisting depressed mothers should be an important policy target.

How does mothers' smoking affect birth weight and baby growth?

The analysis of the baby's birth weight confirmed the results of other studies that mothers who smoked while pregnant had lower birth weight babies after controlling for a range of other factors including minority ethnic group. Mothers' smoking during pregnancy was also associated with other poor health indicators for babies, namely incomplete immunisation, admission to hospital, and wheezing and asthma in the child. Mothers' smoking itself was strongly related to low occupational status and its associated stresses.

Is it an additional disadvantage to live in a poor neighbourhood?

The type of neighbourhood families live in was part of the design of the Millennium Cohort Study sample, and this offers the opportunity to consider the role played, after controlling for other things, of the neighbourhood, in explaining differences between cohort families and cohort children. Neighbourhoods in themselves may not be the explanation for differences found since an area is defined by other sets of characteristics, and it can be these that are the explanation of neighbourhood differences or similarities. However, it can also be the case that there are unmeasured or unobserved effects indicated by a neighbourhood indicator. In so far as certain areas are associated with certain ethnic groups, there can be ethnic cultural influences reflected in neighbourhood measures. There could also be work-culture differences if there is high unemployment in an area or large amounts of ill health. Boundary drawing, even at a ward level, can sometimes be arbitrary and cut across sub areas with homogeneous characteristics or put together,

within one boundary, areas with heterogeneous characteristics. None the less this is a topic of interest since government policy provision is often delivered based on spatial areas using official boundaries. These areas are also the level at which the success of any policy interventions is evaluated.

We are only at the beginning of analysing the effect of neighbourhoods through the Millennium Cohort Study data. On the whole, these early analyses have been done through linear rather than hierarchical models and as such need to be tested further to be sure that the neighbourhood influence is robust. However, what these early analyses suggest is that living in a disadvantaged neighbourhood (defined by having a high amount of Child Poverty) or an area of high minority ethnic population do signify additional disadvantage in most of the topics covered. So, for example, parents' health is worse in such disadvantaged areas and, not unexpectedly, so is child poverty, and measures of child health. However, areas of high minority ethnic population were not found to be always and unequivocally disadvantaged. In particular, families living in these areas were not particularly disadvantaged on measures of child health. However, in access to services they did not score so highly, but possibly due to choice or ignorance rather than the lack of available services.

We examined the availability of health and social services aimed at young families in the different study localities by asking Health Visitors about services offered in or adjacent to study wards (Brassett–Grundy et al, 2004). The 'law of inverse care' led us to believe that the disadvantaged areas might be worst served. However, as far as we can tell from the Health Visitors' replies to a postal questionnaire, National Health Service facilities were, fairly evenly and universally spread, once one allowed for access to adjacent areas, particularly for rural wards. Despite being under different jurisdictions, the services available in Wales, Scotland and Northern Ireland were also fairly uniform.

Social capital

We introduced, at the start of this book, a framework of social capital and capabilities as both a context and starting point in life for these new millennium babies and as a dynamic developmental framework. A large number of elements of social, cultural, human, financial resources and relationship capital and their variations have been charted in this volume. It is a picture of substantial inequalities between families and, by extension between these cohort babies. Many of the lines of division between advantaged and disadvantaged family circumstances correspond with ward boundaries, the areas built into the design of this survey, but not all. There are also many overlaps of advantage and disadvantage with socio-economic classifications based on occupations. However minority ethnic status, especially in the case of South Asian ethnic minorities does not run along all the same lines of disadvantage. Though the Bangladeshi and Pakistani families were financially disadvantaged, the South Asian communities were found to be richer in relationship capital due to the greater stability of their marriages in the parents' and grandparents' generations, and higher in the baby's although not in parents' health capital. Also what appears associated with many disadvantages in white and Black families, having a child during the teenage years, usually outside marriage or even partnership, was less disadvantaging in Asian families where it was largely within the context of marriage.

Respondents to the Millennium Cohort Study revealed their capabilities to parent. The vast majority of mothers and fathers showed they understood, valued and appreciated the importance of the parental role in child development – one of stimulation, cuddling, warmth and communication for language development. Furthermore, most mothers and fathers were agreed in their views about their importance to the baby. Although many found there were considerable changes to adjust to a new baby, more so when it was a first baby, the majority of parents were enjoying the adjustment. While all very small scale, there were worrying signs for the welfare of some babies where mothers admitted to feelings of annoyance and resentment towards the cohort baby. These were linked to mothers feeling depressed. A surprisingly small proportion also reported that the baby's arrival had led to a deterioration in their relationship with their partner, possibly also eroding capability. Future sweeps will show whether these negative feelings and effects

are reinforced into lower levels of capability and future capital and the positive feelings into higher levels.

Many of the dimensions of inequality noted in the MCS findings coincided with a divide between young teenage and older mothers. This increasing polarisation was noted earlier. This could be thought of as a divide in capital. Many younger mothers and fathers, because of their age and lack of experience in life were low on human, relationship, financial and even social capital. Older mothers, in contrast, had more abundant supplies of these capitals. Where young mothers were embedded within Asian ethnic communities, this was serving to compensate, to some extent, for their low levels of capital. Outside of this environment, the lack of capital was being felt more acutely and its effects on the cohort baby may be greater therefore.

A new era of family policy

After decades lagging behind an agenda set in other European countries, the new century has ushered in an era of unprecedented development of family policy in the UK. All political parties are competing to be the friendliest. The signs are that many of the government initiatives are in tune with parents' needs and preferences about family life and their children's well being. The Millennium Cohort Study may yet be able to demonstrate that the new century, despite its legacy of inequalities was a good time to have been born.