

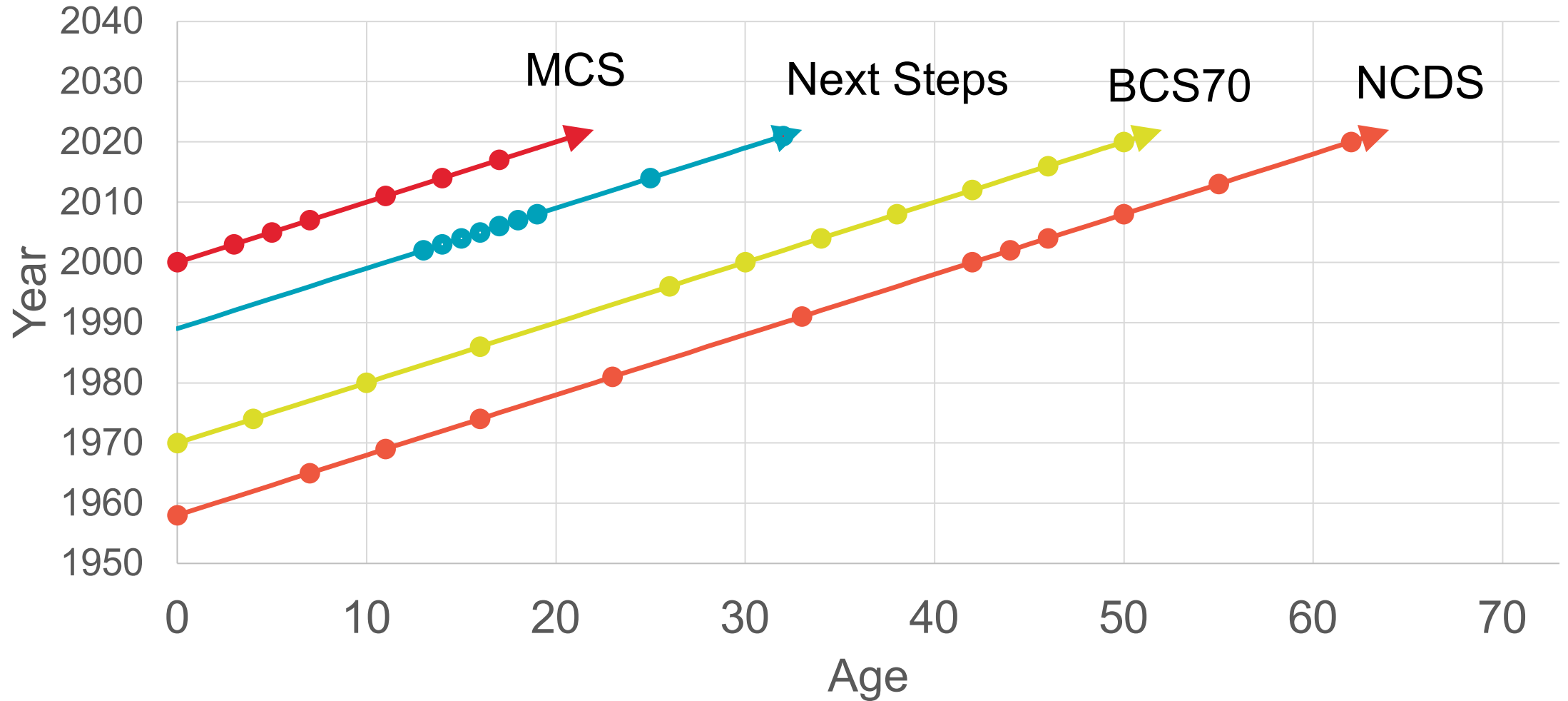
# Adapting to the times: Collecting data in the CLS cohorts during the pandemic

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# Planned Surveys

- COVID has had major impact on three major surveys:
- **NCDS Age 62 Survey**
  - Commenced January 2020 – stopped in March 2020
- **BCS70 Age 50 Survey**
  - Pilot completed in Feb 2020
  - Fieldwork due to commence June 2020 - delayed
- **Next Steps Age 32 Survey**
  - Development in 2020, Fieldwork in 2021 – delayed

# NCDS/BCS70 – How to proceed?

- Switch to mixed mode approach – web/telephone?
- NCDS/BCS70:
  - Questionnaire programmed as F2F (and NCDS already started)
  - Long interview – 80 minutes+
  - Cognitive assessments (designed for F2F completion)
  - Data linkage consents
  - Paper self-completion questionnaires (typically collected)
  - 60 minute nurse visit (NCDS) – including blood sample collection and home centrifuging

# Video-conference interviewing

- Advantages

- Increased familiarity of video-calling since lockdown
- No need for major re-programming
- Human interaction retained
- Reduce measurement differences compared with web/tel
- Could work in tandem with F2F – flexibility for respondents, respond to changes in restrictions (e.g. further lockdowns).

# Pilot Studies – BCS70 October 2020 (NatCen / Kantar)

- BCS70 – Small scale feasibility pilot (October 2020) – skewed sample of 60
- NCDS – Larger scale pilot (June 2021) – representative sample of 310
- Adaptations:
  - Visual content (leaflets and showcards via share screen)
  - Self-completion via web link shared in chat – completed during interview where possible
  - One cognitive assessment sent by post for timed completion during the interview and return via post
  - Paper self-completion questionnaire returned by post

# NCDS Video Pilot Study – Results

Key survey elements	Video pilot	F2F response W1 (Jan-Mar 2020)
<i>% of eligible cases (310 respondents)</i>		
Productive interviews	46%	79%
Request to take part face to face	25%	-
<i>% of productive interviews</i>		
CASI / CAWI self-completion	80%	99%
Cognitive Assessments	99%	99%
Letter cancellation completed	94%	98%
Letter cancellation returned	83%	-
Paper self completion returned	87%	93%
Health records data linkage consent	72%	65%
Agree to nurse visit	97%	95%

## Moving forward

- BCS70 – Video-only ‘Soft launch’ (1000 cases) conducted between July and October 2021
- Similar results to NCDS pilot – though RR higher – 52% (compared to 46%)
- Mainstage fieldwork commenced in both projects in November – video-only
- Had planned to re-launch interviewer F2F visits in January – with video as back-up but... Omicron
- Nurse visits (NCDS) continuing F2F



## Next Steps Age 32 Survey

- Planned as F2F survey but switched to mixed mode in light of COVID
- Piloting in 2021 – online, video, telephone and ‘secondary device’
- Soft-launch (20% of cases) to commence late February with web-push sequential mixed mode design: web > F2F (with video and secondary device) > possible telephone mop-up

# MCS Age 22 Survey

- To commence in early 2023
- Planned to be conducted F2F
- Currently in development – and will ensure that flexibility to switch modes is designed in from the outset

## Conclusions / Major challenges

- Remote interviewing is proving successful, but F2F will be crucial for securing the high response rates typically achieved by the cohort studies – continued uncertainty makes planning exceedingly difficult
- Longer term impacts of pandemic currently unclear
  - Impact on participation?
  - Interviewer capacity issues
  - Survey timescales – significant risk of fieldwork delays
- Importance of designing flexibility in from the outset

Thank you