

# Understanding Impact

## Practical exercise

You are a team of researchers who have just had your findings published – and now you're looking to generate some impact from your work.

Using the abstract attached, answer the following questions:

### 1. Who are the potential impact stakeholders?

Think about the people and organisations that could benefit/learn from your research, as well as those who could help you reach those beneficiaries.

### 2. How would you reach them?

Think about communications channels and any 'gateway' groups.

### 3. What opportunities and obstacles might you face?

Think about how you might time or frame your research to maximise interest from your stakeholders. Consider both the challenges in reaching your stakeholders, as well as the challenges of explaining your research to them.

Take notes! Groups will be asked to present their ideas to the larger group and impact panel.

# Tips

## Stakeholder groups

Think broadly about stakeholder groups – policy and practice changes aren't made by just one person or organisation. Possible stakeholder groups to consider are:

Funders  
Parliamentarians  
Third sector  
Whitehall departments  
Academic nodes, networks or collectives  
Arms-length government bodies  
Cross-government bodies,  
working groups and commissions  
Devolved administrations  
European government  
Learned societies  
Local government

Media  
NHS  
Parliamentary bodies  
Political parties  
Private consultancies  
Private firms  
Professional associations  
Public service providers  
Regulators  
Research institutions (not universities)  
Think tanks  
Trade bodies and trade unions

## Other tips

- Consider using a mix of channels to communicate with your stakeholders
- Think about who has 'pull' with your stakeholders – can you get some key influencers on board in order to reach others?
- Create your own luck – think about things like policy announcements, public campaigns, etc. that might help or hinder you in generating interest in your research

# Abstract A

## **The health and wellbeing effects of commuting: evidence from exogenous shocks**

Commuting time (CT) places a non-trivial constraint on the time use of workers. Recently, average CT has risen in many developed countries and it is recognised that the burden of commuting is potentially detrimental to mental health and well-being (H&WB). We investigate the impact of CT on such outcomes using data from Understanding Society. These data contain detailed longitudinal information on labour market attachment, job tenure, CT, and measures of H&WB. Our identification strategy exploits the panel dimension of the data by considering individuals who report no change in either household location or employer or job role, but do report a non-trivial change in CT. We assume that such individuals change the location, but not the nature, of employment. This allows identification of the impact of CT on H&WB by abstracting from the effects of potential compensating characteristics arising from changes in labour supply or housing relocation. Further, we condition on characteristics known to influence H&WB including income, education, marital status and household composition. Fixed-effects specifications allow us to control for individual unobserved time-invariant preferences. Our results suggest increased CT reduces wellbeing and objective measures of health for females, but has no impact on men. While we identify statistically significant decreases in wellbeing for women, the magnitude is modest; a 10 minute increase in commuting reduces wellbeing by around 0.07 (on a 1-36 scale). Whilst our identification strategy enables stronger identification of the causal effects of commuting than previous studies, the magnitudes we find are comparable to those reported elsewhere.

# Abstract B

## **The role of common genetic variation in educational attainment and labour market outcomes: evidence from the National Child Development Study**

Recent studies have reported three single nucleotide polymorphisms (SNPs) robustly associated with educational attainment (rs9320913, rs11584700 and rs4851266). There are many unresolved questions. How do these SNPs affect educational attainment? Do they influence important outcomes later in life such as earnings? What proportion of the associations between educational attainment and other phenotypes can be explained by common genetic variation? We provide further evidence about the effects of these variants on adult earnings and education related phenotypes in childhood and adolescence. We used data from 5515 participants of the National Child Development Study. We estimated the associations of the three education SNPs and educational phenotypes at ages 7, 11, 16 and 23, and earnings at age 46. We estimated the proportion of: the variance of each phenotype, and the covariance between the number of O-levels and each phenotype, explained by common genetic variation. The three education SNPs were associated with education-related phenotypes such as test scores across childhood. Common genetic variation explained substantial proportion of widely studied covariances between educational attainment and other educational and socio-economic variables. For example, common genetic variation explained a portion of the covariance between number of O-levels and father's social class. Variants which have been shown to associate with educational attainment in a large genome-wide association study were associated with educational attainment and preferences in childhood and adolescence. Common genetic variation explains both differences in educational attainment and its covariance with other characteristics. This may have implications for interpreting the results of observational educational studies.

# Abstract C

## **NEETs in Scotland: a longitudinal analysis of long-term health effects of the NEET experience**

This paper investigates whether experiences of young people who are not in employment, education or training (NEET) are associated with adverse long-term outcomes in health. We used the Scottish Longitudinal Study (SLS), which collates information from the 1991, 2001, and 2011 censuses as well as from vital events, for a 5.3% representative sample of the Scottish population. Linked health data such as hospital admissions and prescribing in general practice are also available. We followed around 10000 young people who were aged 16-19 in 1991 up to 2011. We explored whether NEET young people in 1991 displayed higher risks of poor physical and mental health in the follow-up period. Poor physical health is measured by any admission into hospital and poor mental health is measured by prescription of anti-depressant and anti-anxiety medication. We used descriptive and modelling approaches in our analysis. Covariates include a number of individual socio-economic characteristics and local area characteristics in the models. Our research found that over 40% of the cohort members have been admitted into hospital, while over 30% have been prescribed with anti-depressant and anti-anxiety drugs. The NEET status in 1991 is found to be associated with hospitalisation with adjusted odds ratio (OR) of 1.28 (95% Confidence Intervals (CIs): 1.10 – 1.49). Also the NEET experiences are associated with poor mental health with OR of 1.67 (95% CI: 1.43 – 1.96). Policy intervention is necessary in assisting NEET young people to re-engage in education or employment.