



Department  
for Education

# **CANparent Trial Evaluation: First Interim Report**

## **Research report**

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# Executive Summary

## Introduction

This Executive Summary is of early findings from the evaluation of CANparent, a Government trial of the market potential for high quality universal parenting classes to support the parenting skills of mothers and fathers. In line with broader Government policy, the aim is to engage a range of providers; to offer choice to parents; and to introduce a market approach to limit costs and stimulate creative development, including new variants of programmes and their delivery. Consequently, although reference is made to 'parenting classes', a broad interpretation is encouraged, including online delivery, and delivery that blends online with face-to-face and/or telephone support and self-directed learning.

There are three trial areas where vouchers are being used to stimulate the market: High Peak in Derbyshire, Camden in London, and Middlesbrough in the North-East. Parents of 0-5s in these three trial areas are eligible for a free voucher entitling them to attend a course of parenting classes provided by approved suppliers in their area. The class providers can redeem the vouchers at £100 each from the DfE. Voucher distribution and local support to providers is managed across all three areas by ECORYS in partnership with Parenting UK and Orion Security Print. Vouchers are available through the Foundation Years workforce in, for example, local children's centres, GP practices and health centres, through Boots stores, and, since November 2012, parents have been able to download vouchers from the CANparent website (<http://www.canparent.org.uk>).

A fourth area (Bristol) is also part of the trial but no vouchers will be made available to parents there. A range of light touch support is being made available in Bristol, including use of the CANparent brand, support from corporate and other organisations and low or no cost marketing support. The aim is that the trial will stimulate the market, both the supply of and demand for universal parenting classes nationally. The Bristol trial will start to test out development of different funding models such as employers providing classes, providers taking up sponsorship opportunities and parents paying for classes.

The CANparent classes trial, a DfE initiative, seeks to trial a universal offer of high quality, stigma-free parenting classes to support the enhancement of parenting skills and confidence, stimulate a commercial market, and reduce the need for further costly intervention. The trial will also explore the impact on parents who attend the classes – how taking a class affects their perceptions of their skills and confidence in parenting.

The initiative is important as parenting and the home learning environment are strongly associated with children's current development and later outcomes, both positive and negative. The demand for universal parenting support is clear from research showing that around three-quarters of parents would like this (Peters et al., 2010) and that about 70% think being a parent is harder now than for earlier generations (Family Lives, 2011). The CANparent trial is at the forefront of an emerging trend towards 'direct-to-consumer' marketing to improve take-up of evidence-based interventions (e.g. Santucci, McHugh, Barlow, 2012) – in this case, direct-to-parent marketing in place of the more traditional model where parenting support providers have marketed to service providers. This new approach draws on social marketing techniques and its key principles of paying attention to the customer, segmenting the market, understanding it and then providing to it with a clear product, at the right price, promoted by trusted people, and also promoted more widely in the media and social media.

## Key Findings

- The trial has succeeded in offering parents in the trial areas a wide choice of types of parenting programme and modes of delivery.
- In the first 7 months of the trial, CANparent classes attracted a representative sample of the population in the three voucher areas with regard to family status and parent education, including a substantial proportion with Higher Education qualifications (34%). The majority were female (94%). Parents were drawn from a wide range of ethnic groups, reflective of the trial areas.
- Attitudes towards parenting classes amongst parents in the voucher trial areas were already largely positive. For example, only 12% disagreed with the suggestion that all parents can benefit from going on a parenting class.
- One in five eligible parents (20%) was aware of the CANparent vouchers/leaflets.
- Lack of knowledge of the positive outcomes from parenting programmes and time constraints were the main inhibitors to participation - 38% could not see that they might benefit from more advice or support, while 16% said that they did not have the time to attend classes.
- Potential willingness to pay for parenting classes was strongly linked to household income - 49% of high income households said they would definitely/probably be willing to pay, compared to 26% of low income households.
- The majority of providers taking part in the trial were more motivated by the aim of increasing universal provision of parenting classes than that of stimulating a market.

## Aims and Objectives

The main aim of the study is to evaluate whether or not the free provision of parenting classes in the three areas will provide sufficient incentive to providers to start offering additional universal classes nationally, including for parents with children aged 6 and older, and will normalise and de-stigmatise the take-up of the universal parenting classes.

The objectives are to investigate:

1. The extent to which a new and competitive market for the universal parenting classes has been created by the trial and how successfully this can be sustained with or without subsidy (covers demand and supply sides of the market).
2. The relative effectiveness of different voucher distributors e.g. Foundation Years' professionals versus a high street retailer (staff in Boots).
3. The relative effectiveness of different types of vouchers and information provided to parents (three specific variations of voucher design and information to parents are being trialled).
4. Parents' awareness of, and attitudes towards, parenting classes.
5. Parents' experiences of the parenting class offer.

6. Impact on parents' perceptions of skills and confidence in parenting.
7. The development of universal parenting classes outside the trial area.
8. Longer term outcomes (over 1-3 years) for mothers, fathers and their children.

## Research methods

The research design requires a complex, combined methods approach. It comprises both qualitative and quantitative methods, including large scale surveys, standardised questionnaires, in depth interviews, and cost effectiveness and willingness to pay analyses. The study is organised into three strands:

- Strand 1: Focuses on the supply side of Objective 1 and is taking place in the three voucher areas and Bristol.
  - There are longitudinal case studies in three phases. Interviews with providers, ECORYS, Parenting UK, local parenting commissioners and focus groups with voucher distributors will be held.
  - Running alongside, there will be desk research comprising analysis of outputs from class providers and voucher distributors; analysis of existing statistics and data on the three trial areas; and literature review, including international evidence, of similar state pump-priming of a market for a social good.
- Strand 2: Three surveys to measure take-up and impact (Objective 1: demand side; Objectives 2-8)
  - Summer 2012 – An Early Penetration Survey of 1500 parents was carried out in trial areas to measure the extent to which vouchers had reached parents, also capturing socio-economic status of families surveyed – through face to face interviews with randomly selected parents (random probability sampling based on Child Benefit records); at the same time, a baseline survey of 1500 parents was carried out in 16 comparison areas (four per trial area);
  - Second Penetration Survey (July-Sept 2013) to generate figures on take-up of classes and normalisation;
  - Ongoing Participating Parent Survey with class attendees in the three voucher areas to establish their experiences of the classes and their self-perceptions of impact on their parenting skills and confidence. Two thousand parents attending a random sample of parenting classes will complete both pre-class and post-class standardised questionnaires measuring parent mental well-being (Warwick-Edinburgh Mental Well-being Scale), parent satisfaction, confidence and sense of efficacy as a parent (Being a Parent Scale), and aspects of their child's behaviour (Parenting Daily Hassles Scale). (References for the scales are at the end.)

In addition, a Non-intervention Comparison Group study was undertaken. The sample comprised around 1000 parents in comparison areas who had completed the initial penetration survey outlined above. These parents were contacted by post typically around 6-8 weeks after completing the penetration survey and invited to

complete the pencil and paper version of the Parenting Daily Hassles or Being a Parent scale. This will provide data to allow a comparison of scores on the measures over a comparable timescale to the participating parents' sample. Comparison of the results from the two samples will provide an estimate of changes in scores for non-intervention as a baseline against which to evaluate the changes in scores for participating parents before and after their CANparent class.

- About 90-100 interviews (one to one and focus groups) with parents, focusing on those who start a class but then drop out, those who complete a class, and on fathers.
- A short online Satisfaction Survey offered to all parent participants in classes in the three voucher areas.
- Strand 3: Cost effectiveness study: analysis of Strand 1 and Strand 2 outputs, outcomes, and of management data providing cost effectiveness indicators of different classes and of different voucher options and voucher distribution systems. This also includes a Willingness to Pay analysis using contingent valuation to understand the extent to which parents might pay for classes in the absence of free vouchers.

## Findings

### *Findings from literature review and interviews with providers and other stakeholders*

Findings reported are based on a brief literature review of factors affecting take-up of parenting classes and on interviews undertaken when the implementation of the trial was in its early stage: in the three voucher trial areas, this was in early summer 2012; in Bristol, the non-voucher trial area, this was during November-December 2012. Interviews were held with representatives of all lead providers, with representatives from the four relevant local authorities, and from the trial management consortium - ECORYS, Parenting UK, and the three local voluntary sector development agency partners.

*The socio-economic contexts of the trial* – The socio-economic context is important for the trial because theory (McCurdy and Daro, 2001) suggests that neighbourhood factors that impact on family life, such as social cohesion versus social fragmentation, availability of childcare, the local job market, local parenting priorities and availability of parenting support, will each impact positively or negatively on the likelihood of parents taking up the offer of support. Local authority interviewees described some within-area variation in relation to each of these factors but, overall, no serious area-wide issues, predictive of factors likely to reduce take-up of parenting support, were reported.

*Framing expectations of take-up of classes* – CANparent is at the forefront of an emerging trend towards 'direct-to-consumer' marketing to improve take-up of evidence-based interventions, using social marketing techniques. Social marketing is based on the principles of paying attention to the customer, segmenting the market, understanding the market, providing a clear product to the market at the right price, promotion by trusted people, and wider promotion in the media and social media. The trial is an opportunity to test the effectiveness of this approach. From the literature, it is clear that increasing take-up of parenting support will require time and focused effort.

*Why providers and stakeholders took part in the trial* - Across the stakeholders and providers, a range of reasons were given for wanting to be part of the trial. Overall, every organisation could see benefits from being involved but reasons for participating could be placed at different points on a continuum of agreement-disagreement with the stated trial aims. Almost everyone supported the aim of making parenting classes universally available but only a minority were fully aligned with the aim of achieving this through a market model.

*The parenting classes offered* – Across the CANparent offer as a whole, there are four modes of delivery: face-to-face group; face-to-face 1:1; blended face-to-face with online or self-directed learning (book or CD/DVD); and pure online. Pure online options are offered in High Peak only. All CANparent providers had to show how the classes they would offer met core evidence-based principles derived from research into what works to improve parenting skills. By definition, new programmes and new variants of existing programmes had no published evidence of effectiveness. Some providers with existing evidence-based, manualised programmes were not offering those in the trial, instead they offered a cut-down or variant version. Thus, the published evidence base for CANparent offers varied widely. Some providers and some other stakeholders voiced concerns about the untested quality of newly designed provision and about providers previously unknown to them.

*Managing the trial* – In the voucher areas, the trial is managed by ECORYS and Parenting UK, together with Orion and local support organisations. Relationships between providers and the trial management organisations varied but difficulties reflected teething problems rather than systemic issues. In the voucher areas, the local authority representatives would have preferred a stronger role for the local authority in the strategic planning and early development of the trial in their area.

*Developing the market in universal parenting classes* - The majority of providers were neutral or positive about the CANparent brand. Concerns included that the lack of a published evidence-base for some offers might undermine the existing brand strength of well-known providers. Some concerns were expressed about the design of the leaflet, viewed as providing insufficient information for parents, and about the value of the voucher, viewed as too little by some.

*Readiness to deliver classes versus availability of vouchers for parents* – In the three voucher areas, when the interviews were conducted in early summer 2012, only a small number of providers had begun running classes and some knew they would be starting from September 2012 at the earliest. The later than expected start of class delivery was a frustration to the trial management stakeholders, given the success in creating a network of frontline staff to distribute vouchers (about 200 distributors and about 22,000 vouchers distributed by mid-July 2012).

*Provider preparation for a market in parenting classes* - Overall most providers had taken few steps to prepare for offering parenting classes within a market model. Most had done little or no market research. There were some misunderstandings of the nature of the market – for example, a provider believing that because there were so many vouchers available, there would be no competition for participating parents between providers. Not all providers had created a business plan giving a clear idea of how many parents they would have to attract to cover their costs. Of those that had planned, attitudes to the risks relating to up-front investment varied, largely depending on the size and/or financial stability of the organisation. Most providers approached involvement in the trial in a non-competitive or minimally competitive fashion. Some providers voiced concerns that the competitive market desired by the trial was negatively affected by the trial design – for example, DfE-imposed limits on the use of pure online courses were regarded as having damaged potential to break even and therefore sustainability of provider involvement.

*Views about parents' willingness to pay for classes* – Across the interviewees, there was no certainty about what parents might be willing to pay for classes outside the voucher trial areas or after the voucher trial had ended. Estimates ranged from a belief that no parents would be willing

to pay to estimates in the low hundreds of pounds. There was a widespread belief that future non-voucher universal provision would require a 'mixed economy' of paid for and subsidised provision.

*Provider hopes and fears about the development of the market in parenting classes* - Fears about growing the CANparent market included: too many providers in one trial area (Camden); too many vouchers distributed early on; some providers not being aware of the need for clear signposting to additional services and support; the need for a major cultural shift for parents/carers to think of paying for parenting support. Hopes for success of the CANparent trial included: demonstrating universal access and sustainable outcomes; embedding the idea that taking a parenting course should become a routine experience for many parents; providers would at least recoup start-up costs and, at best, develop a sustainable offer.

### **Findings from the first penetration survey**

Findings reported from the first penetration survey are based on the parents of children aged 0-5 living in the three voucher trial areas (Camden, High Peak and Middlesbrough). The survey was conducted during July – October 2012, that is, within the first six months of the trial being 'live' across the three areas.

*Current perceptions of parenting classes and intention to participate* - Attitudes towards parenting classes were already largely positive. For example, only a small minority of parents (12%) disagreed with the suggestion that all parents can benefit from going on a parenting class and there was widespread agreement that classes were just as relevant to older parents as to teenage parents and other younger parents (71%). The majority of both male and female respondents recognised that parenting classes were as relevant to fathers as they were to mothers. Respondents from a Black or minority ethnic background were less likely than white parents to see the relevance of classes to fathers. While attitudes towards parenting classes were generally positive, only around a third of parents said that they might participate in classes (and only 10% said they were very likely to). When commenting on what benefits classes might offer, respondents tended to focus on general attributes, suggesting that they are not yet aware of the specific positive outcomes that classes can generate.

*Previous participation in parenting classes* – Even prior to the launch of CANparent, there had been a fair degree of exposure to parenting classes in the voucher trial areas – overall, 15% had taken part. Participation was more widespread amongst parents in Camden (19%) than amongst parents in High Peak (13%) and Middlesbrough (13%). Participation was more widespread amongst mothers (17%) than fathers (10%) and tended to increase in line with the level of respondents' educational qualifications – 18% of degree educated respondents had participated compared to 11% of those with fewer than five GCSEs at A\*-C.

*Willingness to pay for parenting classes* - Very few parents who had recently taken part in classes had paid for them, but there are signs that participation in classes may serve to increase propensity to pay. Amongst the broader population of parents in the trial areas, potential willingness to pay was strongly linked to household income (49% of high income households may be willing to pay, compared to 26% of low income households). Education and ethnicity were also significant factors – 47% of degree educated parents versus 19% of those with fewer than 5 GCSEs at A\*-C may be willing to pay; 49% of parents from Black or minority ethnic background were strongly resistant to paying versus 35% from a white background.

*Awareness of CANparent* - One in five parents was aware of the CANparent vouchers/leaflets (20%) and awareness levels remained steady throughout the fieldwork period from July to October 2012. Fathers tended to have lower awareness of CANparent than mothers.

*Voucher receipt* - Amongst those households which had received a voucher, around four in ten (43%) said that they intended to use it (or had already done so). However, only 6% of households had so far received a voucher. Fathers were less likely than mothers to have received vouchers.

### ***Findings from an early snapshot of the Management Information***

Management Information (MI) data provided by ECORYS on parents registering for CANparent classes in the three voucher trial areas between 01/05/12 - 29/11/12 were analysed to describe the characteristics of the first 365 participating parents. This total understates the true number of early participating parents as there is a time lag during which providers submit vouchers for reimbursement. Where comparable data were available from the targeted Parenting Early Intervention Programme (PEIP<sup>1</sup>) (Lindsay et al. 2011) or from national sources, such data are included as indicators of how far CANparent is appealing to parents universally.

*Area* - Comparing the three voucher trial areas, the level of takeup of CANparent classes appeared relatively high in Middlesbrough which accounted for 45% of CANparent registrants although it only contains 30% of eligible parents. Reasons for any area differences in take-up, such as this, will be explored as the trial proceeds.

*Provider* - During the early phase covered here, nine providers of CANparent classes in the trial areas had claimed voucher redemptions for parent registrations. Parent Gym (25%), Race Equality Foundation (22%), and FAST (21%) had each claimed voucher redemptions for over a fifth of the total registrations entered on the system.

*Class type* - Most classes being offered were face-to-face groups (90% of registrants).

*Parent gender* - As a universal offer, the trial aims to reach fathers as well as mothers. Most parents registering for CANparent classes were female (94%) compared to results from the targeted Parenting Early Intervention Programme (PEIP) where 85% of the 6,000 parents were female. Males made up only 6% of participants, indicating that, at least in the early stages, the CANparent offer was not attracting men as successfully as it was attracting women.

*Parent age* - The majority of parents are aged 26-35 (51%) although the 20-25 and 36-45 groups are also quite highly represented.

*Parent ethnic group* - Parents were drawn from a wide range of ethnic groups, reflecting the ethnic diversity of two of the three trial areas (Camden & Middlesbrough). There is evidence that the proportion of parents from ethnic minority groups registering for CANparent classes (42.6%) is higher than would be expected from the 2011 population estimates for the Local Authority (LA) areas (32.6%).

*Family status* - Regarding family status, we can make some approximate comparisons with PEIP (where parents were asked whether they were the sole parent or were living with a partner/other adult) and with estimates from the 2011 census based only on households containing dependent children. This suggests the proportion of CANparent registrants from single parent households (27.5%) is around the census average for the three CANparent areas (29.3%) and substantially lower than for the targeted PEIP (44%).

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<sup>1</sup> The PEIP figures, from a national evaluation of the roll out of parenting programmes targeted to parents of children aged 8-13 years, who had or were at risk of having behavioural, emotional and social difficulties, are of relevance as they enable comparison between a targeted intervention (the PEIP) and a universally aimed intervention (CANparent).

*Parents' educational qualifications* - There is a slight over-representation among those registering for CANparent classes of parents with no educational qualifications (23.6%), slightly higher than the 2011 census average for the three areas (19.5%) and similar to PEIP (23.5%). However there is also a high proportion of parents with Higher Education (Level 4 or above) qualifications (34.2%) close to the 2011 census average for the three areas (36.7%), and much higher than PEIP (11.3%). We conclude that there is no evidence of bias or selective take-up of CANparent classes with regard to parents' level of education, with the profile of registrants broadly reflecting the 2011 census average for the three areas.

*Family size* – Most parents attending had families containing either one (31%) or two (43%) children in the age 0-16 range. A quarter had families of three or more children.

*Age of youngest child* – The proportion of children in the five age bands (aged <1 year, aged 1 year, aged 2 years, aged 3 years, aged 4 or more years) was roughly 20% each i.e. broadly equivalent across age of youngest child.

*First time parents* – The question about first time parents was left blank by over 50% of respondents, suggesting a level of confusion with the wording. The wording has been changed from all registrations from April 2013. Of those who responded, just under a third (31%) were first time parents.

*Parents and children with disability* – The level of non-response to these questions was very high so it is not safe to read much into the responses. Of those who responded, very few parents (6 in total) considered themselves disabled and very few (12 in total) identified their children as having special educational needs or disability.

*Course completion and duration* – Courses had a typical duration of 3-4 weeks. Estimated completion rates were 80% with around 20% drop-out

Overall, this early snapshot of the Management Information data indicates that the CANparent classes are attracting a representative sample of the population in the three voucher trial areas with regard to family status and parent education. The biggest differential in participation is the strong gendered skew towards women.

## Conclusion

This is an Interim Report from the *early stages* of implementation of the CANparent trial. It is important to think of the trial as just that – a trial, from which lessons will be learned to inform future policy and practice. Issues raised here will be returned to in later reports. Some of these themes, likely to recur later, include:

- The effect of the trial design - some issues raised in the early findings are to do with aspects of the trial design (for example, the £100 value of the voucher), others are to do with scaling up local class provision (for example, competition for suitable venues).
- The trial seeks to bring about culture shifts in a number of ways:
  - a shift in awareness and understanding of the benefits of parenting classes so that large numbers of parents see the value in attending a course of classes (face-to-face, online, or blended formats) and become motivated to do so

- a shift from the primary route into classes (from which any parent might potentially benefit) being largely through direct referral or encouragement from a professional to join a specific class, to classes becoming available to parents on a direct-to-consumer retail basis, with providers marketing directly to parents who can be confident about the quality and efficacy of the course they select
- a shift in the offer to parents so that routinely accessed universal provision sits alongside continuing availability of more intensive, targeted courses to which parents who need them may be referred.
- The impact of the CANparent brand, as opposed to the providers' own brands, and how this interplay will affect different provider brands
- The cost of classes and parents' willingness to pay and the related themes of parenting support as a public service (subsidised or 'free' provision) as opposed to as an individual choice/responsibility (individually paid for provision)
- The approaches that work best in turning widespread positive views about parenting support into active engagement in face-to-face, blended, or online support
- The timescale and effort needed to make parenting classes as normal as antenatal classes (NCT is 50 years old and reaches about 1 in 10 new parents)
- The approaches that work best in scaling up a suitably trained and supervised workforce to deliver the expected rising demand for face-to-face classes and the interactive elements of blended learning options

## Recommendations

Our recommendations are based on an integration of the findings from the brief literature review, the interviews with providers and stakeholders, and the first penetration survey. They are structured under sub-headings of recommendations designed:

- to increase demand
- to increase take-up
- to increase supply and support sustainability.

### *To increase demand (desire for parenting support)*

- **Policy-makers** should support sustained, clear and consistent positive messages about CANparent to create a nationwide narrative about the desirability of universal, quality parenting support. They should also be aware that creating such a narrative requires repetition over time. The two year length of the trial should be used for this purpose.
- **Local support, voucher distributors and local CANparent advocates** should continue to push to raise awareness of CANparent, confident in the knowledge that attitudes towards

parenting classes are already largely positive. They should give consistent and positive messages about the local CANparent options. They should encourage (and support if necessary) parents to make an active choice of the option that best suits their lifestyle and family needs. In the voucher areas, the process of raising awareness should include sustained efforts to raise awareness of the existence and purpose of the vouchers. They should also review current practice to explore how best to ensure large numbers of fathers, including those from Black and minority ethnic communities, are receiving vouchers, as well as mothers.

- **Providers** should access local knowledge and develop local networks to ensure that information about the potential benefits of their specific classes is conveyed to local fathers and mothers in culturally and contextually relevant ways. Encouraging parents to think actively about the impacts classes could have on their lives and on the lives of their children is likely to require discussions between parents and CANparent advocates who are known and respected by them.
- **Providers** thought that the use of the terms ‘parenting classes’ and ‘parenting programmes’ were off-putting to parents. This implies that the overall brand marketing should avoid these phrases and that individual providers need to think carefully about how they refer to their CANparent offer.

### **To increase take-up**

- **Policy-makers** and **providers** need to allow time for take-up to build. It will require sustained and focused effort over the two years of the trial.
- **Providers** should build on rising awareness of the potential benefits of a class by making sure that it is as easy as possible for parents to translate that *idea* into *action*. This requires predictable barriers to be removed as far as possible. This includes proactively addressing common concerns such as uncertainty about negotiating the booking system, anxiety about not having time to participate, accessing affordable childcare. It also means providers publicising the benefits of their online and blended learning options for parents who are unwilling or unable to attend face-to-face sessions.
- **Voucher distributors** should also address the ‘no time’ barrier by explaining the degree of flexibility in modes and times of delivery to help parents to find a way to fit a class in to their life (face-to-face, blended, or online). Information about how to book, when and where classes are run, how to enrol online, must be user-friendly. As unfamiliarity with the processes may also be a barrier, having local advocates willing to show people how to do this is a good option.

- **Providers** should address other predictable barriers to attendance – for example, making every effort to hold face-to-face sessions in convenient and comfortable venues, seeking out affordable options for those who require childcare to attend, and building relationships with parents and family professionals in the communities in each trial area so that cultural and contextual issues are recognised and integrated into delivery.
- **Providers** should adopt responsive marketing and engagement strategies specific to market niches – for example, sub-groups of parents, specific geographic areas and, within areas, neighbourhoods. For example, they should think of fathers as potential customers as much as mothers and be proactive about actively engaging different sub-groups of fathers.
- The **voluntary sector organisations providing local support in each voucher area** should work together to ensure that any strategies leading to increased take-up in one area, if potentially transferable to other areas, are shared e.g. it may be that approaches to generating impactful media coverage could be shared across areas.

### *To increase supply and support sustainability*

- The **Department for Education** should consider what, if any, support can be provided to enable smaller organisations, in particular those from the voluntary sector, to access resources to invest in becoming players in a commercial parenting support market. It may be that social investment models, which utilise private finance to fund activities delivering socially beneficial impact, are of relevance here.
- The **Department for Education**, the **trial management consortium**, and **providers** should continue to work together to build and protect the quality assurance processes around the CANparent brand. As a minimum, providers need to ensure that all delivery adheres to the evidence-based principles set out by the Department. The Department for Education could publicise an intention to withdraw support from providers found not adhering to these. Providers and the Department could also publicise the quality control mechanisms in place – the monitoring and publication of Satisfaction Survey results; the role of the trial management consortium in quality control; the expectation that the national evaluation team will collect and collate main findings from each provider’s own evaluation of its CANparent classes.
- **Providers** who wish to be part of establishing a sustainable commercial market in quality parenting support will require innovative business models that can be scaled up to meet the needs of, potentially, hundreds of thousands of parents. As the trial proceeds, providers will need to continue to assess the demand for their product. It is likely that most, if not all, will need to develop a business model that includes some parents paying to participate, with others accessing provision subsidised by employers, sponsoring organisations, or grants. As parents’ willingness to pay appears to increase after classes have been experienced, it

may be worth providers investigating to what extent a model, in which the first class in a course is offered free while later classes are paid for, is workable. As part of their business model, providers will also need to identify, train and supervise their workforce to deliver the vision of a nationwide market in quality-assured, evidence-based parenting support.

## References

- [Being a Parent Scale] Johnston, C. & Mash, E. J. (1989) A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology*, **18**, 167–175.
- Family Lives (2011). *Families Matter: the realities of family life in Britain today*. London: Family Lives.
- Lindsay, G., Strand, S., Cullen, M.A., Cullen, S.M., Band, S., Davis, H., Conlon, G., Barlow, J., & Evans, R. (2011). *Parenting Early Intervention Programme Evaluation*. Research report DFE-RR121(a). Department for Education: London.  
<https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR121A.pdf>
- McCurdy, K. and Daro, D. (2001) Parent involvement in family support programs: an integrated theory, *Family Relations*, **50**, 2, 113-121.
- [Parenting Daily Hassles Scale] Crnic, K. A. & Greenberg, M. T. (1990). Minor Parenting Stresses With Young Children. *Child Development*, **61**, 1628-1637.
- Peters, M., Garnett, E. & Edwards, G. (2010). *Parental opinion survey 2010*. London: Department for Education.
- Santucci, L.C., McHugh, R.K., Barlow, D. (2012). 'Introduction' to a special issue on 'Direct-to-Consumer-Marketing of Evidence-based Psychological Interventions'. *Behavior Therapy*, **43**, 2, 231-235.
- [Warwick-Edinburgh Mental Well-being Scale] Tennant, R. Hiller, L. Fishwick, R. Platt, S., Joseph, S., Weich, S. Parkinson, J., Secker, J. & Stewart-Brown, S.I. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, **5**:63.

# 1. Introduction

## 1.1 Background

The CANparent trial, a DfE initiative, seeks to trial a universal offer of high quality, stigma-free parenting classes to support the enhancement of parenting skills and confidence, stimulate a commercial market, and prevent the need for further costly intervention. The initiative is important as parenting and the home learning environment are strongly associated with children's current development and later outcomes, both positive and negative. The demand for universal parenting support is clear from research showing that around three-quarters of parents would like this (Peters et al., 2010) and that about 70% think being a parent is harder now than for earlier generations (Family Lives, 2011).

The importance of taking action to improve parental well-being, parent-child communication, and to encourage good behaviour is shown, for example, by the level of behavioural, emotional and social difficulties (BESD) among children and young people. Within the UK studies have found prevalence rates of 10% for 5–16 year olds having a clinically diagnosed mental disorder, including 6% with a conduct disorder (Green et al., 2005) and one fifth of parents of 2–8 year olds reporting difficulties with their child's behaviour (Patterson et al., 2002). Conduct problems in early and middle childhood are associated with increased risks during late adolescence and early adulthood of crime, mental health problems, relationships and parenthood difficulties, and substance dependence (Carswell et al., 2004; Ferguson et al., 2009); indeed risks persist until 35 years (Murray et al., 2010) and even up to 51 (von Stumm et al., 2011).

As parents are fundamental to their children's development, there has been considerable interest in the development of direct training to enhance parental understanding and skills in order to improve the home learning environment and parent-child relationships and to prevent the development of behavioural difficulties (Pugh et al., 1994). Behavioural, emotional and social difficulties also have a significant impact on children's learning. For example, at school age, 12% of children aged 4-10 years and 18% aged 11-15 years who have statements of special educational needs (SEN) have BESD (Department for Education, 2010). When pupils with statements and those at School Action Plus are combined, 30% of pupils with SEN have BESD. Pupils with SEN at School Action Plus are 20 times more likely to receive a permanent exclusion than those with no SEN. Pupils with BESD were the most likely to be permanently excluded.

### 1.1.1 The Importance of Parenting

Evidence shows that parenting is one the key predictors of children's emotional and behavioural problems, and that parents are the single most important influence on their child's development (O'Connor & Scott, 2007). Poverty is an important factor in limiting children's life opportunities (Field, 2010) and this is recognised by the Government's child poverty strategy (DWP, DfE, 2011). However, positive parenting can contribute to later positive child outcomes regardless of social disadvantage and poverty (Kiernan & Mensah, 2011). The positive effects of parenting programmes have been demonstrated up to 10 years later (Webster-Stratton et al., 2011).

The evidence also strongly suggests that parents and the sort of parenting that they provide can have the greatest impact during the first five years of their child's life. Primarily, parenting that is provided during this period plays a crucial role in the young child's evolving brain structures (Schoore 1994), their developing capacity to regulate their emotions (Sroufe 2005; Schoore 1994), and their developing security of attachment (Egeland 1993; Barrett 2006). Indeed, it has been suggested that attachment security and atypical attachment classifications, appear to be one of

the most consistent predictors of child functioning, particularly in terms of emotional and behavioural adjustment (Vondara 2001). Once toddlers begin to develop language and locomotion parents require support to learn how to foster their child's developing independence without engendering conflict by functioning as a 'secure base'; encouraging their language and learning; and providing positive parenting and clear boundaries (Patterson et al., 2002).

#### *Early intervention and parenting support*

The importance of early intervention has been stressed in several recent reviews (e.g. Allen, 2011; C4EO, 2010; Tickell, 2011) and in our own review for Save the Children (Lindsay et al., 2011). These reviews also stress the importance of *evidence based* interventions: the Allen report includes a review of interventions graded against explicit criteria. The United Nations (UNODC, 2010), NICE (2005), Cochrane (Barlow et al., 2010) and the National Academy of Parenting Research (<http://www.parentingresearch.org.uk/>) have also provided evaluative reviews of parenting programmes. These are helpful and set standards: there are many other programmes in use without the level of evidence specified in these reviews (see NAPR for a comprehensive list of those that do and do not meet their criteria).

#### *From targeted to universal*

Most of the parenting programmes with good evidence for their efficacy have been developed to be *targeted* at parents of children with particular problems, especially behaviour. *Universal* prevention programmes are available to all parents. These address a number of limitations posed by targeted provision, including stigmatization of parents by their attendance; non-delivery of service to those misclassified by the selection criteria; and delivery to the highest risk groups only, whereas the majority of children with later mental health problems come from the larger lower risk population (Hiscock et al., 2008). Ensuring evidence-based principles underpin the new provision of multi-modal parenting classes addresses the current limitation of the variable quality of universally available parenting support and advice (e.g. in popular parenting magazines, books and online fora).

### **1.1.2 Widening the Remit of Parenting Support**

Although most (first-time) parents will have accessed classes during the ante-natal period aimed at providing them with useful guidance and support about pregnancy and the birth, much parenting support that is provided thereafter becomes 'selective' (and of variable quality) or *targeted* at families experiencing problems. This approach to parenting support is potentially stigmatising, and the provision of high quality *universal* parenting support, during the first five years of life enables all parents (irrespective of their background or problems) to avail themselves of one of a range of quality assured products aimed at supporting mothers and fathers of children under five (i.e. delivered flexibly through a range of settings and in a variety of formats – e.g. face-to-face or online and one-to-one or in groups). The aim of such programmes would be to increase support for parents to help them communicate better with their children, encourage good behaviour, and prevent the development of later problems. We know from our prior research that there is a high level of demand for parenting information and advice services (the existence of a 'market'). Our research also indicated parents' preferred method of receiving information and support (face-to-face, telephone, written, on line) – see Peters et al. (2010).

The trial of such a universal system, if successful, will give parents access to parenting classes in the first five years of their child's life, so that support does not stop when their baby is born but is available right through to when their child starts school. The ultimate aim of the trial is to stimulate the creation of a nationwide market in universal parenting support. This market approach will potentially improve the supply of good quality evidence-based parenting support; increased supply will normalise the delivery of such classes (i.e. as with ante-natal classes) thus reducing any

perceived stigma associated with participating. The expectation is that increased participation will improve parenting across the board.

### **1.1.3 The Policy Framework**

The Government seeks to build on the success of earlier initiatives and the research evidence reviewed here to support parents, both mothers and fathers, by stimulating the development of a national market in universal parenting classes, one that is not reliant on state support, seen as non-stigmatizing (an inherent risk of targeted provision) and the norm. The aim is that the trial will stimulate both the supply of and demand for universal parenting classes nationally. The trial will start to test this through the three trial areas where vouchers are provided and by including an area (Bristol) where vouchers are not provided. Instead, different market stimuli are being tested in Bristol through a range of light touch support, including use of the CANparent brand, support from corporate and other organisations and low or no cost marketing support.

In line with broader Government policy, the trial aim is to engage a range of providers; to offer choice to parents; and to introduce a market approach to limit costs and stimulate creative development, including new variants of programmes and their delivery. Consequently, although reference is made to 'parenting classes', a broad interpretation is encouraged, including online delivery, and delivery that blends online with face-to-face and/or telephone support and self-directed learning. In addition, the universal reach of the trial should lead to innovative approaches to change limited take up typically by fathers (e.g. only 15% of parents in the Parenting Early Intervention Programme: Lindsay et al., 2011).

The Government has adopted a dynamic approach to the trial, with regular 6-monthly delivery reviews designed to enable responsiveness to learning as the trial progresses. The first of these reviews, for example, has already led to changes such as the introduction of an electronic voucher downloadable from the CANparent website. The evaluation of the trial feeds in to this process.

## **1.2 Evaluation of the CANparent Trial**

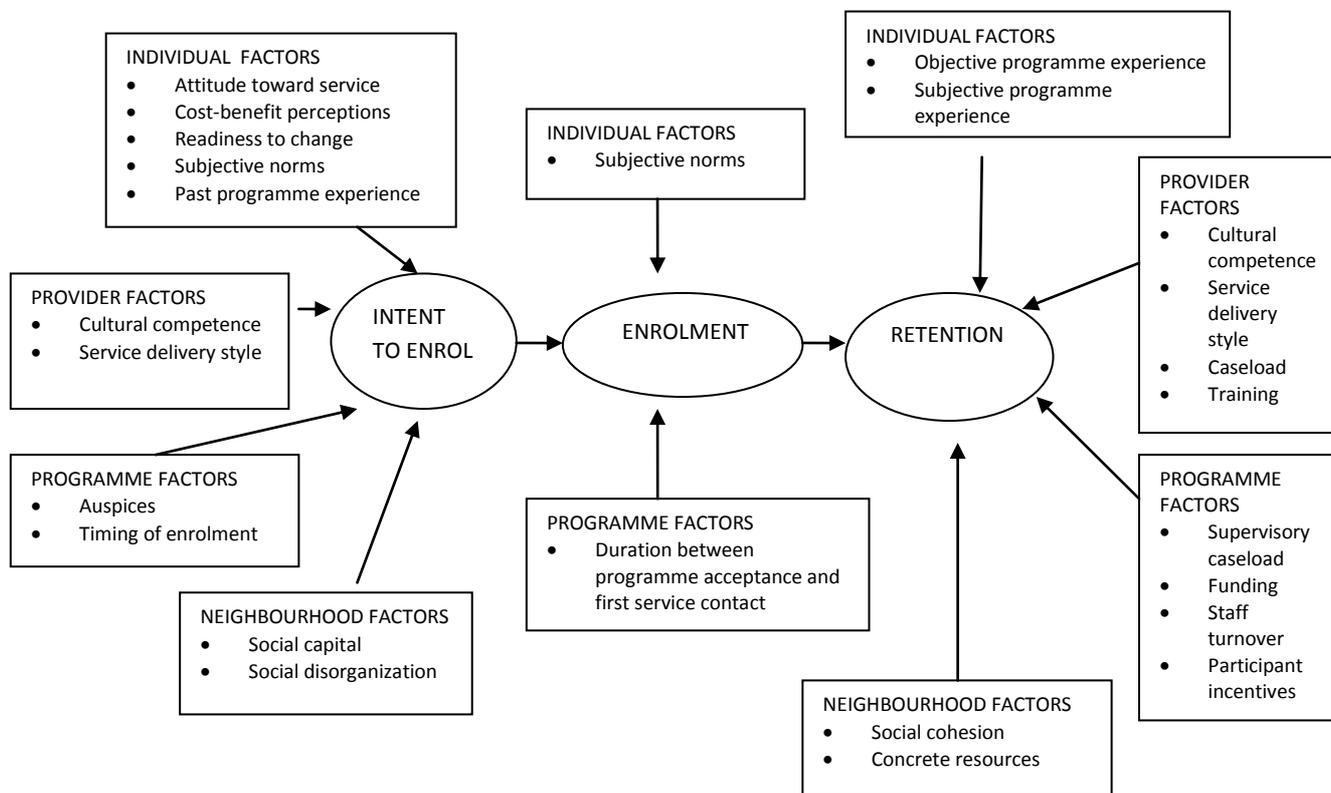
In this section we summarise the evaluation of the CANparent trial (2012-14). We present the main aim and the objectives, and then outline the methodology.

This is an evaluation of a government trial of the market potential for high quality universal parenting classes to support the parenting skills of mothers and fathers of 0-5 year olds in three trial areas: High Peak in Derbyshire, Camden, and Middlesbrough. Parents of 0-5s in these three trial areas are eligible for a free voucher entitling them to attend a course of parenting classes provided by approved suppliers in their area. The class providers can redeem the vouchers at £100 each from the DfE. Voucher distribution and local support to providers is managed across all three areas by ECORYS in partnership with Parenting UK and Orion Security Print. Vouchers are available through Boots, and the Foundation Years workforce in, for example, local children's centres, GP practices and health centres. The trial will also explore the impact on parents who attend the classes – how taking a class affects their perceptions of their skills and confidence in parenting. A fourth area (Bristol) is also part of the trial but no vouchers will be made available to parents there, though some marketing support is provided.

The trial's aim, to stimulate the market in commercial delivery of high-quality universal parenting classes, is well-fitted to the integrated theory predicting parental involvement in parenting support

(McCurdy & Daro, 2001). Like the theory, the trial covers individual, provider, programme, and neighbourhood factors (see Figure 1.1) that each impinge on the likelihood of parents taking up the offer of parenting support - intent to enrol (signing up to attend/log on); enrollment (turning up to a session/logging on to a module); retention (returning for more than one session/module) - and therefore on the development of the market. Our evaluation uses this theory to give conceptual coherence to our work.

**Figure 1.1 McCurdy & Daro's Conceptual Model of Parent Involvement (2001, p115)**



The main aim of the study is to evaluate whether or not the free provision of parenting classes in the three areas will provide sufficient incentive to providers to start offering additional universal classes nationally, including for parents with children aged 6 and older, and whether the trial will normalise and de-stigmatise the take-up of the universal parenting classes.

The objectives are to investigate:

1. The extent to which a new and competitive market for the universal parenting classes has been created by the trial and how successfully this can be sustained with or without subsidy (covers demand and supply sides of the market).
2. The relative effectiveness of different voucher distributors, e.g. Foundation Years' professionals versus a high street retailer (staff in Boots).
3. The relative effectiveness of different types of vouchers and information provided to parents (three specific variations of voucher design and information to parents are being trialled).
4. Parents' awareness of, and attitudes towards, parenting classes.

5. Parents' experiences of the parenting class offer.
6. Impact on parents' perceptions of skills and confidence in parenting.
7. The development of universal parenting classes outside the trial area.
8. Longer term outcomes (over 1-3 years) for mothers, fathers and their children.

The research design requires a complex, combined methods approach. It comprises both qualitative and quantitative methods, including large scale surveys, standardised questionnaires, in depth interviews, and cost effectiveness and willingness to pay analyses. The study is organised into three strands:

- Strand 1: Focuses on the supply side of Objective 1 and is taking place in the three voucher areas and Bristol.
  - There are longitudinal case studies in three phases. Interviews with providers, ECORYS, Parenting UK, local parenting commissioners and focus groups with voucher distributors will be held.
  - Running alongside, there will be desk research comprising analysis of outputs from class providers and voucher distributors; analysis of existing statistics and data on the three trial areas; and literature review, including international evidence, of similar state pump-priming of a market for a social good.
- Strand 2: Three surveys to measure take-up and impact (Objective 1: demand side; Objectives 2-8)
  - Summer 2012 – An Early Penetration Survey of 1500 parents was carried out in trial areas to measure the extent to which vouchers had reached parents, also capturing socio-economic status of families surveyed – through face to face interviews with randomly selected parents (random probability sampling based on Child Benefit records); at the same time, a baseline survey of 1500 parents was carried out in 16 comparison areas (four per trial area);
  - Second Penetration Survey (July-Sept 2013) to generate figures on take-up classes and normalisation;
  - Ongoing Participating Parent Survey with class attendees in the three voucher areas to establish their experiences of the classes and their self-perceptions of impact on their parenting skills and confidence. Two thousand parents attending a random sample of parenting classes will complete both pre-class and post-class standardised questionnaires measuring parent mental well-being (Warwick-Edinburgh Mental Well-being Scale), parent satisfaction, confidence and sense of efficacy as a parent (Being a Parent Scale), and aspects of their child's behaviour (Parenting Daily Hassles Scale). (References for the scales are in Section 7.)
  - In addition, a non-intervention comparison group study was undertaken. The sample comprised around 1000 parents in comparison areas who had completed the initial penetration survey outlined above. These parents were contacted by post typically around 6-8 weeks after completing the penetration survey and invited to complete the pencil and paper version of the Parenting Daily Hassles or Being a Parent scale. This will provide data to allow a comparison of scores on the measures over a comparable timescale to the participating parents' sample. Comparison of the

results from the two samples will provide an estimate of changes in scores for non-intervention as a baseline against which to evaluate the changes in pre-post parenting class scores for the participating parents.

- About 90-100 interviews (one to one and focus groups) with parents, focusing on those who start a class but then drop out, those who complete a class, and on fathers.
- A short online 'satisfaction' survey offered to all parent participants in classes in the three voucher areas.
- Strand 3: Cost effectiveness study: analysis of Strand 1 and Strand 2 outputs, outcomes, and of management data providing cost effectiveness indicators of different classes and of different voucher options and voucher distribution systems. This also includes a Willingness to Pay analysis using contingent valuation to understand the extent to which parents might pay for classes in the absence of free vouchers.

## 1.3 About this report

The CANparent universal parenting classes trial is an innovative initiative which has the potential to produce a sea change in parenting support in this country. It builds on the successful development of parenting support funded by the government over recent years by moving to a universal model. This trial requires an evaluation that addresses a number of key elements in the trial in order that policy may be developed for successful implementation on a national scale. This is the 1<sup>st</sup> Interim Report of the evaluation. It covers data collection up to the end of November 2012. A 2<sup>nd</sup> Interim Report will be produced in the summer of 2013 and a Final Report after the CANparent trial has ended in March 2014.

Sections 2, 3 and 4 form the bulk of this report. Section 2 presents the findings from the first round of the qualitative longitudinal case studies of providers undertaken in summer 2012. In Section 3 findings are reported from the first wave of the penetration survey of a representative sample of all parents eligible for the trial in the three voucher areas: Middlesbrough, High Peak and Camden. Analysis of early Management Information data on participating parents for whom providers had redeemed vouchers by 29.11.2012 are presented in Section 4. Section 5 provides information about other aspects of the evaluation, findings from which will be published in later reports. Section 6 lists our recommendations based on the findings from Sections 2 and 3.

## 2. Supply side longitudinal case studies – interim findings

### Key Findings

- Across and within the trial areas, there was some variation in neighbourhood factors that impact on family life, such as social cohesion versus fragmentation, availability of childcare, the local job market, local parenting priorities and availability of parenting support. Overall, no serious area-wide issues, predictive of factors likely to reduce take-up of parenting support, were reported.
- From the literature, it is clear that CANparent is at the forefront of an emerging trend towards ‘direct-to-consumer’ marketing to improve take-up of evidence-based interventions, using social marketing techniques. Increasing take-up of universal parenting support will require time and focused effort.
- Across the stakeholders and providers, a range of reasons were given for wanting to be part of the trial. Overall, every organisation could see benefits from being involved but could be placed at different points on a continuum of agreement-disagreement with the stated trial aims. Almost all interviewees supported the aim of making parenting classes universally available but only a minority were fully aligned with the use of a market model.
- All CANparent providers had to show how the classes they would offer met core evidence-based principles derived from research in to what works to improve parenting skills. By definition, new programmes and new variants of existing programmes had no published evidence of effectiveness. Some providers with existing evidence-based, manualised programmes were not offering that in the trial, instead they offered a cut-down or variant version. Thus, the published evidence base for CANparent offers varied widely. Some providers and some other stakeholders voiced concerns about the untested quality of newly designed provision and about providers previously unknown to them.
- Relationships between providers and support bodies varied but difficulties reflected teething problems rather than systemic issues. In the voucher areas, the local authority representatives would have preferred a stronger role for the local authority in the strategic planning and early development of the trial in their area.
- The majority of providers were neutral or positive about the CANparent brand. Concerns included the design of the leaflet and the value of the voucher.
- Overall most providers had taken few steps to prepare for offering parenting classes within a market model. There were misunderstandings of the nature of the market – for example, that the large number of vouchers meant that there would be no competition for parents. Most providers approached involvement in a non-competitive or minimally competitive fashion. Some providers voiced concerns that the competitive market desired by the trial was negatively affected by the trial design– for example, DfE-imposed limits on the use of pure online courses were regarded as having damaged potential profitability and therefore sustainability of

provider involvement.

- Estimates of parents' willingness to pay for classes ranged from a belief that no parents would pay to estimates in the low hundreds of pounds.
- Fears about growing the CANparent market included: too many providers in one trial area (Camden), too many vouchers distributed early on, some providers not being aware of the need for clear signposting to additional services and support, the need for a major cultural shift for parents/carers to think of paying for parenting support. Hopes for success of the CANparent trial included: demonstrating universal access and sustainable outcomes, embedding the idea that taking a parenting course should be a routine practice, CANparent provision could act as a screening/referral tool for those in need of additional support, providers would at least recoup start-up costs and, at best, develop a sustainable offer.

## 2.1 Introduction

In the longitudinal case studies, each provider and each area is viewed as a 'case'. We aim to gather contextualised perspectives from the parenting class providers, triangulated through perspectives from the trial management consortium, including the local support and voucher distribution services, and the local authorities. As well as interviews, desk-research is being undertaken to provide data on each provider and each area, and relevant literature is being used to contextualise findings.

Interviews in the three voucher trial areas were held in early summer 2012 with:

- lead personnel (between one and three per provider) from all 14 CANparent lead providers (many of which led a consortium);
- one or two officers responsible for parenting support in each of the local authorities where the voucher trial is taking place;
- one representative from ECORYS, one from Parenting UK, and one each from the three local voluntary sector development agency partners.

Because the trial began later in Bristol, the non-voucher area, Bristol-focused interviews were held in Nov/December 2012 with:

- lead personnel from seven providers (four involved in the voucher trial too and three involved only in the non-voucher trial)
- a local authority officer responsible for parenting support.

The interviews were recorded, with the interviewees' permission, and the interviews were fully transcribed. The interview transcriptions were analysed and collated against pre-determined themes (deductive analysis) and emergent themes revealed by analysis of the transcripts (inductive analysis). The development of the analytical frame was an iterative process.

Maintaining the **confidentiality** of the interviewees has been taken very seriously. Factual findings are reported openly; findings related to personal views are anonymised. For this reason, detailed

descriptions that would make it obvious which provider or stakeholder was involved have been avoided.

## 2.2 Findings

This section begins by setting the context for the interview findings. First, the socio-demographic contexts of the trial areas are described. Then a brief review of the literature on take-up of parenting classes is summarised to provide the context within which expectations about early take-up for CANparent classes may be framed.

Main findings from the first round of interviews with class providers and other stakeholders are then presented thematically. These cover the three voucher areas (Middlesbrough, High Peak and Camden) and the non-voucher trial area (Bristol). ('Stakeholders' means both the management consortium of ECORYS, Parenting UK, Orion, plus local support leads; and LA representatives with strategic overview of parenting from the four trial areas.)

The findings presented here examine key issues relating to the development of the market for parenting support as part of the CANparent trial. The key themes are:

- what attracted providers and other stakeholders to take part in the trial
- the parenting classes offered
- managing the trial
- developing the market in universal parenting classes
- readiness to deliver classes versus availability of vouchers for parents
- provider preparation for a market in parenting classes
- views about parents' willingness to pay for classes
- provider hopes and fears about the development of the market in parenting classes.

We emphasise that our findings to date represent provider and stakeholder views at **the very early stage of the trial**. These views may modify and change as the trial progresses. Our initial work will be followed up with two further, later rounds of interviews to establish a story of change over time.

### 2.2.1 The socio-economic contexts within the trial

The four CANparent areas were chosen by the Department for Education because they provided a good mix of locations and demographic spread across England. The three trial areas have medium to high levels of deprivation and one (Camden) has a high Black and minority ethnic population. Bristol was selected as the fourth, non-voucher, trial area because it is a large area, offering scope for a wide range of provision and new approaches, has a diverse population, both in terms of ethnic mix and economically, a young population, and a relatively strong local economy. **Appendix 1** provides basic demographic details about each trial area.

Here we report local stakeholder views on aspects of local living that impact on family life: social cohesion versus social fragmentation; availability of childcare; local job market; local strategic parenting priorities, pre-trial provision of parenting support (universal/targeted). The choice of

these aspects was informed by the 'neighbourhood factors' element of McCurdy and Daro's (2001) integrated theory of parental involvement in family support which predicts that neighbourhood social capital and social disorganisation will affect take-up of family support. In the paragraphs below describing neighbourhood factors, predictions related to take-up are based on this theory.

### *Social cohesion versus social fragmentation*

Social fragmentation was not reported as a major issue in any of the four areas. Overall, this would be predictive of willingness to take-up parenting classes. However, in both Camden and Bristol, extremes of wealth and poverty were reported which might predict a reduced likelihood of take-up of the classes. In Camden these extremes are found in close geographic proximity, less so in Bristol. In both Camden and High Peak supporting social cohesion was described as a local authority priority, suggesting that there were some local issues – these would predict less rather than greater take-up of parenting classes. In Bristol, the Families and Schools Together (FAST) programme was reportedly successful in building community cohesion, which would be predictive of greater take-up of classes. Bristol and Camden were both described as ethnically highly diverse, Middlesbrough as less diverse, having an established community of Pakistani origin, as well as attracting relatively large numbers of students from Arab states who attend the local university and bring their families. It has also experienced rising levels of eastern European immigration. High Peak is predominantly White British. Where diversity is associated with lower levels of community cohesion, this would predict lower levels of take-up of parenting classes. Levels of crime were not reported as a serious issue in any of the four areas; although there are pockets in each where crime rates are higher than elsewhere in the area. In these pockets, the McCurdy and Daro theory would predict lower levels of take-up.

### *Local job market*

High Peak, Bristol and Camden stakeholders all reported relatively good levels of local employment. In Middlesbrough, locality differences were reported with employment levels much higher in certain areas of the town than others. Areas of low employment would be predictive of lower take-up of parenting classes.

### *Availability of childcare*

Availability of childcare was not reported as a major issue in any of the four areas, although future demand, such as ensuring sufficient capacity for early education for two year olds by 2014 was viewed as 'a challenge' in two areas. Availability of childcare in an area would be predictive of higher take-up of parenting classes. In all four areas, the childcare economy is mixed, with both the local authority and the voluntary, private or independent (VPI) sectors represented. In Middlesbrough, the LA is aware of a lack of childcare facilities suited to families of shift-workers and those with older children. In High Peak, a challenge is geographic accessibility – public transport to access children's centre provision is difficult. In Camden, affordability was reported as the main issue, rather than availability *per se*. In Bristol, availability of childcare was believed to be a fairly good match to requirements.

### *Pre-trial provision of parenting support*

The McCurdy and Daro integrated theory predicts that the more routine it is to offer accessible parenting support in an area, the more likely it is that it will be taken up. The pre-CANparent provision of parenting support is described below in relation to priorities, availability of targeted and specialist support, availability of universal support, and accessibility.

- Pre-trial priorities for parenting support

Local authority strategic priorities for parenting support varied. Derbyshire, the County Council for the district of High Peak, was the only one of the four to have retained a Parenting Commissioner post. Here, for families with young children, the priority was school readiness; for those with older

children, it was employability. In the other three areas, the reconfiguration of parenting support within the local council after the end of central government funding of the Parenting Commissioner role was not yet fixed. In Camden, the focus was on targeted support for whole families and on strengthening communities. In Bristol, the focus was on one-to-one and tailored support. Priorities were to train all family support workers (regardless of title) in schools and children's centres to Level 3 of the National Occupational Standards *Working with Families* qualification and in the Solihull Approach. The intention is to quality assure this work using National Quality Improvement Network's *Principles for Engaging with Families* (2010). In Bristol only, prior to CANparent, some universal (i.e. open to anyone) parenting support was free and some, not provided by the local authority, was priced variously from £30 to £75.

- Pre-trial targeted and specialist parenting support

Before CANparent, most LA provision in all four areas was targeted or specialist and accessed through referrals from a professional engaged with the family. Some targeted provision was also open to self-referrals. Across the areas, targeted and specialist needs included, for example, parenting support for young parents, for families where children were on the edge of care, in families affected by domestic violence and/or substance misuse; parents of young people involved with the Youth Offending Team. All targeted and specialist parenting support was provided free of charge. Programmes used could be many and varied, as in Camden and Bristol (in the latter, the list was in process of being slimmed down to five), or very specific, as in High Peak (Incredible Years) and Middlesbrough (Triple P and The Nurturing Programme).

- Pre-trial universal parenting support

Across the four areas, universal parenting support (in the sense of open to anyone) before CANparent was available through children's centres and schools, although in fact most of this was taken up by referred parents or those encouraged to self-refer. Some was also available through health visitors. In Middlesbrough, for example, children's centres offered one-to-one support and signposting to services as well as group programmes (The Nurturing Programme or Triple P Group), its schools had Parent Support Advisors trained to offer Triple P Group, and local health visitors were all trained in the Solihull Approach.

Demand for universal classes before the CANparent trial was described either as unknown and hard to measure or as low when measured by self-referrals to existing provision. In Bristol, locally commissioned research by the University of Bristol had shown that the parenting programmes offered in children's centres were less highly valued than the one-to-one support, advice and guidance offered. That research also reportedly found that parents felt tense and uncomfortable in these groups and particularly so when their children were also present and that parents did not respond well to terms such as 'parenting programmes' or 'parenting classes'. In Camden, the known demand was for specialist parenting support for parents of children on the autism spectrum.

- Pre-trial accessibility of parenting support

Before the CANparent trial, local parents in all four areas were described as finding out about local parenting support through word of mouth from other parents, through professionals in health, children's centres and schools, through the local Family Information Services and by searching online. In Middlesbrough, it was reported that the shadow cast by the Cleveland child abuse scandal in the 1980s continued to affect levels of suspicion and distrust of professionals involved with families especially among more economically disadvantaged families.

Online information for parents wishing to access parenting support varied. In summer 2012, we used the internet to find out what was available, as if we were local parents. We found that:

- it was easy to find out what was on offer in Bristol through the Bristol Parenting Hub (<http://www.bristolparentinghub.co.uk/> - last accessed 18.12.12);
- Camden local authority webpages indicated that a range of parenting courses were offered locally but it was not easy to find specific details of which programmes were being offered by which providers;
- after searching under a number of different terms we found what was available in Derbyshire ([http://www.derbyshire.gov.uk/social\\_health/services\\_for\\_children/supporting\\_families/positive\\_parents/default.asp](http://www.derbyshire.gov.uk/social_health/services_for_children/supporting_families/positive_parents/default.asp) and [http://www.derbyshire.gov.uk/images/Helping\\_families\\_DL\\_HR\\_tcm44-96705.pdf](http://www.derbyshire.gov.uk/images/Helping_families_DL_HR_tcm44-96705.pdf) - both last accessed 18.12.12) but were not able to find out online what was available in High Peak specifically.
- despite extensive searching under a variety of relevant terms we were not able to find online what parenting support was available in Middlesbrough.

In all four areas, local authority stakeholders were keen for CANparent to mesh well with existing provision and extend it. With the exception of some paid for parenting classes offered in Bristol, the predominant pre-trial culture of parenting support was that it was available free at point of delivery. The normal process was for parenting programme providers to market parenting classes to public sector commissioners (in health and local authorities) who then provide these for local families. The CANparent model, whereby classes were marketed to and bought by parents, was only found in a minority of the classes offered in Bristol. The longitudinal case studies of providers will explore perceptions of how far the CANparent trial affects this *status quo ante*.

## 2.2.2 The context within which expectations of take-up of classes may be framed

To inform expectations of take-up of the CANparent classes, a brief literature review was undertaken and used to feed in to the six month review of the trial. An abridged version is provided here as the context for framing expectations of take-up.

Based on recent literature reviews of take-up of parenting classes (Axford, Lehonten, Kaoukji, Tobin, Berry, 2012; Kane, Wood, Barlow, 2007; Moran, Ghate, van der Merwe, 2004; McCurdy and Daro, 2001), it can be stated with confidence that:

- achieving take-up takes time and focused effort
- there are useful theoretical models that predict take-up
  - the theory of planned behaviour - take-up is predicted if there is a stated intention to attend, a perception that attending will be beneficial; and the parent has the time and resources to attend (and that lack of time is the biggest barrier to attending – Dumas, Nissley-Tsiopinis & Moreland, 2007);
  - the integrated theory of parent involvement in family support (McCurdy & Daro, 2001) – identifies individual, provider, programme and neighbourhood factors predicting intent to enrol (signing up to attend/log on); enrollment (turning up to a

session/logging on to a module); retention (returning for more than one session/module).

- increasing take-up requires providers to work together with other influential professionals and services in the community; build relationships with parents; make classes/modules accessible; address parents' concerns and the particular needs of minority demographic groups (Axford, Lehonten, Kaoukji, Tobin, Berry, 2012)
- increasing take-up also requires attention to be paid to practical issues (publicity, timing, venue, child care); to relationships between staff and parents; to cultural and contextual issues, to structural issues (such as format or mode of delivery) and to strategic issues (for example, being consistently persistent in recruitment, offering positive reinforcement for attending) (Moran, Ghate, van der Merwe, 2004).

Very recent literature (e.g. Santucci, McHugh, Barlow, 2012) not yet included in published literature reviews discusses an emerging trend towards 'direct-to-consumer' marketing to improve take-up of evidence-based interventions – in this case, direct to parent marketing in place of the more traditional model where parenting support providers have marketed to service providers. This new approach draws on social marketing techniques and its key principles of paying attention to the customer, segmenting the market, understanding it and then providing to it with a clear product, at the right price, promoted by trusted people, and also promoted more widely in the media and social media. The CANparent trial is at the forefront of this emerging trend.

Social marketing techniques are designed to influence behaviour to improve personal welfare and have been used to promote health-related behaviour change, such as heart health, smoking cessation and HIV prevention. According to Santucci *et al.*,

'Social marketing techniques are built on an understanding of the consumer and recognise that behaviour change occurs only when a consumer believes it is in his or her best interests to alter his or her behaviour'. (Santucci *et al.*, 2012, p232)

The key principles are: '**pay attention to the consumer**' and '**segment the market, understand it and then provide to it**', with due regard to 'the four Ps':

- **Product** – with clarity about whether one is marketing a specific intervention or the principles of evidence-based interventions more broadly (for CANparent, this means clarity as to whether it is the CANparent offer that is being marketed or the individual offers of each provider – or both).
- **Price** – should reflect the perceived costs and benefits of the service to the consumer
- **Place** – identify 'channels', ideally in familiar and trusted organisations, to provide the consumer with information about the product (for CANparent, this role is played by the voucher distributors – but the impartial stance may make them less effective than if they were able and willing to be advocates for the CANparent offer)
- **Promotion** – creatively use multiple aspects of marketing communication, including cost-effective social media such as Facebook, Twitter, You Tube

Within this emerging field, there is recognition that, as financial incentives will be used to increase demand (e.g. the vouchers in CANparent), then 'the ethics of such as approach (conflicts of interest) must also be considered' (Santucci *et al.*, 2012, p234)

Two studies, the *Stay Positive* approach in Amsterdam and the *Every Family* approach in Australia, reported in Sanders & Kirby (2012), where Triple P was implemented at a population level, provide evidence that increasing parental awareness of parenting programmes, using social marketing techniques, also improves participation rates over the life of the intervention. In the Australian example of implementation of Triple P as a public health approach, **after two years of widespread use of social marketing techniques**, awareness of Triple P almost doubled (from 46% to 81%) and participation increased three-fold (Sanders, Ralph, Sofronoff, Gardiner, Thompson, Dwyer, Bidwell (2008). This achievement was accomplished:

- as part of a national health promotion strategy
- supported by upskilling the existing workforce
- building on existing referral networks and delivery mechanisms
- by ‘a coordinated media and community education campaign using social marketing and health promotion strategies’ – including print, electronic media, radio, and local TV (most of which was given free to the Every Family initiative).

The CANparent trial has some similarity to, but also many differences from, Triple P-type population approaches. One key similarity is the pitch to any and potentially every parent. Unlike targeted programmes, where there is an identified issue, population level, or universal, approaches are inherently more challenging in terms of engaging parents as, without sustained social marketing of the potential benefits, most parents are unlikely to know why they should be interested – even when given a free voucher to do so.

Marketing parenting programmes directly to parents is in its infancy. It is not known how effective this will be. Neither is it known what the effect of the voucher on take-up of parenting classes will be.

Regarding the voucher effect, the transtheoretical model of change, sometimes called the ‘stages of change’ theory, developed by Prochaska, Norcross and DiClemente, may be useful in highlighting the point in a parent’s journey towards behavioural change that is targeted by the voucher incentive – and to illustrate the stages where proactive work to engage parents could be focused. The stages of change are usually summarised as:

1. Pre-contemplation (not aware that change is necessary or would be beneficial)
2. Contemplation (thinking about the need to or benefits of change)
3. Preparation (getting ready to take action – e.g. expressing an intention to enroll)
4. Action (in this case, attending classes, working through online modules)
5. Maintenance (new behaviour is maintained after the course has ended)

The voucher, which is a significant part of the CANparent trial, could be viewed as an immediate incentive to take-up only for those parents who are at stages 2 or 3, or possible even those at stage 3 only. Epidemiological studies (e.g. Sanders, Markis-Dadds, Rinaldis, Firman, & Baig, 2007) suggest that the majority of parents in a given population could be expected to be at stage 1 of the ‘stages of change’ model regarding their readiness to take-up a parenting class. Population-level implementation studies of Triple P (e.g. in Holland, Australia and US) indicate the huge amount of publicity and information-giving and the prolonged time span necessary to raise awareness that parenting classes exist, let alone awareness of the benefits to be derived from participating. There is thus a knowledge gap – the majority of parents do not know what parenting classes are like nor what the benefits of taking part could be.

One implication for the CANparent trial is that local support and the providers could focus efforts on increasing readiness to take-up classes on the stages in the model *before* the voucher incentive becomes relevant i.e. on addressing parents' need for information about the classes, and why they might benefit from them.

### 2.2.3 What attracted providers and stakeholders to take part in the trial

The Government was very clear in stating that its aims for the trial were:

- to stimulate the development of a market in universal parenting classes;
- to normalise and de-stigmatise the take-up of parenting classes.

Across the stakeholders and providers, a range of reasons were given for wanting to be part of the trial. At this early stage of implementation, different providers and stakeholders could be placed at different points on a continuum of agreement-to-disagreement with the trial aims. Almost everyone supported the aim of making parenting classes universally available – those that did not were either sceptical about the demand for such classes or believed that effort should be targeted on families in need rather than interested parents/carers. Overall, every organisation could see benefits from being involved but only a minority were fully aligned with the use of a market model.

Among the stakeholder group, views ranged widely – the lead management organisations were fully supportive of the trial aims; the local support organisations were fully supportive of the universal offer but had varied views about the use of a market to achieve this (one, for example, argued that universal parenting classes should be a public service, another that any such market would require subsidies) while the local authority representatives ranged from being 'very, very excited' about trying out a market approach to universal class provision to arguing that there was no evidence of demand for such classes and 'zero' chance of parents paying for what was already available free of charge locally.

Providers expressed a wide range of motives for being involved in CANparent. These motives did not always reflect a straightforward desire to be involved in the creation and development of a new market in selling universal parenting support provision. The majority did not have a predominantly market-orientated approach to CANparent, in that their primary intention did not seem to be the development of a market which would generate profits and growth. Views ranged from hostility to the development of a competitive market to alignment with that aim. Both extremes of this range represent views held by a minority. In between these poles, other providers described being mainly motivated to participate in the CANparent trial by other goals. For example, these included:

- being involved in CANparent as a defensive strategy to protect the provider's existing provision against new entrants perceived as being of unknown quality under the CANparent trial. This strategy was motivated by concern that new entrants might offer an inferior service and thereby undermine the reputation of existing parenting provision in the area.
- using CANparent as part of a larger, pre-existing strategy. The nature of these strategies varied. For example, one was about aiming to roll-out universal access to parenting classes (with or without a competitive market) while another was about highlighting the parenting (but also other) needs of families living in poverty.

- using CANparent as a trial space to test the roll out of a pre-existing course or approach to parenting. In some cases, funding had already been acquired from other sources, and the CANparent trial was, therefore, being ‘piggy backed’ onto an existing project.
- being primarily attracted to CANparent by its government endorsement, which was seen to have wider benefits.

### **Box 2.1: A provider approach totally aligned to the market development aim**

One provider had adopted a market approach to the roll out of its offer under CANparent. Trialling a new delivery mode for its established parenting support provision, this provider was strongly committed to the successful marketization of its offer. As a result, it had appointed staff with marketing and business experience to the project, and had undertaken basic market research in the areas in which it is operating.

Like views about the development of a market, providers’ views about the desirability of normalising parenting support by making it universally available also ranged from one extreme to the other. In this case, though, views were much more heavily weighted towards agreement with the aim of normalised, universally available support. For example, the majority were strongly committed to:

- universally available parenting support and the potential of CANparent in helping to achieve this.
- the normalisation of parenting support and the potential of CANparent in helping to remove stigma attached to the acceptance of parenting help.

However, by way of contrast, a small minority was still firmly focused on the idea that parenting support should be a targeted provision aimed at troubled families.

Providers had a range of motives for becoming involved but only a small minority fully endorsed the main trial aim about creating a market in universal parenting classes. This is something we will follow up in later interviews as it is possible that the lack of unanimous enthusiasm for a central policy aim of the trial could have a negative effect on the development of such a market. On the basis of this evidence, we suggested to DfE that, to support achievement of the aim of developing a market in universal parenting support, providers might benefit from further guidance on the perceived advantages for parents of such a market being created and on the main strategic and practical steps required for each provider to build a successful niche in this new, competitive market environment. In the light of this evaluation evidence, along with other corroborating evidence gathered through the six month review of the trial, the Department for Education is to contract for a package of parenting classes market development support to providers for April 2013 – March 2015.

## **2.2.4 The parenting classes offered**

### **2.2.4.1 The range on offer to parents**

The classes offered in the trial are listed in Figure 2.1. A more detailed summary is provided in **Appendix 2**.

Across the CANparent offer as a whole, four modes of delivery are offered:

- face-to-face group
- face-to-face 1:1
- blended face-to-face with online and/or self-directed learning (book or CD/DVD)
- pure online.

Pure online delivery is being trialled in High Peak only.

**Figure 2.1 The CANparent classes in the three voucher areas**

<b>Provider</b>	<b>CANparent class</b>	<b>Area/s</b>
Derbyshire County Council	Bringing Up Children	High Peak
Family Lives	Parents Together online course	High Peak
Fatherhood Institute	Raising Happy Babies/ Raising Happy Toddlers/Raising Happy Children (for separated parents)	All three voucher areas
Save the Children	Families and Schools Together (FAST)	All three voucher areas
Family Matters Institute	Triple P online course	High Peak
Coram	Parents as Teachers (Born 2 Learn)	Camden
Montessori	Learning Together	Camden
NCT	NCT CANparent	All three voucher areas
Mind Gym/Parent Gym	Parent Gym	Camden
Race Equality Foundation	Strengthening Families, Strengthening Communities (SFSC) – adapted version	All three voucher areas
City Lit	[Various names e.g. 'Once Upon a Time']	Camden
Solihull Approach, Heart of England NHS Trust	Solihull Approach Parenting Group	All three voucher areas
Barnardos	1-2-3 Magic	Middlesbrough
	Caring Start (HighScope)	Middlesbrough
	Comfortzone	Middlesbrough
	Playgroup Network sessions	Middlesbrough
Family Links	Family Links Nurturing Programme – 2-session abridged version	All three voucher areas

#### **2.2.4.2 Quality assurance of the classes offered**

As quality assurance, all the CANparent providers had to show how the classes they would offer met core evidenced based principles derived from research into what works to improve parenting skills. These principles related to content, delivery approach, workforce training and supervision, and evaluation of impact. The principles are reproduced in full in **Appendix 3**.

In the sense that these principles are based on research evidence of what makes for effective parenting programmes, all the CANparent offers can be regarded as 'evidence-based'. On the other hand, the phrase 'evidence-based parenting programmes' is usually reserved for specific

parenting programmes that have research evidence of effectiveness of the content and delivery method and that require those trained in that programme to deliver it with fidelity. This understanding of 'evidence-based parenting programmes' has been reinforced by work undertaken by the National Academy of Parenting Research (<http://www.kcl.ac.uk/iop/depts/cap/research/napr/index.aspx>) and consolidated in its Parenting Programmes Evaluation Tool (<http://www.kcl.ac.uk/iop/depts/cap/research/napr/index.aspx>) and its associated Commissioning Toolkit hosted by the Department for Education (<http://www.education.gov.uk/commissioning-toolkit/Programme/CommissionersSearch>), as well as in the Graham Allen Report (Allen, 2011) and the United Nations Office on Drugs and Crime's compilation of parenting programmes (UNODC,2010).

When interviewed about the evidence-base of their CANparent offer, both meanings of the concept, 'evidence-based', were used. That is, some providers regarded their offer as 'evidence-based' because the content and delivery approach were based on accepted evidence of what works in parenting programmes. Others referred to research evidence specific to their programme as offered in CANparent. Overall, it is clear that the published research evidence base of the offers varies greatly, from those with the 'gold standard' of a Randomized Controlled Trial (RCT) to other courses where the providers argue the evidence of effectiveness is simply long usage, a close link with specific target communities, or the quality of their staff. In addition to this varied evidence base, some of the providers with reputations based on research evidence of effective outcomes from a defined, manualised programme were not offering that in the CANparent trial. Instead, having decided that the £100 face value of the voucher was insufficient to cover costs, they made changes to their usual provision; for example, a 10-week manualised programme was adapted to offer a two-workshop taster. In the case of newly designed or newly adapted provision, by definition, there could be no published research evidence of effectiveness in improving outcomes for parents – rather, such provision is, in effect, being trialled during CANparent.

The variation in the evidence base of the offers has the potential to become problematic if strongly evidence-based providers (in the NAPR, Allen, UNODC sense) feel that the brand of CANparent is undermining their position, or if the effectiveness of individual offers is called into question in any local area. Concerns about the quality of new provision in their area were voiced in all four trial areas by some providers and by local authority representatives. For example, one local authority became involved to defend the local area from new providers offering classes without a published evidence-base of effectiveness fearing that, because unknown, these classes might prove to be inferior to evidence-based classes already running locally. Another local authority stakeholder also feared the 'unknown' providers coming in to the area – her particular concern being not knowing the quality of training that facilitators would have had, in particular, around their responsibilities to signpost parents to additional local sources of support if this were required. Local authority stakeholders also worried about the lack of childcare/crèche facilities for parents attending face to face classes and one queried whether there was benefit in online provision, suggesting that this was not suited for some parents because of literacy issues and for others because online activity would be equated with entertainment, not learning. In the non-voucher trial area, the local authority had greater involvement in the development of the trial but, as in the other trial areas, the decision about which providers would be allowed to offer CANparent provision was taken through Department of Education procurement processes.

Amongst the management consortium stakeholder group, quality of provision was also recognised as crucial but was discussed in relation to the £100 cost: expectations about quality needed to be 'proportionate' to that cost, it was argued. In that context, the set of quality principles upon which all CANparent provision had to be based was seen as a realistic standard that supported a wide range of offers enabling parental choice. Some form of quality control is part of the remit of the management consortium but, at the time of the interviews, the form this would take had not been finalised.

The implication of these early findings for the CANparent trial is that the status of the CANparent brand could potentially be undermined if any CANparent courses turn out to be ineffective or to be in the ‘teething problems’ stage of developing and refining a new delivery model. To address this, it may be worth the DfE publicising the fact that the right to use the brand can be withdrawn from any courses found not to adhere to evidence-based principles. It may also be worth clarifying and publicising the quality control mechanisms being put in place – for example, the monitoring of Satisfaction Survey results; the role of Parenting UK in quality control; and the expectation that the national evaluation team will collect and collate main findings from each provider’s own evaluation of its CANparent classes.

## 2.2.5 Managing the trial

### 2.2.5.1 The management structure and roles in the three voucher trial areas

The trial design in the voucher areas includes a management and delivery structure (ECORYS and Parenting UK, with Orion and local support organisations. Local authority stakeholders in the three voucher areas were unhappy about the lack of any LA role in the strategic planning and early development of the trial in their area. This was a complaint against the Government’s approach to the trial rather than against the consortium appointed to manage the trial in these areas. This finding will be followed up in later interviews as the stance of the local authorities toward the trial may have an impact on the trial over time.

Views within the management consortium of ECORYS, Parenting UK and the local voluntary sector support agencies were mutually positive (Orion, the voucher printers, were not interviewed). The consortium partnership was viewed as working well with each element playing to its strengths (Figure 2.2).

**Figure 2.2 The management consortium**

<b>Organisation</b>	<b>Main role</b>
ECORYS	Management, participation data, and voucher redemption payments
Parenting UK	Communications and workforce
Orion	Print and voucher security
Local voluntary sector development agencies	Voucher distribution and local support

### 2.2.5.2 The voucher distribution and local support role

Within the management consortium, the role of stimulating and supporting the local distribution of vouchers belonged to the relevant local voluntary sector development agency. They were tasked with four key functions:

- mapping all the potential voucher distributors (known as ‘channels’) e.g. in the Early Years workforce and local Boots stores (Boots is the trial’s high street retailer involved in voucher distribution)
- engaging enough ‘channels’ to distribute sufficient quantities of vouchers
- ensuring consistency in the messages given to parents at point of voucher distribution
- creating effective support on the ground both for voucher distributors and local providers

### 2.2.5.3 Views about working together as providers and stakeholders

The relationships between the providers in the three voucher areas and local support bodies, voucher distributors, ECORYS and Parenting UK were varied. Providers gave a range of responses, from being pleased with the level of communication between themselves and other elements of CANparent, to being unhappy with specific issues. Issues raised by the provider interviewees were, in our view, mainly indicative of ‘teething troubles’, reflecting the early stage in the trial during which these interviews took place, rather than systemic issues. Examples of these were complaints relating to:

- early technical problems that ECORYS experienced with the voucher validation and payment system (two providers).
- the distribution of vouchers (five providers). This was particularly the case in relation to Camden, where the trial first began, and included one provider expressing concerns that the retail distribution of vouchers was, in certain cases, being undertaken without the agreed message being conveyed to parents and carers.
- uncertainty about the respective roles of local support, ECORYS and Parenting UK (most providers)
- uncertainty about lines of responsibility - for example, one provider had not realised that providers could undertake their own advertising and marketing under the CANparent brand. Instead this interviewee believed that all marketing was being carried out by the local support bodies.
- the volume of e-mail communication from ECORYS/Parenting UK.

Each of these points was recognised as legitimate by the management consortium stakeholders – without prompting, these issues were acknowledged and action to address them described. In addition, action to consolidate the consistency of the messages given to parents by the voucher distributors was viewed as necessary, as well as a concerted effort across all players to review roles and responsibilities around marketing and engaging parents to participate in the classes. At time of interview, this was regarded as ‘the next challenge’. Despite such issues, the overall sense was that relationships were working well between providers and the different elements of the management of CANparent delivery.

On the other hand, a minority of interviewees raised concerns about the voucher distribution role. One fear was that, because trial guidance set out that voucher distributors could not also deliver classes, the recruitment of key Foundation Years’ staff, such as children’s centre workers and health visitors as distributors, ‘used up’ a slice of potential class delivery staff. (There was some uncertainty expressed by providers as to whether or not one health visitor being a distributor prevented others from delivering classes, thus the scale of this potential problem was unclear.) A second concern expressed was that the role could potentially reduce parent engagement as distributors were to explain the local CANparent offer and emphasise the choice available to parents but were not to advocate any specific class as suited to any given parent. Some interviewees reported that this meant that the distributors were not able to answer parents’ immediate questions about one class versus another, instead referring parents to the CANparent website or the helpline for further information. The fear was that parents would not take these additional steps without support. A third reported concern was instances where some parents interested in attending a class did not have a voucher and did not like having to go somewhere else to obtain one. As part of the six month review of CANparent, a decision was taken to create secure online vouchers that parents can download either at home or in public places such as

libraries, nurseries or schools. This prevents the need for parents to access the vouchers through a direct face-to-face encounter with a distributor and should address this latter issue.

#### **2.2.5.4 Management of the trial in the non-voucher area**

The trial in the non-voucher area (Bristol) is managed differently. With no vouchers for public money at stake, the relationship between the Department for Education and providers taking part in the trial is more light touch. Barnardos, acting as the Department for Education's Family Strategic Partner, has played a role in supporting development of the trial, working closely with the local authority in an attempt to ensure that new provision builds on and complements existing provision. All providers in the voucher areas were told that they would be able to offer CANparent classes in Bristol also. By December 2012, at least four were doing so or planning to do so. In addition, 13 applications from new providers were received by the Department for Education. Of these, by the end of November 2012, three had been approved with a further seven still in the negotiation process. All CANparent Bristol providers had to provide evidence satisfying the evidence-based principles set out in Appendix 3.

In the absence of the vouchers and of the management consortium covering the three voucher trial areas, the Department for Education has committed to supporting CANparent Bristol providers through:

- the extension of the CANparent brand to include 'CANparent Bristol'
- promotion of that brand through low/no cost publicity in the form of flyers and posters and a Bristol page on the main CANparent website
- approaching large employers in the Bristol area to seek their support in publicising the classes, giving parents time off from work to attend classes, sponsoring classes and providing rooms for classes
- approaching other local businesses which provide services to parents to ask for help in marketing the project through flyers and posters
- working with Bristol City Council to produce a booklet for providers containing key market information on local demographics and existing local parenting provision
- sharing findings from the national evaluation of the trial with Bristol providers.

Among the seven Bristol provider interviewees, views about this level of support were mixed. Those who were new providers in the trial thought this 'light touch' support was sufficient for their needs. Those who were already operating in the CANparent voucher areas would have liked additional support. Two thought that Bristol should receive the same, and more, support activities as the other voucher areas given that the free voucher, viewed as the main incentive for parents to attend, was not available there. These two providers also thought the Department for Education should be doing more to engage employers with the whole concept of investing in parenting support for their workforce so that the effort required from providers to achieve this would be lessened. On the other hand, one provider was pleased about the greater flexibility providers had in Bristol to adapt their offer in the light of experience as opposed to having to stick to what was laid out in their contract in the other trial areas. Four of the seven wanted the Department to be much more proactive in marketing the concept of universal parenting classes in Bristol so that their own efforts could be focused on marketing their specific programme.

## 2.2.6 Developing the market in universal parenting classes

### 2.2.6.1 The CANparent brand

The 'CANparent' brand was developed by a marketing organisation for the Trial. 'CANparent' stands for 'Classes and Advice Network'. The brand operates as an endorsement, identifying a commitment to connect all parents to high quality support, advice and classes about parenting. It is backed by the Department for Education. The work was successful in that the majority of the providers in the voucher areas were positive or neutral concerning the CANparent brand. In Bristol, the non-voucher area, five of the seven potential providers<sup>2</sup> were using or planned to use the CANparent brand. A sixth was conducting market research to find out whether or not the brand would be attractive to parents and the seventh had not used it (apart from being present on the CANparent Bristol webpages).

Some providers raised concerns that:

- the CANparent brand had (in early summer 2012) no real market purchase.
- the CANparent brand might undermine the existing brand strength of well-known providers. This concern was linked to concerns about the lack of evidence base for some offers.
- that parents might not retain any awareness of going on a CANparent class, connecting instead to the name of the specific course (e.g. Raising Happy Babies) or of the specific provider (e.g. Triple P, Solihull Approach).

One provider expressed strong negative views about the brand name, believing that it suggested that, without classes, parents 'CAN'Tparent'.

#### *Provider views of the voucher design and area leaflets*

At the time of the interviews in the voucher areas (early summer 2012), most provider leads reported not having seen the relevant area leaflet containing the voucher (the area leaflets can be viewed in Section 3.2.5.2). This underlines the separation within the trial of the provider role and the voucher distribution role. Among the minority who had seen these, opinions about the design of the vouchers and leaflets were negative. There was some anecdotal evidence that a few parents had been confused by the voucher and leaflet, thinking that it was a voucher for free swimming lessons, or that it could be redeemed for cash, or for goods at Boots the chemist. There is, perhaps, a link here with a concern expressed that there would be difficulties associated with trying to recruit parents and carers to CANparent courses via a leaflet. The issue here is a lack of market information for parents and carers, with the leaflet viewed as providing insufficient information about the differing offers. Finally, there were very small numbers of concerns expressed about the position of different offers on the leaflet – 'we're always low on the list' – and one complaint that the leaflet reinforced the idea that parenting was only about mothers and children.

At the early stage of implementation in the voucher areas when the interviews were conducted, providers did not seem very inspired by or even very interested in the brand or the voucher or the leaflet for their area. There were concerns that providers offering untried, untested courses would create a bad image for the brand that would spread by association to others. The lack of provider enthusiasm for the brand and doubts about brand quality may lead providers to concentrate on promoting their own brand to the detriment of the overarching CANparent brand. The decision to

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<sup>2</sup> At time of interviews, the selection of providers new to the trial had not been completed.

add in some 'paid for' marketing activity, as a result of the first six month delivery review, may address this issue. This planned activity aims to improve awareness of the purpose and benefits of parenting classes, where parents can find out more, and what the classes are about (content).

### **2.2.6.2 The CANparent website**

The other main focus of the CANparent brand is the website, [www.canparent.org.uk](http://www.canparent.org.uk). Management consortium stakeholders were aware that the website had quickly outgrown its original limited purpose of being a single place through which parents could reach providers' own websites. At the time of the interviews, the possibility of redeveloping the website into a much more sophisticated and responsive site was under discussion. This was later agreed as part of the first six month delivery review of CANparent – specifically, that the website would allow parents to search available classes, to reserve a place, and to see star ratings from the Satisfaction Survey.

### **2.2.7 Readiness to deliver classes versus availability of vouchers for parents**

At the time the interviews in the three voucher areas were conducted (early summer 2012), most providers had recruited staff, put in place training and supervision, or were planning on utilising existing staff. Further, all providers believed that they were sufficiently staffed for the growth they expected (the typical expectation was that growth would be slow, at least in the early stages of CANparent), or that they had ready access to reserves of staff that they could draw upon at short notice. Only a small number had begun running CANparent classes and some knew they would be starting from September 2012 at the earliest.

The later than expected start of class delivery was a frustration to the consortium stakeholders. Success in creating a network of frontline staff willing and able to distribute vouchers (about 200 distributors and 22000 vouchers 'out there' by mid-July 2012) was not matched by the scale of classes running during the early summer. Hence there were reports of parents receiving vouchers and finding the class they wanted not yet up and running. The discrepancy between vouchers available and classes running led to concerns about the marketing of classes, and revealed a lack of clarity about who was responsible for marketing the CANparent classes – providers or the trial management stakeholders (ECORYS and Parenting UK). Thus, at the early stage of the trial when this first round of interviews was conducted, most *providers* thought other stakeholders (ECORYS, Parenting UK and local support) were not doing enough to market CANparent, whilst these stakeholders described trying to encourage providers to take responsibility for marketing. The leads from the voluntary sector organisations providing local support in each voucher area described seeking to organise collaborative local marketing and receiving mixed responses to this from providers. Local authority stakeholders thought that the system would have worked better if they had been informed and involved in the planning for the trial from the start.

### **2.2.8 Provider preparation for a market in parenting classes**

The interviews indicated that, overall, providers in the voucher areas had taken few steps to prepare for the marketization of parenting support in the CANparent trial. More than one stakeholder commented on the apparent lack of entrepreneurial spirit amongst the provider group generally. There were exceptions to this - for example, one provider was very aware of the need for market research and used its existing management information systems to analyse the demographics of the three areas and deliberately designed an offer with that could be tailored to meet differing demands expected in High Peak, Camden and Middlesbrough. This sophisticated market research was not the norm though. Some providers exhibited particular views of the nature

of the market that reflected their previous experience of funding and provision. Little market research was undertaken by this sub-group of providers into what parents and carers might want for their voucher. For example, one provider's 'market research' involved asking some mothers at the provider's headquarters, while other providers undertook no market research. Some providers assumed that their offer was marketable simply because their previous work – usually carried out in a targeted and/or commissioned fashion – had been successful. The changes that might be required to translate that previous success, gained from selling their offer through 'wholesalers', such as a local authority or a health visiting service, into success when selling directly to parents in a competitive marketplace had not yet been considered in depth.

In the voucher areas, there were issues raised by providers that appeared to stem from misunderstandings, both in relation to the nature of a market, and the remit of different elements of the CANparent trial. An example of misunderstanding the nature of the market would be that more than one provider believed that, as so many vouchers were being distributed, there would be no competition for *parents*, instead the competition was for venues and staff to deliver courses. This view, however, failed to take account of the ability of parents and carers to decide to use, or not to use, the vouchers, and assumes that most, if not all, vouchers would be automatically redeemed. In these cases, the presence of the vouchers had perhaps resulted in providers (suppliers) thinking that they had no (or only a limited) role in calling forth demand through marketing and recruitment of parents to their offer.

Providers interviewed about the Bristol, non-voucher trial, were clear about the need to find a viable funding model for their offer. One (also delivering in the voucher trial areas) had management information systems that enabled a local costing to be made and thus knew exactly how many parents would need to be recruited to classes to cover costs. Each of them was actively exploring one or more of the main funding models suggested as possible options by the Department for Education in its information to potential Bristol CANparent providers<sup>3</sup>:

- employers paying for parent employees to attend classes
- other organisations sponsoring delivery of classes
- parents paying for classes directly.

For example, one was developing a social enterprise business model and intended to use all three approaches to revenue generation; another intended to focus mainly on working through employers but was happy to be on the CANparent Bristol website where individual parents could also buy a course directly.

Only one of these Bristol providers was undertaking formal market research (in this case, the organisation's marketing department was using an internal database of over 10000 people for this research) but most had done some informal research in and about the area or were already working in the area and so believed there was a market for their product. Providers who were membership organisations planned to use their members as a basis for spreading the news about their offer; similarly those who already had a presence in the area would build on this existing network of contacts to market their CANparent offer.

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<sup>3</sup> <http://www.education.gov.uk/childrenandyoungpeople/families/b00200255/parenting-classes-trial/details> - last accessed 21.12.12.

### 2.2.8.1 Risk versus investment

Not all providers, whether in the three voucher areas or in the Bristol area, had created a business plan giving a clear idea of how many courses they would have to run before they had covered their costs. The majority of providers in the voucher areas were clear that *large-scale* take up of their offer at £100 per parent/carer would provide sufficient revenue to cover costs. However, five of the 14 providers believed that the £100 face value of the CANparent voucher under-priced effective, evidence-based parenting support.

Of the providers that had explored cost of investment versus risk related to returns, different conclusions had been reached relating to willingness to make upfront investment, largely depending on the size and/or financial stability of their organisation. Some provider organisations were able and willing to risk running the CANparent classes at a loss because the experience of being involved in the trial and the learning the organisation would gain from that were viewed as worth the risk. Others were focused on the need to break even on every parent and tailored their offer to fit the £100 voucher. In this group, all from the voluntary sector, some expressed strong views about the difficulties they faced in being able to afford the upfront investment required to attract parents to their offer before they would receive any income from voucher redemption. They argued that there should have been some funding from government made available to help support the transition from grant funding to a payment by results model (which is how they conceptualised the voucher redemption income stream). A third group did not particularly care whether or not they made a profit or a loss as their CANparent work was covered by other, non-governmental, funding sources.

In Bristol, the non-voucher area, the risk to voluntary sector providers of investing resources in marketing and parental engagement activities was seen as even higher than in the voucher areas. This level of risk had led to at least two providers to offer an existing *online* version of their course, rather than their face-to-face offer, and to minimise Bristol-specific investment in engagement activities.

### 2.2.8.2 Views about competition

A minority of providers have approached the CANparent trial in an overtly competitive fashion, but most providers appeared to be approaching their involvement in a non-competitive or minimally competitive fashion. In some cases this was because providers felt that they have a sharply differentiated offer (a unique selling point) that will ensure success because there are no direct competitors for that niche in the market. Other rationales include the belief that provider co-operation is relevant in the provision of local parenting support; for example, through collaborative rather than competitive marketing, such as shared press advertising.

A number of providers operating in Camden expressed concern that a relatively small potential market was over-supplied with providers. This had caused immediate problems in terms of gaining access to venues for parenting groups, and the recruiting of staff to deliver and support parenting courses.

In Bristol, at the time of interviewing (November/early December 2012), there was a lack of knowledge about the level of competition that could be expected as the Department for Education had not yet finished its process of approving or rejecting applications to be a CANparent Bristol provider. One provider explained that this lack of knowledge of the competition made it difficult to take business decisions about the viability of taking part in the Bristol trial. The other six were confident that the unique aspects of their offer would allow them to compete successfully in the Bristol marketplace.

A number of interviewees raised the concern that, if the market develops in a successful, price-competitive fashion, parents and carers might lose out by being attracted to a course that was less suitable for them than another. This issue relates to the belief that the parent or carer might need advice and guidance concerning the best fit between their needs and the courses on offer. Several providers made the point that personal guidance onto relevant courses was a key element in successful parenting support provision and queried how this would be achieved in a locally competitive market.

Some providers voiced concerns that the competitive market desired by the trial was negatively affected by the trial design. Firstly, several providers believed that the constraints placed upon their delivery model, as negotiated with DfE, had had a competitively negative impact on their CANparent business plans. Controls on the offer of online courses and of one-off sessions were regarded as having damaged their potential to break even and therefore the sustainability of provider involvement. Secondly, one provider in particular expressed concern about the role/s (perceived as unclear) in the trial design of the three local authorities covering the Camden, High Peak and Middlesbrough trial areas respectively. The trial design in the voucher areas was criticised for not having included engaging the local authorities as supportive partners<sup>4</sup> and for not clarifying from the outset the operational rules where local authority staff were involved in multiple roles as existing providers, CANparent providers and CANparent voucher distributors. It was believed that this multiplicity raised conflicts of interest and, in one case, led to a provider believing the local market was being 'stalled' and 'blocked' by local authority manager/s. This issue was raised within the trial and addressed by a clear message from DfE that local authorities were expected to have systems in place to ensure separation of the provider and voucher distribution roles among their staff.

The local support stakeholders described the care with which they sought to enable fair competition by providing support equitably to the local CANparent providers. This was not always achieved in the eyes of all providers – there were isolated accounts of actions perceived as favouring local providers versus incoming providers. Local support organised local launches for CANparent where all the providers could set out their stall and market their offer to the local community. They also encouraged providers, for example, to collaborate to market CANparent provision together. According to a number of interviewees, a creative tension between competition and collaboration runs through the trial.

### **2.2.9 Views about parents' willingness to pay for classes**

Across the providers and all the stakeholders, there was no certainty about what parents might be willing to pay for courses outside the voucher trial areas, or following completion of the trial. Estimates ranged from the belief that parents would not pay at all for parenting support (free local provision was the norm), to estimates in the low hundreds of pounds. There was a widespread view that future non-voucher provision if it were to be truly universally available, would have to include a 'mixed economy' of paid for and subsidised provision. The trial, it was hoped, would enable providers and stakeholders to develop a better idea of how much parents might pay. In the non-voucher area, one provider's market research included questions on what parents might be willing to pay locally. Others were making best guesstimates with most prices in the region of £60 to £80 pounds but one as high as £250. All were open to the possibility/likelihood that funding from parents willing to pay would have to be complemented by other sources of income such as from employer-sponsored places or organisations buying places wholesale for parents to access free at point of delivery. By end November 2012, only one provider had put a price on its (online) offer: £130. This price was being used both in CANparent Bristol and elsewhere in the UK.

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<sup>4</sup> In fact, DfE had contacted each trial LA at the outset and received a supportive response.

## 2.2.10 Provider hopes and fears about the development of the market in parenting classes

All interviewees were asked about their sense of how the parenting support market would develop under CANparent, both during and after the trial period. Views about what needs to be in place to support a successful expansion of the market included:

- government sponsored social marketing of the benefits of parenting programmes so that parents begin to realise they want or need this product;
- government sponsored social marketing of the message that it is normal to want/need support as parents;
- a cultural shift to paying for parenting support;
- a stronger economic climate than the current situation where budgets are tight;
- avoiding the use in marketing of terms such as 'parenting programme', 'parenting class';
- clarity over what is good practice but not a heavy focus on every programme requiring an extensive published evidence-base of effectiveness research;
- sufficient numbers of well-trained staff to deliver the programmes;
- dissemination of positive results from a rigorous evaluation.

The interviewees raised a number of fears and hopes in relation to the future, which are presented in turn below:

Providers' fears about the developing market included that:

- in Camden there were too many providers in too small a market, and that this would have an adverse effect on the sustainability of offers after the trial.
- the large number of vouchers distributed early on was not matched by immediate availability of CANparent courses and that this would negatively impact upon the CANparent brand as parents and carers attempting to access a parenting course in the early stages of the trial had difficulties in doing so.
- providers from different sectors (public, private, voluntary sector) would obtain different levels of return from involvement in the trial (providers from each sector believed that those from other sectors had advantages).
- that some short courses included in the CANparent brand might not make a positive difference for parents and could taint the whole brand with bad press.
- the need for clear signposting to additional services and support might not be something about which all providers were aware. There was a concern that some might take the term 'universal' to mean low level need, and fail to understand that some parents/carers and families may well need to be signposted to additional support. (This concern was also raised by local authority representatives interviewed as stakeholders.)

- the trial length was not long enough to produce the major cultural shift required for parents and carers a) to think of doing a parenting course as a routine activity, normally undertaken by parents, and b) to think in terms of paying for parenting support - most parents/carers were used to being provided with family related services through the public sector, usually free at the point of delivery.
- that it may result in an 'elitist' market developing for people who can afford to pay, or one dominated by programmes with a strong published evidence-base only, and thus fail to meet the needs of all families.

Most providers were able to provide a vision of what they would regard as a successful outcome for CANparent and their own offer. These included:

- demonstrating universal access in all trial areas and sustainable outcomes for families in these communities.
- the embedding of the idea that taking a parenting course was normal practice for parents and carers.
- the hope that CANparent would act as a screening and referral tool to signpost parents, carers and families to additional parenting and family support where needed.
- the hope that individual providers would be able, at the least, to recoup their start-up costs, and, at best, develop a sustainable offer.
- that the provision of universal parenting classes will snowball and extend outside the trial areas.

All seven providers interviewed about CANparent Bristol (four existing CANparent providers and three potential new ones) hoped to expand delivery beyond the relevant trial areas in which they were working. Six of them planned to do this within the lifetime of the trial; the seventh wanted to use the trial to consolidate quality of delivery but planned to expand to other areas after the trial.

Stakeholder hopes and fears about the trial were similar to those of the providers - although there was uncertainty about the level of demand for universal classes, there was a strong sense of welcoming and hoping for real benefits for local parents, including those in demographics that previous provision had not reached.

## 2.3 Summary

The interviews reported here were undertaken at **an early stage in the implementation of the trial (summer 2012)**. Although there were concerns about aspects of the trial, overall there was a sense of acceptance that it was a trial, a willingness to experiment, to try new approaches, in the hope that it would succeed in increasing access to a wide range of quality parenting support. This openness to learning is a strength as it is a prerequisite for innovation.

The four trial areas vary geographically and demographically and in aspects of local living that impact on family life. McCurdy and Daro's (2001) integrated theory of parental involvement in family support predicts that this variation is worth paying attention to as previous research suggests that take-up of parenting support will vary not only by individual family, by provider and

by programme but also by neighbourhood factors that impact on family life by either building social capital or fostering social disorganisation. Social marketing principles also emphasise the value of understanding how an overall market segments, of learning to understand each segment and then providing to each one. The implication of this for CANparent is that local knowledge and local networks are likely to be key sources of information as to how best to adapt marketing messages and parent engagement strategies to suit each trial area and, within each area, to suit specific neighbourhoods and demographic sub-groups. Local networks are also the likeliest source of trusted 'channels' (to use the social marketing term) to provide parents with information about CANparent and about specific classes. Continuing efforts to understand and provide to local markets and to inform and engage parents through trusted local people are likely to pay off in terms of increased take-up.

Previous studies have shown that substantially increasing take-up of parenting classes takes time and focused effort. This implies that it is important for politicians, policy-makers and providers to allow time for this to happen with CANparent – consistent and continuing efforts to extend awareness of CANparent will increase participation rates in the classes over time. The free voucher offer will only incentivise parents who already recognise the potential value of parenting classes; hence the importance of ensuring that the message about the value of parenting classes is heard and spread. The more parents who understand the benefits and value of parenting classes, the more likely it is that the vouchers will be valued and used. The role of voucher distributors is an important one as they act as 'channels' in familiar and trusted organisations, such as children's centres, libraries, GP surgeries and schools, providing parents with information about the local range of CANparent options. Early findings suggest that the consistency and quality of the positive messages given by distributors about the local CANparent classes needs to be enhanced in order to inspire parents to make an active decision to research and choose one most suited to them. Changes in guidance for voucher distributors introduced as a result of the first six-month review should help address this.

Being proactive in applying the lessons from the literature on take-up is one way to drive up levels of parent engagement in the classes. The theory of planned behaviour and the transtheoretical model of change both indicate that providing parents with information about the potential benefits of participating in parenting classes will help to shift parents from not being interested in attending to beginning to think that there might be something worthwhile to be gained from doing so. Promoting the benefits of the CANparent classes (and providers promoting their own class also) as creatively and as widely as possible, including through social media, will help to create this foundation.

Individual providers can then build on a broad understanding of the potential benefits of a class by making sure that it is as easy as possible for parents to translate that *idea* into *action*. This requires predictable barriers to be removed as far as possible. As perceived lack of time to attend is a big barrier, addressing this proactively should help take-up levels. Voucher distributors explaining the degree of flexibility in modes and times of delivery will help parents to find a way to fit a class in to their life (face to face or online). Providers advertising the flexibility built in to their offer will also help – for example, busy parents are likely to appreciate knowing in advance that if they have to miss a face-to-face session for any reason, that all is not lost, that they will be supported to catch up; that they will be welcomed even if they find themselves running late for a session. Information about how to book, when and where classes are run, how to enrol online, must be user-friendly. As unfamiliarity with the processes may also be a barrier, having local advocates willing to show people how to do this is a good option. The introduction, following the first six-month review of CANparent, of electronic vouchers available to download from the CANparent website is to be welcomed as it enables any eligible parent who accesses that website to have a voucher. This removes one potential barrier to participation.

Addressing other predictable barriers to attendance includes, for example, providers making every effort to hold face-to-face sessions in convenient and comfortable venues, seeking out affordable options for those who require childcare to attend, and building relationships with parents and family professionals in the communities in each trial area so that cultural and contextual issues are recognised and integrated into delivery. For example, providers thought that the use of the terms 'parenting classes' and 'parenting programmes' were off-putting to parents. This implies that the overall brand marketing should avoid these phrases and that individual providers need to think carefully about how they refer to their CANparent offer.

The success of CANparent depends not only on increasing demand and take-up of classes but also on creating a sufficient supply of providers of quality classes. When interviewed in summer 2012, early on in the trial implementation, it was clear that not all the providers and stakeholders fully agreed with the aim of the trial to create *a market in* universal parenting classes. This could potentially have a negative impact on the sustainability of the supply of classes. In response to this finding, and corroborative evidence gathered during the first six-month review, the Department for Education is to appoint a provider of market development support to parenting class providers. The trial is an opportunity for providers to test out operating within a competitive commercial market but it is also an opportunity to create that market in a way that accords with each organisation's aims and principles. This is particularly important for the charitable organisations involved.

If the vision of creating a nationwide market in universal parenting classes is to be achieved, providers will have to consider how to resource their investment in developing a business model that can be scaled up to meet the needs of, potentially, hundreds of thousands of parents. Smaller organisations, in particular those from the voluntary sector, expressed strong views about the difficulties they faced in affording upfront investment. They argued that Government had a role in supporting the transition from grant funding to a payment by results model (which is how they conceptualised the voucher scheme – although, in fact, it is a payment by outputs model) and even more so to a fully market model, as in Bristol. As Government policy seeks to create a commercial parenting support market, it may be that social investment models, which utilise private finance to fund activities delivering socially beneficial impact, are of relevance here. The development of the market in Bristol, stimulated by light touch forms of support instead of a voucher, offers providers an opportunity to test out the sustainability of their CANparent offer and the viability of different funding models (e.g. parents paying, employers part or fully subsidising classes; schools and other organisations buying 'wholesale'). This is, potentially, a valuable test bed for those providers that want to extend the reach and take-up of their programme within the developing national market.

To avoid undermining the status of the CANparent brand, the concerns reported in Section 2.4.4.2 about quality assurance need to be taken seriously both by providers and by the Department for Education. As a minimum, providers need to ensure that all delivery adheres to the evidence-based principles set out by the Department (see **Appendix 3**). To strengthen faith in the brand, the Department for Education could publicise an intention to withdraw support from providers found not adhering to these. Providers and the Department could also publicise the quality control mechanisms in place – the monitoring and publication of Satisfaction Survey results; the role of the trial management consortium in quality control; the requirement to make available to the DfE and the national evaluation team findings from each provider's own evaluation of its CANparent classes. Such actions may alleviate concerns about innovative offers, which inevitably have no published evidence of effectiveness, being included in the wide range of provision available under the CANparent brand.

A creative tension between competition and cooperation runs through the CANparent trial as it is in each provider's interest to promote the overall brand as well as their own offer. The number of competing providers in some areas, especially Camden, is high. Providers and the Department for

Education need to be aware that this means there is potential for some providers to fail to attract enough parents to run cost-effective classes. On the other hand, this level of competition in some areas may stimulate providers to start delivering universal classes at a market price in other areas not involved in the trial.

Most providers did not know what parents might be willing to pay for their classes outside the voucher areas but believed that there would always be a need for a mixed economy of paid for and subsidised provision. By end November 2012, only one CANparent provider had put a price on its (online) offer: £130. This was being used in Bristol and elsewhere in the UK. As the trial proceeds, providers will need to continue to assess the demand for their product. It is likely that most, if not all, providers will need to develop a business model that includes some parents paying to participate with others accessing provision subsidised by employers, sponsoring organisations, or grants.

The vision of a nationwide market in quality-assured, evidence-based parenting support requires a suitably trained and supervised workforce to deliver this, both in terms of people to do the work of engaging parents to want to participate, and in terms of people to facilitate face-to-face and blended learning options. In a commercial market, it cannot be assumed that the costs associated with this workforce will be met by state funding; instead, it must be assumed that providers need to include this in their business models. How far this happens will be explored further as the trial and its evaluation continues.

## 3. Penetration survey – interim findings

### Key Findings

- Attitudes towards parenting classes amongst parents in the voucher trial areas were already largely positive. For example, only 12% disagreed with the suggestion that all parents can benefit from going on a parenting class.
- About a third of parents said that they might participate in classes (10% said they were very likely to do so).
- Lack of knowledge of the positive outcomes from parenting programmes and time constraints were the main inhibitors to participation - 38% could not see that they might benefit from more advice or support, while 16% said that they did not have the time to attend classes.
- Potential willingness to pay for parenting classes was strongly linked to household income - 49% of high income households said they would definitely/probably be willing to pay, compared to 26% of low income households.
- One in five eligible parents (20%) was aware of the vouchers/leaflets.
- Only 6% of households had so far received a voucher. Amongst households which had received a voucher, about four in ten (43%) said that they intended to use it (or already had done so). Fathers were less likely than mothers to have received vouchers.

## 3.1 Introduction

### 3.1.1 Penetration survey aims

The penetration survey is being run in two waves; the first in the first six months of the trial going 'live' in 2012; the second in 2013 when the trial has been in operation for at least a year. This interim report focuses only on data from the first wave.

The primary aim of the interim report is to provide a better understanding about the areas in which CANparent vouchers were offered, with a particular focus on:

- how parenting classes are currently perceived and whether there are significant barriers to participation;
- the likely uptake of classes amongst different types of parent, with a view to highlighting whether specific targeting activities will be necessary (e.g. fathers, working parents, black and minority ethnic (BME) parents etc.);
- the relative effectiveness of different means of distributing vouchers and how voucher distribution might be refined.

As well as providing a baseline against which to measure any changes in attitudes and behaviour over the course of the trial, these early findings can also be used by the Department and by CANparent class providers to inform the development of the programme.

The final report, which is to be published in 2014, will incorporate data from both waves of interviewing, will focus on the *impact* of the CANparent programme. This later report will incorporate a comparison between eligible parents in the trial areas and a matched sample of parents living in comparison areas (where the programme has not been running). It will investigate whether the trial has been successful in normalising participation in parenting classes, measured through parental attitudes towards classes and parenting support, and through the level of take-up and demand for classes. Further details of the impact study methodology can be found in **Appendix 6**.

While this interim report investigates parents' willingness to pay for parenting classes at a basic level, a more detailed analysis of this topic will be presented in the final report.

### **3.1.2 Methodology overview**

#### ***Sample definition***

This interim report focuses on parents of children aged 0-5, living in the three trial areas in which CANparent vouchers were being distributed (Camden, High Peak and Middlesbrough).<sup>5</sup> As such, all figures in the main body of this report relate to parents who were eligible to take part in CANparent classes at the time of the interview.

The sample was drawn from HMRC's child benefit records, which provide almost universal coverage of parents.

TNS BMRB's interviewers enumerated all eligible parents within the household at each given address and then selected one at random for participation in the interview.

Eligible parents were defined as including birth parents, step parents, foster parents and legal guardians living in the household. Interviewers were briefed that step parents did not necessarily have to be married to the birth parent of the children in the household to be eligible for the survey – if a new partner had joined a family group they were included in the selection, regardless of whether they were married or not.

Under this definition, non-resident parents were not covered by the survey (and there is, in fact, no cost-effective way to include non-resident parents in a survey with sample drawn from child benefit records).

### **3.1.3 Survey administration**

Interviews were conducted by TNS BMRB's team of face-to-face interviewers, using a CAPI (Computer Assisted Personal Interviewing) approach.

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<sup>5</sup> Additional interviews were conducted with parents falling outside this definition, but these will not be a focus of reporting until the second wave of penetration survey interviews has been completed. Full details of the sampling method can be found in Appendix 5.

Interviews were split between interviewer administered sections and self-completion sections. During the self-completion sections, respondents were handed the CAPI laptop and were able to input responses without the interviewer seeing their answers, ensuring that sensitive topics could be broached without causing discomfort or putting pressure on respondents to give more 'socially acceptable' answers.

Respondents were prompted with show cards, to help them to answer any questions in which they needed to choose from a pre-coded answer list. Additional show materials were used during the course of the interview in the trial areas, prompting respondents with copies of the CANparent vouchers and leaflets to ensure that awareness and uptake of vouchers was recorded accurately. On average, interviews took around 19 minutes to complete.

### 3.1.4 Response rates and weighting

Overall, a response rate of 67% was achieved in the penetration survey. The response rate was marginally higher in Camden (68%) than in High Peak (64%) and Middlesbrough (66%). Weights were applied to the data in order to correct small skews in the number of interviews achieved in each of the three active trial areas (such that each area had an equal weight within the total). Weights were also applied to correct a slight skew towards female respondents in two parent households.

Further details of response rates and weighting can be found in **Appendix 5**.

### 3.1.5 Fieldwork dates

Interviews were carried out between 2<sup>nd</sup> July and 14<sup>th</sup> October 2012.

As some measures in the penetration survey are potentially time sensitive, it is worth noting that the fieldwork mid-point (i.e. when half of all interviews in the trial areas had been completed) occurred during the week commencing 13<sup>th</sup> August.

### 3.1.6 Terminology

Throughout the report, we make reference to respondents to the survey as 'parents'. It should be noted that this is a slightly shorthand description which has been employed to make the report more easily readable. The total sample of 976 trial area respondents actually also includes a very small minority of people who did not have a strictly parental relationship with the children in their households. This affected only nine respondents, which equates to less than 1% of the total sample. In most cases, these were grandparents who had taken over the care of their grandchildren.

It should also be noted that 'parents' refers to the full spectrum of parental relationships, including birth parents, adoptive parents, foster parents and step parents (including those step parents who may not have legal parental status but were nevertheless part of the family group).

We use the phrase 'parenting classes' throughout the report. Respondents were given a brief definition of what constitutes a parenting class at the start of the interview, as follows: '*Parenting classes are courses where parents can learn about parenting and parenting skills. The courses can be face-to-face sessions, which parents generally attend in groups, and they can also be conducted online.*'

### 3.1.7 Reporting of differences

Throughout this report, we make reference to differences between sub-groups. Our fundamental approach has been to focus comments on those differences which are statistically significant at a 95% confidence level.<sup>6</sup>

However, due to the small base size of certain key questions (typically caused by the relatively low levels of awareness and receipt of vouchers), we have occasionally drawn attention to differences which are not statistically significant. This has only been done in cases where the differences logically make sense and are potentially informative. In all such cases, we have highlighted that the differences are not statistically significant in the accompanying text.

## 3.2 Findings

In this section, we present findings from parents of children aged 0-5 living in the three trial areas where vouchers are available (Camden, High Peak and Middlesbrough). The findings are grouped under five themes:

- current perceptions of parenting classes and intention to participate
- previous participation in parenting classes
- willingness to pay for parenting classes
- CANparent awareness
- voucher receipt.

### 3.2.1 Current perceptions of parenting classes and intention to participate

#### 3.2.1.1 Attitudes towards Parenting Classes

Parents were asked to give their views about a series of statements designed to assess their attitudes towards parenting classes. In general, their attitudes towards classes were already positive.

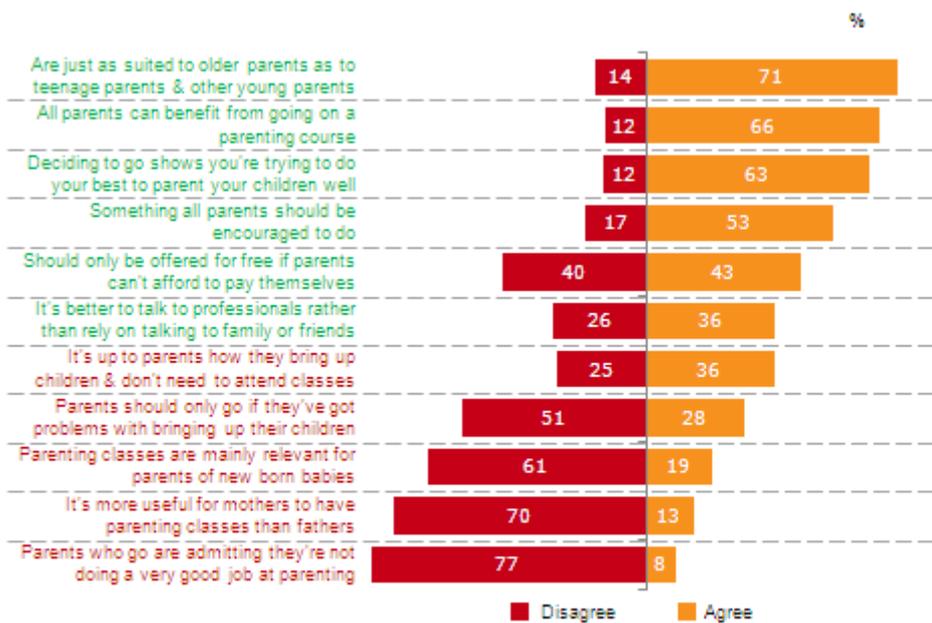
Figure 3.1 shows the proportion of parents who agreed and disagreed with each of the statements about parenting classes, with the statements colour coded into two categories. The green statements are those which would require high levels of agreement if participation in parenting classes is to be successfully normalised; conversely, the red statements cover topics with which low levels of agreement would be needed for the normalisation of classes. It should be noted that the wording of the statements in the figure has been slightly simplified for ease of presentation (see **Appendix 7** for full details of the questionnaire wording).

It is also worth highlighting the fact that these attitudinal questions were asked using a self-completion approach, whereby the respondent entered their answers directly into the laptop without interacting directly with the interviewer (thus minimising any social desirability bias).

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<sup>6</sup> A 95% confidence level is the standard approach to estimating how likely it is that what holds true for a sample of a population (in this case the Penetration Survey sample of parents of 0-5 year olds in the three voucher areas) also holds true for the whole population (in this case, all parents of 0-5 year olds in the three voucher areas).

**Figure 3.1 Summary of whether parents agreed or disagreed with each statement about parenting classes**



Base: All in active trial areas (976)

### 3.2.1.2 Positive statements

It is immediately clear that all of the 'positive' green statements had higher levels of agreement than was the case for the more negative red statements, though positivity towards classes was not universal.

There was already a widespread acceptance that parenting classes are suitable for parents of all ages (71% agreed with this) and that all parents can benefit from going on a parenting course (66% agreed, while only 12% disagreed).

Participation in classes was often seen as a sign that parents were trying to do their best to parent their children well (63% agreed and 12% disagreed with this). Furthermore, around half of the respondents (53%) agreed that all parents should be encouraged to go on classes while only 17% disagreed with this perspective (and the remainder fell into the neutral 'neither agree nor disagree' or 'don't know/refused' categories).

Of all the factors that might be seen as necessary to drive the future uptake of parenting classes, the issue of cost proved the most divisive. Four in ten parents (40%) disagreed that 'parenting classes should only be offered for free if parents can't afford to pay for them themselves', while approximately the same proportion agreed with this statement (43%). This suggests that while there is clearly much positive feeling towards classes, there is also a widespread sense that they should be universally subsidised rather than means tested. Unsurprisingly, parents from low-income households (with an annual gross income of less than £15,000) were more likely to be in favour of means testing than parents from households with an income of £35,000 or more (51% vs. 37% respectively). Along similar lines, households in which no parents were working full time were also more likely to agree with this statement than those in which at least one parent was working full time (49% vs. 40% respectively).

In terms of differences between the three trial areas, parents in Camden were generally more likely to agree with the positive 'green' statements than was the case for parents in either High Peak or Middlesbrough. As discussed in Section 3.2.2, parents in Camden were more likely than those in the other areas to have already taken part in a parenting course of some description (22% of parents in Camden had previously participated in a class, compared with 15% in High Peak and 14% in Middlesbrough). In all three trial areas, it was also evident that attitudes amongst class participants were typically more positive than attitudes amongst non-participants. Although we cannot isolate cause and effect, it is possible that the relatively high participation levels in Camden had served to improve perceptions of classes in this area to some extent (though the inverse effect, whereby more positive pre-existing attitudes led to higher participation rates, may also have been at play).

The other notable attitudinal difference between areas was that parents in High Peak were much less likely than those in either Middlesbrough or Camden to agree that 'it's better to talk to professionals rather than family and friends'. Only 25% of parents in High Peak agreed with this statement, compared with 42% in Middlesbrough and 41% in Camden.

Parents aged 40 or over were less likely than younger parents to agree that 'all parents can benefit from going on a parenting class' (59% vs. 67% of parents under 40). However, perhaps the key finding relating to age was that the age of respondents did not have a significant impact on their level of agreement that 'parenting classes are just as suited to older parents as they are to teenage parents and other young parents' – there was a widespread understanding of the potential value of classes to parents of all ages.

Finally, parents who had at least one child with special educational needs or a disability were more likely than other parents to agree that 'it is better to talk to professionals rather than simply rely on talking to family and friends' (46% vs. 35% respectively). Bearing in mind the additional challenges typically faced by parents in this group, it is certainly a positive that they were comparatively open to the idea of support from professional sources.

Although there was widespread agreement with the 'positive' statements there is, however, still scope to improve ratings further. Levels of active disagreement were low, but parents were more likely to fall into the neutral 'neither agree nor disagree category'. With further communication of the benefits of CANparent, there is scope for nudging those who currently tend to have a neutral perception of classes towards a more positive mindset.

### **3.2.1.3 Negative statements**

In so far as concerns negative perceptions of parenting classes, the most widespread was a sense that 'it's up to parents how they bring up their children and they don't need to attend classes on how to do it'. Around a third of parents (36%) agreed with this, while a further 39% said that they neither agreed nor disagreed. However, digging slightly deeper it becomes apparent that more than half (59%) of those who agreed with this statement also agreed that 'all parents can benefit from going on a parenting class'. As such, it appears that much of the existing sentiment that it is up to parents to bring up their children is not underpinned by a hostility to parenting classes – in many cases it is likely to be more of an assertion of the responsibilities of parents, which doesn't necessarily preclude the possibility of receiving additional support.

There was already a widespread understanding that parenting classes aren't just for parents who are having difficulties. Only 28% agreed that 'parents should only go on a parenting course if they've got problems with how to bring up their children', while 51% disagreed with this statement. Likewise, there was an understanding that classes aren't just for parents of new born children, with only 19% agreeing with this statement and no real differences between parents of children of

varying ages. There is further discussion of the perceived appropriateness of classes for parents of children of differing ages in Section 3.2.3.

Interestingly, there was no significant gender bias in the level of agreement that 'it's more useful for mothers to have parenting classes than fathers'. This statement was rejected by the majority of both women (71%) and men (69%), showing that there is a strong appreciation of the benefits of paternal involvement in the classes on both sides.

There was, however, a very striking difference in opinion on this topic between parents from BME and white backgrounds. Parents from ethnic minority backgrounds were four times more likely than white parents to agree that parenting classes are more useful for mothers than fathers (32% vs. 8%). This may reflect cultural norms amongst some ethnic minority communities and suggests that BME fathers may be particularly hard to engage in the CANparent programme.

The level of agreement that participation in classes was a sign of parental failure was minimal, further suggesting that the level of stigmatisation associated with parenting classes is not as high as might have been assumed. Only 8% agreed that 'parents who go on a parenting class are admitting that they're not doing a very good job at parenting', while 77% disagreed with this statement.

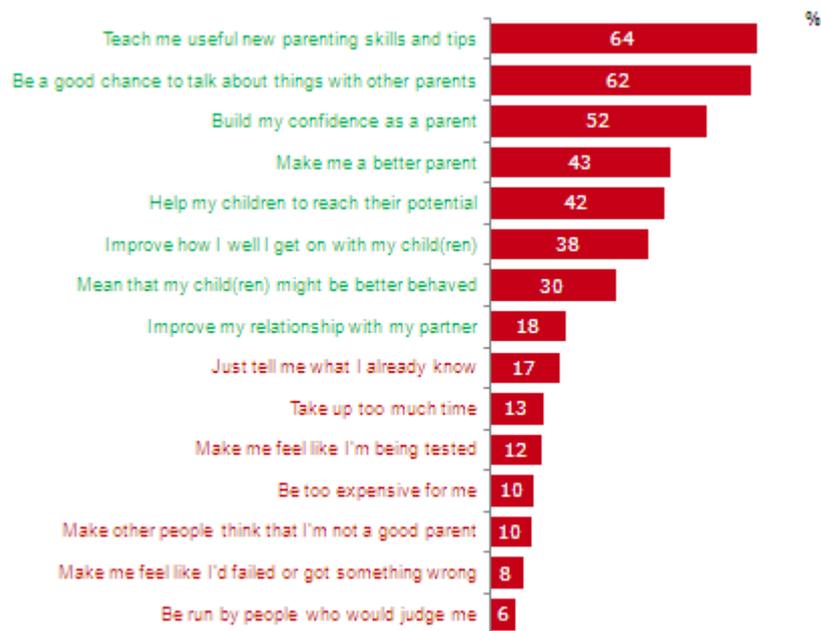
In general, attitudes about parenting classes tended to be slightly more negative amongst lone parents, less well-qualified parents, low-income parents and parents from a BME background. In particular, parents with fewer than five GCSE passes, parents with an income of less than £15,000 and parents from ethnic minority backgrounds, were more likely to agree with *all* of the negative statements than were more qualified parents, parents with a higher income and parents from a white background.

At face value, this suggests that take-up of classes will naturally tend to be higher amongst middle class, white families unless concerted efforts are made to engage with the other, less positively minded groups. Nevertheless, as we discuss in Section 3.2.1.8, there are specific challenges when it comes to engaging many of those who are essentially positive about parenting classes, as these respondents are more likely to feel that they, personally, do not need any further support and do not therefore intend to participate in classes themselves.

#### **3.2.1.4 Perceptions of parenting classes**

Parents were asked a further question to gauge their perceptions of parenting classes, in which they were asked to pick statements from a list introduced by the phrase 'I think that parenting classes might...'. Figure 3.2 shows the proportion of parents that picked each statement and, again, positive statements are coloured green, while statements with negative connotations are coloured red.

**Figure 3.2 Perceptions of what classes might do for parents and their families**



Base: All in active trial areas (976)

As before, it is immediately striking that literally all of the statements with positive associations were picked more frequently than any of the statements with negative associations.

Around two thirds of parents highlighted the fact that classes would ‘teach me useful new parenting skills and tips’ (64%), and would ‘be a good chance to talk about things with other parents’ (62%). Around half of parents focused on the fact that the classes would build their confidence (52%).

However, fewer parents picked out statements which discussed some of the more specific beneficial impacts that parenting classes might have, such as improving the behaviour of children, making relationships with children and with partners better, and helping children to reach their potential. This suggests that there may still be a lack of awareness about the specific benefits of classes and that it will be important to communicate these more clearly in order to drive uptake. In terms of negative perceptions, there was little sign of parents worrying about the fact that parenting classes would be judgemental in nature, with only 6% saying the classes would ‘be run by people who would judge me’ and 12% saying that classes might ‘make me feel like I’m being tested’.

The main negatives related to the fact that classes may not be a productive way for parents to spend their time, with 17% feeling classes would ‘just tell me what I already know’ and 13% saying that the classes would ‘take up too much time’.

One in ten parents (10%) highlighted the fact that classes would ‘be too expensive for me’. Interestingly, concerns about the cost of classes were mentioned most frequently by parents from mid-income households.<sup>7</sup> One in six (17%) mid-income parents said that the classes would be too expensive, which is around double the proportion found amongst those in low income households (9%) and high income households (8%). This perhaps suggests that low income households were

<sup>7</sup> High income defined as gross annual income of £35,000 or more; mid-income defined as gross annual income of £15,000-£34,999; low income defined as gross annual income of less than £15,000.

more likely to assume that the classes would be provided free of charge than those in mid-income households (while cost is fundamentally less of an issue for high income households).

While only a small proportion (8%) focused on the fact that classes might 'make me feel like I'd failed or got something wrong', parents from single parent households were more likely to mention it than were parents from two parent households (13% vs. 6% respectively).

In terms of broad overall sub-group differences, the general pattern was similar to that discussed in Section 3.2.1.1; better qualified, high income parents tended to have more positive perceptions of parenting classes. However, these parents were more likely than others to highlight the fact that parenting classes would 'just tell me what I already know' and would 'take up too much time'. For example, parents who had a degree level qualification were more than twice as likely to say that they thought parenting classes would take up too much time than those with lower level qualifications (21% vs. 10% respectively).

In contrast, less well-qualified, lower income and young parents were more likely to highlight issues around classes being potentially judgemental in nature, or participation in classes being a sign of failure on their part.

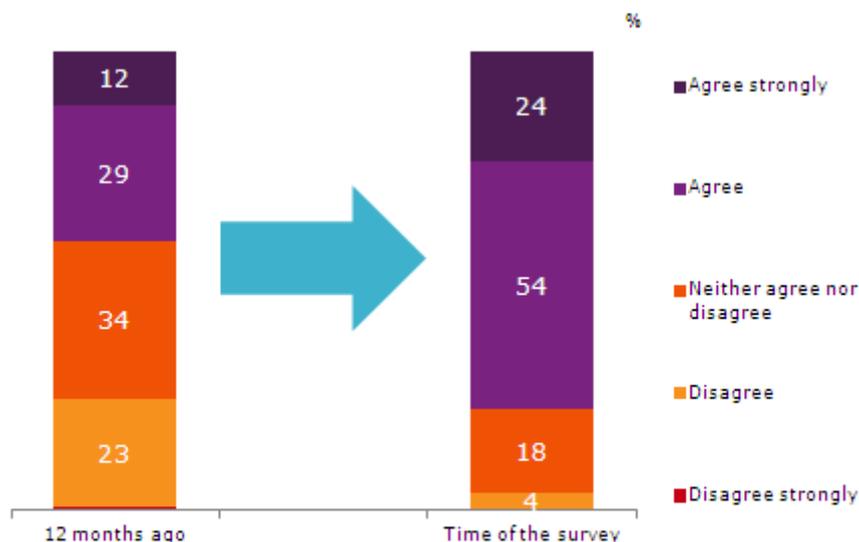
While most parents already had a positive perception of classes, this needs to be leveraged to make them act on those perceptions. If the real and specific benefits of classes are clearly communicated then parents will feel more inclination to participate. When doing so, it should be borne in mind that there are differences in the way that classes are perceived by different segments of society. For more affluent families, communication about the flexibility and relevance of classes is likely to be a more important issue, while those from less privileged backgrounds may need more reassurance that the classes are there to help them rather than judge them.

### **3.2.1.5 Change in attitudes to parenting classes over the last year**

Parents were asked whether their opinion about the statement 'All parents could benefit from going on a parenting class' had changed over the last year. In general, parents' opinions of parenting classes had been relatively stable, with nine in ten (90%) saying that their opinion had stayed the same over the past 12 months.

Those who said that their opinion about classes had changed were asked how they would have responded to the same question 12 months ago. Figure 3.3 shows how the opinions of this group changed over time.

**Figure 3.3 Change in agreement that all parents can benefit from going on a parenting class**



Base: All who said their opinion had changed in the last 12 months (76)

The change in opinion about parenting classes was generally positive and only two out of 76 parents had shifted from a position of agreement to one of disagreement. However, it should again be highlighted that the opinion of the large majority of parents had not changed over the past 12 months.

New parents (i.e. those whose oldest child was less than a year old) were more likely to have had a change of opinion about parenting classes than parents of older children (20% vs. 7% respectively). Bearing in mind the generally positive nature of the changes in opinion, this can be taken as an indication that early experiences of parenting tend to make people slightly more open to the idea of parenting classes.

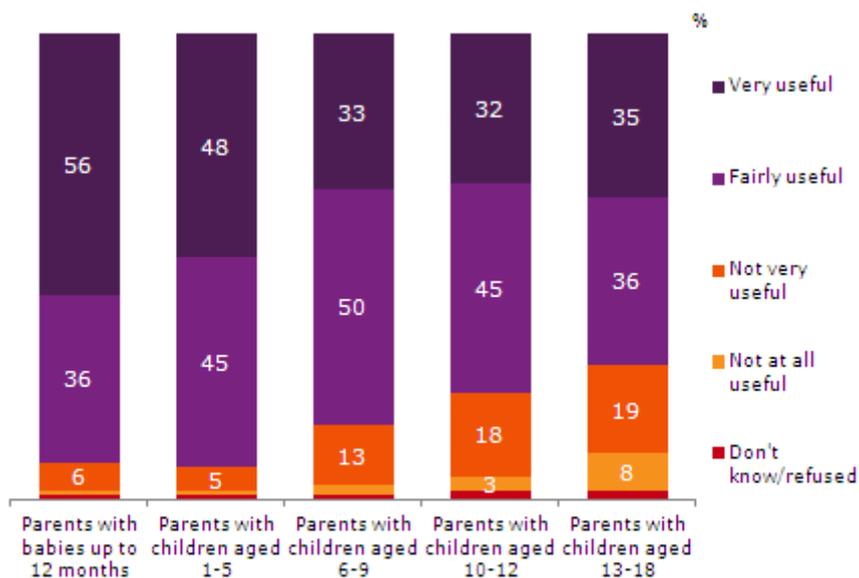
Parents who had recently<sup>8</sup> taken part in a parenting class were more likely to have had a change of opinion about classes than those who had not (16% vs. 7% respectively). Again, bearing in mind the positive nature of the changes in opinion, this suggests that previous experiences of (non-CANparent) classes certainly haven't harmed parents' perceptions of their worth.

### 3.2.1.6 Perceived utility of parenting classes for different age ranges

Parents were also asked how useful they thought parenting classes would be for parents of children of different ages (see Figure 3.4). A majority of parents could see the potential value of classes for parents of children of *all* ages, though there were clear signs that classes were seen as being of most use to parents of very young children. More than nine in ten parents thought that classes would be useful for parents with babies up to 12 months old (56% rating them 'very useful' and 36% 'fairly useful'), while around seven in ten parents could see the value of classes for parents of teenagers (35% 'very useful' and 36% 'fairly useful').

<sup>8</sup> Since 30<sup>th</sup> April 2012

**Figure 3.4 Perceived utility of classes for parents with children of different ages**



Base: All in active trial areas (976)

Fathers were less likely to see the benefit of parenting classes for parents of older children than mothers were. The biggest difference in this respect was to be found in the assessment of how useful classes are for parents with children aged 13-18. Over three-quarters (76%) of mothers thought parenting classes would be useful for parents of teenagers, compared with around three fifths (62%) of fathers.

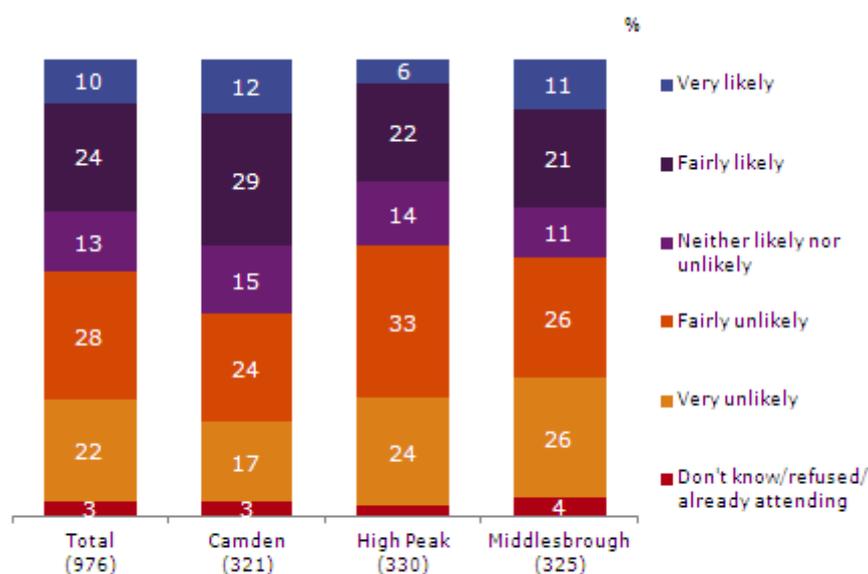
There was, however, no significant difference between men and women in their assessment of the utility of classes to parents of young children, up to the age of five. From the perspective of the CANparent programme, this can be seen as a positive, as it shows that there is no gender difference to overcome (in this specific respect) when it comes to the age range which the programme is targeting (i.e. parents of children aged 0-5).

There was no significant difference in the perceived utility of classes for parents of different ages between those who had children of the given age in their household and those who did not. For example 85% of those who had a child aged 6-9 in their household agreed that classes would be useful for parents of 6-9 year olds, while 83% of parents who did *not* have a child of that age agreed that classes would be useful for that age group.

### 3.2.1.7 Likelihood of participating in parenting classes

All parents were asked how likely it was that they would take part in parenting classes while they had a child aged five or under. Figure 3.5 shows how responses to this question differed across the three trial areas.

**Figure 3.5 Likelihood of participating in parenting classes while children are aged five or under**



Base: All in active trial areas

Parents were most positive in Camden, where 41% of parents said they were likely to take part in classes (12% 'very likely' and 29% 'fairly likely'). The proportion of parents likely to take part in classes was lower in Middlesbrough (33%) and in High Peak (27%).

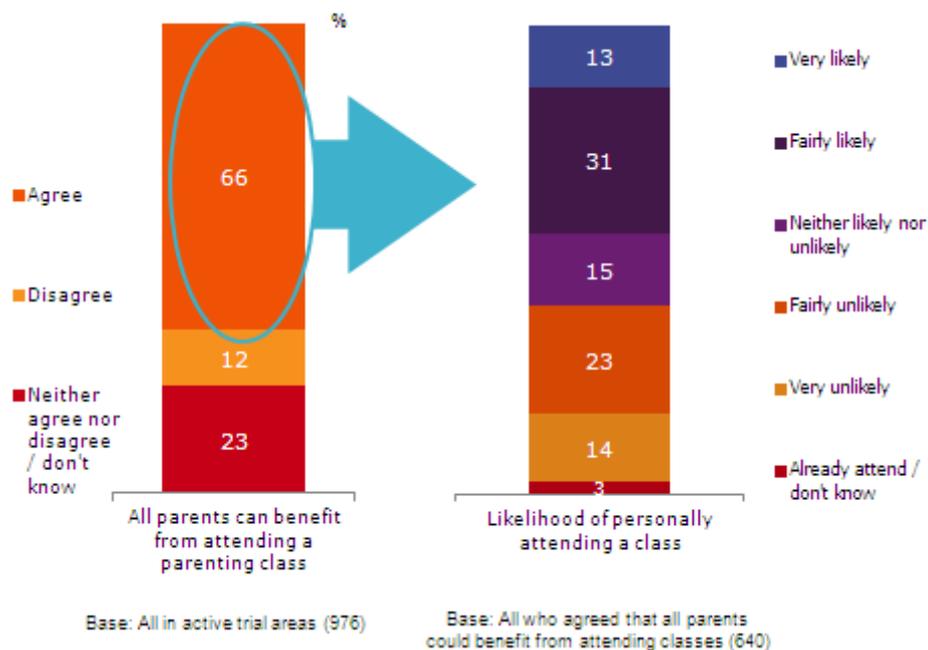
Looking in more detail at those who said they were likely to participate, mothers were much more likely to say they would take part than fathers were. Two fifths of mothers (37%) said they were either very or fairly likely to take part in parenting classes, compared with only a quarter (25%) of fathers. This is further evidence that a concerted effort to engage with fathers will need to be made in order to ensure their participation in classes.

In terms of age, likelihood peaked amongst 25-29 year old parents, of whom a half (49%) said they were likely to take part in classes. Amongst other age groups the proportion who said they were likely to take part was relatively stable, ranging from 24% to 32%.

Figure 3.6 shows the claimed likelihood of taking part in a parenting class amongst the parents who said that they agreed with the statement 'all parents can benefit from going on a parenting class', which in this case is being used as a broad proxy for whether or not they were positive about parenting classes in general.

It is striking that only 44% of those who agreed that 'all parents can benefit from going on a parenting course' actually said that they were likely to take part in a class themselves (13% 'very likely' and 31% 'fairly likely'). More than a third of those who agreed that all parents can benefit from attending parenting classes said that they were *unlikely* to take part in a class themselves (37%). This equates to around a quarter (24%) of *all* parents in the trial areas and this is therefore a group that will need to be reached if CANparent is to maximise its impact.

**Figure 3.6 Likelihood of taking part in a parenting class amongst those with positive attitudes towards them**



The main skew in this group of ‘positive rejecters’, was towards parents aged 30+, though there were also smaller skews towards white parents, two parent households, working households and mid to high income households. We discuss the particular barriers that inhibit participation in parenting classes in the next section, but this profile in itself suggests that these tend to be families in a relatively positive situation in terms of income and stability, who may therefore feel that their need for additional support is relatively limited.

### 3.2.1.8 Barriers to participation

Those who said that they were unlikely to participate in classes were asked why this was. Figure 3.7 shows the responses given to this question. The most frequently mentioned reasons were; I would not need support/advice (38%); my family and friends give me all the support that I need (21%); it does not interest me (17%); I’m too busy/don’t have time (16%); and I know enough people I can discuss parenting issues with (15%).

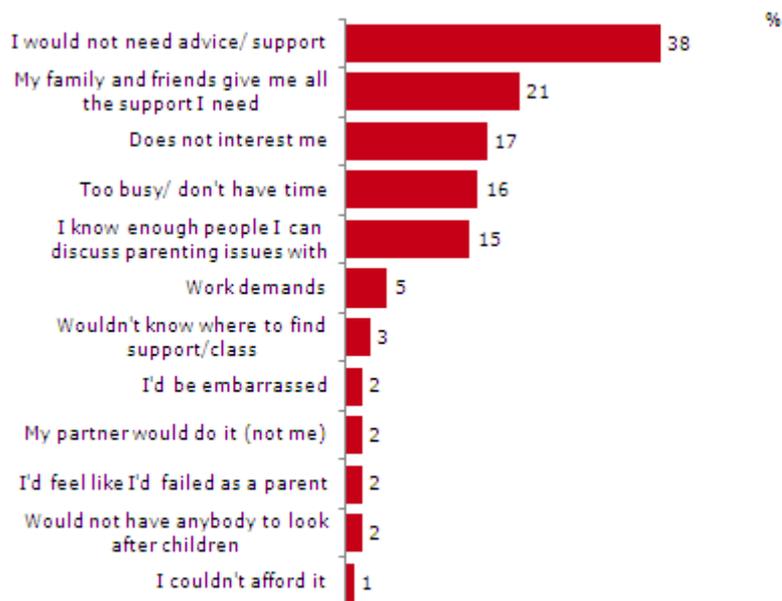
As such, it is clear that the biggest barrier to participation is that many parents simply don’t feel they need support. Though this is, in some ways, a positive finding, (in that parents are not generally desperate for support), it does pose a different type of challenge if these parents are to be successfully involved in the CANparent programme. It will be necessary to communicate that the classes can make a real difference even to people who think that they have the support that they need. It may, for example, be possible to emphasise how valuable it can be to receive input from somebody who isn’t caught up in the day-to-day complexities of their family life and who can therefore give objective advice.

The view that family and friends give all the support that is needed was much less prevalent amongst parents in Camden (9%) than amongst those in High Peak (19%) and Middlesbrough (33%). The geographical proximity of family (or lack thereof) may be a factor in these differences.

Time related factors were also a significant issue for many parents and flexibility in the timing and delivery of classes will therefore be important considerations. This flexibility should be clearly communicated to parents at the point of voucher distribution in order to avoid flat out rejections of the programme at the first point of contact. While some parents might not have the time to attend face to face classes (or might find it difficult to arrange childcare), they may be able to find the time to take part in online classes.<sup>9</sup>

As one might expect, time pressures were mentioned more often by families where at least one parent was working full time (18%) than by families where there no working parents (11%).

**Figure 3.7 Reasons why parents said that they were unlikely to attend classes while they had a child aged**



Base: All unlikely to attend parenting classes(486)

0-5

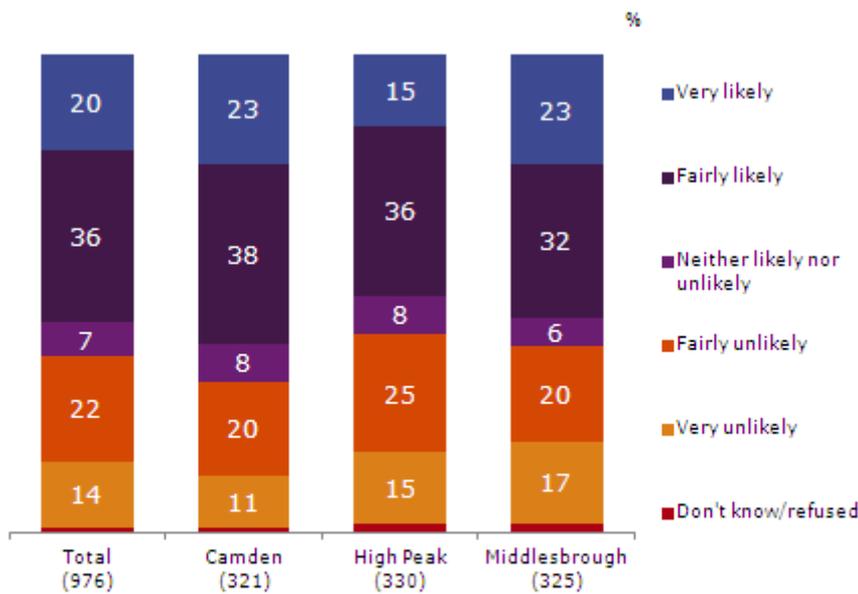
### 3.2.1.9 Seeking external support

In addition to being asked how likely it was that they would take part in parenting classes, parents were also asked more generally about how likely it was that they would ask for advice or support from somebody other than family or friends if they had an issue with parenting. Figure 3.8 summarises the results from this question in each of the trial areas.

Around half of parents (56%) said that they *were* likely to seek advice from outside their immediate circle; 20% were very likely and 36% were fairly likely to do so. Differences between the three trial areas were similar to those seen for the likelihood to take part in parenting classes, with parents in Camden being most likely to seek external support (61%).

<sup>9</sup> The recent expansion of the CANparent website to include full listings of available class times and dates may help parents in this regard, allowing them to make a considered choice of which class best meets their needs bearing in mind the time pressures that they might face.

**Figure 3.8 Likelihood of seeking advice or support about parenting from someone other than family or friends**



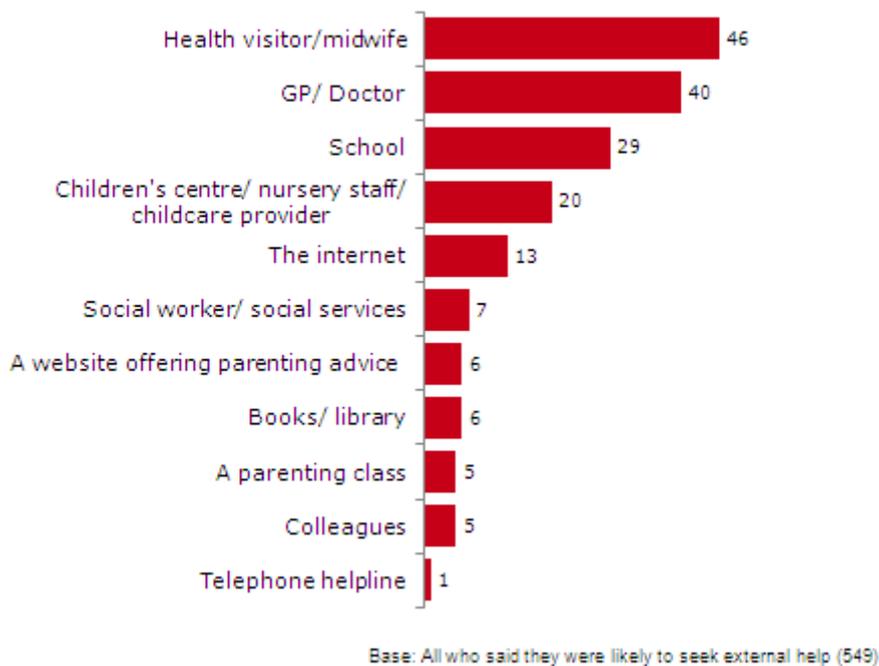
Base: All in active trial areas

The proportion of parents strongly opposed to the idea of asking for help from somebody other than family and friends was relatively small, with only 14% saying they were *very unlikely* to seek this type of support.

The response to this question was more positive than the response regarding the likelihood of taking part in parenting classes, so there is clearly a proportion of the population who would consider seeking external support but would not currently consider going on a parenting class. More specifically, around a fifth (21%) of *all* parents said that they were likely to seek help from somebody other than family and friends but that they were unlikely to take part in a parenting class.

The 56% of parents who said they were likely to seek parenting support from somebody other than friends or family were also asked who they might seek this help from. This was asked as an unprompted question (i.e. without giving respondents a list of pre-defined options to select from). Figure 3.9 summarises the main sources of support that were mentioned.

**Figure 3.9 Where parents would seek advice or support from if they had an issue about parenting (other than family or friends)**



Only 5% of those who said they were likely to seek advice or support with parenting issues, from somebody other than family or friends, spontaneously mentioned parenting classes as one of the sources they might use. This is markedly lower than the proportion of parents mentioning sources such as; Health visitor/Midwife (46%); GP/Doctor (40%); School (29%); or Children’s Centre / Nursery / Childcare provider (20%). As such, it is clear that parenting classes are not yet a ‘top of mind’ source of support and that there is still work to be done in boosting their salience. However, the fact that parenting classes do not represent a point of contact with whom parents will generally have continuing long-term relationships will naturally tend to inhibit their top of mind status relative to some other sources of support. The nature of the support offered by classes will also tend to be an inhibiting factor, as they are not designed to deal with some of the key parenting issues that may arise (e.g. medical problems).

Those parents who said that they were unlikely to seek parenting support from somebody other than family or friends were asked why that might be. Figure 3.10 shows the reasons that parents cited for not being likely to seek support from people other than family and friends, alongside the reasons parents gave for being unlikely to take part in parenting classes.

Their responses generally tended to show that those who would not seek help from outside their immediate circle were in a positive parenting situation and already had the support that they needed (or at least *thought* that they had all the help they needed – increasing awareness of the benefits of parenting classes may lead to the engagement of some such parents with CANparent).

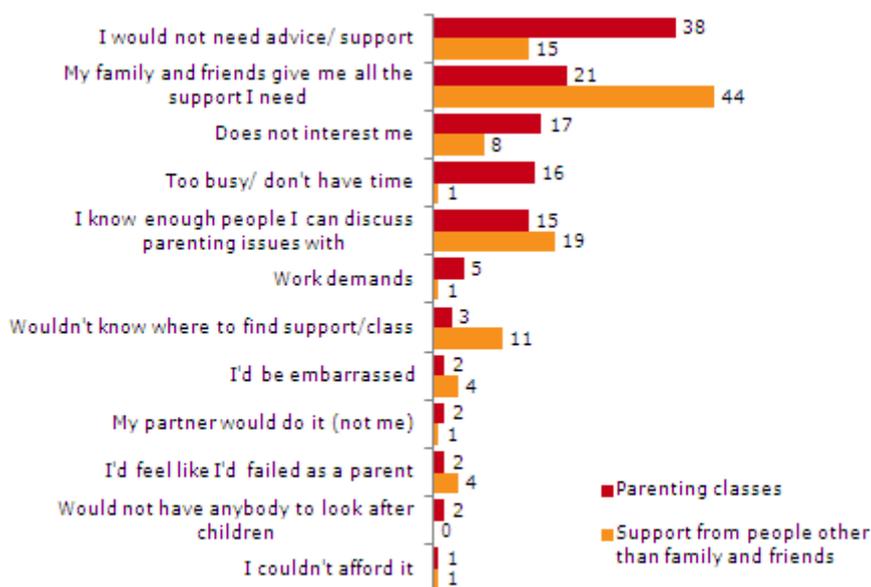
More than four in ten (44%) said that their family and friends gave them all the support that they needed, while 19% said they already knew enough people that they could discuss parenting issues with. Many simply didn’t think that help was needed, with 15% saying they did not (or would not ever) need support or advice, and 8% saying that it just wasn’t of interest to them.

While the reasons given for being unlikely to seek professional help tend to follow a similar pattern to those given when asked why they would be unlikely to take part in parenting classes, there were some differences.

Perhaps the most significant difference was in the proportion of parents saying they would not have time for parenting classes (16%), which was far higher than the proportion saying they do not have time for wider support (only 1%). As such, it appears that there is a perception amongst some parents that classes represent a significant time commitment that isn't necessarily worth the investment.

The higher proportion of parents mentioning that they 'would not need advice or support' in relation to parenting classes was likely to be due to the framing of the question wording (as the equivalent question about support from people other than family and friends pre-supposed that support was likely to be needed).

**Figure 3.10 Reasons why parents were unlikely to parenting classes or to seek parenting support from people other than family and friends**



Base: All unlikely to attend parenting classes (486)  
All unlikely to seek support from people other than family and friends (345)

The proportion of parents citing what might be considered as problematic reasons for their resistance to seeking support from people other than family and friends was relatively small. Only 4% of these resistant parents said that embarrassment would inhibit them from seeking help (which equates to 2% of all parents) and a slightly smaller proportion cited 'feeling like they'd failed as a parent' (1% of all parents). The main negative inhibitor for the potential uptake of support was a lack of awareness of where to go for help, which was mentioned by 11% of parents who were unlikely to seek support from people other than family and friends (4% of all respondents). Increasing the awareness of parenting classes may therefore benefit this group in particular (albeit a relatively limited number of parents).

## 3.2.2 Previous participation in parenting classes

### 3.2.2.1 Participation overview

Respondents were asked about their previous participation in parenting classes. More specifically, the survey investigated participation in classes aimed at parents of children aged five and under (i.e. classes which targeted the same group as CANparent), as well as participation in classes aimed at parents of older children.

The survey also drilled down into the timing of any previous participation in classes, focusing on participation in classes which had started since 30<sup>th</sup> April 2012 (i.e. after the launch of CANparent) and on classes which had started before that date.

The sub-sections below summarise participation patterns for each of these different types of classes, before moving on to look at whether participation was voluntary or compulsory.

### 3.2.2.2 Participation in parenting classes aimed at parents of children aged five and under

#### *Participation since 30<sup>th</sup> April 2012*

Very few respondents had taken part in classes aimed at parents of children aged five and under which had started since 30<sup>th</sup> April 2012 (i.e. since the launch of the CANparent programme). Overall, only 2% had taken part in such classes and participation levels were below 5% for all key sub-groups. This is, perhaps, to be expected bearing in mind the fact that CANparent was still very much in its launch phase at the time of interviewing and there was a relatively small window of opportunity (in terms of timings) for participation in classes between the launch of CANparent and the interviewing date.

Indeed, as discussed in more detail in Section 3.2.5.6, very few respondents had already used their vouchers and started CANparent courses at the time of interviewing (three parents in total). It therefore appears that the majority of those who had participated in classes since 30<sup>th</sup> April 2012 were actually involved in classes outside the CANparent programme.

The only significant difference in participation rates amongst the key sub-groups was that mothers were significantly more likely to have taken part than fathers, though participation remained low for both groups (3% and 1% respectively).

Those who had taken part in such classes were also asked what the classes had been about. The base size for this group is too small to reliably quote percentages, but frequently mentioned topics were; dealing with children's behaviour issues; family relationships; and supporting children's learning (though the most frequent description was simply that the course had been 'a general course on parenting').

#### *Participation before 30<sup>th</sup> April 2012*

Respondents were also asked whether they had taken part in classes aimed at parents of children aged five and under which had started *before* 30<sup>th</sup> April 2012 (i.e. prior to the launch of CANparent).

It is clear that there had been a fair degree of exposure to parenting classes in the trial areas, even prior to the launch of CANparent, though uptake was far from universal and the aim of widening participation remains highly valid. Overall, 15% had taken part in such classes, though participation was more widespread amongst parents in Camden (19%) than amongst parents in High Peak (13%) and Middlesbrough (13%).

Participation was, again, more widespread amongst mothers than amongst fathers, with 17% of mothers having taken part in such classes, compared to 10% of fathers. This is another example of the pronounced gender differences that are seen throughout this report. Although parents of both genders understand that classes are just as useful for fathers as for mothers (as discussed in Section 3.2.1.1), the fact remains that fathers are far less likely to participate and, as we shall see later, less likely to be aware that classes are being offered. As such, further attempts to reach fathers in CANparent communications will be important.

Participation in such classes also tended to increase in line with the level of respondents' qualifications. 18% of degree educated respondents had taken part in classes prior to 30<sup>th</sup> April 2012, a significantly higher proportion than was to be found amongst those with fewer than five GCSEs at A\*-C (11%). Again, this underlines the importance of ensuring that communications about CANparent cut through to the full spectrum of parents, rather than just being picked up by the more highly educated, middle class groups.

Although the difference was not statistically significant (due to the small base size of this specific sub-group), the proportion taking part in these classes also appeared to be slightly higher amongst parents who had at least one child with SEN or disabilities (21%) than was the case amongst those whose children did not have SEN or disabilities (14%). While it is positive that this group do appear to have had more historical involvement in such classes, the flipside is that 79% of these parents had *not* received formal support in the form of parenting classes and this would seem to be a group for whom such additional support may be particularly beneficial.

#### *Participation at any point in time*

Combining the results from the two previous time-specific sub-sections, 17% of parents had taken part in classes aimed at parents of children aged five and under *at any time*. Differences according to sub-group were highly similar to those found amongst parents taking part in classes before 30<sup>th</sup> April 2012 (as this group makes up the large majority of those participating in classes at any time).

Camden was again the area where parents were most likely to have taken part (21%, compared to 15% in High Peak and 14% in Middlesbrough).

Likewise, females were more likely to have participated in such classes than males (20% vs. 11% respectively).

Degree educated parents were, again, the most likely to have taken part in such classes (19%), while those with the lowest qualification level were the least likely to have participated (14% of those with fewer than five GCSEs at A\*-C).

It is perhaps worth explicitly highlighting the fact that there was no significant difference in participation levels amongst parents from a white ethnic background compared to those from a BME background.

### 3.2.2.3 Participation in classes aimed at parents of children aged six and older

#### *Participation since 30<sup>th</sup> April 2012*

Respondents were also asked whether they had taken part in classes aimed at parents of children aged six and older since 30<sup>th</sup> April 2012 (i.e. classes that were intended for parents of older children than are specifically targeted by CANparent).

The level of participation in this specific type of class was minimal, with less than 1% of parents having taken part in such classes and with consistently low participation rates across all sub-groups.

#### *Participation before 30<sup>th</sup> April 2012*

Participation in classes aimed at the parents of children aged six and older *prior* to 30<sup>th</sup> April 2012 was also low, with only 3% of parents having taken part in such classes. Furthermore, there was also a large degree of overlap between these classes and the classes aimed at parents of younger children. As a result, only 1% of respondents had taken part in a class for parents of children aged six or older which was not also aimed at parents of younger children.

This suggests that the historic focus of parenting classes in the trial areas has been on parents of young children (in spite of the fact that, as discussed in Section 3.2.1.6, many parents do see the potential value of classes for parents of older children). Overall, five times as many parents had participated in classes for children aged five and under (15%) as had taken part in classes for children aged six and over (3%) over this period.

#### *Participation in any type of parenting class at any time*

Taking an overview of the *total* level of participation in classes, 17% of respondents had taken part in a class for parents of children of *any* age, at *any* time (i.e. essentially the same proportion as had participated in classes for children aged 5 and under at any time).

Conforming to the previous sub-group differences, participation was highest in Camden (22%), with High Peak (15%) and Middlesbrough (14%) both recording significantly lower participation rates. As before, women were significantly more likely than men to have taken part in any parenting class (21% vs. 11% respectively).

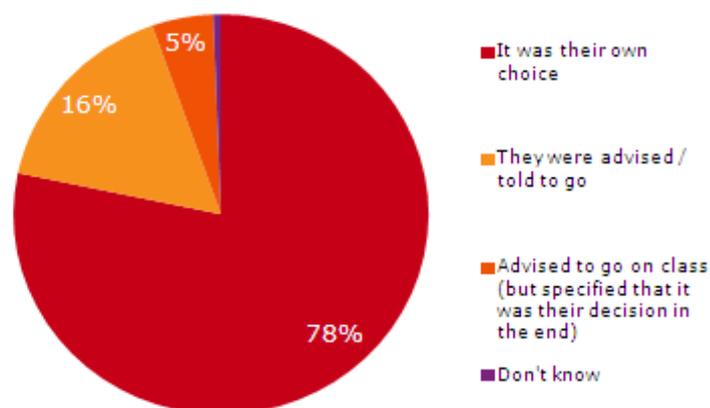
Respondents from single parent households were significantly more likely to have participated than those from two parent households (21% vs. 16% respectively). Relating to this, participation in classes was lower in households where at least one parent was working full time (15%) than in households where no parents were working full time (21%).

Finally, continuing the pattern discussed in the preceding sub-sections, as qualification levels rise so too does the level of participation in classes, rising from 14% of those with 5 or fewer GCSE at A\*-C to 19% of those with a degree level qualification.

### 3.2.2.4 Voluntary vs. compulsory participation in classes

Figure 3.11 shows whether the decision to take part in classes aimed at parents of children aged 0-5 was made by the parents themselves, or if they were advised to participate by somebody acting in a professional capacity.

**Figure 3.11 Did parents participate in classes of their own volition?**



Base: Classes for children aged 5 and under attended by respondents (167)

The decision to take part in classes was totally voluntary in more than three quarters of cases (78%).

Participation in 5% of classes was accounted for by respondents who said that it had been suggested that they should enrol in a class, but that the final decision was their own. A further 16% of classes were attended by parents who had been advised or told to do so by somebody acting in a professional capacity.

As such, the pre-existing parenting class market in the trial areas appears largely to have been functioning in line with the CANparent programme in this regard (i.e. without compulsion).

Base sizes were generally too small to allow robust analysis of differences amongst sub-groups. However, it was clear that parents from households where at least one parent was working full time were less likely to have been advised or told to take part than those in households where no parents worked full time (11% vs. 23% respectively).

There were also directional (i.e. not statistically significant) indications that the proportion of parents who had been advised to take part in classes was lower amongst; respondents with degree level qualifications; respondents from a white ethnic background; respondents in High Peak; and respondents who did not have any children with SEN or disabilities.

Respondents who had been advised or told to enrol in classes were asked who had given this advice/direction. Base sizes were too small to reliably quote percentage figures, but it appears that the most frequent source of referrals to parenting classes was from health visitors/midwives.

### 3.2.3 Willingness to pay for parenting classes

#### 3.2.3.1 Outline summary of parents' willingness to pay

Amongst those parents who had participated in a class aimed at parents of children aged five and under since 30<sup>th</sup> April 2012, very few had paid to take part in the classes. The base size is too small to quote percentages reliably but, as shown in Figure 3.12, only two of the 48 parents who had participated in such classes said that they had paid for them.

Figure 3.12 Payment for (and willingness to pay for) classes taken part in since 30th April 2012 - absolute numbers by gender

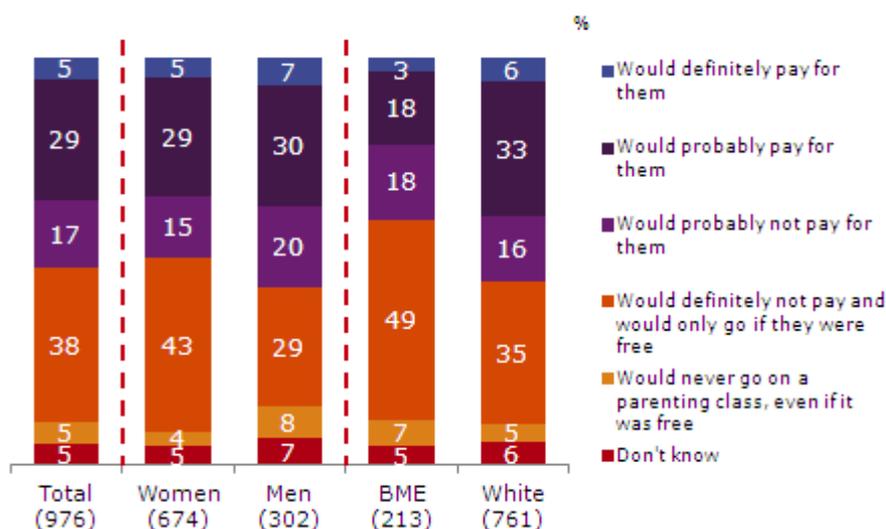


Those who had not paid for their classes were asked if they would have been prepared to pay for them. Parents were relatively positive in this regard, with an even split between those saying they would have been willing to pay (22) and those who said that they would not (21). Around a quarter of those who took part in fee-free classes said they would *definitely* have been willing to pay for them (10).

However, it should be borne in mind that many of those parents who expressed a positive propensity to pay may have been put off participation in the first place had the classes required a fee. The fact that they took part and saw the value of what was communicated in the classes is likely to have served to increase their willingness to pay; when initially deciding whether or not to take part in the class it is highly likely that their willingness to pay would have been lower.

This notion is supported by a similar question that was asked of *all* respondents (both those who had taken part in classes and those who had not). The results from this question are shown in Figure 3.13.

**Figure 3.13 The proportion of parents willing to pay for parenting classes by gender and ethnicity**



Base: All in active trial areas

Overall, only 5% of parents said that they would definitely be prepared to pay for classes. A further 29% said they would probably be willing to pay. We have already seen that these proportions appeared to be higher amongst parents who had taken part in parenting classes. As such, while the base size for those who participated in classes was too small to draw firm conclusions, there are signs that willingness to pay may indeed increase after involvement in classes. Were this to be the case, a model whereby the first class is offered for free and subsequent classes are charged for may be an effective means for providers to extend their reach whilst also generating revenue from classes. This would merit further investigation.

Figure 3.13 also highlights the fact that there were relatively large differences in willingness to pay amongst different types of parent. Women were more likely than men to say that they ‘would definitely not pay and would only go if they were free’ (43% vs. 29% respectively). Amongst female respondents, there was no significant difference between those in single parent households and those in two parent households (in terms of the proportion saying they would definitely not pay). As such, the female resistance to the notion of payment is *not* simply attributable to the fact that more female respondents were from single parent households (with accordingly low income).

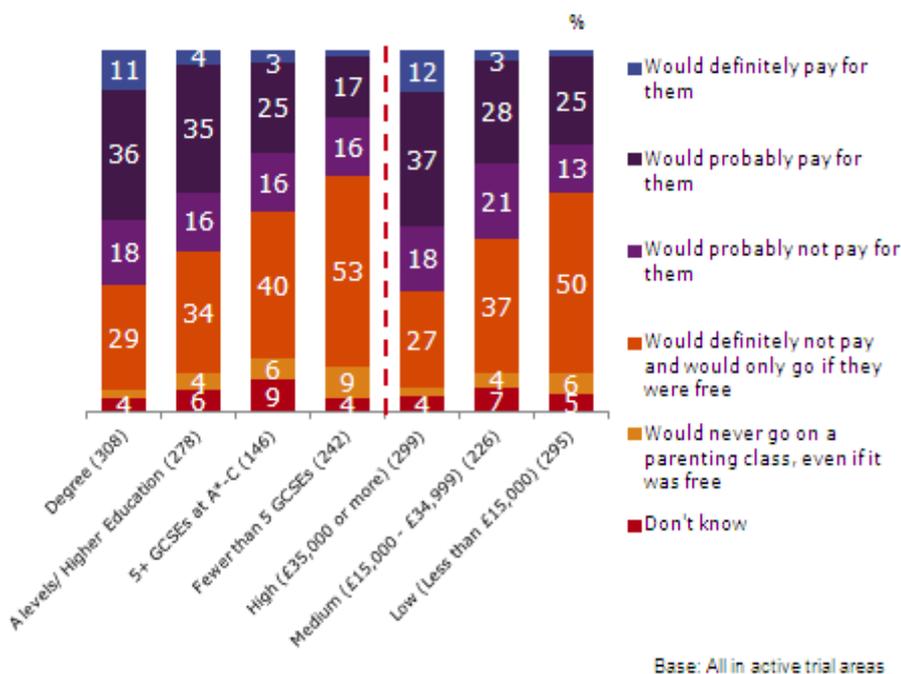
Respondents from a BME background were more likely to be strongly resistant to the idea of paying for classes than those from a white background (49% vs. 35%).

There were also very striking patterns in the degree of willingness to pay for classes according to the parent’s level of education and household income, as shown in Figure 3.14. The proportion of parents saying they would be willing to pay falls steadily with each step down the qualifications and income ladders.

Almost half of degree educated parents said they would probably or definitely be willing to pay (47%) while, at the lower end of the qualifications spectrum, only 19% of those parents with fewer than five GCSEs at A\*-C said they would be willing to pay. Indeed, the resistance to fee paying amongst those with lower level qualifications was even stronger than this may suggest. Their lower willingness to pay was offset entirely by a higher proportion saying they would *definitely* not pay or would simply never go to a class regardless of cost (while the proportion in the 'probably not pay' category remained stable across all levels of education). Overall, more than half of all parents with fewer than five GCSEs (53%) said they would definitely not pay.

There was a similar pattern for household income. Half of those in the lowest income band (with a gross household income of less than £15,000) said they would definitely not pay for classes (50%), while only around a quarter of parents in the highest band (£35,000+) held the same view (27%).

**Figure 3.14 The proportion of parents willing to pay for parenting classes by education and household income**



Differences were less pronounced amongst other sub-groups, though there was a degree of regional variation, with parents in Middlesbrough (29%) less likely to definitely/probably be willing to pay than those in Camden (38%) and High Peak (37%). Older parents were also generally more willing to pay than younger parents (reflecting their typically higher household income). Along similar lines, respondents in households where at least one parent was working full time were more likely to definitely/probably be willing to pay than those in households where there were no working parents (39% vs. 28% respectively). Two parent households as a whole were also more likely to definitely/probably be willing to pay than those in single parent households (37% vs. 30% respectively).

The above differences by sub-group strongly suggest that any attempt to broaden the reach of parenting classes will tend to skew towards white, well-educated, high-income, two parent households unless the classes are provided on a universally fee-free basis or are means tested (though means testing may serve to undermine any efforts to reduce stigmatisation). It should be noted that there will be a more in-depth investigation into willingness to pay in the final report that will follow the second wave of penetration survey interviewing in 2013/2014.

## 3.2.4 Awareness of CANparent

### 3.2.4.1 Awareness and sources of awareness

Respondents in each trial area were asked if they were aware of the CANparent vouchers or leaflets. Interviewers prompted them with copies of the relevant documents to ensure that they were genuinely aware of CANparent rather than any other scheme.

#### 3.2.4.2 Show materials

The show materials used by interviewers were tailored to reflect the different vouchers and leaflets that were used in each of the trial areas, as follows:



Camden/High Peak Voucher



Middlesbrough Voucher

#### Camden Leaflet



#### Middlesbrough Leaflet



# High Peak Leaflet



## 3.2.4.3 Awareness amongst different segments of the trial area parent population

Overall, one in five parents were aware of the vouchers/leaflets (20%) and the promotional activities for the programme had cut through relatively evenly across sub-groups, as shown in Figure 3.15.

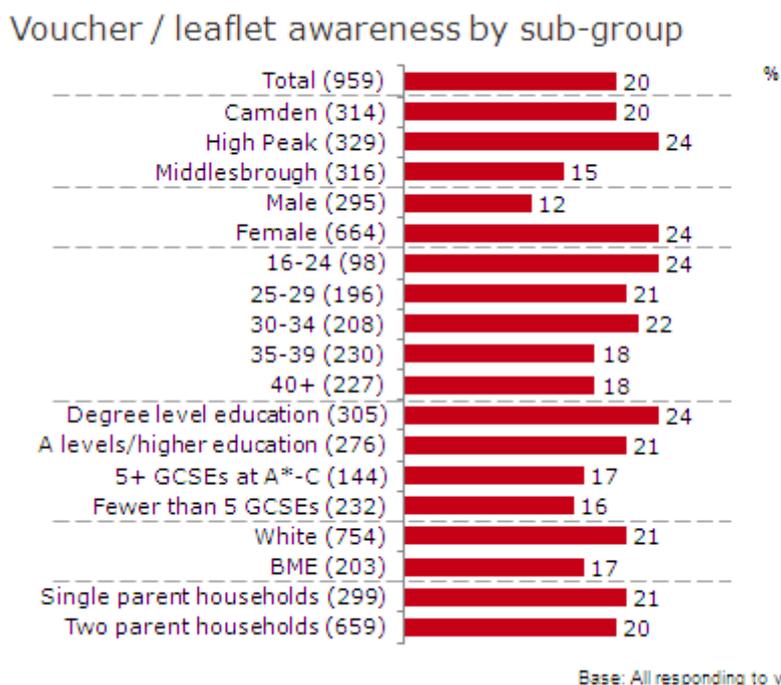
At a regional level, awareness was significantly higher in High Peak (24%) than in Middlesbrough (15%). The differences between Camden (20%) and the other areas were not statistically significant. It is perhaps worth noting that, as well as being the area with lowest awareness, Middlesbrough was the only one of the three trial areas in which a monetary value had not been directly associated with the vouchers (see show materials above).

In terms of other sub-group differences, there was also a significant difference in the level of awareness between men (12%) and women (24%), and degree-educated parents had a higher level of awareness than those with fewer than five GCSEs (24% vs. 16% respectively).

Elsewhere, while the differences were not statistically significant, there were signs that awareness may be slightly higher amongst younger parents and amongst parents from a white ethnic background. There was, however, no difference in awareness between single and two parent households.

In spite of the differences outlined above, it should be emphasised once again that cut-through was relatively even across the population of parents – any campaign will naturally tend to generate higher awareness amongst some sub-groups and the differences here are generally large. The gender difference is the one element that strongly suggests that refinements to the strategy for reaching all parents may be needed.

**Figure 3.15 Awareness of vouchers/leaflets by sub-group**



What stands out is that there is still a significant opportunity for increasing participation in classes simply by continuing to raise awareness of the voucher scheme. As discussed in Section 3.2.1, there are generally positive attitudes towards the concept of parenting classes amongst the majority of parents and this positivity applies as much to those who are currently unaware of the vouchers as it does to those who are already aware of them. Increasing awareness of CANparent should therefore have a real impact on class take-up. If the 80% of in-scope parents who haven't seen or heard about the vouchers can be reached, participation could increase substantially.

Another point worth noting is that there was no sign of awareness building over the course of fieldwork. There was no statistically significant difference between the level of awareness recorded in the interviews conducted in July (20%) and those conducted in August (18%) or in September/October (21%). This would seem to suggest that the awareness generated from activities that were clustered around the time of the CANparent national launch (May 2012) has been the key factor so far, and that subsequent awareness building activities (to mid-October) have essentially served to maintain awareness levels rather than increase them further.<sup>10</sup>

This may actually serve to be beneficial for the longer-term success of the programme, as not all providers were in a position to offer classes from day one and very high awareness at that stage would have placed undue stress on the provision. Now that the bedding in phase has finished and providers are ready to deliver classes, a further push to raise awareness would be valuable.<sup>11</sup> It is

<sup>10</sup> Every campaign will differ but, as a guide, the experience of TNS's advertising research specialists suggests that, in the absence of further communications support, prompted awareness will typically start to decay after around a month. An awareness level of 20% could typically be expected to decline to somewhere in the region of 15% over an unsupported period of 3 months.

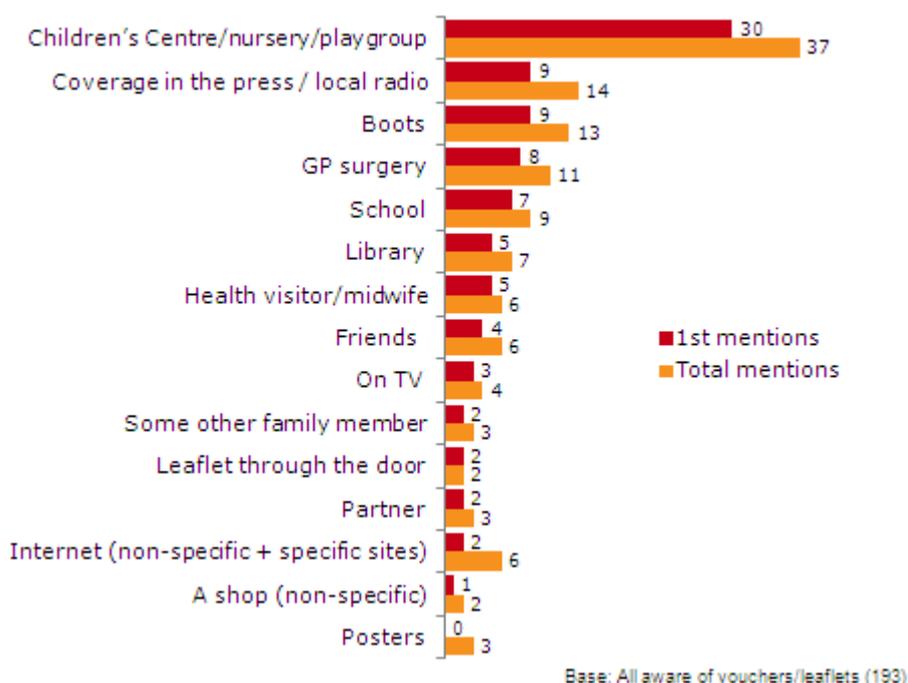
<sup>11</sup> N.B. at the time of writing, action is already being taken to expand and adapt the promotional activities for CANparent classes, including an update to the CANparent website to allow voucher downloads, the introduction of voucher distribution stalls/roadshows and additional spend on more traditional marketing activities (including posters/leaflets).

also worth highlighting the fact that awareness in households in the low income band (i.e. with a gross annual income of less than £15,000) was actually higher than the level of awareness in households in the high, £35,000+ income band (23% vs. 17% respectively). At first this seems to be a counter-intuitive finding, bearing in mind the fact that awareness tended to be higher amongst more highly educated respondents. However, it should be borne in mind that the majority (66%) of families in the low income band were from single parent households. These single parent households were almost exclusively female (96%) and we have already seen that cut through tended to be higher amongst mothers than amongst fathers, hence the initially surprising contrast with the education based findings.

### 3.2.4.4 Sources of voucher/leaflet awareness

All those who were aware of the vouchers/leaflets were asked where they had *first* seen or heard about them and were also asked whether they had seen or heard about them anywhere else. Figure 3.16 summarises these findings.

**Figure 3.16 Sources of voucher/leaflet awareness (1st and total mentions)**



Awareness of the vouchers/leaflets was driven most strongly by Children's Centres/nurseries/playgroups, which were mentioned by around a third of respondents as their original source of awareness (30%). In total, including both first and other mentions, 37% of respondents had seen or heard about the vouchers or leaflets at Children's Centres/nurseries/playgroups. In addition to specific CANparent activities in these settings, word of mouth between parents may also have played a role in generating this awareness.

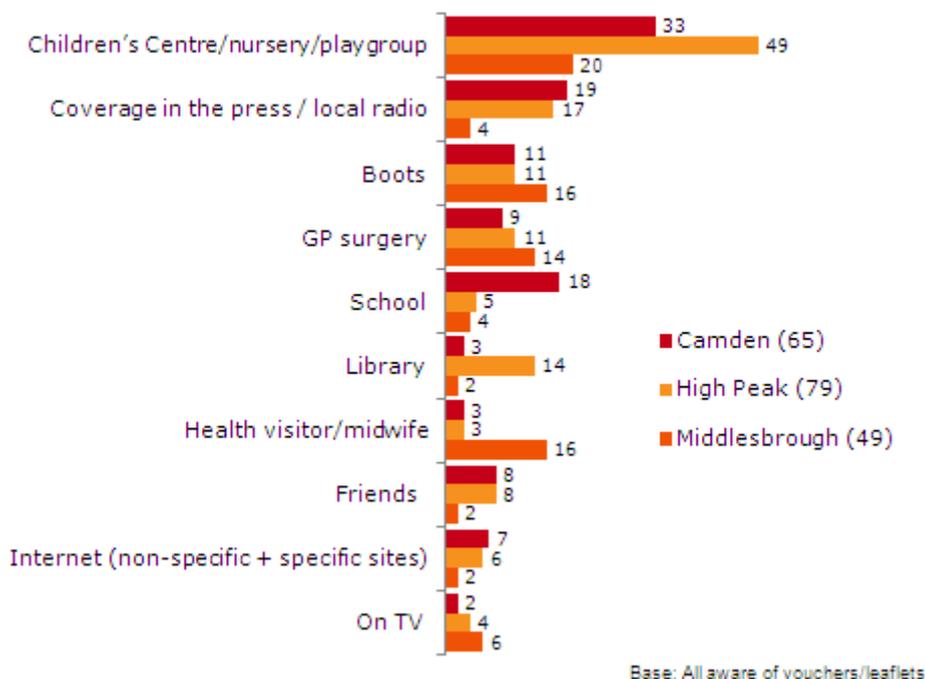
In total, press coverage was mentioned as a source of awareness by 14% of those who knew about the vouchers/leaflets, while Boots also played a key role (mentioned by 13% of those aware). GP surgeries (11%), schools (9%) and libraries (7%) also played a significant role in boosting or reinforcing total awareness levels.

Very few respondents mentioned the internet as their original source of awareness (2%) though this proportion did rise to 6% at a 'total awareness' level. The recent (post-fieldwork) redesign of

the CANparent website,<sup>12</sup> coupled with a greater emphasis on social media, should serve to boost online awareness in the months to come.

Figure 3.17 shows the top ten sources of total awareness broken out for each of the three trial areas separately. It should be noted that base size for each of the trial areas was low – as such, these data should be treated with a degree of caution, though the large scale of some of the differences does nevertheless give a fairly strong, directional indication of the relative strengths and weaknesses of communications activities in each area.

**Figure 3.17 Top ten sources of awareness by area (total mentions)**



**N.B. low base sizes**

In terms of differences between the trial areas, it appears that coverage in the press and local radio in Middlesbrough was less impactful than that in High Peak and Camden. There may therefore be scope to boost awareness in Middlesbrough by adopting the approaches towards the generation of media coverage that were employed in Camden and/or High Peak. An early hypothesis was that the lack of '£100' branding on the vouchers in Middlesbrough may have been an inhibitor to press interest – however, on further investigation it was found that there was actually some local coverage picking up on the value of the classes, so this does not appear to be a fundamentally inhibiting factor.<sup>13</sup>

Schools had played a more important role in generating awareness in Camden than in the other areas, so it may be worth investigating whether there is anything that can be learned from the Camden approach in that regard.

<sup>12</sup> Updates include the introduction of downloadable vouchers and the ability to search and book classes online.

<sup>13</sup> [http://www.thenorthernecho.co.uk/news/9715936.Cameron\\_defends\\_parenting\\_classes\\_offer\\_in\\_Middlesbrough/](http://www.thenorthernecho.co.uk/news/9715936.Cameron_defends_parenting_classes_offer_in_Middlesbrough/)

Similarly, libraries were mentioned more often by respondents in High Peak than was the case in Camden and Middlesbrough, which may also be worth investigating further. It is also striking that parents in High Peak were more likely to mention Children's Centres/nurseries/playgroups than parents in the other areas. It would therefore seem that libraries and childcare settings were key to the higher overall awareness level in High Peak and that the approach to promotion through these channels could therefore fruitfully be applied to Camden and Middlesbrough. However, it is possible that intrinsic local factors may also be contributing to the differences (for example, there may be a prevalent culture whereby 'word of mouth' discussion more naturally arises between parents attending childcare settings in High Peak).

We have already seen that fathers were significantly less likely than mothers to be aware of the CANparent vouchers/leaflets. Looking at specific sources of awareness, there is a broad indication that Children's Centres/nurseries/playgroups were the main point of differentiation between men and women in this regard, with men less likely to have heard about the vouchers from childcare settings.<sup>14</sup>

As such, if fathers are to be reached by the CANparent message, it will be important to engage them through other, more male-oriented channels. It should also be borne in mind that families that are out of work are less likely to interact with formal childcare settings, meaning that other channels will be a more effective means of reaching this group as well.<sup>15</sup>

#### **3.2.4.5 Message cut through from vouchers/leaflets**

Those who were aware of the vouchers/leaflets were also asked whether they knew that they were offering free parenting classes - more than four in ten (44%) of those who were aware of the vouchers/leaflets didn't actually realise what they were for.

As such, it appears that simply seeing the vouchers/leaflets in a display or pile is not enough to adequately communicate their purpose. This suggests that verbal communication of the key messages by parenting class advocates at the point of distribution would be highly valuable as a means of improving comprehension levels and thereby boosting the number of parents taking part in classes. This approach would benefit from the involvement of advocates who are already known and respected by each given parent (for example teachers and doctors). Depending on budgetary and time factors, it may also be worth considering a redesign to the leaflets, ensuring that the key messages are communicated more clearly on their front cover.

#### **3.2.4.6 Awareness of free classes amongst those who had not seen the vouchers/leaflets**

Those who had not seen or heard about the CANparent leaflets/vouchers were asked if they were aware that there was a scheme offering free parenting classes in their area. Overall, 12% of those unaware of the vouchers/leaflets said that they had nevertheless heard about the free classes. This proportion was higher amongst women than men (15% vs. 8%). There were no significant differences between each of the three trial areas or between the other key sub-groups.

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<sup>14</sup> However, the base size for males aware of CANparent vouchers/leaflets is small (34), so this finding should be treated with caution.

<sup>15</sup> Formal childcare is used by 60% of families where both parents work. This is much higher than the equivalent proportion amongst families where both parents are out of work (31%) and amongst lone parent families in which the parent does not work (38%).

Source: Department of Education (2012) *Childcare and early years survey of parents 2010* by Smith, P. et al. Department for Education: London.

The main sources of awareness amongst those who had heard about free parenting classes, but who did not know about the vouchers/leaflets, were; Children’s Centres/nurseries/playgroups (31%); school (14%); friends (12%); coverage in the local press/radio (11%); and health visitor/midwife (10%).

Looking ahead, word of mouth could potentially be leveraged as more parents take part in classes, by encouraging them to spread the word to their friends if they think that the classes have indeed been helpful. As participation builds, the potential impact of word of mouth will also build, effectively creating a virtuous circle (as long as the early provision is of a good standard and word of mouth is therefore positive).

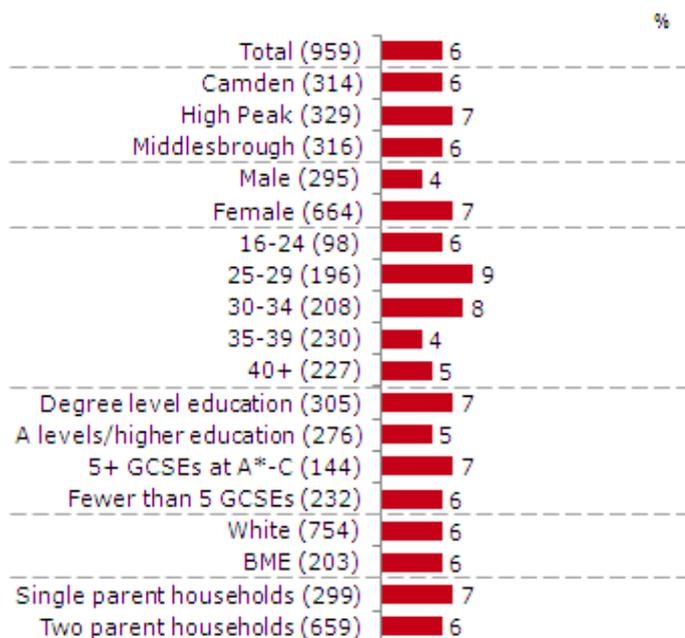
### 3.2.5 Voucher receipt

#### 3.2.5.1 Proportion of households receiving a voucher or vouchers

Overall, 6% of households had received a voucher and this proportion was relatively stable across the main sub-groups, as shown in Figure 3.18. The most significant difference in the level of household voucher receipt was between male and female respondents (4% and 7% respectively), though this difference was actually driven by the slightly higher level of voucher receipt in single parent (typically female) families, rather than any difference in claimed levels of household receipt between male and female respondents in two parent families.

Reflecting the difference in awareness that was discussed earlier, the households of older parents were slightly less likely to have received a voucher than those of younger parents (8-9% of 25-34 year olds vs. 4-5% of those aged 35+). Other differences between sub-groups were minimal.

Figure 3.18 Proportion of households that had received a voucher by sub-group



Base: All responding to voucher section

### 3.2.5.2 Receipt of multiple vouchers per household

Amongst those households that had received a voucher, very few had received more than one voucher (10%).<sup>16</sup> Bearing in mind the benefits associated with both parents participating in parenting classes, and the desire to engage male parents in the CANparent programme, it seems that a revision to the distribution mechanism, designed to place greater emphasis on the distribution of vouchers in pairs, would be beneficial.<sup>17</sup>

However, it may be advisable to avoid communicating any sense that parents must take part in the classes in pairs, as this is likely to drive down attendance at any offline classes significantly (with childcare issues making it difficult for both parents to attend at the same time in many cases). A more successful approach may be to encourage one parent to participate in the classes in the first instance, and then to use them as an advocate to encourage the participation of their partner at a later date.

### 3.2.5.3 Which household member received the voucher(s)

Those respondents from households which had received a voucher were also asked who specifically had received the voucher in the first place. It is striking that the father had received the voucher in only 5% of these households.<sup>18</sup> This would again suggest that it would be valuable to refine the approach for voucher distribution, such that more fathers are involved in the CANparent programme from the very first contact point in the process.

### 3.2.5.4 Personal opportunities to receive vouchers

As well as identifying whether respondents had personally received vouchers, the survey also investigated whether parents had experienced situations in which they had the opportunity to receive a voucher but decided that they did not want one. These findings are summarised in Figure 3.19, which also shows the (very similar) findings from each of the three trial areas separately.

As we have already discussed, most respondents were unaware of the vouchers (80%).

Around one in twenty had already personally received a voucher (5%) and there were no significant differences in this respect between the three trial areas (in spite of the differences in voucher awareness outlined earlier).

Very few parents had been offered a voucher by somebody and actively turned it down (1%) and a further 3% of parents said that they had seen the vouchers in a display/pile but decided not to pick one up.

6% of respondents said that they had seen or heard about the vouchers but hadn't personally had the chance to pick one up yet. A further 6% said that they were aware of the vouchers but were unclear about whether or not they'd actually had an opportunity to obtain one.

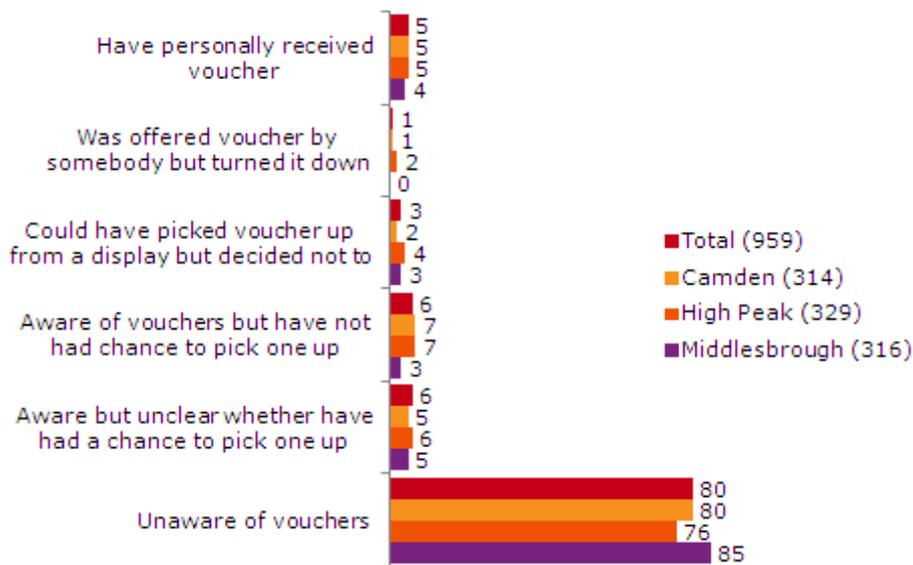
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<sup>16</sup> While the base size for this question is small (61), the proportion is low enough to be confident that most households had indeed only received a single voucher.

<sup>17</sup> There has now been further communication with distributors to highlight the importance of distributing vouchers in pairs. The introduction of downloadable vouchers may also help in this regard.

<sup>18</sup> While the base size for this question is small (61), it is nevertheless clear that there was a very strong female skew in voucher receipt.

**Figure 3.19 Summary of whether respondent had personally had an opportunity to receive a voucher by area**



Base: All responding to voucher section

As such, it appears that there is scope for refining the distribution mechanism – a significant proportion of those aware of the vouchers had not yet been directly exposed to them, while the passive displaying of vouchers may not be the most effective means of engaging parents. This hypothesis is supported by another question which was asked of those who had personally received a voucher and which suggested that the majority of those receiving vouchers had been actively offered them by somebody (69%) rather than picking them up from a display/pile (22%).<sup>19</sup>

There are also indications that the most common reason why respondents had refused a voucher, or decided not to take one from a display, was that they weren't sure what the vouchers were offering. This again suggests that more active distribution mechanisms, incorporating some degree of conversation, would be beneficial (though base sizes are such that this cannot be read as a firm finding).<sup>20</sup>

### 3.2.5.5 Source of vouchers

Respondents from households which had received a CANparent voucher were asked where they had come from. Once again, due to the relatively low incidence of voucher receipt, the base size for this question was low, so findings should be viewed with a degree of caution.<sup>21</sup>

The main sources from which vouchers had been received were; Children's Centre/nursery/playgroup (50%); Boots (11%); a library (9%); and health visitors (7%). This gives a strong indication that childcare related sources are currently key to the acquisition of vouchers (as well as key to the generation of awareness about vouchers) and will have contributed to the female skew in receipt.

<sup>19</sup> Again, the base size is low (45), but the differences are of a scale that means we can be confident that they are real.

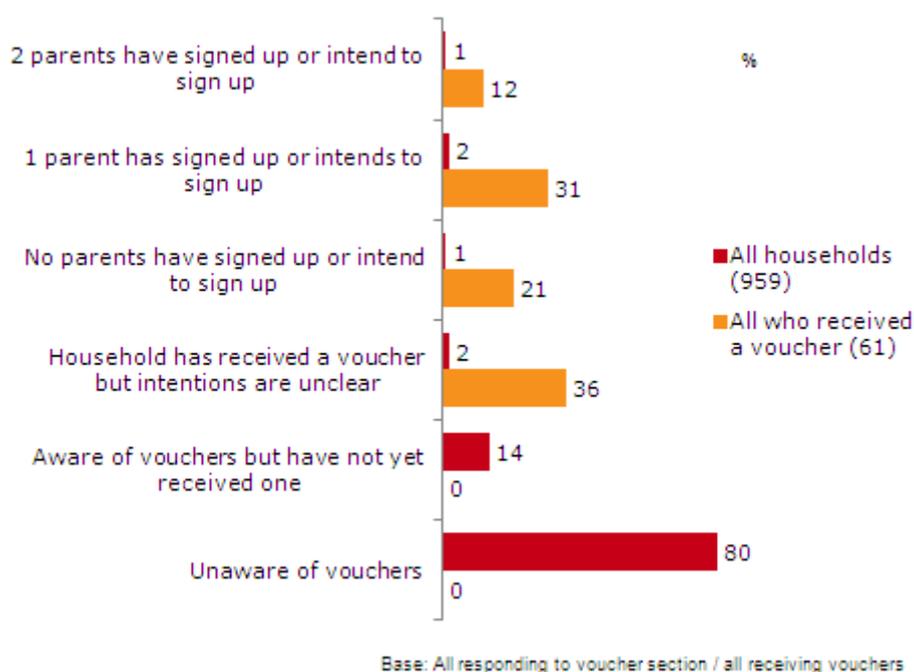
<sup>20</sup> This is an approach which, at the time of writing, the CANparent programme had started to place greater emphasis on, with the introduction of voucher distribution stalls and roadshows in the trial areas.

<sup>21</sup> Base size = 56

### 3.2.5.6 Voucher usage

Respondents whose households had received a voucher were asked about whether or not they (or their partners, where appropriate) actually intended to use the vouchers. Figure 3.20 shows these responses as a proportion of *all* households and also as a proportion of those households that had received vouchers.

Figure 3.20 Intention to use vouchers



Focusing firstly on those households that had received a voucher, around four in ten had already signed up for a class or said that they intended to do so (43%). However, only around a quarter of those who had already signed up or intended to sign up said that both parents would participate in the classes (31% of all receiving a voucher said one parent would take part, while 12% said two parents would take part). In total, only three households from the survey sample had already started CANparent classes, which equates to 5% of those who had received vouchers.

Positively, only around a fifth (21%) of those who had received a voucher gave a firm indication that nobody in the household intended to sign up for classes, while around a third (36%) were unclear on how the vouchers would be used.

As such, it appears that there was a relatively strong intention to use the vouchers amongst those households that had received one (though intention to take part will not necessarily result in actual participation in all cases).

Moving on to look at this data based on *all* households, the proportion of all households that so far intended to participate in classes was low. Only 1% of all households reported that both parents had already signed up or intended to sign up, while 2% said that one parent had already signed up or intended to do so. This further underlines the need to continue building awareness of the

CANparent programme in order to increase uptake, as well as the need to drive greater involvement from fathers, and the need to actively engage with parents in order to translate their positive views about classes into participation.

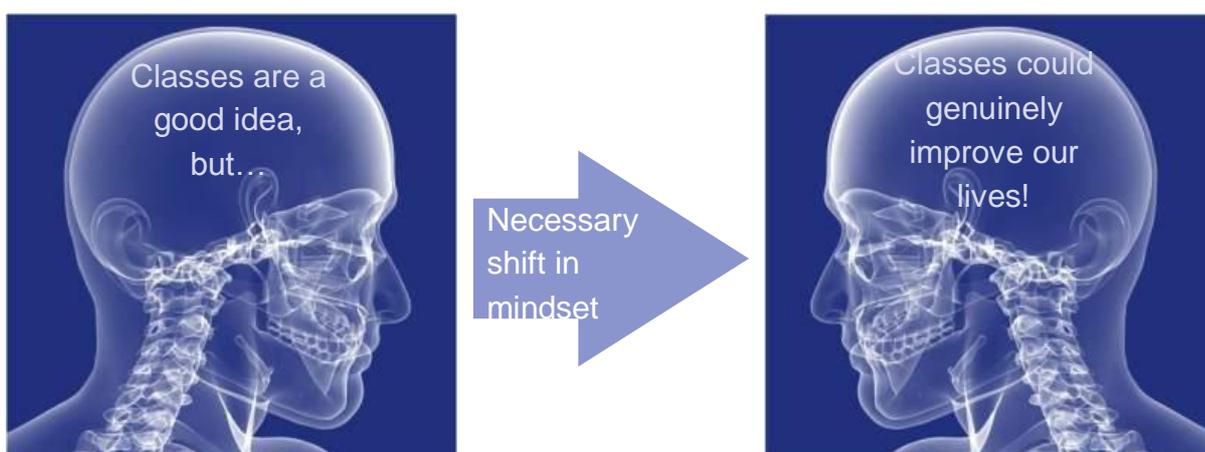
### 3.3 Summary

It is clear from the 2012 Penetration Survey findings that many of the pieces are already in place for ensuring a strong take up of CANparent classes. Many parents in the trial areas are already positive towards the concept of parenting classes and one of the main challenges for the CANparent programme therefore lies in converting this positivity into action on the part of parents (though there is certainly still scope for improving perceptions further).

In the first instance, it will be necessary to raise awareness of the CANparent vouchers. Simply put, if parents do not know about CANparent, they are not going to take part in the classes – and currently only 20% of parents are aware of the vouchers. This limited awareness has so far been a positive in terms of the long-term success of CANparent, as very high awareness during the launch phase of the programme would have resulted in providers being overwhelmed by demand. However, now that courses are more fully functioning, it is time to re-establish the drive to inform more parents about the classes.

Almost half (44%) of those who were already aware of the vouchers or leaflets did not realise that they were offering free parenting classes. At the same time, while parents were largely positive about the idea of classes, only 10% said they were very likely to take part in classes themselves and there was a widespread sense that classes were not needed because parents had support from family and friends, or were coping alright by themselves. Many parents were unaware of what classes might offer them *above and beyond* the support they already receive from their personal support networks.

All of these points highlight the fact that it will be necessary to actively engage with parents if they are to be persuaded to participate in classes. Simply glancing at leaflets or other marketing materials is not enough to communicate the full message of CANparent - neither in terms of what is on offer, nor in terms of what its positive impacts might be. Relatively high impact communication mechanisms will be needed in order to change the mindset of parents.



The planned expansion of communications activities to include voucher distribution stalls and roadshows is certainly a positive move. It would also be valuable if other discussion-based promotional approaches could be utilised, for example the recruitment of more CANparent advocates who the parents know and respect (e.g. doctors, teachers etc.). By engaging parents in

conversation and highlighting the potential impact of classes, more families will take part in and benefit from CANparent.

As time pressures are one of the significant barriers to participation, it will also be important to emphasise the flexibility of the classes, both in terms of the times at which they are offered and in terms of their means of delivery, with online classes particularly suited to parents who may find it difficult to arrange childcare. Indeed, it may even be possible for CANparent advocates to guide parents through the course booking section of the website, highlighting the range of classes that are available, and potentially even helping them with the sign up process at the same time.

Whatever future communications activities are undertaken, it will be necessary to bear in mind their effectiveness in cutting through to different sub-groups within the overall population of parents. In particular, it will be necessary to better engage with fathers, whose awareness of CANparent is currently low (12%) and who are harder to reach via channels that have so far been key to raising awareness (notably, childcare providers). More focus on the distribution of vouchers in pairs is one potentially fruitful means of addressing this issue, but this will need to be supported by other, more direct, engaging of male parents. Fathers from a BME background will be especially challenging to involve because of the current perception amongst BME families that parenting classes are more relevant to mothers than fathers.

In the longer term, there are signs in the data that there will be substantial challenges when it comes to establishing a market for fee-paying classes. Very few parents indicated that they would definitely be willing to pay for classes and there were pronounced differences in willingness to pay amongst different sub-groups. For example, around half of parents from households with an annual gross income of £35,000+ said that they may be willing to pay (49%), but only a quarter of parents from households with an annual income of £15,000 or less felt this way (26%). As such, any fee-paying model that did not incorporate a degree of means testing would result in a heavily skewed uptake towards more affluent families.

## 4. Management information - An Early Snapshot

### Key Findings

In the first 7 months of the trial:

- The level of takeup of CANparent classes appears relatively high in Middlesbrough which accounts for 45% of CANparent registrants although it only contains 30% of eligible parents.
- Most parents registering for CANparent classes are female (94%), not dissimilar to results from the Parenting Early Intervention Programme (PEIP) (Lindsay et al. 2011)<sup>22</sup> where 85% of the 6,000 parents were female.
- Parents are drawn from a wide range of ethnic groups, reflecting the ethnic diversity of two of the three trial areas (Camden & Middlesbrough). There is evidence that the proportion of parents from ethnic minority groups registering for CANparent classes (42.6%) is higher than would be expected from the 2011 population
- Regarding family status, we can make some approximate comparisons with PEIP (where parents were asked whether they were the sole parent or were living with a partner/other adult) and with estimates from the 2011 census based only on households containing dependent children. This suggests the proportion of CANparent registrants from single parent households (27.5%) is around the census average for the three CANparent areas (29.3%) and substantially lower than for PEIP (44%).
- There is a slight over-representation among those registering for CANparent classes of parents with no educational qualifications (23.6%) slightly higher than the 2011 census average for the three areas (19.5%) and similar to PEIP (23.5%). However there is also a high proportion of parents with Higher Education (Level 4 or above) qualifications (34.2%) close to the 2011 census average for the three areas (36.7%), and much higher than PEIP (11.3%). We conclude that there is no evidence of bias or selective takeup of CANparent classes with regard to parents' level of education, with the profile of registrants broadly reflecting the 2011 census average for the three areas.
- There were nine providers of CANparent classes in the trial areas. Most classes being offered were face to face groups (90% of registrants) with a typical duration of 3-4 weeks. Estimated completion rates were 80% with around 20% drop-out.

### 4.1 Introduction

This early snapshot of Management Information data is based on voucher redemption claims against parents who enrolled on CANparent classes up to 29.11.2012. The total number of 365

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<sup>22</sup> The PEIP figures, from a national evaluation of the roll out of parenting programmes targeted to parents of children aged 8-13 years, who had or were at risk of having behavioural, emotional and social difficulties, are of relevance as they enable comparison between a targeted intervention (the PEIP) and a universally aimed intervention (CANparent).

registered parents understates the total number of parents attending at least one session because there is a timelag between this event and providers submitting the redeemed voucher numbers for reimbursement.

Where comparable data were available from the Parenting Early Intervention Programme (PEIP<sup>23</sup>) (Lindsay et al. 2011) or from national sources such data are included. Comparisons with national averages and with PEIP are tentative because of the relatively small size of the CANparent registration sample at end November 2012, and because questions asked in the CANparent questionnaire do not always exactly map to those asked in the 2011 census. However, tentatively, the data suggest that CANparent classes are attracting a representative sample of the population in the three areas with regard to family status and parent education, including a substantial proportion of highly educated parents.

## 4.2 Findings

The findings are presented by different themes in turn: area, provider, class type, parent gender, parent age, parent ethnic group, family status, parents' highest educational qualification, family size, age of youngest child, number of first time parents, parents and children with disability and by course completion and duration.

### 4.2.1 Area

The largest number of parents (165 or nearly half or 45% of all registrants) are drawn from Middlesbrough. CANparent takeup seems particularly high in Middlesbrough which accounts for only around 30% of eligible parents but 45% of takeup.

**Table 4.1 Parent registration by area**

Area	CANparent registrations		2011 census population		Estimated eligible parent population	
	N	%	N	%	N	%
Camden	144	39.5	220,338	49.0	26,400	47.8
High Peak	56	15.3	90,892	20.2	12,000	21.7
Middlesbrough	165	45.2	138,412	30.8	16,800	30.4
Total	365	100.0	449,642	100.0	55,200	100.0

### 4.2.2 Provider

Parents have registered with a total of nine providers, the four largest being Parent Gym, FAST, Race Equality Foundation and Family Links.

<sup>23</sup> The PEIP figures, from a national evaluation of the roll out of parenting programmes targeted to parents of children aged 8-13 years, who had or were at risk of having behavioural, emotional and social difficulties, are of relevance as they enable comparison between a targeted intervention (the PEIP) and a universally aimed intervention (CANparent).

**Table 4.2 Parent registrations by provider**

	N	%
Barnardo's	27	7.4
City Lit	24	6.6
Family Links	51	14.0
Family Matters Institute	4	1.1
FAST	78	21.4
Montessori	7	1.9
Parent Gym	90	24.7
Race Equality Foundation	80	21.9
Solihull Approach	4	1.1
Total	365	100.0

### 4.2.3 Class type

ECORYS have identified four different types of parenting class using a two-digit code embedded within the unique class code. Class codes were provided for 344 of the 365 parents. All four types of class were being run, as shown in the table below. The vast majority of classes (309/344 or 90%) were face-to-face groups.

**Table 4.3 Parent registration by class type**

	N	%
BF Blended face-to-face with online	31	9.0
FG Face-to-face group	309	89.8
OT Other type of class	3	.9
PO Pure online class	1	.3
Total	344	100.0
Class code missing	21	
Total	365	

A crosstab with provider is given below. The small number of blended classes were being offered by City Lit and Montessori, while the Family Matters Institute accounted for the single 'Online class' registration and the three 'Other' registrations.

**Table 4.4 Parent registration by provider and class type**

		Class type				Total
		BF Blended face to face with online	FG Face to face group	OT Other type of class	PO Pure online class	
Provider	Barnardos	0	27	0	0	27
	City Lit	24	0	0	0	24
	Family Links	0	51	0	0	51
	Family Matters Institute	0	0	3	1	4
	FAST	0	57	0	0	57
	Montessori	7	0	0	0	7
	Parent Gym	0	90	0	0	90
	Race Equality Foundation	0	80	0	0	80
	Solihull Approach	0	4	0	0	4
Total		31	309	3	1	344

#### 4.2.4 Parent gender

The vast majority of parents (94%) are female. This reflects the results found for the Parenting Early Intervention Programme (PEIP) where mothers predominated (85%).

**Table 4.5 Parent registrations by gender**

	N	%
Female	344	94.2
Male	21	5.8
Total	365	100.0

## 4.2.5 Parent age

The majority of parents are aged 26-35 (51%) although the 20-25 and 36-45 groups are also quite highly represented.

**Table 4.6 Parent registrations by age**

	N	%
16-19	5	1.6
20-25	55	17.1
26-35	164	50.9
36-45	80	24.8
46-55	11	3.4
56+	7	2.2
Total	322	100.0
Missing	43	
Total	365	

## 4.2.6 Parent ethnic group

Parents are drawn from a wide range of ethnic groups. Of those giving their ethnicity 57.4% are White British with 42.6% drawn from a range of minority ethnic groups.

**Table 4.7 Parent registrations by ethnic group**

Ethnic group	N	%	Valid %	CANparent average	England average
White British	183	50.1	57.4	67.4	79.8
White other groups	32	8.8	10.0	12.0	5.7
Asian	43	11.8	13.5	10.4	7.7
Black	35	9.6	11.0	4.4	3.4
Mixed Heritage	8	2.2	2.5	3.5	2.2
Other ethnic groups	18	4.9	5.6	2.2	1.0
Valid Total	319	87.4	100.0	100.0	100.0
Refused/Missing	46	12.6			
Grand Total	365	100.00			

Note: Source for CANparent area and England averages is 2011 national Census (ONS, 2012). CANparent area average weighted by sample size. The 'Asian' category includes Chinese in line with 2011 census coding.

In the 2011 national census the proportion recorded as White British in England is 79.8%, but the average for the three CANparent areas is substantially lower at 67.4%. However the proportion of White British parents among CANparent registrants (57.4%) is lower than the area average. The ethnic profile varies substantially across the three trial areas, so the table below breaks down the results by area. The data indicate that participation by ethnic minority parents is higher than would be expected from population census figures for both Camden and Middlesbrough. Thus 79% of CANparent registrants from Camden are from ethnic minorities although the census suggests they represent only about 66% of the population of the LA. Similarly there are 32.1% ethnic minority CANparent registrants from Middlesbrough although the census suggest they represent only 13.9% of the population of Middlesbrough LA.

**Table 4.8 Ethnic group by Area: CANparent registrants versus 2011 national census**

Ethnic group	Camden		High Peak		Middlesbrough	
	CANparent registrants	Area average	CANparent registrants	Area average	CANparent registrants	Area average
White British	20.6	44.0	98.2	95.9	67.9	86.1
White other groups	26.2	22.3	0.0	2.0	2.6	2.2
Asian	14.0	16.1	0.0	0.9	17.9	7.9
Black	26.2	8.2	0.0	0.2	4.5	1.3
Mixed Heritage	4.7	5.6	1.8	1.0	1.3	1.7
Other ethnic	8.4	3.9	0.0	0.1	5.8	1.1

*Note.* Area averages are from the 2011 national census (ONS, 2012).

Conclusions at this time are tentative pending a larger sample of CANparent registrants, but the current data suggest that, if there is any reluctance to register for CANparent classes, then this is higher among White British parents than ethnic minority parents.

#### 4.2.7 Family status

Of those who responded to the question, two-thirds of parents were either 'married and living together' or 'living with a partner' (combined total = 59%). Over one-quarter (28%) identified themselves as 'single - never married'.

**Table 4.9 Parent registrations by family status**

	N	%
Single - never married	82	27.5
Married - living together	137	46.0
Married - separated	6	2.0
Divorced / widowed	10	3.4
Living with partner	40	13.4
Prefer not to say	23	7.7
Total	298	100.0
Missing	67	
Total	365	

The above are not mutually exclusive categories, largely because of the inclusion of 'living with a partner' as an option. For example a parent could be 'Living with a partner' and also 'Single (never married)' or 'Married and separated' or 'Divorced/Widowed'. It could be argued the question is confounding marital status with household composition. A supplementary question was intended to collect data specifically on whether the parent had sole responsibility for caring for the child or whether the care of the child was shared with another adult/s in the home. Unfortunately the question was completed by only just over one-quarter of parents and so is not usable.

We can however make some approximate comparisons with PEIP (where parents were asked whether they were the sole parent or were living with a partner/other adult) and with estimates from the 2011 census based only on households containing dependent children (ONS, 2012, Table KS105EW). This suggests the proportion of CANparent registrants from single parent households (27.5%) is around the census average for the three CANparent areas (29.3%) and substantially lower than for PEIP (44%).

#### **4.2.8 Parents' highest educational qualifications**

The parents were very heterogeneous with regard to their educational qualifications. A high proportion had no qualifications (23.6%) and in total nearly half the parents had at best only 'some GCSE passes'. However at the other end of the spectrum over one-third (34.2%) had some Higher Education qualifications, including 26.2% with degrees. In PEIP, just 11.3% of parents reported having degrees or equivalent qualifications. Participation in CANparent classes does not appear to be strongly linked to parents' level of education, with just as many parents with degrees registering for classes as parents with no educational qualifications.

**Table 4.10 Parent registrations by highest educational qualifications**

	N	%
No qualifications	71	23.6
Some GCSE passes	74	24.6
5+ GCSE at A*-C or equivalent	26	8.6
A/AS levels	27	9.0
HE but below degree (e.g. HND,HNC)	24	8.0
Degree	79	26.2
Total	301	100.0
Missing	64	
Total	365	

The table below breaks down the results by area and gives comparative data from the national 2011 census. It is apparent that the three CANparent areas vary quite dramatically in terms of the educational qualifications of the population as revealed in the 2011 census. For example the proportion with level 4+ qualifications in the 2011 census ranges from 50.5% in Camden to 29.5% in High Peak and 18.5% in Middlesbrough. The pattern of result for CANparent registrants across the three areas broadly follows this pattern, with 47.1%, 38.5% and 23.4% with level 4+ qualifications in Camden, High Peak and Middlesbrough respectively.

Overall, the pattern of educational qualifications of CANparent registrants is typical of the profile that would be expected based on the 2011 census data for the three areas. The proportion of parents with level 4 or above qualifications (34.2%) is in line with what would be expected from the 2011 census (36.7%). We conclude CANparent classes are attracting a representative range of parents with respect to their educational qualifications with no evidence of bias.

**Table 4.11 Highest educational qualifications by area: CANparent vs. national census**

Highest educational qualification	CANparent registrant				Census 2011				
	Camden	High Peak	Middlesbrough	All registered	Camden	High Peak	Middlesbrough	Area average	England
No qualification	16.3	5.8	35.2	<b>23.6</b>	12.7	20.9	29.9	<b>19.5</b>	<b>22.5</b>
Level 1	26.0	19.2	25.5	<b>24.6</b>	16.8	20.6	23.0	<b>19.4</b>	<b>22.6</b>
Level 2	4.8	11.5	10.3	<b>8.6</b>	7.8	16.0	15.3	<b>11.7</b>	<b>15.2</b>
Level 3	5.8	25.0	5.5	<b>9.0</b>	12.1	13.1	13.2	<b>12.6</b>	<b>12.4</b>
Level 4 or above	47.1	38.5	23.4	<b>34.2</b>	50.5	29.4	18.5	<b>36.7</b>	<b>27.4</b>

*Note: Census qualification definitions are: Level 1: 1-4 O Levels/CSE/GCSEs (any grades), Entry Level, Foundation Diploma, NVQ level 1, Foundation GNVQ, Basic/Essential Skills; Level 2: 5+ O Level (Passes)/CSEs (Grade 1)/GCSEs (Grades A\*-C), School Certificate, 1 A Level/ 2-3 AS Levels/VCEs, Intermediate/Higher Diploma, Welsh Baccalaureate Intermediate Diploma, NVQ level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma; Level 3: 2+ A Levels/VCEs, 4+ AS Levels, Higher School Certificate, Progression/Advanced Diploma, Welsh Baccalaureate Advanced Diploma, NVQ Level 3; Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma; Level 4+: Degree (for example BA, BSc), Higher Degree (for example MA, PhD, PGCE), NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher level, Foundation degree (NI), Professional qualifications (for example teaching, nursing, accountancy). For purposes of comparison the categories 'apprenticeship' and 'other' have been grouped within Level 1 qualifications.*

#### **4.2.9 Family size (number of children aged 0-16)**

Most parents attending had families containing either one (31%) or two (43%) children in the aged 0-16 range, although around a quarter contained three or more children.

**Table 4.12 Parent registrations by family size**

	N	%
1	93	30.7
2	129	42.6
3	45	14.9
4	27	8.9
5 or more	9	3.0
Total	303	100.0
Missing	62	
Total	365	

#### 4.2.10 Age of youngest child

The proportion of children in the five age bands (<1 year, 1, 2, 3 and 4 or more years) were roughly 20% each, as might be expected if registration rates were broadly equivalent across child age.

**Table 4.13 Parent registrations by age of youngest child**

	N	%
Less than 1	79	22.1
1	56	15.6
2	84	23.5
3	63	17.6
4	53	14.8
5 or more	23	6.4
Total	358	100.0
Missing	7	
Total	365	

#### 4.2.11 First time parents

Parents were asked “Is the youngest child in the household your first child?” the aim being to identify first-time parents. Unfortunately the question appears to have been left blank by over 50% of respondents, which might suggest a level of confusion with the wording.

**Table 4.14 Parent registrations by first time parents**

	N	%
No	121	68.8
Yes	55	31.3
Total	176	100.0
Missing	189	
Total	365	

### 4.2.12 Parents and children with disabilities

Very few parents, just 6, considered themselves to be disabled. However the level of non-response (48%) was very high. Equally very few parents (n=12) identified any of their children as having Special Educational Needs or a disability. However over 60% of parents did not answer this question, so it is not safe to read much into this relatively low figure.

### 4.2.13 Course completion and duration

The data file gives three pieces of information relevant to course completion:

- The start date of the course;
- The date at which 75% attendance was completed;
- The date at which 100% attendance was achieved, or 'X' if the parent did not complete 100% attendance

Some of the parents in the data file will be in the process of completing a course. To remove these from the denominator we focus only on those who have a date given in the 75% or 100% completion fields or are marked as 'not completed'. We assume any other cases are currently still attending a class.

Based on this data it appears that around 76% of parents complete with 100% attendance and a further 5% achieve the 75% completion threshold. Just under one fifth (20%) are marked as not completing the course.

**Table 4.15 Parent registrations by course completion**

	N	%
Marked as not completed	46	19.7
Date given for 75% completion	11	4.7
Date given for 100% completion	176	75.5
Total	233	100.0
Missing Inferred still undertaking course	132	
Total	365	

Computing the time between the 'start date' and the 'date the course was 100% completed' gives an indication of the average length of the class. The duration was calculated in days but the vast majority coincided with exact weeks, so figures in the table below are rounded to whole weeks. Courses appear to last anything between one week (22%) and six weeks (5%), with the typical length being three or four weeks (52%).

**Table 4.16 Parent registrations by length of course**

	N	%
Valid 1 week	38	21.6
2 weeks	18	10.2
3 weeks	59	33.5
4 weeks	33	18.8
5 weeks	20	11.4
6 weeks	8	4.5
Total	176	100.0
Missing System	189	
Total	365	

A crosstab with class type is given below. There is no indication the small number of 'blended' classes were associated with shorter duration, the vast majority were 3 weeks or more.

**Table 4.17 Parent registrations: Class duration by class type**

		Class type			
		BF Blended face to face with online	FG Face to face group	Total	
Class duration (start to 100% complete)	1 week	Count	1	37	38
		%	3.6%	25.0%	21.6%
	2 weeks	Count	3	15	18
		%	10.7%	10.1%	10.2%
	3 weeks	Count	19	40	59
		%	67.9%	27.0%	33.5%
	4 weeks	Count	1	32	33
		%	3.6%	21.6%	18.8%
	5 weeks	Count	4	16	20
		%	14.3%	10.8%	11.4%
	6 weeks	Count	0	8	8
		%	.0%	5.4%	4.5%
Total	Count	28	148	176	
	%	100.0%	100.0%	100.0%	

### 4.3 Summary

Comparisons with national averages and with PEIP are tentative because of the relatively small size of the CANparent registration sample by November 2012 when this ‘snapshot’ of the data was taken, and because questions asked in the Management Information do not always exactly map to those asked in the 2011 census. However, tentatively, the data suggest that CANparent classes are successfully attracting a representative sample of the population in the three areas with regard to family status and parent education, including a substantial proportion of highly educated parents. The parents come from a range of ethnic backgrounds reflecting the diversity of the trial area populations. On the other hand, the CANparent classes had been far less successful in attracting fathers than mothers. This underlines the importance of reviewing strategies to engage fathers.

The area level and provider level differences in rates of take-up are to be expected but merit attention being paid to them both in the continuing national evaluation and in regular six-monthly delivery reviews. While providers competing for parents may not wish to make public their successful approaches to engaging parents, successful strategies adopted by the local support agency in each area should be shared with their counterparts in other areas to drive take-up.

The relative predominance of face-to-face delivery (89%) versus other delivery modes may be an artefact of the early stage of implementation as not all the online and blended offers were available for parents to access. Alternatively, it may indicate that providers need to do more to publicise the benefits of their online and blended options to parents who are unable or unwilling to attend face-to-face sessions.

The Management Information data shows that CANparent is attracting parents with families of different sizes, and with youngest children aged across the target range of birth to 5 years. Added to the findings about the representativeness of the participating parents, this should give providers confidence that the universal nature of the offer is being successfully communicated. Effort now needs to be focused on increasing the numbers of parents of all types engaging with CANparent.

## **5. Other strands OF THE evaluation**

### **5.1 Introduction**

In this short Section we provide an update on the aspects of the evaluation that are underway but not ready to report. This Section is therefore structured by type of research method. No findings are reported. We begin by describing the different types of surveys of participating parents, followed by a description of our approach to the cost effectiveness study.

### **5.2 Surveys of participating parents**

#### **5.2.1 Outcome survey of 10% sample**

A random selection of 10% of classes (approx 2,000 parents) will complete both pre-course and post-course questionnaires. Three key measures have been selected for this purpose: the Being a Parent (BAP) Scale, the Parenting Daily Hassles (PDH) Scale and the Warwick Edinburgh Mental Well Being Scale (WEMWBS). UK standardisation information is already available for WEMWBS and England standardisation data will be collected from the penetration survey for BAP and PDH. These data will enable us to compare the profile for parents attending CANparent classes against national norms, to report in Interim Report 2. The intention is to index the degree of change in parents self-efficacy (how well they think they are fulfilling the parenting role), satisfaction (how much they enjoy it or not), general mental well being and in the frequency and perceived hassle of minor daily stresses experienced by most parents in routine interactions with their children and in routine tasks involving childrearing.

Analysis from the classes run by one provider during July 2012 (used to pilot our measures) and from the first wave of the sample (mainly classes running during November and December 2012) will be reported in Interim Report 2, due to be published in Autumn 2013.

#### **5.2.2 Satisfaction survey of all class participants**

Every month, all parents who have completed a CANparent class, or who started a class but did not finish it, and who agreed to be contacted are sent an email inviting them to participate in a short Satisfaction Survey. This contains two 5-point Likert scale questions: 'Overall I was satisfied with my CANparent class' and 'I would recommend CANparent classes to other parents'.

Results from this survey will be published in Interim Report 2 and in the Final Report.

Results, updated monthly, will also be published on the CANparent website. Overall ratings will be displayed on the homepage. Ratings for each provider will be displayed on the relevant provider page. Providers without ratings will display 'results available shortly' or 'not yet rated'. Results for each statement will displayed using a 5-star system, accurate to half a star. It will include the number of responses and will be based on the percentage who 'agree'/'strongly agree' with the statement, rounded to the nearest 10 (for example, 92% would be shown as 4.5 stars; 76% as 4 stars). The rationale is to provide customer feedback in a format familiar to many from websites such as Amazon, TripAdvisor, e-bay etcetera.

### 5.2.3 Qualitative research with parents (small purposive sample)

The sample will focus on three groups: fathers and male carers, those who do not complete their course; those who do complete. About 90-100 interviews will be conducted.

Findings from early interviews with parents will be reported in Interim Report 2 with findings from later interviews reported in the Final Report.

The plan is that a purposive sample of parents will be selected, using parent registration data. Men and women from the 'completer' and non-completer' groups from each area and from a range of types of class provision will be selected. The evaluation team will liaise with the providers to ensure that we avoid approaching any parents who have already given interviews as part of providers' evaluations. The interview topics for the 'completer' group will be: finding out about CANparent; choice of course; experience of course; any changes as a result of the course; worth of the course to them, relative to the £100 voucher. In addition to these topics, the 'non-completer' group will also be asked about reasons why they did not complete the course.

## 5.3 Cost effectiveness study

A cost-effectiveness study will be undertaken by London Economics. The main sub-strands of activities to be undertaken are:

### *Exchequer cost effectiveness*

- Generation of fixed and variable costs (administrative/provider data)
- Allocation of total costs to range of impacts – **cost effectiveness**
- Comparison across trial areas/ voucher type/ information/ parental characteristics – **relative cost effectiveness**

### *Market feasibility study*

- Initial and ongoing consultations with providers allows for consistent generation of fixed and variable costs (administrative/provider data)
- Collection of information on **supply side** – appetite/ innovation/ expected supply and capacity constraints
- Assessment of **break-even** point
- Disaggregated by programmes offered/ provider characteristics

### *Willingness to pay*

- Demand side analysis focused on Willingness to Pay
- Survey of attendees (5 minutes)
- Tight definition of 'offer'
- Reasonable understanding of potential costs (variation)
- 2 stage analysis (with a maximum Willingness to Pay question)

*Combine findings from the supply and demand sides to understand market viability*

This part of the evaluation will take place towards the end of the evaluation period. All providers have been sent information about this element of the work and will also be provided with a structured costs template which they can choose to use or provide the data in a different way.

Findings from this strand will be published in the Final Report.

## 6. Conclusion

### 6.1 The trial as an opportunity to learn

This is an Interim Report from the early stages of implementation of the CANparent trial. It is important to think of the trial as just that – a trial, from which lessons will be learned to inform future policy and practice. Issues raised here will be returned to in later reports. Some of the themes that are likely to recur later, include;

- The effect of the trial design - some issues raised in the early findings are to do with aspects of the trial design (for example, the £100 value of the voucher), others are to do with scaling up local class provision (for example, competition for suitable venues).
- The trial seeks to bring about culture shifts in a number of ways:
  - a shift in awareness and understanding of the benefits of parenting classes so that large numbers of parents see the value in attending a course of classes (face-to-face, online, or blended formats) and become motivated to do so
  - a shift from the primary route into classes (from which any parent might potentially benefit) being largely through direct referral or encouragement from a professional to join a specific class, to classes becoming available to parents on a direct-to-consumer retail basis, with providers marketing directly to parents who can be confident about the quality and efficacy of the course they select
  - a shift in the offer to parents so that routinely accessed universal provision sits alongside continuing availability of more intensive, targeted courses to which parents who need them may be referred.
- The impact of the CANparent brand, as opposed to the providers' own brands, and how this interplay will affect different provider brands
- The cost of classes and parents' willingness to pay and the related themes of parenting support as a public service (subsidised or 'free' provision) as opposed to as an individual choice/responsibility (individually paid for provision)
- The approaches that work best in turning widespread positive views about parenting support into active engagement in face-to-face, blended, or online support
- The timescale and effort needed to make parenting classes as normal as antenatal classes (NCT is 50 years old and reaches about 1 in 10 new parents)
- The approaches that work best in scaling up a suitably trained and supervised workforce to deliver the expected rising demand for face-to-face classes and the interactive elements of blended learning options

## 6.2 Recommendations

Our recommendations are based on an integration of the findings from Sections 2 and 3. They are structured under sub-headings of recommendations designed:

- to increase demand
- to increase take-up
- to increase supply and support sustainability.

### 6.2.1 To increase demand (i.e. desire for parenting support)

**Policy-makers** should support sustained, clear and consistent positive messages about CANparent to create a nationwide narrative about the desirability of universal, quality parenting support. They should also be aware that creating such a narrative requires repetition over time. The two year length of the trial should be used for this purpose.

**Local support, voucher distributors and local CANparent advocates** should continue to push to raise awareness of CANparent, confident in the knowledge that attitudes towards parenting classes are already largely positive. They should give consistent and positive messages about the local CANparent options. They should encourage (and support if necessary) parents to make an active choice of the option that best suits their lifestyle and family needs. In the voucher areas, raising awareness includes sustained efforts to raise awareness of the existence and purpose of the vouchers. They should also review current practice to explore how best to ensure large numbers of fathers, including those from Black and minority ethnic communities, are receiving vouchers, as well as mothers.

**Providers** should access local knowledge and develop local networks to ensure that information about the potential benefits of their specific classes is conveyed to local fathers and mothers in culturally and contextually relevant ways. Encouraging parents to think actively about the impacts classes could have on their lives and on the lives of their children is likely to require discussions between parents and CANparent advocates who are known and respected by them.

**Providers** thought that the use of the terms 'parenting classes' and 'parenting programmes' were off-putting to parents. This implies that the overall brand marketing should avoid these phrases and that individual providers need to think carefully about how they refer to their CANparent offer.

### 6.2.2 To increase take-up

**Policy-makers** and **providers** need to allow time for take-up to build. It will require sustained and focused effort over the two years of the trial.

**Providers** should build on rising awareness of the potential benefits of a class by making sure that it is as easy as possible for parents to translate that *idea* into *action*. This requires predictable barriers to be removed as far as possible. This includes proactively addressing common concerns such as uncertainty about negotiating the booking system, anxiety about not having time to participate, accessing affordable childcare. It also means providers publicising the benefits of their online and blended learning options for parents who are unwilling or unable to attend face-to-face sessions.

**Voucher distributors** should also address the ‘no time’ barrier by explaining the degree of flexibility in modes and times of delivery to help parents to find a way to fit a class in to their life (face to face or online). Information about how to book, when and where classes are run, how to enrol online, must be user-friendly. As unfamiliarity with the processes may also be a barrier, having local advocates willing to show people how to do this is a good option.

**Providers** should address other predictable barriers to attendance – for example, making every effort to hold face-to-face sessions in convenient and comfortable venues, seeking out affordable options for those who require childcare to attend, and building relationships with parents and family professionals in the communities in each trial area so that cultural and contextual issues are recognised and integrated into delivery.

**Providers** should adopt responsive marketing and engagement strategies specific to market niches – for example, sub-groups of parents, specific geographic areas and, within areas, neighbourhoods. For example, they should think of fathers as potential customers as much as mothers and be proactive about actively engaging different sub-groups of fathers.

The **voluntary sector organisations providing local support in each voucher** area should work together to ensure that any strategies leading to increased take-up in one area, if potentially transferable to other areas, are shared e.g. it may be that approaches to generating impactful media coverage could be shared across areas.

### 6.2.3 To increase supply and support sustainability

The **Department for Education** should consider what, if any, support can be provided to enable smaller organisations, in particular those from the voluntary sector, to access resources to invest in becoming players in a commercial parenting support market. It may be that social investment models, which utilise private finance to fund activities delivering socially beneficial impact, are of relevance here.

The **Department for Education**, the **trial management consortium**, and **providers** should continue to work together to build and protect the quality assurance processes around the CANparent brand. As a minimum, providers need to ensure that all delivery adheres to the evidence-based principles set out by the Department. The Department for Education could publicise an intention to withdraw support from providers found not adhering to these. Providers and the Department could also publicise the quality control mechanisms in place – the monitoring and publication of Satisfaction Survey results; the role of the trial management consortium in quality control; the expectation that the national evaluation team will collect and collate main findings from each provider’s own evaluation of its CANparent classes.

**Providers** who wish to be part of establishing a sustainable commercial market in quality parenting support will require innovative business models that can be scaled up to meet the needs of, potentially, hundreds of thousands of parents. As the trial proceeds, providers will need to continue to assess the demand for their product. It is likely that most, if not all, will need to develop a business model that includes some parents paying to participate, with others accessing provision subsidised by employers, sponsoring organisations, or grants. As parents’ willingness to pay appears to increase after classes have been experienced, it may be worth providers investigating to what extent a model, in which the first class in a course is offered free while later classes are paid for, is workable. As part of their business model, providers will also need to identify, train and supervise their workforce to deliver the vision of a nationwide market in quality-assured, evidence-based parenting support.

## 7. References

- Allen, G., (January, 2011), *Early Intervention: The Next Steps; an independent report to Her Majesty's Government*, HM Government, London
- Axford, N., Lehtonen, M., Kaoukji, D., Tobin, K., Berry, V. (2012). Engaging parents in parenting programs: Lessons from research and practice. *Children and Youth Services Review*, 34, 2061-2071.
- Barlow, J., Smailagic, N., Ferriter, M., Bennet, C., Jones, H. (2010) 'Group-based parent-training programmes for improving emotional and behavioural adjustment in children from birth to three years old', *The Cochrane Library*, Issue 3
- Barrett H. *Attachment and the perils of parenting: a commentary and a critique*. London: NFPI, 2006.
- [Being a Parent Scale] Johnston, C. & Mash, E. J. (1989) A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology*, 18, 167–175
- Boddy, J, Statham, J., Smith, M., Ghate, D., Wigfall, V, Hauari, H. with Canali, C., Danielsen, I., Flett, M., Garbers, S., Milova, H. (2009). *International Perspectives on Parenting Support. Non-English Language Sources*. Department for Children, Schools and Families Research Report DCSF-RR114. DCSF: London.
- C4EO (2010), *Grasping the Nettle: early intervention for children, families and communities; a practice guide to the challenges and opportunities in supporting children, families and communities through early intervention, based on effective local, national and international practice*, C4EO, London
- Carswell, K., Maughan, B., Davis, H., Davenport, F., Goddard, N. (2004). The psychosocial needs of young offenders and adolescents from an inner city area. *Journal of Adolescence*, 27, 415-428.
- Department of Work and Pensions (DWP)/ Department for Education (DFE) ( 2011), *A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families' Lives*, HM Government, London
- Dumas, J.E., Nissley\_Tsiopinis, J., Moreland, A.D. (2007). From intent to enrollment, attendance, and participation in preventative parenting groups', *Journal of Child and Family Studies*, 16, 1, 1-26.
- Egeland BE, Carlson E, Sroufe A. Resilience as process. In: *Development and Psychopathology*. Cambridge: Cambridge University Press, 1993.
- Family Lives (2011). *Families Matter: the realities of family life in Britain today*. London: Family Lives.
- Fergusson D. M., Boden, J., & Horwood, L. J (2009). Tests of causal links between alcohol abuse or dependence and major depression. *Archives of General Psychiatry*, 66, 260–266.
- Field, F., (December, 2010), *The Foundation Years: preventing poor children becoming poor adults. The report of the Independent Review on Poverty and Life Chances*, HM Government, London
- Forehand, R. and Kotchick, B. (2002). Behavioural parent training: current challenges and potential solutions, *Journal of Child and Family Studies*, 11, 377-384.
- Green, H., McGinnity, A., Meltzer H., Ford, T., Goodman, R. (2005). *The mental health of children and young people in Great Britain, 2004*. Basingstoke: Palgrave MacMillan.
- Hiscock, H., Bayer, J. K., & Price, A., Ukoumonne, O. C., Rogers, S., & Wake, M. (2008) Universal parenting programme to prevent early childhood behavioural problems: cluster randomised trial. *British Medical Journal*, 336, 322-325
- Kane, G.A., Wood, V.A., Barlow, J. (2007). Parenting Programmes: a systematic review and synthesis of qualitative research. *Child: care, health and development*, 33, 6, 784-493.
- Kiernan, K.E., and Mensah, F.K. (2011) 'Poverty, family resources and children's early educational attainment: the mediating role of parenting', *British Educational Research Journal*, 37 (2), 317-336

- Lindsay, G., Cullen, S. & Wellings, C (2011). *Bringing families and schools together: Giving children in high poverty areas the best start at school*. London: Save the Children.
- Lindsay, G., Strand, S., Cullen, M.A., Cullen, S.M., Band, S., Davis, H., Conlon, G., Barlow, J., & Evans, R. (2011). *Parenting Early Intervention Programme Evaluation*. Research report DFE-RR121(a). Department for Education: London.  
<https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR121A.pdf>
- McCurdy, K. and Daro, D. (2001) Parent involvement in family support programs: an integrated theory, *Family Relations*, 50, 2, 113-121.
- Moran, P., Ghate, D., and van der Merwe, A. (2004). *What Works in Parenting Support? A Review of the International Evidence*. Department for Education and Skills Research Report RR574. Nottingham: DfES Publications.
- Murray, J., Irving, B., Farrington, D.P., Colman, I., & Bloxson, A.J. (2010). Very early predictors of conduct problems and crime: results from a national cohort study. *Journal of Psychology and Psychiatry* 51, 1198-1207.
- National Institute for Health and Clinical Excellence (NICE) (2005), *Parent Training/education programmes in the management of children with conduct disorders*, NICE, London
- North East Public Health Observatory (NEPHO) (2006).  
<http://www.nepho.org.uk/topics/Black%20and%20Ethnic%20Minorities>. Accessed 06/12/12.
- O'Connor, T.G. & Scott, S.B.C. (2007). *Parenting and Outcomes for Children*. York: Joseph Rowntree Foundation.
- ONS (2006). Focus on ethnicity and religion. Basingstoke: Palgrave & Macmillan.  
<http://www.ons.gov.uk/ons/rel/ethnicity/focus-on-ethnicity-and-religion/2006-edition/index.html> Accessed 06/12/12.
- ONS (2012). 2011 Census, Key Statistics for Local Authorities in England and Wales. Available from the World Wide web at <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-286262> [accessed 17/12/12].
- [Parenting Daily Hassles Scale] Crnic, K. A. & Greenberg, M. T. (1990). Minor Parenting Stresses With Young Children. *Child Development*, 61, 1628-1637.
- Peters, M., Garnett, E. & Edwards, G. (2010). *Parental opinion survey 2010*. London: Department for Education.
- Patterson, J., Mockford, C., Barlow, J., Pyper, C., Stewart-Brown, S. (2002). Need and demand for parenting programmes in general practice. *Archives of Disease in Childhood*, 87, 468-487.
- Peters, M., Garnett, E. & Edwards, G. (2010). *Parental opinion survey 2010*. London: Department for Education.
- Pugh, G., De'Ath, E., & Smith, C. (1994) *Confident parents, confident children: Policy and Practice in parent educational support*. London: National Children's Bureau.
- Sanders, M.R. and Kirby, J.N. (2012). Consumer engagement and the development, evaluation, and dissemination of evidence-based parenting programs, *Behavior Therapy*, 43, 2, 236-250.
- Sanders, M.R., Markie-Dadds, C., Rinaldis, M., Firman, D. & Baig, N. 2007. Using household data to inform policy decisions regarding the delivery of evidence-based parenting interventions, *Child: care, health and development*, 33, 6, 768-783.
- Sanders, M.R., Ralph, A., Sofronoff, K., Gardiner, P., Thompson, R., Dwyer, S., Bidwell, K. (2008). Every Family: A population approach to reducing behavioral and emotional problems in children making the transition to school, *Journal of Primary Prevention*, doi: 10.1007/s10935-008-0139-7.
- Santucci, L.C., McHugh, R.K., Barlow, D. (2012). 'Introduction' to a special issue on 'Direct-to-Consumer-Marketing of Evidence-based Psychological Interventions'. *Behavior Therapy*, 43, 2, 231-235.
- Schore A. (1994). *Affect regulation and the origin of the self: the neurobiology of emotional development*. Erlbaum: Mahwah, NJ.
- Sroufe LA, Egeland B, Carlson E, Collins AW. (2005) *The development of the person: The Minnesota study of risk and adaptation from birth to adulthood*. New York: The Guilford Press.

- Tickell, C., (2011), *The Early Years: Foundations for life, health and learning; an independent report on the Early Years Foundation Stage to Her Majesty's Government*, Department for Education, London
- (UNODC) United Nations Office on Drugs and Crime (2010). *Compilation of Evidence-based Family Skills training programmes*. [http://www.unodc.org/docs/youthnet/Compilation/10-50018\\_Ebook.pdf](http://www.unodc.org/docs/youthnet/Compilation/10-50018_Ebook.pdf)
- Von Stumm, S., Deary, I.J., Kivimaki, M., Jokela, M., Clark, H., & Batty, G.D. (2011). Childhood behaviour problems and health in midlife: 35- year follow-up of a Scottish birth cohort. *Journal of Child Psychology & Psychiatry*, 52, 992-1001.
- Vondara JL, Shaw DS, Swearingen L, Cohen M, Owens EB. (2001). Attachment stability and emotional and behavioral regulation from infancy to preschool age. *Development and Psychopathology*, 13(1):13-33.
- [Warwick-Edinburgh Mental Well-being Scale] Tennant, R. Hiller, L. Fishwick, R. Platt, S., Joseph, S., Weich, S. Parkinson, J., Secker, J. & Stewart-Brown, S.I. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, 5:63.
- Webster-Stratton, C., Rinaldi, J., Reid, M. (2011). Long-term Outcomes of Incredible Years Parenting Program: predictors of adolescent adjustment, *Child and Adolescent Mental Health*, 16.1.38-46.

# Appendix 1 – The CANparent trial areas – demographic profiles<sup>24</sup>

Table A1.1 Population

	Middlesbrough	High Peak	Camden	Bristol
Total:	138,412	90,892	220,338	428,234
Male:	67,732	44,774	107,885	213,071
Female:	70,680	46,118	112,453	215,163
<i>Percentage of total population</i>				
<i>Age structure</i>				
0-4 years	6.8	5.5	6.0	6.9
5-7 years	3.7	3.3	3.1	3.4
8-9 years	3.2	2.1	1.9	2.0
10-14 years	6.1	6.0	4.4	5.1
15 years	1.3	1.3	0.8	1.0
16-17 years	2.7	2.6	1.6	2.1
18-19 years	3.3	2.5	3.3	3.2

<sup>24</sup> Source: 2011 Census - : <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-286262>

**Table A1.2 Marriage & civil partnership (Percentage of total eligible population)**

<i>Status</i>	Middlesbrough N =110,409	High Peak N =74,416	Camden N =184,873	Bristol N =349,653
Single	39.4	30.9	54.9	47.0
Married	41.4	49.1	29.5	36.3
Civil partnership (CP)	0.1	0.2	0.9	0.3
Separated	2.7	2.4	2.9	2.4
Divorced	8.8	9.9	7.7	8.2
Widowed	7.5	7.4	4.1	5.8

**Table A1.3 43 Household composition (Percentage of total households)**

<i>Category</i>	Middlesbrough N = 57,203	High Peak N = 38,946	Camden N =97,534	Bristol N =182,747
One family, married or CP with dependent children	12.9	15.6	10.5	12.2
One family, cohabiting with dependent children	4.8	5.0	2.0	3.9
One family, lone parent, with dependent children	10.4	6.4	6.4	8.2
Other household types with dependent children	3.0	1.4	3.1	2.2

**Table A4.1 Adults not in employment and with dependent children (Percentage of total households)**

<i>Category</i>	Middlesbrough N = 57,203	High Peak N =38,946	Camden N =97,534	Bristol N =182,747
No adult in employment in household with dependent children	7.8	2.9	4.7	5.2
Dependent children, aged 0-4, in household	12.9	10.2	10.6	12.5
Dependent children, all ages, in household	31.2	28.4	22.1	26.5

**Table A1.5 Ethnicity (Percentage of total population)**

<i>Category</i>	Middlesbrough N = 138,412	High Peak N =90,892	Camden N =220,338	Bristol N =428,234
White British	86.1	95.9	44.0	77.9
White Irish	0.4	0.7	3.2	0.9
White traveller	0.1	0.0	0.1	0.1
White other	1.7	1.3	19.0	5.1
White & Black Caribbean	0.4	0.4	1.1	1.7
White & Black African	0.3	0.1	0.8	0.4
White & Asian	0.7	0.3	1.8	0.8
Other mixed	0.3	0.2	1.9	0.7
Asian/Asian British, Indian	1.1	0.2	2.8	1.5
Asian/Asian British, Pakistani	4.9	0.1	0.7	1.6
Asian/Asian British Bangladeshi	0.2	0.0	5.7	0.5
Asian/Asian British Chinese	0.7	0.3	2.9	0.9

**Table A 1.6 Household tenure (Percentage of total households)**

<i>Category</i>	Middlesbrough N = 57,203	High Peak N =38,946	Camden N =97,534	Bristol N =182,747
Owned outright	26.6	35.2	17.1	24.6
Owned with mortgage	30.6	36.9	15.1	29.4
Shared, rent & mortgage	0.6	0.6	0.7	0.8
LA rented	10.6	9.8	23.0	14.5
Other social rented	13.3	2.8	10.1	5.8
Private rented landlord or letting agency	15.1	12.1	30.5	22.1
Other private rented	1.5	1.3	1.8	1.4
Rent free	1.7	1.2	1.8	1.4

**Table A1.7 Qualifications (Percentage of total of all categories)**

<i>Category</i>	Middlesbrough N = 110,409	High Peak N = 74,416	Camden N =184,873	Bristol N =349,653
No qualifications	29.9	20.9	12.7	20.2
Highest, Level 1	13.6	13.1	6.8	11.9
Highest, Level 2	15.3	16.0	7.8	12.8
Apprenticeship	4.4	4.0	0.8	2.9
Highest, Level 3	13.2	13.1	12.1	14.6
Highest, Level 4	18.5	29.4	50.5	32.8
Other	5.0	3.5	9.2	4.9

**Table A1.8 Economic activity: Males (Percentage of total)**

<i>Category</i>	Middlesbrough N = 49,680	High Peak N =33,610	Camden N =85,356	Bristol N =162,332
Part time employee	7.0	5.6	5.9	6.2
Full time employee	39.1	47.9	42.5	47.0
Self-employed	7.9	15.7	16.6	11.7
Unemployed	9.8	4.7	5.0	5.3
Full time student	4.2	2.4	3.5	4.4
retired	12.4	13.7	5.9	8.6

**Table A1.9 Economic activity: Females (Percentage of total)**

<i>Category</i>	Middlesbrough N = 50,871	High Peak N =33,779	Camden N =88,477	Bristol N =159,174
Part time employee	22.8	24.9	9.9	20.7
Full time employee	23.3	30.4	34.7	32.4
Self-employed	2.5	6.5	10.3	5.1
Unemployed	5.4	3.0	4.0	3.3
Full time student	4.6	3.0	4.1	5.1
Retired	15.2	17.6	7.8	11.1
Looking after home/family	9.7	5.3	8.2	7.1

## Appendix 2 – The CANparent classes – summary details

### Contents

<b>Provider</b>	<b>CANparent class</b>	<b>page</b>
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Family Links	Family Links Nurturing Programme – 2-session abridged version	125

**Provider:** Derbyshire County Council

**Programme Details:** Bringing Up Children (developed for CANparent Trial)

**Aims:**

A) Short-term aims include:

Parents will learn to:

- Value and support their children's play and learning
- Praise their children more
- Use less harsh and ineffective discipline
- Reduce stress in the home by better understanding the reasons behind their children's behaviour

Children will have improved:

- School readiness (e.g. concentration, self-regulation, language skills, early learning skills, compliance)
- Emotional regulation
- Behaviour, including less aggression, noncompliance, bullying
- Self-esteem and self-confidence

B) Long-term aims include:

Children will have:

- fewer behavioural problems
- increased emotional regulation and social competence

**Scientific basis for the content:** Based on the principles of the Incredible Years Programme. Incredible Years is based on social learning theory, self-efficacy theory, cognitive behavioural theory and Piaget's theories of cognitive development.

**Delivery Details:** An adapted model based upon IY will be delivered in four group sessions, online courses which are available for a period of up to 3 months from the date of registration and 1:1 learning limited to 6 sessions

**Course content:** Promoting your child's learning and development; Managing your child's behaviour and temperament – and your own; Rules, routines and positive discipline

**Provider:** Family Lives

**Programme Details:** Parents Together online course

**Aims:**

- To enable parents to reflect on their actions and develop an understanding of their own and their children's feelings and needs and how these influence behaviour
- To enable parents to develop skills and strategies to improve the quality of family life for themselves and their children

**Scientific basis for the content:** Parents Together is based on the work of Carl Rogers, solution focused approaches, non-violent communication developed by Marshall Rosenberg, and the parent effectiveness training in America devised by Haim Ginott around empathetic listening.

**Delivery Details:** An interactive online parenting course with 2 optional life coach sessions before and after the online course, and access to online peer support. The life coach sessions are delivered by telephone or online, depending on parental preference, and prepare the parent for the online course. The interactive online course is split in to 6 sessions that take approximately 45 minutes to complete.

**Course content:** Promoting Well-Being; Communication and Listening; Understanding Behaviour; Managing and Promoting Positive Behaviour in the Family; Understanding the Importance of Play and Exploration; Setting Limits, Boundaries and Promoting Co-Operation.

**Provider:** Fatherhood Institute

**Programme Details:** Raising Happy Children (for separated parents), Raising Happy Babies (face-to-face), Raising Happy Babies (online); Raising Happy Toddlers

**Aims:**

- To promote team parenting
- To promote attachment as well as reflective, sensitive and effective parenting and inter-parent functioning
- To help parents understand and respond appropriately to their young children
- To improve parents' communication/listening and management of relationships (parent/parent and parent/child)
- To learn strategies for problem solving and
- To understand the importance of rules/routines and the child's need to play

**Scientific basis for the content:** Based on certain evidence based principles, including promoting attachment as well as reflective, sensitive and effective parenting, positive parent-child communication, team parenting and positive communication/problem solving.

**Delivery Details:** 2 session face-to-face group intervention plus email follow up exercises. The online course has 8 modules

**Course content:** Session 1 (Introductions; our family values; how relationships change after birth; speaking, listening and mirroring; the circle of security) and Session 2 (managing routines and establishing boundaries; division of labour; supporting each other's parenting; arguing better and resolving differences; the circle of repair; the importance of fun and affection).  
The online Raising Happy Children course covers: Your child's temperament; Managing routines and establishing boundaries; The importance of fun and affection; Arguing better and resolving differences; Supporting each other's parenting; Relaxing with your child; The circle of security and the circle of repair; Your child's learning

**Provider:** Save the Children

**Programme Details:** Families and Schools Together (FAST)

**Aims:**

Short terms aims include improvements in:

- The family and parent/child relationships
- Children's behaviour at home
- Children's behaviour and academic performance at school
- The family's relationships with the community
- Parents' involvement in the school
- Reduce daily stress through greater social support the families give and receive

Long term aims include:

- Children will do better at school and have greater academic attainment
- Parents will have more friends and feel less isolated
- Families will experience closer bonds and greater cohesion
- The families will increase their social capital, meaning they will have a more positive relationship with their child's school and community resources
- Parents will be more involved in their community in a leadership and volunteering capacity.

**Scientific basis for the content:** Piaget's theories of cognitive development and recent evidence about children's brain development; social ecological theory of child development; Social capital theory; Family stress theory; Family systems theory; Attachment theory; Social learning theory; Group dynamics theory; risk and protective factor theory.

**Delivery Details:** Eight weekly face-to-face sessions followed by a monthly parent-led support group. Sessions last for two and a half hours and are usually held after school, which are led by team members who are culturally representative of participating families. The programme has a flexible format, with 40% as core, while the other 60% can be locally adapted. 80% of families that attend once complete the programme. Evaluation of each delivery is done through pre and post questionnaires completed by parents and teachers.

**Course content:** The Family Meal; Family Hellos and Music; Scribbles; Feeling Charades; Children's Time/Parents Time; Special Time; Family Hamper; Closing Activity

**Provider:** Family Matters Institute

**Programme Details:** Triple P Online

**Aims:**

In the short term, it is expected that parents will:

- Experience less parental stress
- Be less likely to use harsh discipline
- Be more effective in discouraging unwanted child behaviour
- Feel more competent as parents
- Be better able to communicate with each other about parenting issues.

In the long-term, it is expected that children will be able to:

- Get along better with their friends and family
- Effectively communicate their feelings and thoughts
- Effectively manage their anger and mood
- Act independently
- Solve problems on their own.

It is also expected that parents will:

- Parent more effectively
- Feel more competent and confident as parents
- Experience less parenting stress.

**Scientific basis for the content:** It is based on a number of scientifically proven theories of child development and therapeutic practice, but it is based primarily on social learning theory.

**Delivery Details:** Triple P Online is delivered in 8 sessions and requires parent input of just 30 minutes per session (week/fortnight). Additional support is delivered to parents via an online forum or telephone with a Triple P Training Practitioner.

**Course content:** Seventeen core child management strategies. Ten of the strategies are designed to promote children's competence and development (including the use of praise and play), while seven of the strategies aim to decrease negative or unwanted child behaviour (including time-out, logical consequences).

**Provider: Coram**

**Programme Details:** Parents as First Teachers (“Born 2 Learn”)

**Aims:**

Short-term aims include:

- Improved confidence in parenting
- Improved knowledge of child development and more realistic expectations of age appropriate child development
- Increased awareness of the child’s unique strengths and potential developmental delays
- Increase use of age-appropriate methods for responding to child’s needs
- Increased age-appropriate discipline strategies and increased confidence to set limits
- Increased involvement in the child’s care and education
- A better home learning environment
- A better awareness of when to seek help for child’s vision, hearing and health issues
- A better awareness of community health and educational resources
- Long-term aims include:
  - Child will demonstrate improved:
    - language and literacy skills
    - Intellectual problem solving skills
    - Social and emotional development
    - Motor development
    - Physical wellbeing
    - Motivation to learn
  - Parents will:
    - Be more involved in their child’s school life
    - Be more involved in their community
    - Provide a more enriching home environment throughout their child’s development
    - Be less likely to abuse or neglect their child

**Scientific basis for the content:** Parents as First Teachers (Born to Learn) is based upon many scientifically proven theories of child development, including attachment theory, social learning theory, ecological theory and recent neuro-scientific evidence about early brain development.

**Delivery Details:** An adapted model based upon PAFT will be delivered in two group sessions of 2 hours (over one or two days).

Courses are universal but targeted to: Babies; Toddlers; Pre schoolers.

Coram can provide specialist courses for: young parents, Bengali parents, parents who are parenting apart and parent whose child had an early diagnosis of ASD

Parents are given an information pack with the content of the course, parenting tips, and useful contacts.

**Course content:** Attachment; Toilet training; Setting limits; Learning through play; Nutrition; Learning and Language; Physical and motor development; Family relationships; Practical parenting strategies.

**Provider: Montessori**

**Programme Details:** Learning Together: What Montessori has to offer to your family

**Aims:**

- To gain deeper understanding of parenting experience by exploring positive relationships, effective communications, organisation of nurturing home environments, management of routines and positive behaviour and sharing of play and learning experiences with their children.

**Scientific basis for the Content:** Informed by attachment theory, cognitive behaviour theory, social learning theory. Also informed by governmental reviews, namely the Frank Field Report on poverty (2010), the Graham Allen Reviews of Early Intervention (2011), the Munro Review of Child Protection (2011) and the increased emphasis on partnership with parents advocated in the Early Years Foundation Stage Tickell Review (2011)

**Delivery Details:** Face to face classes of six weeks duration and access to online and virtual technology, supported by a DVD

**Course content:** Development in the first 5 years of life; Secure relationships; Effective communication; Being a parent; Exploring and playing with your children; Fostering positive discipline

**Provider:** NCT

**Programme Details:** NCT CANparent

**Aims:** To increase confidence amongst parents through the provision of tools; to help them make decisions that are right for them and their child; to help reduce the stigma associated with participating in parenting classes.

**Scientific basis for the content:** Based on adult learning theory, inter-generational learning theory and NCT's internal evidence gathered from parents and practitioners.

**Delivery details:**

**A) Face to Face Parenting Course:**

- a. Six two-hour face to face sessions spread over 6-12 weeks. Parents are given access to printed and online information relevant to their needs.
- b. Four three-hour face to face sessions held on a Saturday morning.

**B) Online:**

An online course developed to meet the learning outcomes of the face to face course, accessed via [www.nct.org.uk](http://www.nct.org.uk). This course is available to voucher holders in the High Peak trial area.

**Course content:**

The face to face courses use NCT core skills of facilitation, teaching, listening, peer supporting, reflection and counselling, and combine them with new content taken from the Early Years curriculum covering:

- Communication and listening skills: "How to talk to your child/partner so they want to talk back"
- Getting on: "Managing the parent/parent and parent/child relationship - How to get what you need and still get on with each other"
- Understanding play and learning: "Please play with me"
- Ourselves as parents "What kind of parent am I/ what kind of parents are we?"
- Who's in charge?: " What to do when a child says No"
- Supportive home: "Creating a family that works for everyone in it"

**Provider:** Mind Gym/Parent Gym

**Programme Details:** Parent Gym

**Aims:** To increase parents' skills and confidence and improve the behaviour and wellbeing of their children.

**Scientific basis for the content:** Pilot research in 2009 and review and development since then.

**Delivery details:**

- A) 9-week course:** Group face to face sessions
- B) 5-week course:** Group face to face sessions
- C) Live-virtual 5 week course:** A series of five live, interactive sessions led by a coach in a virtual classroom.
- D) Access to online portal available for all above options**

**Course content:** Kick off: meeting the parent coach and getting a taster of what's to come; Rules: bringing order to your home with rules and routines that really work; Health: keeping you and your family fit, healthy, happy and full of energy; Love: show your kids you care in the right way; Friends and Family: keep your family rock solid and help your children make friends; Chat: get you and your children talking in a positive way, everyday; Arguments: deal with tantrums and stop rows escalating; Learn: help your little one learn, grow and achieve their dreams; Power to the parents: equip parents to carry on supporting each other after the programme.

**Provider:** Race Equality Foundation

**Programme Details:** Strengthening Families Strengthening Communities (SFSC) – adapted CANparent version

**Aims:**

- Understanding of the important role that parents play in their children's lives
- understanding the ways in which cultural and spiritual components influence each family's beliefs, values and behaviour
- The use of positive discipline, including the use of incentives, limit setting and modelling to discourage unwanted child behaviour
- Understanding children's development through 10 'rites of passage' that take place as children mature to adulthood
- Community participation that promotes a violence-free, healthy lifestyle.

**Scientific basis for the content:** The programme is informed by family stress theory, theories of children's development, social learning theory and ecological theory

**Delivery Details:**

- A) Online Programme:** Six self-completed interactive sessions, each taking 25-30 minutes, to be completed over a six week period. Each session will be followed by a group-based online discussion facilitated by a trained SFSC facilitator lasting for one hour. The sessions are structured into five SFSC components detailed below.
- B) Face to Face Programme:** Four two-hour facilitated sessions over a four-week period, structured into the five SFSC components detailed below.
- C) Blended Programme:** Consists of an introductory face-to-face session, four online-only sessions and a concluding face-to-face session, structured into five SFSC components detailed below.

**Course content:** The cultural/spiritual component; The rites of passage component; the 'enhancing relationships' component; The 'positive discipline' component; The community involvement component.

**Provider: City Lit**

Provider leads a consortium of six different delivery partners.

**Delivery partners** are: a) parenting organisation Triple P; b) national charity Grandparents' Association; c) private sector organisation Ampersand Learning; d) charity Elfrida Rathbone Camden which provides a range of services to people with learning difficulties, disabilities and families under stress; e) Camden Adult and Community Learning and f) Working Men's College.

**Programme Details:** Different names used by the different delivery partners: for example, 'Once Upon a Time' (Ampersand), 'Confident Parents, Confident Children' (City Lit)

**Aims:**

- To provide parents with practical advice, effective strategies and reassurance
- To increase enjoyment of parenthood
- To increase parent confidence managing children's problem behaviours
- To promote family learning
- To reduce child behaviour problems
- To reduce use of ineffective discipline techniques
- To reduce parental stress
- To reduce conflict over parenting (in two-parent households)

**Scientific evidence for the content:** The evidence-based principles for CANparent and the shared experience and knowledge of the consortium members.

**Delivery details:** Face to face group classes

**Course Content:** Courses follow a common basic approach (detailed below) with individual units. Whilst some units are standard to every course, additional units are available to specifically meet the needs of the parents that each consortium partner specialises in working with.

- *Core Units:* Parenting Styles; Communication, relationships and behaviour; Play, Learning and development; Routine and Stability.
- *Optional Unit Choices:* Parenting in the first year; Parenting your 2 year old; Challenges for Young Parents; Grandparents as primary carers; Your second child; Challenges of lone parenting; Preparing for nursery; Preparing for school.

**Provider:** Solihull Approach, Heart of England NHS Trust

**Programme Details:** Solihull Approach Parenting Group and Solihull Approach Parenting Group online

**Aims:**

- to promote reflective, sensitive and effective parenting
- to develop a framework for thinking about parent-child relationships, which can be developed into a lifelong skill
- to give parents a strategy for repair when things go wrong
- to increase confidence and self-esteem in parent and child
- to promote child-parent reciprocity
- to promote understanding of children's behaviour within the context of developmental issues

**Scientific basis for the content:** Based on the Solihull Approach (Douglas, 2007), a model which combines three theoretical concepts: containment (from psychoanalytic theory), reciprocity (from child development theory) and behaviour management (from behaviourism theory), and aims to improve parent-child relationships. The online version is newly developed for the CANparent trial. It covers the same content as the face-to-face group and seeks to simulate some group experiences.

**Delivery Details:** 10 face-to-face group sessions (usually weekly), each lasting two hours, with two facilitators. Online version has 11 modules.

**Course content:** Topics include: how are you and your child feeling?; tuning in to your child's developmental needs; parent child relationship – having fun together; rhythm of interaction and sleep; self-regulation and anger; communication and attunement.

**Provider**     **Barnardos**

**Programme Details:**     1-2-3 Magic!

**Aims:**

- to support effective (non-coercive) discipline through practical strategies
- to improve parent-child relationships
- to improve child behaviour

**Scientific basis for the content:**     Developed by Dr Thomas Phelan, a clinical psychologist, the theory base is drawn from behaviour management, cognitive restructuring and family systems. (<http://www.123magic.com/Resources/Research>)

**Delivery Details:**     3 face-to-face sessions, each of two hours.

**Course content:**     The programme focuses on three parenting tasks: 1. controlling obnoxious behaviour (arguing, whining, fighting, tantrums), 2. encouraging good behaviour (going to bed, homework, eating), 3. strengthening your relationship with your child (praise, active listening, shared fun). It provides parents with simple strategies to stop negative behaviours (counting 1,2,3; timeout), to encourage positive behaviours (7 strategies including rewards), and to build stronger relationships and children's self-esteem.

**Provider**     **Barnardos**

**Programme Details:**     Caring Start (HighScope) – 3 session version

**Aims:**

- to support parents to support their children’s learning at home

**Scientific basis for the content:**     This programme derives from the HighScope approach to early years education, developed by David Weikart from 1970, which is based on Piaget’s theories of human development and active learning.

**Delivery Details:**     3 face-to-face informal workshop sessions, each of two hours.

**Course content:**     Informal training for parents in the HighScope approach to early learning in the home and offers practical ways of supporting children’s learning at home. Each session focuses on two of the six topics covered by the six-session Caring Start programme: 1. what do you want for your child and active learning; 2. learning in the home and plan, do, review; and 3. communication (relationships with children and talking with children).

**Provider**     **Barnardos**

**Programme Details:**     Comfortzone

**Aims:**

- to support parents to raise secure, confident and competent children
- to encourage parents to 'tune-in' to their children

**Scientific basis for the content:** Developed 'in-house' in partnership with a clinical psychologist, Brenda McLackland Based on Attachment Theory, whereby secure attachment is viewed as the foundation of emotional health.

**Delivery Details:** Three face-to-face sessions, using visual approaches. The course does not rely on reading or writing ability.

**Course content:** Covers the impact of the parents' emotions on their child's development, uses the visual image of a temperature Figure to help parents scale their emotions (too hot, too cold or in the comfort zone).

**Provider**     **Barnardos**

**Programme Details:**     Playgroup Network sessions

**Aims:**

- see under course content

**Scientific basis for the content:** The course was developed 'in-house' in response to local demand from parents. From the content, it is assumed by the researcher that early learning theory, behaviour management and parenting styles theory have been influential.

**Delivery Details:**     Three face-to-face sessions, each of two hours.

**Course content:**     Parents choose one of three topics and then the three sessions focus on that:

**A. Creating a supportive, nurturing home environment.**

Uses everyday experiences in the home as a framework for improving parenting skills and as a chance to help children learn about their world. Parents are encouraged to try out the techniques and activities at home.

**Aims:**

- to assist parents to create a nurturing environment for their children
- to promote wellbeing of family members
- to help parents understand their child's need to play and appropriate play for age/development
- to strengthen family relationships
- to increase parents knowledge of how to stimulate their children's learning and play

**B. Managing relationships through positive communication.**

Uses various methods of communication as a framework for building relationships and developing effective communication within families. The sessions are based around active listening, problem solving and negotiation and assertiveness for parents and children. Parents are encouraged to try out the techniques and activities at home.

**Aims:**

- to increase parents' understanding of what is being communicated through behaviour
- to give parents the opportunity to practice effective communication behaviour, including listening, praise and encouragement, and paying attention to behaviours we want to encourage
- to enable parents to manage conflict, and understand interactions and feelings of family members
- to enable parents to practice reflective, sensitive and effective parenting

**C. Parenting styles and the effect on behaviour; the use of rules and routines**

Uses reflection on individual parenting styles as a framework for improving parenting skills and making family life more positive and enjoyable for children and parents. The sessions are based on aspects of behaviour management – what discipline is and isn't, the value of

appropriate praise and the use of family rules, the rewards and consequences of these. Parents are encouraged to try out the techniques and activities at home.

**Aims:**

- to enable parents to identify different parenting styles and how to work with these
- to enable parents to reflect on their parenting style and to respond to their children as individuals
- to understand the importance of boundaries to children and of what is reasonable at different ages
- to enable parents to develop firm, fair, consistent approaches to discipline and to follow these through.

## Provider      Family Links

**Programme Details:**      The Nurturing Programme – abridged version for CANparent

**Aims:**

- to enable parents to be ‘firm and fair, kind and consistent’, using a balance of ‘love and limits’.
- to increase enjoyment of family life.

**Scientific basis for the content:** The two-session abridged version is based on social learning theory. The full Nurturing Programme is based on an eclectic mix of theory, but mainly on social learning theory, parenting styles theory, and the fundamental importance of the emotional health of the parent.

**Delivery Details:** Two face-to-face sessions. In addition, each parent receives a copy of *The Parenting Puzzle* (Hunt, C. in consultation with Mountford, A, 2003) or the DVD of key themes from the full programme.

**Course content:** 1. Getting the Best: praise, encouragement, listening, reinforcing positive behaviours, and paying positive attention to the child. Includes discussion of self-esteem and self-awareness and touches on the importance of parents looking after themselves. 2. Stopping the worst: discussion of boundaries, praise and criticism, of criticism versus guidance, using ‘do’s instead of ‘don’t’s, using time out to calm down, and choices and consequences.

## Appendix 3 – Quality principles used in selection of the CANparent classes<sup>25</sup>

### A3.1. Content themes

#### A3.1.1 *Communication and listening*

- understand what is being communicated through behaviour
- promote positive behaviour through positive attention, including listening, praise and encouragement and paying attention to behaviours we want to encourage

#### A3.1.2 *Managing relationships (parent/child & parent/parent)*

- manage conflict, dealing with behaviour problems and understand interactions and feelings of all family members
- promote reflective, sensitive and effective parenting
- importance of the couple relationship and the 'parent team'

#### A3.1.3 *Play/explore/learning*

- encourage parents to be interested in, and know how to stimulate their children's learning and play
- understand the child's need to play and the appropriate play for age/development

#### A3.1.4 *Parenting styles/behaviour*

- identify and recognise different parenting styles/behaviours and working with these
- help parents to flex their parenting style to recognise and respond to their children as individuals

#### A3.1.5 *Rules and routines*

- understand the importance of boundaries and routines to children, and what's reasonable to expect at different ages
- positive approaches to discipline which are firm, fair, consistent and follow these through

#### A3.1.6 *Creating a supportive and nurturing home environment*

- assist parents to create a harmonious family that nurtures children and promotes wellbeing of all family members
- build and strengthen positive relationships in the family

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<sup>25</sup> Source: Invitation to Tender for Parenting Classes trial project in Middlesbrough, High Peak and Camden, Department for Education, 12 November 2011

### **A3.2. Delivery approach**

- Appropriate settings used by parents
- Programme design and content based on evidence of effectiveness
- Opportunities to reinforce learning throughout class/session
- The provision on offer uses different delivery modes (face to face, online etc)
- Provision needs to be part of a continuum/linked to other parenting support services and offers clear referral and signposting.

### **A3.3. Workforce training and supervision**

- Require training for facilitators, but not necessarily qualifications – classes could be run by community practitioners such as health visitors, school nurses and children’s centre workers and for some programmes parents will be trained as facilitators.
- Use materials with fidelity: providers must monitor quality of classes and ensure they are implemented with fidelity

### **A3.4. Evaluation by the providers of the classes**

- Managing of confidential data/info – systems in place
- Participation
  - collect data
  - measure satisfaction
  - establish baseline and follow-up data
  - collection of softer and anecdotal evidence/intelligence as well as prescribed data

## Appendix 4 – Penetration Survey unweighted sample profile<sup>26</sup>

### Respondent profile

Figure A4.1 Gender of respondent

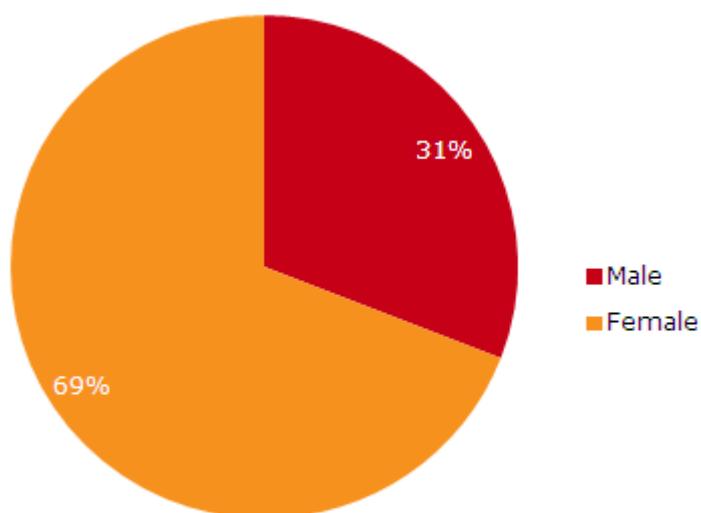
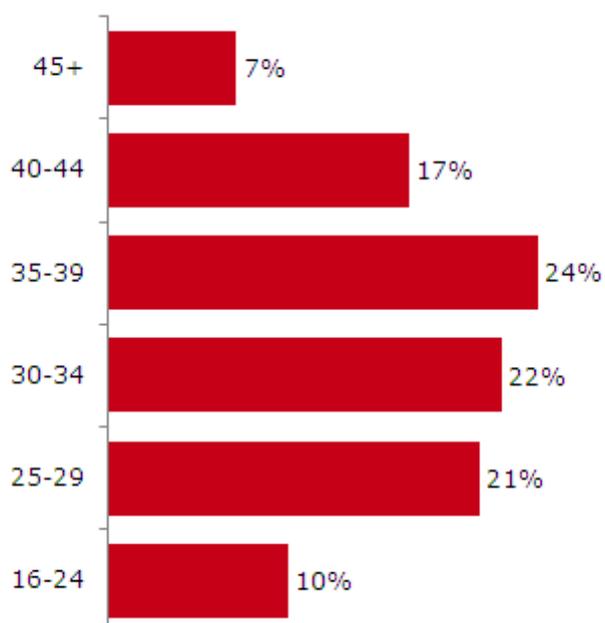
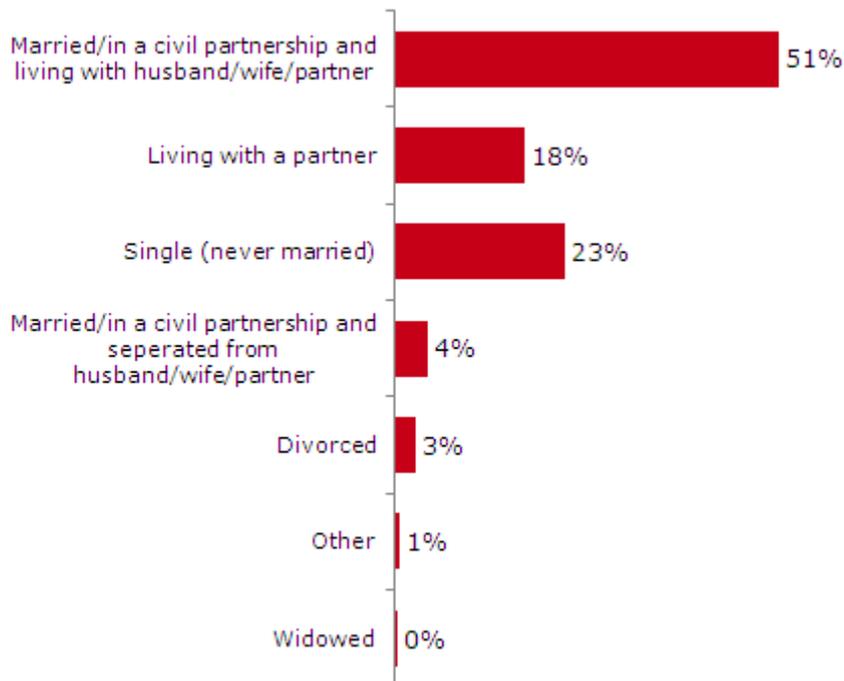


Figure A4.2 Gender of respondent

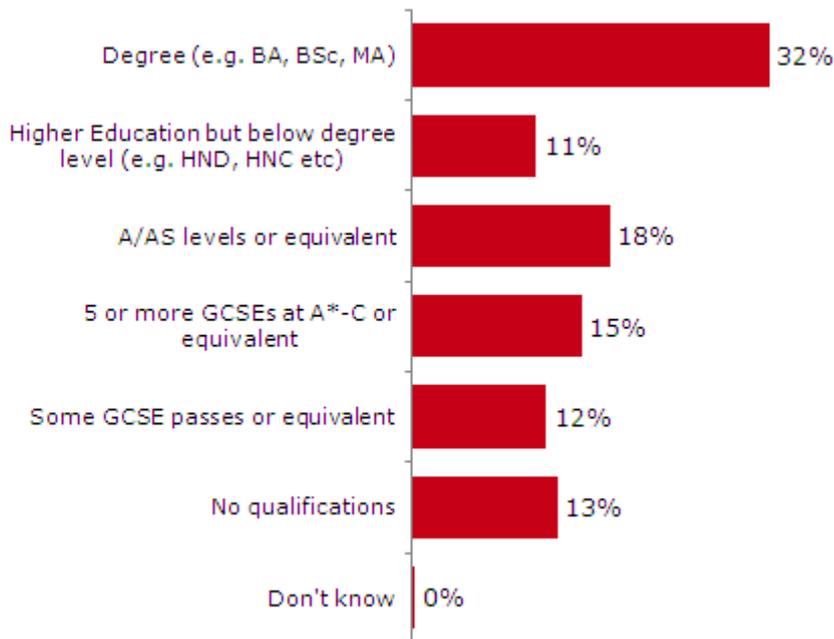


<sup>26</sup> All profiling information relates to parents of children aged 0-5 in the three active trial areas

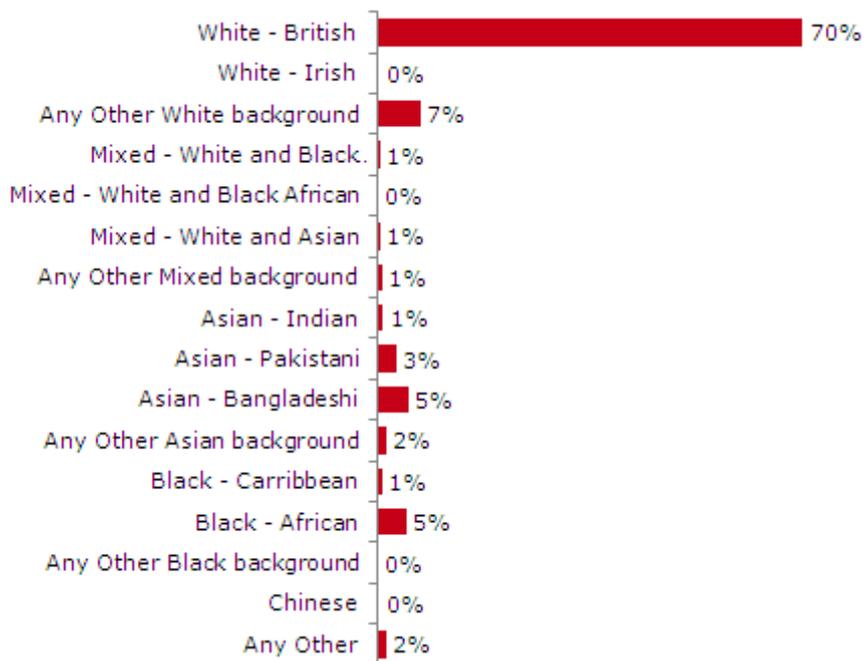
**Figure A4.3 Relationship status**



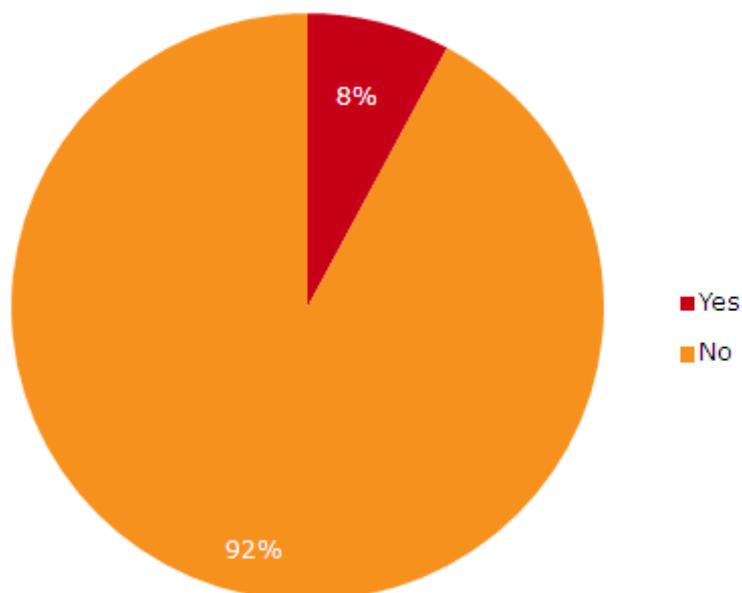
**Figure A4.4 Highest qualification held by respondent**



**Figure A4.5 Ethnicity of respondent**



**Figure A4.6 Whether respondent has any long standing illness, disability or infirmity**



## Household profile

Figure A4.7 Employment status of respondent and partner

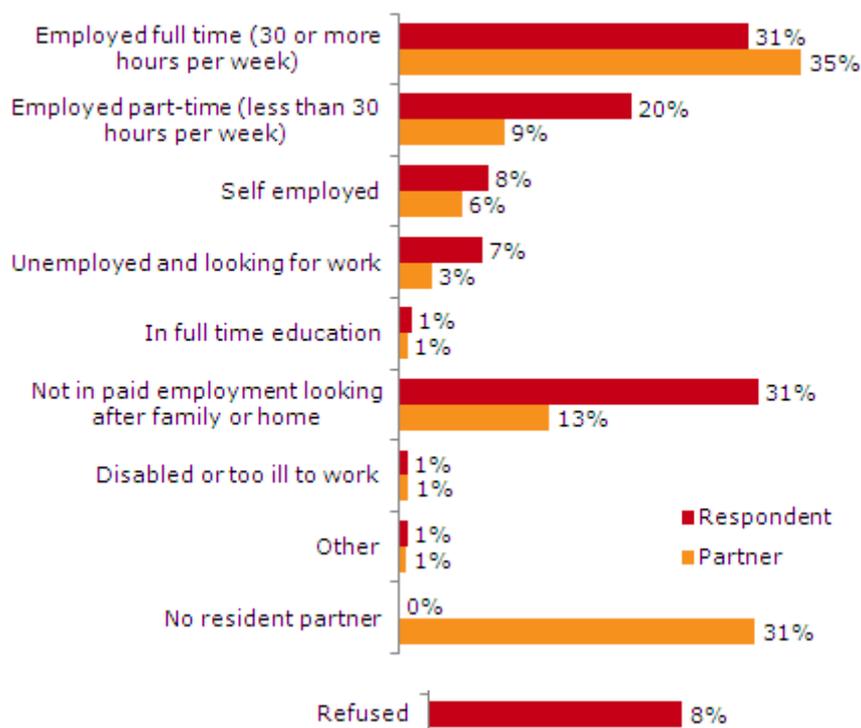


Figure A.4.8 Gross annual household income

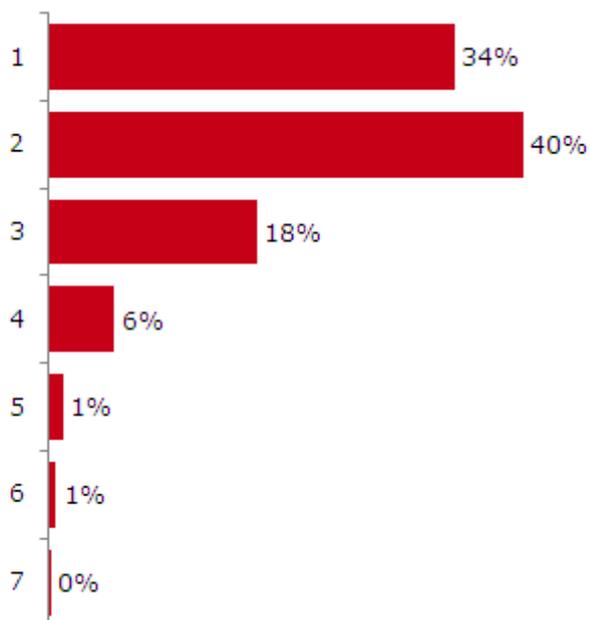


Figure A4.9 Number of children aged 16 or under in household

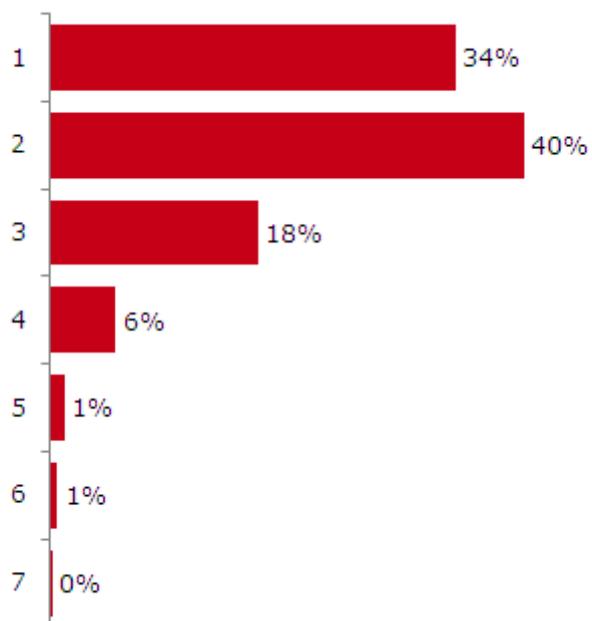
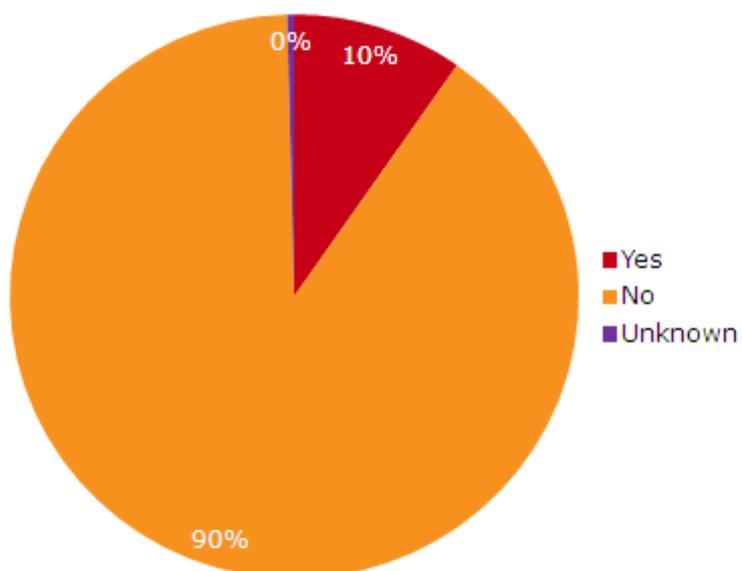
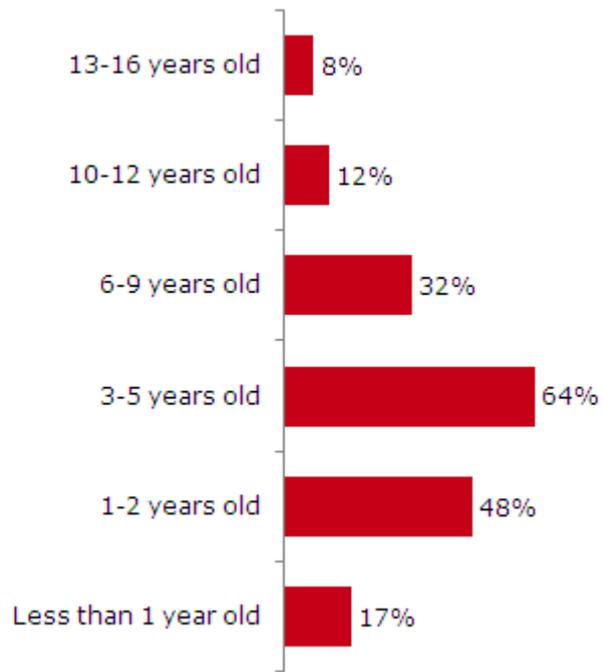


Figure A4.10 Presence of children with special educational needs or disabilities in the household



**Figure A4.11 Age of children in household**



## Appendix 5 – Penetration Survey methodology details

### A5.1 Sample definition

As discussed in Section 3.1, the interim report focuses only on parents of children aged 0-5 living in Camden, High Peak or Middlesbrough. This actually represents a sub-sample of all of the interviews conducted in this first wave of the penetration survey.

Interviewing took place in 20 specific areas, chosen for their relevance to the CANparent programme. These fell into the three following groups:

- Voucher trial areas (i.e. those areas in which CANparent vouchers were being distributed)
  - Camden; Middlesbrough; and High Peak
- Non-voucher supported trial area (i.e. where there was CANparent related activity, but without any distribution of vouchers)
  - Bristol
- Comparison areas (selected for their similarity to the four trial areas)
  - Bristol comparators: Coventry; Derby; Newcastle Upon Tyne; and Plymouth
  - Camden comparators: Hammersmith & Fulham; Kensington & Chelsea; Southwark; and Wandsworth
  - High Peak comparators: Amber Valley; Kettering; Lichfield; and South Staffordshire
  - Middlesbrough comparators: Kingston Upon Hull; Sandwell; Stoke On Trent; and Wolverhampton

Sample in these areas was drawn from HMRC's child benefit records, which provide almost universal coverage of parents in England.

Only those families which included a child born since 1st May 2005 were included in the sample provided by HMRC.

As the named sample from child benefit records skews strongly towards mothers, TNS BMRB's interviewers enumerated all eligible parents within the household at each given address and then selected one at random for participation in the interview.

Eligible parents were defined as including birth parents, step parents, foster parents and legal guardians living in the household. Interviewers were briefed that step parents didn't necessarily have to be married to the birth parent of the children in the household to be eligible for the survey – if a new partner had joined a family group they were included in the selection, regardless of whether they were married or not.

Under this definition, non-resident parents were not covered by the survey (and there is, in fact, no cost-effective way to include non-resident parents in a survey with sample drawn from child benefit records).

The issued sample in each of the four trial areas consisted of 680 addresses, while the issued sample in each of the 16 comparison areas was made up of 170 addresses.

Because High Peak and Middlesbrough have relatively small populations, the sample in these two areas was drawn, unclustered, from across the whole Local Authority.

In all other trial and comparison areas, the sample was selected as a two-stage (i.e. clustered) sample. That is, a random sample of postcode sectors was selected at stage one and eligible parents within those sectors were selected at stage two.

In each of Camden and Bristol, the sample of 680 addresses was clustered within 20 postcode sectors and a random sample of 34 claimants taken per sector. These 20 sectors were selected with probability proportional to the number of eligible child benefit claimants. In each of the 16 comparison areas, the sample of 170 addresses was selected from five postcode sectors (so, again, there was a sample of 34 claimants per sector and sectors were selected with probability proportional to the number of claimants).

## **A5.2 Sample profile differences between the interim and final reports**

In this first year of the research programme, the focus of all reporting from the penetration survey is on the voucher trial areas (Camden, High Peak and Middlesbrough).

Data from the other areas (i.e. the comparison areas and the non-voucher supported trial area) were being collected primarily to feed into the impact analysis phase that will take place after the second wave of interviewing has been completed. An early analysis of the comparison areas can, however, be found in Appendix 6.

It should be noted that in this interim report, we are focusing only on parents of children aged 0-5. As the full wave one sample actually included families with children born since 1<sup>st</sup> May 2005, the data have been filtered accordingly for the interim report.

The reason for this approach is that the focus of the interim reporting is on families directly in-scope for CANparent classes at the time of interviewing (i.e. with children aged 0-5). However, in the main report, which will incorporate data from both waves of interviewing, the analysis will broaden to include all families that would have been eligible for CANparent classes at any point since the launch of the CANparent scheme (i.e. parents with children born since 1<sup>st</sup> May 2005). Because it will be necessary to make direct comparisons between the wave one and wave two data in the final report, the samples must be matched, hence the inclusion in wave one of parents of older children.

## **A5.3 Response rates**

Overall, 3,045 interviews were completed from the issued sample of 5,440 addresses. Table A5.1 summarises how response rates varied across each of the trial areas and the comparison areas as a whole.

**Table A5.1 Response rates by area**

Area	Issued sample	Deadwood/ ineligible <sup>27</sup>	Opt outs <sup>28</sup>	Complete interviews	Response rate from in-scope sample <sup>29</sup>
TOTAL	5,440	696	212	3,045	67.2%
Camden	680	103	32	371	68.1%
High Peak	680	77	18	377	64.4%
Middlesbrough	680	86	24	376	66.0%
Bristol	680	101	21	386	69.2%
Comparison areas	2,720	329	117	1,535	67.5%

## A5.4 Weighting

The survey data were weighted to ensure that each trial area accounted for an equal proportion of the total weighted sample, and so that the trial areas and comparison areas carried an equal weight, as outlined in Table A5.2.

**Table A5.2 Weights applied to correct skews by area**

Area	Unweighted base	Unweighted % of total	Weighted base	Weighted % of total
TOTAL	3,045	100%	3,045	100%
Camden	371	12.2%	381	12.5%
High Peak	377	12.4%	381	12.5%
Middlesbrough	376	12.3%	381	12.5%
Bristol	386	12.7%	381	12.5%
Comparison areas	1,535	50.4%	1,523	50%

<sup>27</sup> Deadwood/ineligible consists of cases where the selected address was empty/non-residential/ inaccessible/impossible to locate, addresses where the named family had moved away and no eligible family had moved in, and addresses where the eligibility criteria were not met (i.e. no in-scope children lived in the household).

<sup>28</sup> Opt outs were cases where respondents called the survey helpline to indicate that they did not wish to take part, and could not therefore be contacted by interviewers.

<sup>29</sup> In-scope sample was defined as (Issued sample)-(Deadwood/ineligible)-(Opt outs).

Weights were also applied to correct a skew in response rate towards female respondents, as shown in Table A5.3.

**Table A5.3 Weights applied to correct skews by gender**

<b>Area</b>	<b>Unweighted base</b>	<b>Unweighted % of total</b>	<b>Weighted base</b>	<b>Weighted % of total</b>
TOTAL	3,045	100%	3,045	100%
Females from married or civil partnered couples living together	898	29.5%	824	27.1%
Males from married or civil partnered couples living together	749	24.6%	824	27.1%

There was not any significant difference in terms of response rates for addresses with different classifications in the Index of Multiple Deprivation or addresses in urban vs. rural settings, so it was decided that weighting was not needed on these criteria.

## Appendix 6 – Penetration Survey - The impact study design

One of our evaluation aims is to measure the impact of the CANparent programme on the attitudes and behaviours of the general population of eligible parents in trial areas. This will be achieved using before (Wave 1) and after (Wave 2) surveys in the trial areas and similar surveys in a set of matched comparison areas. These surveys are all to be carried out as independent, cross-sectional, ‘snapshots’ of parents. The final impact analysis will be based on a matched difference-in-differences analysis – and we will conclude there is evidence of impact if there is a greater difference between trial and comparison areas towards the end of the trial than the difference observed at the start of the trial.

The first wave of the penetration survey in trial and comparison areas does not, in fact, suggest that there were any major differences between the trial and comparison areas at the beginning (or early stages) of the trial. After matching the two sets of survey data (trial and comparison) on a range of geographical and socio-economic variables (using propensity score matching), there are no significant differences in outcomes between the two sets of areas. As illustration, Table A6.1 below sets out the distribution of parental responses to the series of statements about parenting classes, as described in Section 3. In this instance the sample is based on all parents in the survey, including those with children aged 6 at the time of the interview. The figures exclude Bristol and its comparison areas.

**Table A6.1 Level of agreement to statements about parenting in trial and matched comparison groups at Wave 1**

<b>Statement</b>	<b>Area</b>		<b>Agree strongly</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Disagree strongly</b>
<b>Parents should only go on a parenting class if they've got problems with how to bring up their children</b>	Trial	%	6	23	21	43	7
	Comparison	%	5	25	22	40	8
<b>Parents who go on a parenting class are admitting that they're not doing a very good job at parenting</b>	Trial	%	1	8	15	48	28
	Comparison	%	2	8	15	43	32
<b>It's more useful for mothers to have parenting classes than fathers</b>	Trial	%	2	12	17	48	22
	Comparison	%	4	10	16	46	24
<b>It's up to parents how they bring up their children and they don't need to attend classes on how to do it</b>	Trial	%	7	29	39	22	3
	Comparison	%	8	28	38	23	4
<b>Going on parenting classes should be something that all parents should be encouraged to do</b>	Trial	%	12	41	30	15	2
	Comparison	%	13	37	35	14	2
<b>Deciding to go on a parenting class shows that you're trying to do your best to parent your children well</b>	Trial	%	17	46	25	10	2
	Comparison	%	20	46	22	9	3

[contd]

<b>All parents can benefit from going on a parenting course</b>	Trial	%	16	50	22	11	1
	Comparison	%	18	46	26	9	1
<b>Parenting classes are just as suited to older parents as they are to teenage parents and other young parents</b>	Trial	%	18	52	16	11	3
	Comparison	%	20	50	14	14	3
<b>Parenting classes are mainly relevant for parents of new born babies</b>	Trial	%	3	15	20	48	13
	Comparison	%	3	18	19	47	13
<b>If parents have issues they want to discuss about parenting, it's better to talk to professionals rather than simply rely on talking to family or friends</b>	Trial	%	6	32	38	22	3
	Comparison	%	8	31	36	22	3
<b>Parenting classes should only be offered for free if parents can't afford to pay for them themselves</b>	Trial	%	13	31	17	31	9
	Comparison	%	13	32	16	27	12

Bases: Trial areas = 1124; comparison areas=1137

## Appendix 7 – Penetration Survey Questionnaire

AN ELECTRONIC CONTACT SHEET WAS USED TO CONDUCT RESPONDENT SELECTION ON THE DOORSTEP. THE NUMBER OF PARENTS WAS DETERMINED AND A RANDOM SELECTION CONDUCTED IF THERE WAS MORE THAN ONE.

---

Q1. CODE GENDER OF RESPONDENT

Male 1

Female 2

---

Q2. As I mentioned earlier, this survey is looking at a range of issues to do with parenting – we'll be talking about various subjects throughout the interview and in particular we'll be looking at what you think about parenting classes.

Parenting classes are courses where parents can learn about parenting and parenting skills. The courses can be face-to-face sessions, which parents generally attend in groups, and they can also be conducted online.

To start with, can I check how old you are currently?

**ENTER AGE IN YEARS \_ \_**

**SCRIPTER – FLAG CHECK QUESTION FOR INTERVIEWER IF AGE > 50**

---

**ASK ALL**

Q3. And how many children aged 16 or under live in the household?

**ENTER NUMBER OF CHILDREN \_ \_**

**SCRIPTER – FLAG CHECK QUESTION FOR INTERVIEWER IF VALUE > 6 IS ENTERED**

**SCRIPTER – IF RESPONDENT SAYS 0, VERIFY THIS ANSWER THEN GO TO THANK AND CLOSE SCREEN**

---

**ASK ALL**

Q3A. How old is the [TEXT FILL IF 2 OR MORE CHILDREN IN HOUSEHOLD: youngest / next youngest] child living in the household?

**SCRIPTER – SHOW UP TO MAX 10 ITERATIONS OF THIS QUESTION IF Q3 = 2 OR MORE. SHOW SECOND ITERATION AFTER RESPONDENT HAS COMPLETED 1<sup>ST</sup> ITERATION OF Q3A-Q3E (AND 3<sup>RD</sup> ITERATION AFTER 2<sup>ND</sup> IS TOTALLY COMPLETE....AND SO ON)**

**ENTER AGE OF CHILD \_\_**

**SCRIPTER – FLAG CHECK QUESTION FOR INTERVIEWER IF VALUE > 16 IS ENTERED**

**INTERVIEWER: IF CHILD IS LESS THAN A YEAR OLD, ENTER '0'.**

Don't know            11

Refused                12

---

**IF CHILD IS LESS THAN 1 YEAR OLD (Q3A = 0)**

Q3B. And can I check how many months old they are?

**PROBE TO CODES AS NECESSARY. SINGLE CODE.**

0-3 months            1

4-6 months            2

7-11 months           3

Don't know            4

Refused                5

---

**ASK ALL**

Q3C. And [TEXT FILL IF 1 CHILD AT Q3A: are they] [TEXT FILL IF 2 OR MORE CHILDREN AT Q3A: is that child] a boy or a girl?

**SCRIPTER – SHOW UP TO MAX 10 ITERATIONS OF THIS QUESTION IF Q3A = 2 OR MORE.**

Boy                    1

Girl                   2

Refused               3

**ASK ALL**

Q3D. And what is your relationship with that child?

**SCRIPTER – SHOW UP TO MAX 10 ITERATIONS OF THIS QUESTION IF Q3A = 2 OR MORE.**

**SHOW CARD A. SINGLE CODE**

Birth parent	1
Adoptive/foster parent	2
Step parent	3
Grandparent	4
Other	5
Refused	6

---

**ASK ALL**

Q3E. In your view, does that child have any special needs or a disability?

Yes	1
No	2
Don't Know	3
Refused	4

---

**[Q4 NUMBERING NOT USED]**

---

**ASK ALL**

Q5. **INTERVIEWER, READ OUT:** This next part of the interview involves me giving you the computer so that you can read and answer the questions by yourself without anyone seeing or hearing your answers. When you have finished, your answers will be automatically locked up in the computer so I cannot look at them. The questions are about your views on various things to do with parenting classes. When you have read each statement, please select the answer which shows what you think by touching the screen and then press the CONTINUE button

(INTERVIEWER DEMONSTRATE. ALSO SHOW HOW TO USE SCROLL BAR).

The next question will then appear on the screen automatically. If you're unsure about anything at all, then do ask me.

**INTERVIEWER: CODE WHETHER RESPONDENT WILLING TO DO SELF-COMPLETION**

Willing to do self-completion independently 1 [CONTINUE]

Willing to do self-completion with interviewer help 2 [CONTINUE]

**SCRIPTER - Don't Know and Refused are not allowed**

---

**ASK ALL**

Q6. Parenting classes are face-to-face sessions or online courses where parents can learn about parenting and parenting skills.

To what extent do you agree or disagree with the following statement about parenting classes?

**[SCRIPTER – DISPLAY ONE STATEMENT PER SCREEN]**

**[SCRIPTER: RANDOMISE ORDER OF STATEMENTS. SINGLE CODE PER STATEMENT]**

Parents should only go on a parenting class if they've got problems with how to bring up their children 1

Parents who go on a parenting class are admitting that they're not doing a very good job at parenting 2

It's more useful for mothers to have parenting classes than fathers 3

It's up to parents how they bring up their children and they don't need to attend classes on how to do it 4

Going on parenting classes should be something that all parents should be encouraged to do 5

Deciding to go on a parenting class shows that you're trying to do your best to parent your children well 6

All parents can benefit from going on a parenting course 7

Parenting classes are just as suited to older parents as they are to teenage parents and other young parents 8

Parenting classes are mainly relevant for parents of new born babies 9

If parents have issues they want to discuss about parenting, it's better to talk to professionals rather than simply rely on talking to family or friends 10

Parenting classes should only be offered for free if parents can't afford to pay for them themselves 11

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5
Don't know	6
Don't want to answer	7

---

**ASK ALL**

Q6A Parents may have lots of different views about parenting classes, and whether or not they would go to one. Which of these things might *you* feel about going to parenting classes?

**FOR THIS QUESTION, PLEASE HIGHLIGHT ALL OF THE THINGS THAT YOU THINK YOU MIGHT FEEL.**

[SCRIPTER: RANDOMISE ORDER OF STATEMENTS]

I think that parenting classes might...

Build my confidence as a parent	1
Make me feel like I'd failed or got something wrong	2
Be run by people who would judge me	3
Be a good chance to talk about things with other parents	4
Teach me useful new parenting skills and tips	5
Just tell me what I already know	6
Make me feel like I'm being tested	7
Make me a better parent	8
Improve how I well I get on with my child(ren)	9
Mean that my child(ren) might be better behaved	10
Improve my relationship with my partner	11
Be too expensive for me	12
Make other people think that I'm not a good parent	13
Take up too much time	14
Help my children to reach their potential	15

---

**ASK ALL WHO GAVE A RATING FROM 1-5 FOR THE STATEMENT 'ALL PARENTS COULD BENEFIT FROM ATTENDING A PARENTING CLASS' AT Q6**

Q6B. You said that you [TEXT SUBSTITUTION: ENTER RESPONSE FROM Q6 ] that all parents could benefit from attending a parenting class. To check, is this what you would have said a year or so ago, or has your opinion about this changed?

**SINGLE CODE ONLY.**

Stayed same	1
Changed	2
Don't know	3
Don't want to answer	4

---

**IF HAD CHANGED OPINION ABOUT BENEFITS OF PARENTING CLASS (Q6B = 2)**

Q6C. A year or so ago, to what extent would you have agreed or disagreed with this statement: All parents can benefit from going on a parenting course

Would you have.....

Agreed strongly	1
Agreed slightly	2
Neither agreed nor disagreed	3
Disagreed slightly	4
Disagreed strongly	5
Don't know	6
Don't want to answer	7

---

**ASK ALL**

Q6d How useful or otherwise do you think parenting classes are for...

**PLEASE SELECT ONE ANSWER PER ROW**

**[SCRIPTER: SINGLE CODE PER STATEMENT. DISPLAY ALL STATEMENTS ON SAME SCREEN. DISPLAY ANSWER CODES ACROSS TOP OF SCREEN]**

Parents with babies up to 12 months old	1
Parents with children between 1 and 5 years old	2
Parents with children between 6 and 9 years old	3
Parents with children between 10 and 12 years old	4
Parents with children between 13 and 18 years old	5

**ANSWER CODES:**

Very useful	1
Fairly useful	2
Not very useful	3
Not at all useful	4
Don't know	5
Don't want to answer	6

---

**ASK ALL**

Q6 Outro Thank you very much for answering these questions. Your answers will be completely confidential. Please press 'LOCK ANSWERS' to lock-up your answers, then press continue.

Lock answers	1
--------------	---

---

Q6 Finish NOW PLEASE HAND THE COMPUTER BACK TO THE INTERVIEWER.

**SCRIPTER - Back option not allowed**

---

**ASK ALL**

Q7. The next few question are about parenting classes aimed at parents with children aged 5 and under. We'll then move on to ask about parenting classes aimed at parents with children older than 5.

To start with, since the 30<sup>th</sup> of April this year, have you taken part in a class or course about parenting or parenting skills, for parents with children AGED 5 AND UNDER? This might include going along to a parenting class in person or taking part in an online or internet based class. This wouldn't include post-natal classes or parent and toddler groups.

**INTERVIEWER: IT IS ONLY THE RESPONDENT WE ARE INTERESTED IN HERE. IF ONLY THEIR PARTNER ATTENDED, CODE AS 'NO'.**

**IF THEY SAY THE COURSE WASN'T AGE SPECIFIC (OR IT COVERED BOTH PARENTS OF CHILDREN AGED 0-5 AND PARENTS OF OLDER CHILDREN) CODE AS 'YES'.**

- Yes 1
- No 2
- Don't know 3
- Refused 4

---

**IF TAKEN PART IN PARENTING CLASS FOR 0-5s (YES AT Q7)**

Q7A. And was that part of a course of classes that had actually started BEFORE the 30<sup>th</sup> of April?

- Yes 1
- No 2
- Don't know 3
- Refused 4

---

**IF ATTENDED A PARENTING CLASS FOR 0-5s (YES AT Q7)**

Q8. And what was this parenting class or course about? **PROMPT:** What did you learn? **PROBE:** What else?

**SHOW CARD B. CODE ALL THAT APPLY.**

- Caring for young babies 1
- Dealing with children's behaviour issues 2
- Supporting children's learning 3
- Helping my child with school issues/starting school 4

Family relationships	5
Safety inside or outside the home	6
Food/diet/healthy living/exercise	7
A general course on parenting	8
Other (please specify)	9
Don't know	10
Refused	11

---

**IF ATTENDED A PARENTING CLASS FOR 0-5s (YES AT Q7)**

Q9. Was it your own choice to do the course or did someone else advise you in their professional capacity that you should?

**DO NOT READ OUT. CODE ONE ONLY**

It was their own choice	1
They were advised/told to go	2
Advised to go on class (but specified that it was their decision in the end)	3
Don't know	4
Refused	5

---

**IF ADVISED / TOLD TO GO (CODES 2 OR 3 AT Q9)**

Q10. Who advised you, or told you, to go on the parenting class?

**SHOW CARD C. CODE ALL THAT APPLY.**

Health visitor/midwife	1
GP/Doctor	2
Children's Centre/nursery staff/childcare provider	3
School	4
Social worker/social services	5
Other (specify)	6
Don't know	7

---

**IF ATTENDED A PARENTING CLASS FOR 0-5s (YES AT Q7)**

Q10A. Can I check, did you pay to go on the parenting classes or were they free?

**INTERVIEWER – IF RESPONDENT SAYS THEY USED A VOUCHER, CODE AS ‘FREE’. SINGLE CODE.**

Paid for it	1
Free	2
Don't know	3
Refused	4

---

**IF ATTENDED A FREE CLASS (Q10A = 2)**

Q10B. And would you have been prepared to pay for those parenting classes?

IF QUERIED HOW MUCH THEY WOULD HAVE TO PAY, EXPLAIN: We don't have a fixed amount in mind – it's whatever you think parents might be charged for the classes.

**SHOW CARD D. SINGLE CODE ONLY.**

Would definitely have paid for them	1
Would probably have paid for them	2
Would probably not have paid for them	3
Would definitely not have paid for them	4
Don't know	5
Refused	6

---

**ASK ALL**

Q11. Now I am going to ask about parenting classes aimed at parents with children AGED 6 AND OVER. Since the 30<sup>th</sup> of April this year, have you taken part in a class or course about parenting and parenting skills for parents with children **AGED 6 AND OVER**? This might include going along to a parenting class in person or taking part in an online or internet based parenting class.

Yes – and it was a different course to the one for children aged 5 and under	1
Yes – but it was the same course as the one for children aged 5 and under	2

No	3
Don't know	4
Refused	5

---

**[Q12-Q15 NUMBERING NOT USED]**

---

**ASK ALL**

Q16. If you had an issue about parenting, how likely do you think you would be to ask for advice or support from someone other than family or friends?

**SHOW CARD E AND CODE ONE ONLY.**

Very likely	1
Fairly likely	2
Neither likely nor unlikely	3
Fairly unlikely	4
Very unlikely	5
Don't know	6
Refused	7

---

**IF LIKELY TO SEEK ADVICE (Q16 = 1 OR 2)**

Q17. Other than family or friends, where would you go for this advice or support? PROMPT: Where else?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

A parenting class	1
Health visitor/midwife	2
GP/Doctor	3
Children's Centre/nursery staff/childcare provider	4
School	5
Social worker/social services	6

A website offering parenting advice (e.g. Mumsnet / Family Lives etc.)	7
The internet (non-specific)	8
Telephone helpline (e.g. Family Lives/ Parentline etc.)	9
Books / Library	10
Colleagues	11
Other (specify)	12
Don't know	13
Refused	13

---

**IF UNLIKELY TO SEEK ADVICE (Q16 = 4 OR 5)**

Q18. Why wouldn't you seek advice or support from somebody other than family and friends?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

Does not interest me	1
I do not/will never need support / advice	2
I know enough people I can discuss parenting issues with	3
I would not know where to go / how to get advice or support	4
Too busy / don't have time	5
Work demands (e.g. long hours, being away with work)	6
My partner would do it (not me)	7
I'd be embarrassed	8
I'd feel like I'd failed as a parent	9
My partner wouldn't let me	10
I couldn't afford it	11
My family and friends give me all the support that I need	12
Other (specify)	13
Don't know	14
Refused	15

**ASK ALL**

Q19. How likely or unlikely do you think it is that you'll take part in [TEXT FILL: IF ATTENDED A CLASS FOR 0-5s (Q7 = 1) insert 'other'] parenting classes while you've got a child aged 5 or under?

**SHOW CARD E AND CODE ONE ONLY.**

Very likely	1
Fairly likely	2
Neither likely nor unlikely	3
Fairly unlikely	4
Very unlikely	5
[DO NOT INCLUDE ON SHOW CARD] Already attend a parenting class	6
Don't know	7
Refused	8

---

**[Q20-Q21 NUMBERING NOT USED]****IF UNLIKELY TO ATTEND (Q19 = 4 or 5)**

Q22. Why do you say that?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

Does not interest me	1
I would not need support / advice	2
I know enough people I can discuss parenting issues with	3
Too busy /Don't have time	4
Work demands (e.g. long hours, being away with work)	5
Would not have anybody to look after the children / too busy with children	6
My partner would do it (not me)	7
I'd be embarrassed	8
I'd feel like I'd failed as a parent	9
My partner wouldn't let me	10
There aren't any parenting courses around/ wouldn't know where to find one	11

I couldn't afford it	12
My family and friends give me all the support that I need	13
Other (specify)	14
Don't know	15
Refused	16

---

**ASK ALL**

Q22A. If you did think about taking part in parenting classes, would you be prepared to pay for them, or would you only think about taking part if it was free?

IF QUERIED HOW MUCH THEY WOULD HAVE TO PAY, EXPLAIN: We don't have a fixed amount in mind – it's whatever you think a short course of classes might cost

**SHOW CARD F. CODE ONE ONLY.**

Would definitely pay for them	1
Would probably pay for them	2
Would probably not pay for them	3
Would definitely not pay and would only go if they were free	4
DO NOT INCLUDE ON SHOW CARD: Would never go on a parenting class, even if it was free	5
Don't know	6
Refused	7

---

**SCRIPTER - Q24A AND Q25 ARE EACH PRE-ASSIGNED TO 33% OF ISSUED COMPARISON AREA ADDRESSES. LOOKUP SAMPLE VARIABLE TO DETERMINE WHO ANSWERS THESE QUESTIONS. IF NOT FLAGGED FOR EITHER Q24A OR Q25, THEN SKIP STRAIGHT TO LOGIC BEFORE Q34.**

Q23. **INTERVIEWER, READ OUT:** Now we're going to do a few more questions where you can enter the answers yourself. A few different questions will appear on the screen at a time. When you have read the questions, please select the answers you want to give by touching the screen and then press the CONTINUE button, like before (INTERVIEWER DEMONSTRATE). If you're unsure about anything at all, then do ask me. **INTERVIEWER: CODE WHETHER RESPONDENT WILLING TO DO SELF-COMPLETION**

Willing to do self-completion independently	1 [CONTINUE]
Willing to do self-completion with interviewer help	2 [CONTINUE]

Refused to do self-completion

3 [SKIP TO Q26]

**SCRIPTER - Don't Know and Refused are not allowed**

**SCRIPTER – AS ABOVE, Q24A&B ARE PRE-ASSIGNED TO A THIRD OF ISSUED COMPARISON AREA ADDRESSES. LOOKUP SAMPLE VARIABLE TO DETERMINE WHO ANSWERS THIS QUESTION**

Q24A/B. The statements below describe a lot of events that routinely occur in families with young children. These events sometimes make life difficult. Please read each item and indicate how often it happens to you (never, rarely, sometimes, a lot, or constantly) AND how much of a 'hassle' you feel it has been for you, for the past few weeks.

If you have more than one child, these events can include any or all of your children.

If a question does not apply because your child is too young, then please leave the question blank.

**SCRIPTER: SHOW 5 STATEMENTS PER SCREEN. KEEP THEM IN THE ORDER SHOWN (DO NOT RANDOMISE). DISPLAY BOTH THE FOLLOWING 5 POINT SCALES ACROSS THE TOP OF THE SCREEN, WITH A VERTICAL DIVIDING LINE BETWEEN THE TWO, AND WITH THE STATEMENTS ON THE SIDE, IN A GRID. IF RESPONDENT DOESN'T ANSWER FOR A GIVEN STATEMENT, DISPLAY A MESSAGE CHECKING IF THEY DELIBERATELY LEFT IT BLANK OR IF THEY WANT TO RETURN AND INPUT AN ANSWER**

(Q24A)

Please indicate how often this happens to you

Never	Rarely	Sometimes	A lot	Constantly
1	2	3	4	5

(Q24B)

Please indicate how much of a hassle it has been to you

Low hassle					High hassle
1	2	3	4	5	

**STATEMENT LIST:**

Continually cleaning up messes of toys or food	1
Being nagged, whined at, complained to	2
Mealtime difficulties (picky eaters, complaining etc.)	3
The kids don't listen - won't do what they are asked without being nagged	4
Babysitters are difficult to find	5
The kids' schedules (like preschool or other activities) interfere with meeting your own or household needs	6
Sibling arguments or fights which require a 'referee'	7
The kids demand that you entertain or play with them	8
The kids resist or struggle over bedtime with you	9

The kids are constantly underfoot, interfering with other chores	10
The need to keep a constant eye on where the kids are and what they are doing	11
The kids interrupt adult conversations or interactions	12
Having to change your plans because of an unpredicted child need	13
The kids get dirty several times a day requiring changes of clothes	14
Difficulties getting privacy (e.g. like in the bathroom)	15
The kids are hard to manage in public (e.g. supermarket, shopping centre, restaurant)	16
Difficulties in getting kids ready for outings and leaving on time	17
Difficulties in leaving kids for a night out or at school or child care	18
The kids have difficulties with friends (e.g. fighting, trouble getting along, or no friends)	19
Having to run extra errands to meet kids' needs	20

**IF ASKED Q24A**

Q24 Outro Thank you very much for answering these questions. Your answers will be completely confidential. Please press 'LOCK ANSWERS' to lock-up your answers, then press continue.

Lock answers 1

**IF ASKED Q24A**

Q24 Finish NOW PLEASE HAND THE COMPUTER BACK TO THE INTERVIEWER.

**SCRIPTER - Back option not allowed**

**SCRIPTER – AS ABOVE, Q25 IS PRE-ASSIGNED TO A THIRD OF ISSUED COMPARISON AREA ADDRESSES WITH CHILDREN AGED 0-5 IN THEM. LOOKUP SAMPLE VARIABLE TO DETERMINE WHO ANSWERS THIS QUESTION**

Q25. Below are some questions relating to your feelings about being a parent. Please read each question carefully and rate whether you feel it applies to you by selecting a number from 1 (strongly agree) to 6 (strongly disagree)

**SCRIPTER: SHOW 5 STATEMENTS PER SCREEN. KEEP THEM IN THE ORDER SHOWN (DO NOT RANDOMISE)**

**SCRIPTER: SINGLE CODE PER STATEMENT. IF RESPONDENT DOESN'T ANSWER FOR A GIVEN STATEMENT, DISPLAY A MESSAGE CHECKING IF THEY DELIBERATELY LEFT IT BLANK OR IF THEY WANT TO RETURN AND INPUT AN ANSWER**

**SCRIPTER: RATING TO APPLY TO EACH STATEMENT IS AS FOLLOWS:**

Strongly agree	Agree	Mildly agree	Mildly disagree	Disagree	Strongly disagree
1	2	3	4	5	6

**SCRIPTER: THE STATEMENTS TO BE DISPLAYED ARE AS FOLLOWS**

The problems of taking care of a child are easy to solve once you know how your actions affect your child. 1

Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age. 2

I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot. 3

I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated. 4

My mother/father was better prepared to be a good mother/father than I am. 5

I would make a good role model for a new mother/father to follow in order to learn what she/he needs to know to be a good parent. 6

Being a parent is manageable and any problems are easily solved. 7

A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one. 8

Sometimes I feel like I'm not getting anything done. 9

I meet my own personal expectations for expertise in caring for my child. 10

If anyone can find the answer to what is troubling my child, I am the one. 11

My talents and interests are in other areas, not in being a parent. 12

Considering how long I've been a mother/father, I feel thoroughly familiar with this role. 13

If being a mother/father were only more interesting, I would be motivated to do a better job as a parent. 14

I honestly believe that I have all the skills necessary to be a good

mother/father to my child.	15
Being a parent makes me tense and anxious.	16
Being a good mother/father is reward in itself.	17

---

**IF ASKED Q25**

Q25 Outro Thank you very much for answering these questions. Your answers will be completely confidential. Please press 'LOCK ANSWERS' to lock-up your answers, then press continue.

Lock answers 1

Q25 Finish NOW PLEASE HAND THE COMPUTER BACK TO THE INTERVIEWER.

**SCRIPTER - Back option not allowed**

---

**[Q26-Q33 NUMBERING NOT USED]**

---

**IF DIDN'T ATTEND A COURSE THAT STARTED PRIOR TO 30<sup>th</sup> APRIL (ASK ALL APART FROM THOSE SAYING 'YES' AT Q7A)**

Q34. I asked you earlier about parenting classes you may have attended **SINCE** the 30<sup>th</sup> of April this year. Now I'd like you to think a little further back. Can I just check, **BEFORE** the 30<sup>th</sup> April of this year, had you ever taken part in any classes or courses about parenting and parenting skills for parents of children AGED 5 AND UNDER?

This might include going along to a parenting class in person or taking part in an online or internet based parenting class. This wouldn't include post-natal classes or parent and toddler groups.

**INTERVIEWER: IF THEY SAY THE COURSE WASN'T AGE SPECIFIC (OR IT COVERED BOTH PARENTS OF CHILDREN AGED 0-5 AND PARENTS OF OLDER CHILDREN) CODE AS 'YES'.**

Yes	1
No	2
Don't know	3
Refused	4

---

**IF ATTENDED A CLASS BEFORE APRIL (YES AT Q34)**

Q35. Was it your own choice to do the course or did someone else advise you in their professional capacity that you should?

**IF NECESSARY:** This is the course that happened BEFORE 30<sup>th</sup> April this year that we're talking about

**DO NOT READ OUT. CODE ONE ONLY**

It was their own choice	1
They were advised/told to go	2
Advised to go on class (but specified that it was their decision in the end)	3
Don't know	4
Refused	5

---

**IF ADVISED / TOLD TO GO (CODES 2 OR 3 AT Q35)**

Q36. Who advised you, or told you, to go on the parenting class?

**IF NECESSARY:** This is the course that happened BEFORE 30<sup>th</sup> April this year that we're talking about

**SHOW CARD G. CODE ALL THAT APPLY.**

Health visitor/midwife	1
GP/Doctor	2
Children's Centre/nursery staff/childcare provider	3
School	4
Social worker/social services	5
Other (specify)	6
Don't know	7
Refused	8

---

**ASK ALL**

Q37. And now thinking about classes for parents of older children, **BEFORE** the 30<sup>th</sup> of April this year, did you take part in any classes or courses on parenting or parenting skills for parents of children **AGED 6 AND OVER**? This might include going along to a parenting class in person or taking part in an online or internet based parenting class.

- |  |   |
|--|---|
| Yes – and it was a different course to the one for children aged 5 and under | 1 |
| Yes – but it was the same course as the one for children aged 5 and under    | 2 |
| No   | 3 |
| Don't know   | 4 |
| Refused  | 5 |

---

**[Q38-Q41 NUMBERING NOT CURRENTLY USED]**

---

**ASK ALL**

Q42. Apart from the types of parenting classes or courses I've already asked about, do you attend, or have you ever attended, any parenting events for children aged 5 and under, such as post-natal classes, parent and toddler groups, music or activity groups etc?

**INTERVIEWER: IT IS ONLY EVENTS THAT THE PARENT ATTENDS THAT WE ARE INTERESTED IN, EVENTS WHERE THE CHILD ATTENDS ON THEIR OWN SHOULD BE CODED AS 'NO'. CODE ONE ONLY**

- |            |   |
|------------|---|
| Yes        | 1 |
| No         | 2 |
| Don't know | 3 |
| Refused    | 4 |

---

**ASK ALL**

Q44A. Which of these best describes your current situation?

**SHOW CARD H. CODE ONE ONLY.**

- |  |   |
|--|---|
| Married/ in a civil partnership and living with husband/wife/partner | 1 |
| Living with a partner  | 2 |

Married/in a civil partnership and separated from husband/wife/partner	3
Divorced	4
Widowed	5
Single (never married)	6
Other	7
Don't know	8
Refused	9

---

**IF SAMPLE AREA = HIGH PEAK, CAMDEN OR MIDDLESBROUGH AND AGE OF YOUNGEST CHILD = 0-5, ASK Q45. OTHERWISE SKIP TO Q56.**

Q45. And now moving on to the final few questions, have you ever seen or heard about these vouchers or leaflets for free parenting classes?

**INTERVIEWER: SHOW BOTH THE VOUCHER AND THE LEAFLET**

Yes	1
No	2
Don't know	3
Refused	4

---

**IF AWARE OF VOUCHERS (Q45 = 1)**

Q.46. Where did you first see or hear about these leaflets or vouchers?

Q46A And, since then, have you seen or heard about them anywhere else?

**INTERVIEWER RECORD FIRST MENTION ON FIRST SCREEN. ALL OTHER MENTIONS ON SECOND SCREEN. DO NOT READ OUT.**

**SINGLE CODE ON FIRST SCREEN. MULTI-CODE ON SECOND SCREEN**

Health visitor/midwife	1
GP surgery	2
Boots	3
A shop (non-specific)	4
Children's Centre/nursery/playgroup	5
School	6
My partner	7

Some other family member	8
Friends	9
A website offering parenting advice (e.g. Mumsnet / Family Lives etc.)	10
Facebook	11
Internet (non-specific mention)	12
Posters	13
Coverage in the press / local radio	14
Other (specify)	15
Don't know	16
Refused	17

---

**IF AWARE OF VOUCHERS (Q45 = 1)**

Q46B. Before this interview, were you aware that these vouchers and leaflets were offering free parenting classes?

Yes	1
No	2
Don't know	3
Refused	4

---

**IF UNAWARE OF VOUCHERS (Q45 = 2-4)**

Q46C. Before this interview, were you aware that there is a scheme offering free parenting classes in your area?

Yes	1
No	2
Don't know	3
Refused	4

---

**IF HAVE HEARD ABOUT PARENTING CLASSES BUT NOT SEEN VOUCHERS (Q46C = 1)**

Q.46D. Where did you hear about the free parenting classes?

**CODE ALL THAT APPLY. DO NOT READ OUT.**

Health visitor/midwife	1
GP surgery	2
Boots	3
A shop (non-specific)	4
Children's Centre/nursery/playgroup	5
School	6
My partner	7
Some other family member	8
Friends	9
A website offering parenting advice (e.g. Mumsnet / Family Lives etc.)	10
Facebook	11
Internet (non-specific mention)	12
Posters	13
Coverage in the press / local radio	14
Other (specify)	15
Don't know	16
Refused	17

---

**IF AWARE OF VOUCHERS (Q45 = 1)**

Q47. And have you or has anybody else in the household received one of these vouchers for free parenting classes? The voucher usually comes inside a leaflet like this one.

**INTERVIEWER: SHOW BOTH THE VOUCHER AND THE LEAFLET**

Yes	1
No	2
Don't know	3

---

**IF HOUSEHOLD HAVE RECEIVED A VOUCHER (Q47 = 1)**

Q48. Has your household received only one of these vouchers, or have you received more than one of them?

Only one voucher	1
More than one voucher	2
Don't know	3
Refused	4

---

**IF HAVE RECEIVED MORE THAN ONE VOUCHER (Q48 = 2)**

Q48A. Was there ever an occasion where you or someone in your household was given, or took, two or more vouchers at the same time? PROMPT IF NECESSARY 'For example, you may have been given one for you and one for your partner'

SINGLE CODE. PROMPT WITH CODES IF NECESSARY

Yes – did receive more than one at the same time	1
No – received them one at a time	2
Don't know	3
Refused	4

---

**IF HOUSEHOLD HAVE RECEIVED A VOUCHER (Q47 = 1)**

Q49. In a moment I'll be asking about who in the household intends to use the [TEXT SUBSTITUTION: If Q47 = 1/DK/Ref: 'voucher'. If Q47 = 2 'vouchers']. However, first I'd like to know who has actually received [TEXT SUBSTITUTION: If Q47 = 1/DK/Ref: 'a voucher'. If Q47 = 2 'vouchers'] in the first place. **PROBE:** Anyone else?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

The respondent	1
Their partner	2
Other household member	3
Somebody who doesn't live in the household	4

Don't know	5
Refused	6

---

**IF AWARE OF VOUCHERS BUT DIDN'T PERSONALLY RECEIVE THEM (Q45 = 1 AND NOT Q49 = 1)**

Q50. And which of these best describes whether you, personally, have had an opportunity to receive a leaflet and voucher?

**SHOW CARD I. SINGLE CODE**

I was offered a leaflet and voucher by somebody, but turned it down	1
I could have picked a leaflet and voucher up from a display/pile but decided	
I didn't want one	2
I have never actually had an opportunity to receive a leaflet and voucher	3
None of these	4
Don't know	5
Refused	6

---

**IF DECIDED AGAINST TAKING A VOUCHER (Q50 = 1 or 2)**

Q51. Why did you decide not to take a leaflet and voucher?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

Not interested	1
Don't need support / advice	2
Somebody else in household had already got one	3
Know enough people who can discuss parenting issues with	4
Too busy / don't have time / long work hours	5
Would not want to discuss things in front of other parents/embarrassed	6
I'd feel like I'd failed as a parent	7
My partner wouldn't let me	8
My partner didn't think it was useful / worth it	9
I couldn't afford it	10

Didn't really understand what they were offering/wasn't sure	
what the voucher was offering	11
Wasn't sure if it was a genuine offer	12
Other (specify)	13
Don't know	14

---

**IF HAVE PERSONALLY RECEIVED A VOUCHER (Q49 = 1)**

Q52. Thinking about the voucher or vouchers that you personally received [TEXT SUBSTITUTION IF PARTNER OR OTHER HOUSEHOLD MEMBER RECEIVED TOO (Q48 = 2 AND Q49 = 2 OR 3): not the one your partner or other household member received], where did you get it from?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

Boots	1
A shop (non-specific)	2
Health visitor/midwife	3
GP surgery	4
Children's Centre/ nursery/playgroup	5
School	6
My partner	7
Some other family member	8
A friend	9
Other (specify)	10
Don't know	11
Refused	12

---

**IF HAVE PERSONALLY RECEIVED A VOUCHER (Q49 = 1)**

Q52A. And was the voucher offered to you by somebody, or did you pick it up from a pile or a display stand?

**DO NOT READ OUT. SINGLE CODE.**

Was offered it	1
----------------	---

Picked it up	2
None of these	3
Don't know	4
Refused	5

---

**IF HOUSEHOLD HAVE RECEIVED A VOUCHER (Q47 = 1)**

Q53. And which of these best describes what **you** have done with the voucher(s) your household received? I'll ask whether anybody else is planning to use the voucher(s) in a moment.

**INTERVIEWER SHOW CARD J. SINGLE CODE.**

I have signed up and have already started (or completed) the classes	1
I have signed up and I will be starting the classes soon	2
I have signed up, but I'm still waiting for a place to become available	3
I haven't tried to sign up yet, but I am still planning to	4
I haven't tried to sign up yet and I don't intend to	5
None of these	6
Don't know	7
Refused	8

---

**IF SIGNED UP (Q53 = 1 OR 2 OR 3)**

Q53A. And which of these best describes the type of classes you chose?

**SHOW CARD K. SINGLE CODE**

Face-to-face classes	1
Online/internet classes	2
A mixture of face-to-face and online classes	3
Don't know	4
Refused	5

---

**IF SIGNED UP (Q53 = 1 OR 2 OR 3)**

Q53B. How easy was it for you to find a class at a time that was convenient for you?.

**SHOW CARD L. CODE ONE ONLY.**

Very easy	1
Quite easy	2
Not very easy	3
Not at all easy	4
Don't know	5
Refused	6

---

**IF PARTNER RECEIVED A SEPARATE VOUCHER TO RESPONDENT (Q48 = 1 and Q49 SINGLE CODED AS 2) OR (Q48 = 2 AND Q49 = 2)**

Q.53C. And do you know where your partner got their voucher from?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

Boots	1
A shop (non-specific)	2
Health visitor/midwife	3
GP surgery	4
Children's Centre/ nursery/playgroup	5
School	6
Me	7
Some other family member	8
A friend	9
Other (specify)	10
Don't know	11
Refused	12

---

**IF LIVING WITH PARTNER (Q44A = 1 OR 2)**

Q54. And which of these best describes what **your partner** has done with the voucher(s) your household received? ?

**INTERVIEWER SHOW CARD M. SINGLE CODE.**

They have signed up and have already started (or completed) the classes	1
They have signed up and will be starting the classes soon	2
They have signed up, but are still waiting for a place to become available	3
They haven't tried to sign up yet, but are still planning to	4
They haven't tried to sign up yet and don't intend to	5
None of these	6
Don't know	7
Refused	8

---

**IF PARTNER SIGNED UP (Q54 = 1 OR 2 OR 3)**

Q54A. And which of these best describes the type of classes your partner chose?

**SHOW CARD N. SINGLE CODE**

Face-to-face classes	1
Online/internet classes	2
A mixture of face-to-face and online classes	3
Don't know	4
Refused	5

---

**IF PARTNER SIGNED UP (Q54 = 1 OR 2 OR 3)**

Q54B. How easy was it for your partner to find a class at a time that was convenient for them?. **SHOW CARD O. CODE ONE ONLY.**

Very easy	1
Quite easy	2
Not very easy	3
Not at all easy	4
Don't know	5

**IF BOTH RESPONDENT AND PARTNER HAVE ALREADY ATTENDED (Q53 = 1 AND Q54 = 1) OR WILL BE ATTENDING ((Q53 = 2 OR 3) AND (Q54 = 2 OR 3)) OR PLANNING TO SIGN UP (Q53 = 4 AND Q54 = 4)**

Q55. And [TEXT SUBSTITUTION: did you attend / do you intend to attend] the classes with your partner, or [TEXT SUBSTITUTION did you/will you] go along at different times?

Attend together	1
Attend separately	2
Don't know	3
Refused	4

---

**ASK ALL**

Q56. Now, to finish with, I'm just going to ask a few questions about your household. Looking at this card, which of these best describes what you are you doing at the moment?

**SHOW CARD P. CODE ONE ONLY.**

Employed full-time (30 or more hours per week)	1
Employed part-time (less than 30 hours per week)	2
Self employed	3
Unemployed and looking for work	4
In full time education	5
Not in paid employment, looking after family or home	6
Retired	7
Disabled or too ill to work	8
Other	9
Don't know	10
Refused	11

---

**ASK IF LIVING WITH PARTNER (Q44A = 1 OR 2)**

Q57. And which of these best describes what your partner is doing at the moment?

**SHOW CARD P CODE ONE ONLY.**

Employed full-time (30 or more hours per week)	1
Employed part-time (less than 30 hours per week)	2
Self employed	3
Unemployed and looking for work	4
In full time education	5
Not in paid employment looking after family or home	6
Retired	7

Disabled or too ill to work	8
Other	9
Don't know	10
Refused	11

---

**ASK ALL**

Q58. Starting from the top of this list, please look down the list of qualifications and tell me the number of the first qualification you come to that you've got?

**INTERVIEWER: O-LEVELS CAN BE CONSIDERED EQUIVALENT TO GCSEs. IF RESPONDENT IS UNCERTAIN, ASK FOR THEIR BEST ESTIMATE OF WHAT THEIR HIGHEST QUALIFICATION IS EQUIVALENT TO.**

**SHOW CARD Q. CODE ONE ONLY.**

Degree (e.g. BA, BSc, MA)	1
Higher Education but below degree level (e.g. HND, HNC etc)	2
A/AS levels or equivalent	3
5 or more GCSEs at A*-C or equivalent	4
Some GCSE passes or equivalent	5
No qualifications	6
Don't know	7
Refused	8

---

**ASK ALL**

Q59. What is your ethnic group? Please choose one section from A to E, then select the appropriate option to indicate your ethnic group.

**SHOW CARD R. SINGLE CODE ONLY**

White – British	1
White – Irish	2
Any Other White background	3
Mixed - White and Black Caribbean	4
Mixed - White and Black African	5
Mixed - White and Asian	6
Any Other Mixed background	7
Asian – Indian	8
Asian – Pakistani	9
Asian – Bangladeshi	10
Any Other Asian background	11
Black – Caribbean	12
Black – African	13

Any Other Black background	14
Chinese	15
Any Other	16
Don't Know	17
Refused	18

---

**NOTE: THE CODES ON THE SHOWCARD ARE LAID OUT AS FOLLOWS:**

A. White

1. British
2. Irish
3. Any Other White background

B. Mixed

4. White and Black Caribbean
5. White and Black African
6. White and Asian
7. Any Other Mixed background

C. Asian or Asian British

8. Indian
9. Pakistani
10. Bangladeshi
11. Any Other Asian background

D. Black or Black British

12. Caribbean
13. African
14. Any Other Black background

E. Chinese or other ethnic group

15. Chinese
16. Any Other

---

**ASK ALL**

Q60. Do you have any children aged 16 or under who don't live at this address?

Yes	1
No	2
Don't Know	3
Refused	4

---

**ASK ALL**

Q61. Do you have any long-standing illness, disability or infirmity that limits your activities in any way? By long-standing I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time?

- |            |   |
|------------|---|
| Yes        | 1 |
| No         | 2 |
| Don't Know | 3 |
| Refused    | 4 |
- 

**ASK ALL**

Q62. I am now going to ask you about your income. I only need to know an approximate amount. Please can you tell me your overall HOUSEHOLD income from all sources in the last year?

Please look at this card and tell me which letter represents your TOTAL HOUSEHOLD INCOME in the last year from all sources BEFORE tax and other deductions.

IF NECESSARY: This includes earnings from employment or self-employment, income from benefits and pensions, and income from other sources such as interest and savings.

**SHOW CARD S. SINGLE CODE.**

- |            |    |
|------------|----|
| A          | 1  |
| B          | 2  |
| C          | 3  |
| D          | 4  |
| E          | 5  |
| F          | 6  |
| G          | 7  |
| H          | 8  |
| I          | 9  |
| J          | 10 |
| K          | 11 |
| L          | 12 |
| M          | 13 |
| N          | 14 |
| O          | 15 |
| Don't know | 16 |
| Refused    | 17 |

---

**NOTE: THE CODES ON THE SHOWCARD ARE LAID OUT AS FOLLOWS:**

Annual	Weekly	Monthly
H. Under £2,500	Under £50	Under £200
B. £2,500 - £4,999	£50 - £99	£200 - £399
J. £5,000 - £9,999	£100 - £199	£400 - £829
F. £10,000 - £14,999	£200 - £289	£830 - £1,249
N. £15,000 - £19,999	£290 - £389	£1,250 - £1,649
A. £20,000 - £24,999	£390 - £489	£1,650 - £2,099
G. £25,000 - £29,999	£490 - £579	£2,100 - £2,499
O. £30,000 - £34,999	£580 - £679	£2,500 - £2,899
D. £35,000 - £39,999	£680 - £769	£2,900 - £3,349
L. £40,000 - £44,999	£770 - £869	£3,350 - £3,749
M. £45,000 - £49,999	£870 - £969	£3,750 - £4,149
I. 50,000 - £59,999	£970 - £1,149	£4,150 - £4,999
C. £60,000 - £74,999	£1,150 - £1,449	£5,000 - £6,249
E. £75,000 - £99,999	£1,450 - £1,919	£6,250 - £8,299
K. £100,000 or more	£1,920 or more	£8,300 or more

---

**ASK ALL**

Q63. Would you be willing for the Department for Education, or someone working on behalf of the Department, to contact you again in the future for a follow-up survey or to collect additional information?

Yes 1

No 2

---

**ASK ALL**

Q64 DO NOT READ OUT - WAS A TRANSLATOR USED DURING THE INTERVIEW?

No 1

Yes – throughout the whole interview 2

Yes – only for the self-completion sections 3

Yes – only for the parts of the interview that I administered 4

---

**ASK ALL**

SCRIPTER – GO TO STANDARD THANK AND CLOSE SCREENS

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**INTERVIEW ENDS**

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The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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