Department for Education

CANparent Trial Evaluation: Second Interim Report

Research report

January 2014

Mairi Ann Cullen[1], Steve Strand[2], Stephen Cullen[1], Geoff Lindsay[1]

[1]CEDAR, University of Warwick

[2]University of Oxford

Contents

List of figures

List of tables

Research team

Centre for Educational Development Appraisal and Research (CEDAR), University of Warwick

Geoff Lindsay (Project Director)

Mairi Ann Cullen (Project Manager)

Stephen Cullen

Ioanna Bakopoulou

Sue Band[1]

Centre for Education and Industry, University of Warwick

Susan Goodlad

Warwick Medical School, University of Warwick

Jane Barlow

TNS BMRB

Mark Peters

Richard Brind

Emily Pickering

BPRS

Caroline Bryson

Susan Purdon

Department of Education, University of Oxford

Steve Strand

London Economics

Gavan Conlon

[1] We are very grateful to Sue Band for conducting the interviews with parents during Ioanna Bakopoulou's maternity leave.

Acknowledgements

The research team would like to express their thanks to all the parents and professionals who have contributed their views to this report. We are grateful for the support of ECORYS and all the CANparent providers in enabling the collection of systematic data. We also acknowledge the Department for Education which provided funding for the study, and the CANparent team there who have reviewed earlier drafts of this report. (The authors remain responsible for the analysis and interpretations presented here.) We would also like to thank our secretarial and administrative colleagues who have supported our work so efficiently.

Executive Summary

Introduction

The Government's CANparent trial of universal parenting classes (2012-14) operates in four areas. It seeks to stimulate the development of a commercial market in high quality, stigma-free parenting classes to enhance the skills and confidence of mothers and fathers[2].

In three of the areas, Camden, Middlesbrough and High Peak, the use of vouchers is being used to support this aim. Mothers and fathers of 0-5s[3] who live in these areas are eligible for a free voucher entitling them to access a CANparent parenting course. These vouchers are redeemed by the class providers. Providers receive £75 for every parent starting a course, and a further £25 for every parent completing[4] the course.

Voucher distribution and local support to providers is managed by the trial delivery consortium: ECORYS, in partnership with Family Lives and Orion Security Print. Vouchers are widely available, including through the Foundation Years workforce and branches of Boots in the trial areas. Since November 2012, vouchers can be downloaded by parents from the CANparent website (http://www.canparent.org). Fourteen providers in all (up to 10 in an area) are offering CANparent parenting classes differing in length, focus and delivery mode.

In the fourth trial area, Bristol, there are no vouchers. Instead, some light touch support is available, such as use of the CANparent brand and website, support from corporate and other organisations, and low/no cost marketing support. Nine providers were approved to operate under the CANparent Bristol brand offering parenting classes differing in length, focus and delivery mode. The Bristol trial encourages providers to operate different funding models, such as third party subsidy, or parents paying for classes[5].

Subsequent to the findings reported in the First Interim Report, the delivery of the CANparent trial was reviewed and a number of important changes agreed. These were:

- Digital vouchers were created for online and face-to-face courses so that mothers and fathers could access a voucher without having to go to a voucher distributor.
- The CANparent website (www.canparent.org.uk) was reconfigured to enable parents:

[2] 'Parents' and 'mothers and fathers' includes carers.

[3] From 15 May 2013, parents of all Year 1 children in the trial areas became eligible for a voucher.

[4] The trigger point for the 'completion' payment is contractually defined for each CANparent course, as these vary in length. It equates to at least 75% attendance.

[5] 'Classes' and 'courses' are used interchangeably throughout.

    - to search to find a class by type of course, date, location, content , and other factors;
    - to use a 'reserve your place now' feature;
    - to see satisfaction ratings (up to 5 stars) for classes.
- DfE-funded marketing activity, including:
    - Voucher distribution stalls/road shows in e.g. libraries, shopping centres, with live booking support and Wi-Fi access;
    - Posters on public transport in the trial areas;
    - Posters and flyers for all voucher distribution outlets;
    - Facebook adverts targeted at adults aged 20-40 in the trial areas, refined by other characteristics suggesting the likelihood of being a parent or carer.

These changes were based on early learning from the trial and all were designed to support increased take-up of the classes.

This 2nd Interim Report covers the first year of the two year CANparent trial. It is important to bear this in mind when interpreting these findings to date.

Key Findings

- The trial has enabled DfE and providers to learn much about how to create a viable market in universal parenting courses.
- The trial has stimulated the supply of a range of universal parenting classes, both in the three voucher areas and the non-voucher area.
- Parents who have attended CANparent classes were very positive about them.
    - Almost all (99%) parents completing their course were satisfied with it and would recommend CANparent classes to other parents.
    - A lower, but still very high, percentage (85%) of all parents who started a CANparent class (regardless of whether they completed all sessions) was satisfied with it; and 86% would recommend CANparent classes to others.
- Estimated completion rates[6] were 91% with 9% drop-out.
- The majority of participants have been women (92%).

[6] 'Completion' means the parent attended enough of the course for the provider to claim the final £25 of the voucher value. This is at least 75% (see also Footnote 1).

- The concept of universal parenting classes has been welcomed by parents, providers and other stakeholders.

- Evidence from the evaluation supports universal access to parenting classes: in the general population, we found that socio-economic status had no significant relationship to level of parenting need; CANparent classes attracted a representative group of parents in terms of parents' level of education; however, participants had higher than average levels of parenting stress.

- Although it is too early to say which parenting class products will thrive in a competitive market, our interim findings have implications for future course design. To date our findings indicate that:

    - Face-to-face group classes attracted the most participants. Online classes have proven less popular.
    - Length of course was emerging as an important variable affecting parent choice (where short courses of up to 3 sessions are more popular) and also course satisfaction and efficacy (where courses of 3 or more sessions do better).
    - Parents who attended classes of at least three sessions duration reported improved parent self-efficacy (their sense of being an effective parent), a key outcome. Shorter courses had no significant impact on measured parent outcomes, although parents still rated them highly.
- Most parents interviewed accepted the concept of paying for universal parenting classes, although the inability of some to pay underlines the need for subsidy.

- Face-to-face and word of mouth marketing has proven most effective in achieving take-up but this requires up-front investment which has been challenging for providers as they made the transition to a market model.

- Provider marketing of their classes has benefited from a DfE-funded campaign to promote both the concept of universal classes and the 'CANparent' brand that encapsulates this concept.

- Despite the challenges of learning to operate in a new market, 13 of the 14 original CANparent providers remained in the trial at the end of Year 1.

- In the non-voucher trial area, four funding models have been adopted: market price per person; third party subsidised price per person; free at point of delivery (third party covering costs); and a franchise model where trained facilitators operate as self-employed course suppliers.

Findings

Surveys of participating parents

The first 29 interviews with participating parents

Findings reported are based on in-depth, semi-structured telephone interviews conducted during March and April 2013 with the first 29 parents in an eventual sample of about 100. The sample comprised 26 women and 3 men. Of these, 20 had completed their CANparent classes and 9 had not. They came from all three voucher areas and had attended courses run by eight different providers.

Finding out about CANparent - These parents had received their vouchers and found out about CANparent from a diversity of voucher distribution 'channels' in the trial: nursery, children's centre, health centre, community centre, Boots, online, health visitor, GP surgery, school. Their memories of the CANparent leaflet varied from not remembering it at all to having read it in detail to find out about CANparent. The voucher stimulated demand for the courses – most said that, without the voucher, they would not have done the course.

Choosing a course - The parents divided into those that did some research to choose a course from the range on offer and those that did not. Of those choosing, the most common factors were: familiar location, content, and length. Of those who did not make an active choice of course, some wished that they had spent more time researching the options available.

Monetary worth of the course compared to the voucher face value of £100 - Views related in part to the length of the course – 1 or 2 session courses were less likely to be seen as worth £100. The subjective worth of the course also played a part – the more parents learned during their classes, the more they thought it was worth the voucher value (or more).

Willingness to pay - The idea of paying for universal parenting classes was accepted in principle by almost all. Parents pointed out that one would need to know in advance how good the course was to understand why it was worth paying for.

Universal parenting classes - All 29 parents thought the concept of universally available parenting classes was a good one and all but one had already recommended CANparent to friends and/ or family.

Reasons for attending – These 29 parents most frequently reported that their reasons for attending reflected general interest and low level needs. A small number reported greater levels of difficulty[7].

'Parent journey' from voucher to class - Almost all were happy with the 'parent journey' from voucher to class e.g. using the time delay to organise childcare, or not experiencing any marked delay.

Experience of the course - The majority experience of the courses was positive – for example, liking the style of the facilitator, enjoying the course content and learning from it, appreciating the views of others in the group. Criticisms were based on minority experiences where the course content was not as expected; the length of course was too short (one or two sessions); the content and delivery were uninspiring.

Gender – To both male and female interviewees, in the context of parenting classes, being a dad was what was important, not being male. The three fathers interviewed felt comfortable in the groups. The 26 women were happy for dads to be there too. Interviewees who lived with partners almost all discussed with their partner the decision to attend the course and the relevance of course content to their family. This indicates that fathers and male carers are more engaged with the trial than it appears simply from looking at the number of men attending the courses.

Reasons for non-completion – Usually non-completion was due to factors unrelated to the class, such as family illness. A minority stopped attending because they disliked the delivery style (e.g. when discussion dominated at the expense of specific course content).

Learning from the classes - All but two of the 29 interviewees reported that the course had led to positive changes in their parenting. For example, they described improved confidence as parents, increased knowledge about specific aspects of parenting, increased understanding of how to be a calm and loving parent, and new behaviours - such as giving more time to talk and listen to their child, reducing their use of shouting, and changed approaches to discipline and boundary setting.

[7] Our quantitative survey of a 10% sample of participating parents indicates that, overall, self-reported levels of need were higher than national norms – see Section 2.2.2 for details.

The 10% parenting class sample

Our '10%' sample comprised pre-course returns for 178 parents (17.6% of all parents) attending 30 parenting groups delivering six courses, and post-course returns for 90 parents (8.9% of all parents) from 22 parenting groups delivering five courses. Three standardised self-report measures were used before and after the course: Parenting Daily Hassles (PDH), Being a Parent (BAP) Scale, and Warwick-Edinburgh Mental Well-being Scale (WEMWBS)[8].

The level of need - The parents participating in CANparent classes during the first year of the trial are skewed in their profile compared to national averages, experiencing greater frequency and perceived intensity of parenting daily hassles, and lower levels of parenting self-efficacy, satisfaction with parenting and mental well-being. Compared to parents attending previous targeted[9] parenting programmes, specifically as part of the Parenting Early Intervention Programme[10], the CANparent sample is closer to the national average.

Change in pre-to post-course scores - The greatest impact was on parenting skills, while there was a smaller impact on parent mental well-being and little or no impact on child behaviour. The decline in intensity of parenting daily hassles was not statistically significant, and reported frequency of such hassles increased. It is possible the latter reflects increased attention on child behaviour and/or greater awareness that child behaviour is malleable.

Change over and above 'no intervention' control group – Taking account of change that would happen anyway with no intervention, where the course was of sufficient duration (3 or more sessions), there was evidence of improvements from CANparent classes in a key outcome, parents' sense of their self-efficacy in parenting. There was no evidence that very short courses composed of just two sessions had any significant impact on parent outcomes, although parents still rated these classes very positively.

Parent views of their course - These course-completing parents were extremely positive about their CANparent class: 99% were satisfied with the course and would recommend a CANparent class to other parents; 94% said the class met their expectations and that they would like to attend further classes in the future; 92% said they had learnt new parenting skills; 86% felt more confident as a parent; 73% thought they were a better parent; 73% reported their relationship with their child/children had improved. There was no evidence of significant variation in relation to the number of sessions in the course or in relation to the provider.

---

[8] References are given at the end of this Executive Summary.

[9] 'Targeted' in this context means programmes where professionals deliberately recruited parents where there were known problems in the family. In some cases, parents could also self-refer to these programmes.

[10] Lindsay, G., Strand, S., Cullen, M.A., Cullen, S.M., Band, S., Davis, H., Conlon, G., Barlow, J., & Evans, R. (2011).

Satisfaction survey of all participants

This survey was sent to all parents who started a class, did not opt out, and provided a working e-mail address. It was sent when the class they started had finished. It therefore included both parents who began, but did not finish, their CANparent course and those who completed. This update is based on responses received by the end of May 2013 from parents included in the end of April Management Information data. There were 130 responses (i.e. 51% of those agreeing to participate and providing a working e-mail address).

Overall results - satisfaction was high, with 85% who 'agree/strongly agree' that they were satisfied and 86% who 'agree/strongly agree' that they would recommend CANparent classes to others.

Results by voucher trial area - satisfaction was high in each of the three areas: Camden (60/77; 80%); High Peak (23/25; 92%); Middlesbrough (15/16; 94%).

Results by provider – satisfaction scores ranged from 60% to 92%. The lowest score (60%) was for the provider offering the shortest course (one face-to-face session followed by e-mail exercises encouraging reflection).

Supply side longitudinal case studies

In the three voucher trial areas (Camden, Middlesbrough, High Peak) in-depth, qualitative interviews took place during February to April 2013. We spoke to the 14 lead providers, the 3 LA parenting leads, and 7 representatives of voucher distributors. From the CANparent trial delivery consortium, we spoke to 2 representatives from ECORYS, 2 representatives from Parenting UK (part of Family Lives), and 6 representatives from the local support partners.

In June 2013, we interviewed 7 of the 9 providers approved to operate under the CANparent brand in the non-voucher trial area (Bristol). The later timing of the interviews in Bristol was deliberate as the trial began there later than in the voucher areas.

Views about the voucher trial areas

Trial design - There was a widely-held view among the voucher trial area interviewees that the trial was ambitious in trying to create a new delivery model (the market) for parenting provision, while simultaneously developing and embedding the idea of universal provision. All the providers supported the concept of universal parenting classes but only a minority were fully supportive of the use of a market model to achieve this. Most providers, used to operating on the basis of upfront funding from a third party, found the transition to a 'direct to consumer' market challenging, even with the voucher subsidy. Tensions were reported between the constraints of a DfE trial and the operation of a demand-led market. The voucher element of the trial was welcomed as having successfully stimulated supply and a degree of demand but was viewed as difficult to explain to parents and distributors, given that pre-existing parenting classes tended to be free at point of delivery. It quickly became

clear that the vouchers alone did not have the power to drive high parental take-up of classes; this required investment in the marketing of each provider's offer and of the concept and benefits of universal classes. Experience during the trial has shown that parents were more likely to take up the offer of universal parenting classes when it was made by people they trusted. The introduction of an e-voucher has relaxed the early 'provider' versus 'distributor' distinction; enabling parents to gain a voucher through a provider known to them should they choose to do so.

Views of trial design changes after the 6-month review - Changes to the trial design, based on learning from early experiences, were introduced after the 6-month review. The changes included the introduction of e-vouchers, voucher distributor ambassadors, enhancements to the CANparent website, and a DfE-funded marketing campaign during November 2012to January 2013 using the CANparent brand to promote the benefits of universal parenting classes. Overall, these changes were viewed positively. Providers wanted further improvements to the website and a more sustained marketing campaign (these changes, and others, will happen for Year 2).

Stimulating supply of classes - CANparent had successfully stimulated the supply of parenting classes in the voucher and non-voucher trial areas. A range of providers had put a range of parenting class 'products' on the market. No providers reported any difficulty in covering demand or in recruiting or training programme facilitators to deliver classes. Providers were responsive to supplying parenting classes when and where parents wanted them. Classes running in a range of venues across each area at different times of day and evening, during the week and at the weekend, were testament to this. Voucher distributors and some other stakeholders spoke of parents being confused by the range of providers and types of courses on offer. Voucher distributors reported not having enough information about the providers and their courses to be able to explain the choices clearly to parents. They wanted providers to engage with them directly to explain more about provider organisations and course content.

Supply side local support - Local support for providers took many forms e.g. providing relevant local information to providers new to the area; support to find venues and crèches; contact details for local schools, early years settings and community groups; promotion of the local CANparent offer. In all three areas, local support stakeholders reported that providers varied in the extent to which they took up the support offered to them.

Stimulating demand for classes - With a small number of exceptions, providers reported continued difficulties in recruiting parents to their offers. The voucher distributors interviewed were not aware of a demand for universal parenting *courses* prior to CANparent, but some were aware of a demand for parenting *advice*. As it became clear that vouchers alone did not stimulate high demand, the role of voucher distributors in engaging parents came under greater scrutiny, as did the role of providers in 'marketing their wares'. Both providers and voucher distributors believed that the key to increased

engagement of parents was for providers to talk to parents directly, using the voucher distributors as a way in to access parents.

Local support for voucher distribution and distributors - Local support organisations initially focused on recruiting voucher distributors and did so successfully. Their focus then shifted to promoting the CANparent offer and encouraging greater take-up. Perhaps as a result of this and other factors, a number of distributors disengaged from the trial. The renewed focus on support for active voucher distributers was welcomed.

Marketing and promotion - Each provider retained the responsibility to market their own particular programme. The provider interviewees gave details of a wide range of initiatives that they had undertaken with the aim of boosting demand. Greater efforts had been made in terms of marketing; with fliers, newspaper advertisements, road shows, local media, social media, coffee mornings, and approaches to potential intermediaries such as schools and children's centres all being utilised. However, interviewees stressed that their organisations had had to bear the full cost of these marketing initiatives, and that they had not yet resulted in large-scale awareness of CANparent or desired levels of large-scale take-up of classes.

Impact of universal demand on LA provision - The LA interviewees in the voucher areas exhibited comparatively limited knowledge about the impact of the CANparent trial in their LAs. Overall, these interviewees argued that CANparent had had little impact on demand for the LAs' targeted parenting services.

Views of take-up - In December 2012, the DfE set a target of take-up by 25% of the eligible population. This was based on one-to-one discussions with providers about their *capacity to provide for* demand and on what might be realistically required to normalise participation. There was a widely shared view that concentred efforts to build take-up would be needed throughout the trial; no single element was viewed as the one key to 'unlock' demand.

The sustainability of the model beyond the trial period - Most providers reported that the CANparent trial had been a disappointment in terms of revenue generation. Those few providers who expect to be delivering universal classes after the trial were not sure whether they would be able to deliver outside of the trial area/s in which they were currently operating. LA stakeholders argued that, without grant funding, universal CANparent-type provision was unlikely to be sustainable. One sustainable scenario envisaged was that a small number of CANparent providers would come to dominate the market as the national providers of universal parenting classes, enabling them to cross-subsidise classes for parents who could not afford to pay.

Views of Bristol providers

Reasons for taking part - Interviewees gave three reasons for choosing to take part in CANparent Bristol: a desire to take advantage of the CANparent brand, which was seen as representing a parenting course 'quality mark'; a wish to support the idea of the provision

of universal, stigma-free parenting courses; the intention of using the Bristol trial as a test bed for new, or adapted, courses prior to them being rolled out more widely across the country.

Range of classes offered - Three of the seven providers interviewed were offering online courses (one pure online, two 'blended' i.e. online plus face-to-face or telephone support). The remaining four providers were all offering face-to-face group parenting courses.

Take-up – Providers who had begun delivery in Bristol reported low take-up, in particular for the online courses.

Funding models – Four models had been adopted: price per person, third party subsidy, free at point of delivery and a franchise model. Prices charged varied from over £100 to under £50 to no charge. One provider advertised a discount for couples; another offered a free taster session online.

Learning from the trial - The seven providers all felt that there was a good deal to be learnt from involvement in this non-voucher area; for example, the need to develop up-to-date provider websites; the appreciation that the most effective method of recruiting parents/carers into this market was through face-to-face interaction; the value of 'word of mouth' recommendations; and the importance of ensuring that the CANparent website appeared high up in search engine results generated by relevant web-searches.

Developing the market – suggestions included the need for a government campaign to raise awareness of the general applicability of parenting classes; better use of existent, emergent and developing social network media; and avoiding the use of the term 'parenting *class'*.

Management information – 'snapshot' at end of April 2013

The findings reported are based on the Management Information (MI) data, as at end of April 2013 (i.e. the first 12 months of the trial). This contained details about 1012 parents.

Overall picture - the MI data suggest that the universal nature of the offer was being communicated reasonably successfully, but, as outlined below, there were certain groups which remained under-represented.

Take-up by area - The relative level of take-up by CANparent voucher area was broadly in line with expectations based on the population of eligible parents in these areas.

Gender - Most parents registering for CANparent classes were female (92%). This was the single largest skew in terms of the representativeness of parents registering for CANparent classes.

Ethnicity - Parents were drawn from a wide range of ethnic groups, reflecting the ethnic diversity of two of the three trial areas (Camden & Middlesbrough). There was evidence

that the proportion of parents from ethnic minority groups registering for CANparent classes (50.1%) was higher than would be expected from the 2011 population estimates[11] for the Local Authority (LA) areas (32.6%).

Family status - Approximate comparisons with estimates from the 2011 census, based only on households containing dependent children, suggest that the proportion of CANparent registrants from single parent households (22.1%) was below the census average for the three CANparent areas (29.3%).

Level of education - There was 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.

Providers - There were 14 providers of CANparent classes in the voucher trial areas. Those attracting the largest numbers of parents were run by Race Equality Foundation, Parent Gym, FAST and Family Links.

Take-up of modes of provision – The most popular classes were face-to-face groups (84% of registrants), with shorter courses (up to three sessions) predominating (65%).

Completion rates - Estimated completion rates were 91%[12]. Non-completion was 9%.

Family size - CANparent was attracting parents with families of different sizes, and with youngest children aged across the target range of birth to 5 years.

Conclusions

The trial has two main aims: to trial a universal offer of high quality, stigma-free parenting classes to enhance parenting skills and confidence; and to test out the viability of developing a competitive market in the provision of such classes. Here we offer interim conclusions in relation to these aims, bearing in mind that the trial will run until the end of March 2014.

The concept of universally available parenting classes

The picture emerging was that the concept and experience of universally available parenting support was welcomed by parents and would spread by word of mouth. Evidence from the evaluation supported making parenting support universally available. Analysis of national norms for two of our outcome measures showed that, in the general population, socio-economic status, whether defined as family income, working status or

[11] All census references are to the 2011 census (ONS, 2012).

[12] 73% of parents completed 100% and 18% completed at least 75% i.e. the contractually-defined point at which the £25 'completion' portion of the voucher value may be reimbursed.

parent's highest educational qualification, had no significant relationship to level of parenting need. Although the parents taking part during Year 1 were reasonably representative of the population in terms of family size and level of parent education, they had markedly higher than average levels of parenting need. This may be an artefact of new provision, with 'early adopters' motivated by higher than average need. As time goes on, if universal access to parenting support becomes the norm, participants' levels of need may average out. Equally, it may be that parents starting to experience stress become the main market demographic for this product with need driving demand for stigma-free learning.

Developing a competitive market

Reflecting on the first year

Overall, trialling a market approach had proved challenging for the providers. The voucher subsidy stimulated *supply* of courses but, on its own, did not stimulate large-scale *demand* – the trial experience suggests that requires both a long-running 'macro' level campaign to raise awareness of the benefits of parenting classes and of their new universal availability, and, at the 'micro' level, intensive face-to-face direct engagement with parents.

The precise role of the voucher in stimulating demand was not yet clear. This will become clearer when we have the evidence from the second penetration survey (taking place from August to November 2013). At this interim point, we know that among the 29 parents interviewed, most said they would not have done the course without the voucher. This showed that the voucher had stimulated demand to a degree; however, overall take-up figures did not indicate that the voucher had stimulated the scale of demand anticipated by most providers when preparing their business plans and creating their financial projections.

At the time of data collection, the missing element for parents was sufficient information about the products and the reasons for 'buying' them. [13] Local voucher distributors wanted more information from each provider so that when parents asked them about the range of options locally they could explain in detail about each one. Some parents who did not actively choose from among the range on offer, but simply went to a course with a friend or to one running in a familiar location, regretted not taking the time to consider all the available options to find one best suited to them. The information they most wanted to know was about the content, the underpinning theories and the delivery style.

It was too early to say which parenting class products would thrive in a competitive market. Taken together, our data sources suggested that there can be a tension between 'popularity' and 'value' of a product. Ideally, the product should be both popular and of

[13] By time of writing, compared to time of data collection, the Year 2 changes to the CANparent website had already increased the information available to parents.

value to parents. At this interim point, there were indications that the most popular courses were face-to-face rather than online; and of shorter (3 sessions or less) rather than longer duration. Online parenting courses were relatively new products and so it was perhaps not surprising that they were not immediately popular. The popularity of the shorter courses was also understandable, given parents' busy lives. However, we also know from interviews that some parents who chose the shortest courses, with hindsight wished they had gone on longer courses so that they could have learned more. Some also questioned the 'value for money' of the short courses.

This tension between 'popularity' and 'value' fits with findings from the outcome questionnaires (the 10% sample) which suggested there was a question mark over the value of the very short courses (2 sessions or less) in effecting measurable outcomes. It also fits with the finding that the lowest ratings for providers in the 'all parent' Satisfaction Survey were for the shortest class (delivered as one session with optional e-mail follow-up).

On the other hand, high parent satisfaction ratings in the 10% sample, and the 'all parent' Satisfaction Survey, were not affected by length of course, suggesting that the experience of attending the courses was positive. It may be that, as the market matures, very short courses will continue to be offered in their own right for those for whom that level of input is sufficient; and will also be used as easy-to-access 'tasters' to encourage attendance at longer courses for those who would benefit more from greater input.

We know that in making their choices, parents considered length of course; where the course was running; what the content was (and why); and what the delivery style would be like. We know they valued new learning, as well as being with other parents. As the trial continues, we can expect to find parents being increasingly influenced by the views of other parents (e.g. the star ratings and testimonials on the CANparent website, as well as local word of mouth). Providers' own evaluation findings, as well as the results of the national evaluation, may also influence choices, if these results are made easily accessible to parents.

The changes made to the trial design after the 6-month review and again after the Year 1 review are to be welcomed, as they reflected lessons learned from the trial to date. Arguably, these changes could be tested out more fully if the trial period were to be extended beyond March 2014.

Sustainability beyond the trial

Although most providers (when interviewed in spring 2013) were not optimistic about the financial sustainability of their universal parenting class/es, this view was driven by levels of take-up that were much lower than those used by most providers in their original projections of voucher-generated income. If take-up were to build substantially during Year 2 of the trial, we could expect provider views of sustainability to change. There was evidence (reported in our first interim report) of high levels of positive views about the

concept of universal parenting classes. Providers who succeed in turning that latent demand into active take-up could well have a sustainable product to market both beyond the trial area/s and to parents of children of different ages.

Important lessons have been learned from the first year of the trial that will be useful for providers considering maintaining their offer, or expanding into other areas or to other age groups after the trial. Perhaps the most important lesson for the future is to support their product (the classes) with a marketing campaign from the start. Related to this is the importance of engaging with the professionals who interact with parents every day – for CANparent, this is the Foundation Years workforce and all the other voucher distributor channels. Once the voucher subsidy ends, these will still be the people talking to parents every day. Providers who succeed in building relationships with these channels, conveying to them the essence of their programme and its value will a) be more likely to increase take-up during the trial and b) be more likely to create sustainability beyond the trial.

Sustainability after the trial will require planning and development of viable funding models in good time, prior to the end of the voucher subsidy. The funding models being tested out in Bristol suggest some possibilities for this. We will learn more about parental willingness to pay from that element of the second penetration survey. At this interim point, we can say that among the first 29 parents interviewed, the principle of paying was accepted by most. It is clear that future provision of universally accessible parenting classes will have to include an element of subsidy for those who cannot afford to pay; however this need not prevent providers from envisaging charging parents who can afford to pay. Differential prices and discounts for certain demographic groups (e.g. students, older people) are commonplace in other market sectors. People are used to sitting in trains and planes knowing that the prices paid for the tickets for the same journey may have been very different. In the same way it is possible to envisage parents attending classes or going online with some having paid the full price, others having received a discount and others a full subsidy.

The greatest hope for the sustainability of the market is the sheer size of the potential demand, if that potential can be realised over time. This may require large scale investment beyond the resources of individual providers – but if the trial succeeds in showing ‘proof of concept’, providers committed to universal access to parenting provision may be able to obtain investment funding from non-governmental sources, such as philanthropists, employers, or the growing social investment sector.

For new providers entering the market and for existing providers wishing to extend to new areas, much has been learned from experience during Year 1 of the trial regarding how to develop a viable market in universal parenting courses. From this experience, it is clear that future business plans should include:

- a decision about the funding model to be used (e.g. price per person, subsidised price, free at point of delivery, mixed model);

- how to manage the financial risk inherent in a market model;
- a range of timelines, pessimistic as well as optimistic, for how long it takes to have classes up and running (i.e. the products ready to market) in areas new to a provider;
- a range of financial forecasts, pessimistic as well as optimistic, that recognise the unpredictability of take-up levels for a new market offer;
- how to manage the flexibility required to allow for either a small or large take-up of the new offer;
- a costed marketing plan that takes account of the need to invest in building direct contacts with the customers (parents), with the professionals who can provide access to parents, and, if subsidy or grants are part of the funding model, with organisations likely to invest in this.

Next steps

The evaluation of the trial continues. A Final Report will be published after the end of the trial in March 2013. This will include important information from the cost-effectiveness strand and from the second penetration survey, as well as updated findings from the continued work of the evaluation strands reported here.

Recommendations

- Effort in Year 2 of the trial should continue to focus on increasing the numbers of parents engaging with CANparent, including fathers, White British, and single parents, as these groups are currently under-represented.
- A continued focus on take-up should include both a ‘macro’ level campaign to raise awareness of the benefits of parenting classes and of their new universal availability, and intensive face-to-face direct engagement with parents by providers, supported by voucher distributors and local support organisations.

Providers

- Providers should ensure their CANparent webpages and other marketing material contain information about the content, underpinning theories and delivery style of their classes. Those that have evaluation data and participant testimonials should include that evidence of the benefits of attending – parents need to know how good the course is in order to understand why it is worth attending and, where applicable, worth paying for.

- To help parents understand why the classes are worth attending, providers should consider offering parents a no-obligation taster session.

- Providers should take note of the emerging evidence about the importance of course duration, perhaps using very short courses as 'tasters' to encourage take-up of longer, more effective classes.

- Outside the voucher areas and after the voucher trial ends, providers should consider offering free taster sessions and money-back guarantees as proof to parents of the quality of the classes.

- Providers should continue to engage directly with parents to share information about their offer and to learn from parents how, if at all, this needs to be adapted to become more compelling.

- Providers should increase their engagement with voucher distributors, providing them with enough information about the content, delivery style, and underpinning theories of their classes so that they, in turn, can explain this to local parents.

- Regarding any future results-based contracts relating to new products and or new markets, all providers should plan for how to manage the inherent financial risks.

DfE

- Learning from CANparent for future government pump priming of new markets in products with a societal benefit (social goods), DfE should note that a centralised marketing campaign may well be needed from the start to embed the overall brand, in addition to providers' own promotion and marketing.

- For any future results-based commissioning relating to a new market, DfE should note the importance of ensuring that providers understand the potential financial risks involved if desired results are not achieved to scale.

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.

Cabinet Office. (2013). *Guidance on template contract for social impact bonds and payment by results*. https://www.gov.uk/government/publications/guidance-on-the-template-contract-for-social-impact-bonds

Cullen, M.A., Cullen, S. M., Strand, S., Bakopoulou, I., Lindsay, G., Brind, R., Pickering, E., Bryson, C., Purdon, S. (2013). CANparent Trial Evaluation: First Interim Report. Research Report DFE-RR280. Department for Education: London. https://www.gov.uk/government/publications/canparent-trial-evaluation-first-interim-report

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*

Office for National Statistics, (2012). *2011 Census.* http://www.ons.gov.uk/ons/guide-method/census/2011/census-data/index.html

[Parenting Daily Hassles Scale] Crnic, K. A. & Greenberg, M. T. (1990). Minor parenting stresses with young children. *Child Development, 61*, 1628-1637.

[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.l. (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 Government's CANparent trial of universal parenting classes operates in four areas. It seeks to stimulate the development of a commercial market in high quality, stigma-free parenting classes to enhance parenting skills and confidence.

In three of the areas, Camden, Middlesbrough and High Peak, the use of vouchers is being trialled to stimulate both the supply of, and demand for, universal parenting classes. Parents of 0-5s who live in these areas are eligible for a free voucher entitling them to access a CANparent parenting course. These vouchers, redeemed by the class providers, have a value of £75 for every parent starting, and of a further £25 for every parent completing[14] the course.

Voucher distribution and local support to providers is managed by the trial delivery consortium of ECORYS in partnership with Parenting UK (part of Family Lives) and Orion Security Print. Vouchers are widely available through the Foundation Years workforce and branches of Boots in the trial areas. Since November 2012, they can be downloaded by parents from the CANparent website (http://www.canparent.org).

In the fourth trial area, Bristol, there are no vouchers. Instead, some light touch support is available, such as use of the CANparent brand and website, support from corporate and other organisations and low/no cost marketing support. The Bristol trial encourages the development of different funding models, such as employers funding classes, providers being sponsored to run classes and parents paying for classes.

1.2 Update on changes to the trial

Subsequent to the findings in the First Interim Report, the delivery of CANparent trial was reviewed and a number of important changes agreed. These were:

- Digital vouchers were created for online and face-to-face courses – this meant parents could access a voucher without having to go through a voucher distributor channel.
- The CANparent website (www.canparent.org.uk) was reconfigured to enable parents:

[14] 'Completion' is contractually defined for each CANparent course, as these vary in length. It equates to at least 75% attendance.

    - to search to find a class by type of course, date, location, content , and other factors;
    - to use a 'reserve your place now' feature;
    - to see satisfaction ratings (up to 5 stars) for classes.
- DfE-funded marketing activity including:
    - Voucher distribution stalls/road shows in e.g. libraries, shopping centres, with live booking support and Wi-Fi access;
    - Posters on public transport in the trial areas;
    - Posters and flyers for all voucher distribution outlets;
    - Facebook adverts targeted at adults aged 20-40 in the trial areas refined by other characteristics suggesting the likelihood of being a parent or carer.

These changes, made as a result of the 6-month delivery review, were all designed to support increased take-up of the classes.

Further changes to the trial were made as a result of the end of Year 1 review. These happened after the data collection for this report. These changes, which will affect Year 2 of the trial, are detailed in **Appendix 3**.

1.3 About this report

This is the second Interim Report of the evaluation of CANparent. A summary of the evaluation aims, objectives and methods is provided in **Appendix 4.** Key findings from the first Interim Report[15] were that:

- The trial had 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.

[15] Cullen, Cullen, Strand, Bakopoulou, Lindsay, Brind, Pickering, Bryson, Purdon, 2013. *CANparent Trial Evaluation: First Interim Report, Research Report DFE-RR280*. London: DfE.

- 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.

This report covers quantitative data up to the end of April 2013[16] and qualitative data up to the end of May (voucher areas) and June (Bristol). A Final Report will be published after the CANparent trial has ended in March 2014.

Chapter 2 presents the findings from three different surveys of participating parents: interviews with 29 parents (of a sample that will eventually be about 100); a survey of standardised measures of outcomes for a 10% sample; and a short two-item Satisfaction Survey of all participants.

In Chapter 3, findings from the second round of qualitative interviews with providers and other stakeholders are presented thematically, as part of the longitudinal case studies of the development of the market.

Chapter 4 gives a snapshot of the Management Information data as at the end of April 2013. This updates the snapshot presented in the first interim report. Updates on what is happening or planned to happen in other stands of the evaluation are presented in Chapter 5, before Conclusions (Chapter 6) and Recommendations (Chapter 7).

There are six appendices. The first of these provides key messages from a literature review of how best to engage fathers in parenting and family support. The second summarises messages from the literature on the benefits to employers of supporting parenting classes. Appendix 3 sets out the changes to the trial that will affect Year 2. In Appendix 4, we provide a summary of the aims, objectives and research methods of the evaluation. Appendix 5 presents the data on the development of national (England) norms and the creation of a control group for two of the outcome measures used in the evaluation, Parenting Daily Hassles (Crnic & Greenberg, 1990) and Being a Parent (Johnston & Mash, 1989). In Appendix 6, main themes, and their implications for CANparent, are presented from a literature review of factors affecting take-up of parenting support.

[16] End of May 2013 for the Satisfaction Survey.

2. Surveys of participating parents

Key Findings

The first 29 interviews with participating parents

- These parents gave an overall positive picture.
- The concept of universal parenting classes was welcomed.
- The principle of paying for parenting classes was accepted, and the need to subsidise those who could not afford to pay recognised.
- For almost all, the experience of taking a face-to-face CANparent class was largely positive. Some disliked very short courses and very discursive courses.

The 10% parenting class sample

- Compared to national averages, there was a marked skew in the profile of parents in respect of the higher frequency and subjective intensity of parenting daily hassles, and lower parental satisfaction, parenting self-efficacy and mental well-being. This finding supports the argument for making parenting classes universally available.
- Overall, the CANparent classes had a low impact on standardised outcomes when compared to 'no intervention'[17], with no statistically significant effects.
- When the shortest classes (1 or 2 sessions) are removed from the analysis, there are positive outcomes, particularly on parenting self-efficacy i.e. parents feeling that they are better at parenting.
- Irrespective of class length, these parents, all of whom had completed their classes, were very positive about them; with 99% being satisfied with their class and saying they would recommend CANparent classes to other parents.

Satisfaction survey of all participating parents

- Overall satisfaction with the classes is high at 85%; slightly more (86%) would recommend CANparent to other parents.
- These high percentages are lower than the 99% satisfaction rate reported for the 10% sample of parents who completed their course. This is to be expected as the 'all participants' satisfaction survey includes the views of those who did not complete a course.
- The lowest satisfaction scores (60%) are for the provider offering the shortest course (one face-to-face session followed by e-mail exercises encouraging reflection). This

[17] This is a rigorous test of impact, more so than was possible with the evaluation of the Parenting Early Intervention Programme.

adds weight to the emerging theme that very short courses are a factor in relative parental dissatisfaction and course ineffectiveness.

2.1 Introduction

This chapter presents interim findings from three different surveys of participating parents, involving:

- The first 29 interviews with participating parents
- Analysis of measured outcomes for a 10% sample of participating parents
- Satisfaction Survey of all participants.

2.2 Detailed findings

2.2.1 The first 29 interviews with participating parents

2.2.1.1 Introduction

All providers were contacted to inform them of our plans to interview a random sample of parents after the course on which they registered had ended. We asked them to alert us to any parents who had been interviewed as part of a provider's own evaluation so that we could avoid contacting them.

We used the management information monthly returns to create a stratified random sample of parents to be contacted. We aim for completers and non-completers and to include men and women[18]. Parents were initially contacted by letter, with an information sheet, interview topic sheet, consent form and reply paid envelope for return of consent form. During March and April, we contacted 60 parents and got 29 interviews. Of these:

- 9 were deemed non-completers and 20 completers
- 3 were men and 26 were women

The group of 29 parents included some from each voucher area. Twenty-six of the interviews were recorded with permission; in three cases, parents did not agree to recording. Structured notes were taken at the time and typed up later, using the recording as back up.

[18] During Year 2, we will also interview some parents who indicate (during the Second Penetration Survey – see Appendix 4) that they are not interested in CANparent classes.

2.2.1.2 Finding out and choosing a course

The courses attended by our parent interviewees ranged in length from one evening (plus e-mail exercises encouraging reflection) to six weekly sessions. These parents attended courses by eight different providers.

The parents divided into those that did some research to choose a course from the range on offer and those that did not. The most common reason (given by 9 of 29) for 'choosing' a course was that it was offered at a place they already used, such as children's centre, school, nursery, and leisure centre. In a sense, these parents did not actively 'choose' a course but simply went with the one on offer in a place with which they were familiar. In another seven cases, the parent did not make an active choice from among the range of provision but just went along with a friend (3 of 29), or to one suggested by a professional known to them (4 of 29).

The second most common reason for choosing a particular course was the content (7 of 29). This was sometimes linked to previous positive knowledge about that provider or about the reputation of that provider. Another reason given for choosing a particular course was that the length 'seemed right'. Four searched the website and found a course at a time and place that worked for them – convenience was their main criterion.

With hindsight, some of those who did not make an active choice of course wished that they had spent more time researching the options because they ended up on a course that did not suit them.

2.2.1.3 View about the vouchers and leaflets

The range of sources of the vouchers used by these 29 parents reflects something of the diversity of voucher distribution 'channels': nursery, children's centre, health centre, community centre, Boots, online, health visitor, GP surgery, school. Memories of the voucher and leaflet varied a lot and reflected not only the three different versions of the voucher and leaflet but also the way in which it was distributed – for some, it was purely the 'ticket' they needed to access a class they had seen advertised or been told about; for others, it was a source of information in its own right. Some didn't remember it at all; others remembered only that it was 'shiny' for example, or 'orange and gold' or 'had a number on it', while others described the vouchers and leaflets as self-explanatory and as providing lots of information about the different programmes being offered. A minority mentioned the £100 as something they remembered. For example, one parent said:

> 'I remember being quite excited about the voucher. I got it at [local pre-school]. I thought, 'Oh brilliant!' because my toddler was about two-and-a-half and I was expecting another baby and I was quite overwhelmed by everything. It seemed amazing, this opportunity to be given £100 to go and use it on a course that might help with some of these things. So I thought it was really good.'

The voucher did stimulate demand for the courses – most said that, without the voucher, they would not have done the course. A minority said that, even without the voucher, they would have done the course.

2.2.1.4 Views of monetary worth of the course and of willingness to pay[19]

Views of the value of the voucher versus the value of the course attended differed and seemed to relate at least in part to the length of the course. For example, those attending one evening or two session courses mainly, but not exclusively, thought £100 was too expensive for what they received (an exception was a parent who said it was definitely worth £100 because the information had been so valuable) and suggested cheaper prices ranging from £20 to £40 per session. Those attending longer courses thought £100 was 'great value', 'good value', 'reasonable value'. In some cases, this view was given alongside the fact that they also recognised that they would not have been able to afford to pay it. Length of course was not the only determinant of parents' views of the £100 voucher value – the subjective worth of the course to them also played a part. For example, one said that £100 was a fair evaluation but that 'in hindsight, I wouldn't say the course was worth £100 to me,' whereas another said (of the same provider's course), 'It was definitely worth £100. I would pay that amount if I had the money to do so.'

Regarding willingness to pay for a course, the question of length and quality were important, as well as ability to pay. There was also recognition that one would need to know in advance how good the course was to understand why it was worth paying for – for example, one parent said,

> 'I could pay more than the £100 but only if I knew in advance what I know now, that the course was really good and worth the money.'

In contrast, another parent who was disappointed with the content and delivery of the course she attended said, 'Knowing what I know, would I pay to do it? No.', but added that a parenting course that provided 'lots of new and helpful information' would be 'invaluable'.

Even among those who did not complete their course, only one was not willing to pay in principle; the other non-completers all agreed the course they attended was worth at least £100 and if they could afford it would have been willing to pay. Again the point was made that it was easier to know the course was worth paying for once one knew how good it was.

[19] The evaluation includes a structured 'willingness to pay' element which will be part of the second penetration survey – see Chapter 5 and Appendix 4 for details on the method. The results will be included in the Final Report.

2.2.1.5 Views about universal parenting offer

All 29 parents interviewed thought the concept of universally available parenting classes was a good one, and all but one had already recommended CANparent to friends and or family. For example:

> 'I think it is a great idea that taking a parenting course should be a natural thing to do; a natural step following antenatal classes.'

> 'I definitely think that every parent should do a parenting course because sometimes even though you know what you should be doing, you don't actually do it unless prompted to do so by taking part in a course. It's a wakeup call. It can change your whole outlook as a parent'.

2.2.1.6 Why people attended

The reasons the parents gave for wanting to attend a CANparent class varied but, most frequently, reflected general interest and low levels needs, although a small number reported greater levels of difficulty[20]. For example, reasons given included:

- To learn about the Montessori approach (and for advice on sleeping)
- To help me communicate better with my child and help me to set limits for him
- To learn about parenting in a group rather than just reading from books
- To learn helpful information about parenting – I'm a first time and single mother
- To get out and talk to people
- To get professional information rather than from my own parents – I'm from [another country] so there were cultural and generational differences in the way I was parented
- To get some practical help with my emotional issues (losing temper easily with my two children)
- To help me manage my three children better while my husband is away from home
- To help with behavioural issues – tantrums and problems at bedtime
- To know what was on offer (I have a professional interest as a paediatrician)
- To support a court case over access to my child.

[20] Our quantitative survey of a 10% sample of participating parents indicates that, overall, self-reported levels of need were higher than national norms. See Section 2.2.2 for details.

2.2.1.7 The experience of doing the course

The majority reported positive experiences of getting on to the courses and of doing the courses. Two of the 29 were bothered by the length of delay between registering interest and getting on a course; others were fine about the 'parent journey' from voucher receipt to starting a course, either using the delay to organise childcare or not experiencing any marked delay.

Among the completers, the majority experience of the courses were positive – for example, liking the style of the facilitator, enjoying the course content and learning from it, appreciating the views of others in the group:

> 'The [facilitators] were lovely and helpful and explained things well. […] The content was great – related to me in lots of ways. It was good to talk to other parents and find that they have the same issues. Everything was useful – for example, looking at our children's behaviour and our own behaviour towards them. There were plenty of people to contribute to discussion [15 attended] and everyone had the chance to speak.'

> 'The [facilitators] were very helpful and supportive during the course. All questions were answered clearly. […] The most helpful elements were giving time to children and time management, especially as I am coping with a fulltime job as well. Explaining how I can help them with their education was also helpful, especially when they come to do school assignments.'

There were six among the completer group who made criticisms – for example, the course content not being as expected; the two sessions not being enough; the content and delivery being uninspiring.

> 'It was interesting but there was a lot we already knew – the basics about how a baby's brain develops. The most useful part was that we were able to talk to other parents and exchange experiences. Two sessions is too short for a course.'

Five of the non-completers also made criticisms that mirrored this range.

Gender

The gender dimension was not viewed as especially important by either male or female interviewees – fathers were seen as parents first and that was what was important, not their being male. The three fathers interviewed reported no sense of feeling uncomfortable as men in the groups. The women interviewed welcomed when there were fathers as part of a group and, when there were not, would have been happy for dads to be there too.

The interviewees who lived with their partners almost all discussed the decision to attend the course with their partner and also reported back on each session and discussed the learning from the course and its relevance to their own family. In this way, it is clear that

fathers and male carers are more engaged with the trial than it appears simply from looking at the number of men attending the courses.

2.2.1.8 Reasons for non-completion

We regarded a parent as 'non-completer' if they showed up on the management information as not having completed enough of the course for the provider to claim the £25 completion element of the £100 voucher. Three parents did not complete the course offered by one provider because they did not like that the delivery style was strongly discussion based. Because of this, for example, one couple attending decided that the effort to organise childcare did not seem worth it and so did not go back to further sessions; another said she had not learned anything in the first session because it was so discussion-based– 'it was more like group therapy'. (Other parents interviewed who attended this provider's courses valued the discussion-based approach.)

Four parents did not complete because of family illness (child; partner) but were uniformly positive about the four different courses they attended.

In another two cases, only one session was missed and no reason was noted as the interviewee focused on what they'd got out of the course, not regarding themselves as a 'non-completer'. (It may be that if the final session is attended, the parent feels the course was 'completed' even if not all sessions were attended.)

2.2.1.9 Any changes made because of the course

All but two of the 29 interviewees reported that the course had led to positive changes in their parenting. For example, they described new or confirmed levels of confidence in parenting, increased knowledge about specific aspects of parenting such as baby-led weaning; increased understanding of how to be a calm and loving parent; changed behaviours such as giving more time to talk and listen to their child, reducing their use of shouting, changed approaches to discipline and boundary setting.

The two cases reporting no changes because of the course were both people who felt they had learned nothing from it. Both would have preferred a delivery style more focused on substantive content and less on discussion.

2.2.1.10 Conclusion

The first 29 interviews with participating parents present an overall positive picture. The concept of universal parenting classes was welcomed. The principle of paying for parenting classes was accepted, even though some would not have been able to afford to do so, indicating the need for some subsidy. For almost all, the experience of taking a face-to-face CANparent class was largely positive.

2.2.2 The 10% parenting class sample

2.2.2.1 Coverage

Based on the April 2013 Management information (MI) from ECORYS there had been 1012 sign-ups for CANparent classes. For the same time period we have pre-course returns for 178 parents (17.6% of all parents) attending 30 parenting groups delivering six courses, and post-course returns for 90 parents (8.9% of all parents) from 22 parenting groups delivering five courses (Table 1). The sample therefore meets the 10% quota envisaged at the start of the evaluation. However the total number of parents is quite low, reflecting the fact that many CANparent classes have not run due to insufficient demand and in those that have run attendance has been lower than predicted at the start of the trial. The average parenting group in our 10% sample had six parents (typical range 2-10), although it should be noted that the average group size in data returns from PEIP was also small, only around eight parents.

One consequence of the lower than expected take-up is that the evaluation will now seek to include all parents attending CANparent classes and to attempt to gain a sample of at least 150 parents completing both pre and post-course questionnaires for each provider.

Table 1 Pre-course and Post-course responses by course

CEDAR course code	Pre-course only	Pre & post course	Total
4	20	32	52
10	6	2	8
14	21	26	47
15	29	9	38
17	3	2	5
33	3	14	17
-9 Course code not yet known	6	5	11
Total	88	90	178

Source: MI data, end April 2013

Note: The CEDAR course code ensures the anonymity of providers in this report.

2.2.2.2 Profile of participating parents against national averages

The parents participating in CANparent classes are skewed in their profile compared to national averages. (See **Appendix 5** for data on the development of national norms for the PDH and BAP scales.) Table 2 presents the mean, standard deviation (SD) and sample size of scores for each measure for the CANparent sample and the national norms.

Table 2 Descriptive statistics for the CANparent sample against national norms for each scale

	CANparent sample			England norm			ES	Sample (expected 25% per Quartile)			
Measure	Mean	SD	n	Mean	SD	N		Q1 (low)	Q2	Q3	Q4 (High)
Parenting Daily Hassles - Frequency	56.1	6.6	149	50.6	11.1	518	**0.49**	4.7%	12.8%	36.9%	45.6%
Parenting Daily Hassles - Intensity	56.8	12.7	149	34.9	12.3	515	**1.79**	0.0%	1.3%	6.7%	91.9%
BAP Satisfaction	25.0	6.9	174	28.9	6.6	546	**-0.58**	51.1%	21.3%	17.8%	9.8%
BAP Self-efficacy	30.3	5.9	172	32.0	4.7	547	**-0.36**	39.5%	19.2%	23.3%	18.0%
BAP interest	14.8	2.7	174	15.6	2.3	547	**-0.38**	57.5%	9.2%	11.5%	21.8%
BAP total score	70.2	11.1	173	76.6	9.8	547	**-0.65**	50.3%	21.4%	17.3%	11.0%
Parent Mental Well-Being	48.4	9.2	174	51.0	8.0	1749	**-0.32**	36.2%	23.6%	22.4%	17.8%

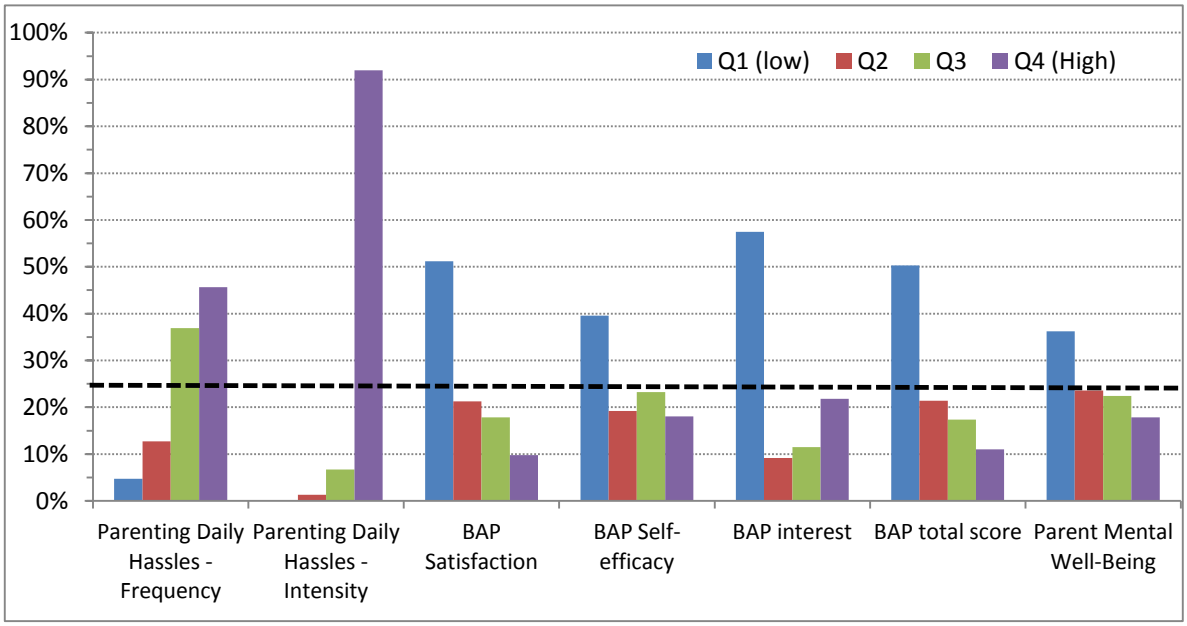
SD for WEMWBS estimated

Source: Parent questionnaires to end April 2013 and Appendix 5 national norms.

Perhaps the easiest way to compare the CANparent sample to national norms in a consistent way across all measures is by reference to the national quartile bands (Figure 1). Based on the national standardisations, the Lower Quartile (LQ) represents the 25% of parents with the lowest scores (e.g. low reported frequency/intensity of PDH, low satisfaction, self-efficacy and interest or low mental well-being) and the top quartile (TQ) presents those with the highest scores (e.g. highest reported frequency/intensity of PDH, highest satisfaction, self-efficacy or interest, or highest mental well-being). On the basis of the national sample we would therefore expect to find 25% of parents in each of these quartile bands if the CANparent sample were typical of the national average. The extent to which the actual figures in Table 2 diverge from this 25% expectation is a sign of how much the scores for the CANparent sample diverge from the national averages.

For example in terms of the frequency of PDH only 5% of parents are in the lower quartile compared to an expected 25%, and fully 50% of those attending CANparent classes are in the top quartile, twice the expected proportion. The figures are even more skewed for the perceived intensity of the PDH, with 92% of the CANparent sample in top quartile compared to an expected 25%. Clearly both the frequency and the subjective intensity of PDH are marked among parents choosing to attend CANparent classes. Similar though slightly less marked skews are shown for the other measures. For example among the CANparent sample 51% are in the bottom quartile and <10% in the top quartile for satisfaction with parenting, 40% are in the lower quartile and only 18% in the top quartile for parenting self-efficacy, and 36% in the bottom quartile and 18% in the top quartile for mental well-being.

Figure 1 Quartile distributions for each of the seven measures: National expectation 25% of parents in each quartile



Source: Parent questionnaires to end April 2013

We are also able to make comparisons to targeted samples of parent involved in the Parent Early Intervention Programme (PEIP) and the earlier PEIP pathfinder, for the BAP and mental well-being scales. Table 3 presents national, CANparent and PEIP averages and score distributions for these measures. While the CANparent sample shows a strong skew towards low scores, scores for parents attending PEIP were even more skewed.

Table 3 Scores for National, CANparent and targeted interventions (PEIP)

				(Low)	Quartiles		(High)
Measure	**Mean**	**SD**	**N**	**Q1**	**Q2**	**Q3**	**Q4**
BAP Satisfaction							
National norms	28.9	6.6	546	25.0%	25.0%	25.0%	25.0%
CANparent sample	25.0	6.9	174	51.1%	21.3%	17.8%	9.8%
PEIP pathfinder	22.3	6.9	2147	68.0%	15.3%	11.4%	4.9%
BAP Self-efficacy							
National norms	32.0	4.7	547	25.0%	25.0%	25.0%	25.0%
CANparent sample	30.3	5.9	172	39.5%	19.2%	23.3%	18.0%
PEIP pathfinder	27.4	6.4	2122	60.8%	16.7%	12.6%	9.8%
BAP total score							
National norms	76.6	9.8	547	25.0%	25.0%	25.0%	25.0%
CANparent sample	70.2	11.1	173	50.3%	21.4%	17.3%	11.0%
PEIP pathfinder	63.0	11.9	2114	75.2%	12.9%	7.8%	4.2%
Parent Mental Well-Being							
National norms	51.0	8.0	1749	25.0%	25.0%	25.0%	25.0%
CANparent sample	48.4	9.2	174	36.2%	23.6%	22.4%	17.8%
PEIP full roll out	43.2	10.9	5916	58.7%	17.9%	12.5%	10.9%

Source: Parent questionnaires to end April 2013; Appendix 5, national norms; PEIP (Lindsay et al., 2011)

To summarise, the CANparent programme was conceived as universal provision. It is clear that parents who elect to attend CANparent classes experience more stress in relation to parenting their children, and significantly lower levels of satisfaction, interest and self-efficacy in parenting, as well as lower levels of mental well-being, compared to national averages.

2.2.2.3 Effect size for the CANparent intervention

Table 4 gives the pre-course and post-course scores, the statistical significance of the change in score and the effect size for each of the seven measures. There is strong statistical significance for change ($p<.001$) in only two measures, BAP efficacy and BAP

total, and even here the effect sizes are relatively small, ES=0.33 and 0.28 respectively[21]. The pattern of outcomes may reflect the main focus of the courses, with the greatest impact on parenting skills (Efficacy ES= 0.33; Satisfaction ES= 0.20), smaller impacts on parent mental well-being (ES=0.18) and little or no impact on child behaviour. The decline in PDH intensity is not statistically significant, and in fact there is an increase in the reported frequency of PDH (ES=0.29). It is possible the latter reflects increased attention on child behaviour and/or greater awareness that child behaviour is malleable.

Table 4 Pre-course versus post course scores and Effect Size

Parenting measure	occasion	mean	N	SD	Effect Size	
PDH Frequency	pre-course	55.3	75	6.0		
	post-course	57.5	75	9.3	0.29	*
PDH Intensity	pre-course	54.5	70	11.4		
	post-course	53.2	70	10.5	-0.12	
BAP Satisfaction	pre-course	25.8	88	6.5		
	post-course	27.1	88	6.0	0.20	*
BAP Efficacy	pre-course	30.0	87	6.1		
	post-course	31.9	87	5.3	0.33	***
BAP Interest	pre-course	15.2	88	2.4		
	post-course	15.1	88	2.8	-0.03	
BAP total score	pre-course	71.1	87	10.9		
	post-course	74.1	87	10.6	0.28	***
Mental well-being	pre-course	48.5	88	9.0		
	post-course	50.2	88	9.6	0.18	*

Source: Parent questionnaires to end April 2013

*Note: Effect sizes for differences in pre-course versus post-course means are calculated as Cohen's d using the pooled SD (See also Footnote 21). Negative values indicate a decrease in score from pre-course to post-course, positive values indicate an increase in score from pre-course to post-course. *= p<.05; **= p<.01; ***p<.001.*

[21] Cohen (1988) describes an effect size of around 0.2 as small, 0.5 as medium and 0.8 as large.

2.2.2.4 Analysis by course length/duration

If we break the results down by the number of sessions in each parenting course then substantial differences emerge. The courses that consisted of just two sessions had much poorer outcomes: the increase in reported frequency of PDH was largely driven by the 2 session classes, three times higher than in the longer classes; the improvement in BAP total score were <1 point for the 2 session classes compared to 3-5 points in longer classes, and the improvement in mental well-being was 0.80 points compared to around 2 points in longer classes.

Table 5 Simple change scores from pre-course to post-course by number of sessions in the course

		PDH-Frequency		BAP total score		Parent mental well-being	
N sessions in course	N	Mean	(SD)	Mean	(SD)	Mean	(SD)
2 sessions	32	**3.9**	8.1	**0.8**	8.0	**0.8**	7.3
3-5 sessions	28	**1.2**	10.4	**4.8**	6.5	**1.4**	8.1
6-10 sessions	24	**1.1**	5.9	**3.5**	2.9	**2.4**	1.5
TOTAL	84	2.1	8.2	2.9	7.7	1.5	7.7

Source: MI data and parent questionnaires to end April 2013

It is early days in terms of the data collection, but this emerging evidence suggests that very short classes, composed of just two sessions, have limited impact on these parent outcomes. Excluding these classes would improve the overall ES quite substantially, although these would still be less than we have observed for parenting measures in previous evaluations such as PEIP where ES of 0.70-0.80 were not uncommon. However PEIP courses were each substantial interventions in terms of duration and intensity.

2.2.2.5 Observed vs. Expected change: Controlling for no intervention and regression to the mean

An important counterfactual question, when inspecting the effect sizes in Table 4, is to what extent might change have occurred even if there was no intervention? What is needed is a control group to establish what change might be expected in the absence of any intervention, and whether the change for CANparent class attendees is greater than might be expected for a group that did not receive any intervention. We have such a 'control' group through the process used to establish the national norms for PDH and BAP (for details see **Appendix 5,** Section A5.4). Around 8 weeks after the initial administration, 209 parents repeated the PDH scale, and 186 parents repeated the BAP scale. A small number of parents (n=12) who reported attending some form of parenting provision in the eight week period were excluded. This sample can therefore act as a control group for the CANparent classes. Following the methodology employed by Ford *et al.* (2009) we use the follow-up sample to calculate, for each measure, an expected post-test score based on a regression against their pre-test score. This generates an 'expected' post-course score in

the absence of intervention. By applying the same regression equation to the pre-course scores for those attending CANparent classes, we generate expected post-course scores for each participant. The expected post-course scores can then be compared to the parents actual post-course scores to determine whether the change is greater or less than would be expected with no intervention.

This method is also important because it controls for an effect known as regression to the mean (RTM). The RTM phenomenon is well known in measurement and reflects the fact that individuals with extreme scores on an initial test tend, on average, to score closer to the mean on a subsequent test purely as a statistical artefact. The consequence of this is that, if a group are selected who have very low initial scores (as is the case for CANparent classes), then, on average, the group will tend to show some improvement at follow-up purely as a result of RTM. Simple change scores will incorporate both (a) genuine change and (b) an improvement expected from RTM. By calculating a parent's predicted outcome, based on their initial score, we can account for the degree of change expected simply from RTM.

In summary, we ask whether the *actual* post-course score is higher than would be *expected* based on parents pre-course scores i.e. is there any improvement in score over and above what would be expected in the absence of intervention or simply from RTM? This is a rigorous test of impact, more so than was possible with the evaluation of the Parenting Early Intervention Programme.

Table 6 below presents the results. The mean residual is the average difference between the expected post-course score and the actual post-course score. A positive residual indicates a higher than expected score and a negative residual indicates a lower than expected score. The only statistically significant result is that the reported frequency of PDH actually increases following the CANparent classes. Effect sizes are also calculated by dividing the mean residual by the SD of the residuals in the control (follow-up) sample. Figure1 plots the effect sizes with the blue bars showing the effect sizes for all classes. In sum the adjusted results indicate the change in scores shown in Table 4 are no greater than would be expected in the absence of intervention or purely from RTM.

However, mindful of the significant differences in outcomes related to the length of the course described in section 2.2.4, we repeat the analysis restricted to just to those classes lasting three or more sessions. These results are indicated by the red bars in Figure 2. Now the paradoxical increase in the frequency PDH is no longer significant. There is one statistically significant result, a significant increase in parents sense of self-efficacy in parenting ($p<.05$). Other results are also positive, for example an increase in BAP total score (ES=0.20), a decrease in the intensity of PDH (ES= -.10) and an increase in interest in parenting (ES=0.10). While these results are not statistically significant, this may reflect the relatively small sample size (average n=52), and we will need to repeat the analysis after more data has been collected.

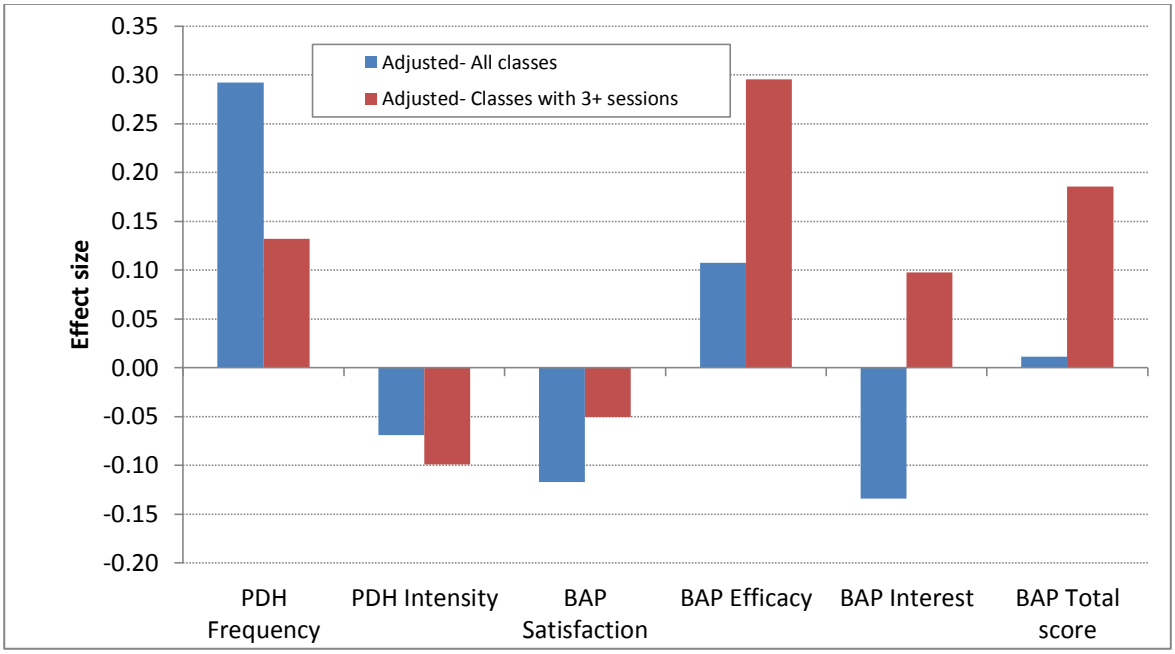
Table 6 Difference between expected and actual post-course scores and adjusted effect sizes

	All classes					Classes >2 sessions				
Measure	Mean residual	N	SD	SE	Effect Size	Mean residual	N	SD	SE	Effect size
PDH Frequency	2.37 *	75	8.10	.94	0.29	1.07	47	8.10	1.20	0.13
PDH-Intensity	-0.67	70	9.63	1.00	-0.07	-0.96	38	9.63	1.27	-0.10
BAP-Satisfaction	-0.53	88	4.54	.47	-0.12	-0.23	51	4.54	0.62	-0.05
BAP-Efficacy	0.38	87	3.58	.38	0.11	1.06 *	50	3.58	0.44	0.30
BAP-Interest	-0.21	88	1.57	.23	-0.13	0.15	51	1.57	0.28	0.10
BAP-Total score	0.08	87	7.12	.78	0.01	1.32	50	7.12	0.94	0.19

Source: MI data and parent questionnaires to end April 2013

*Notes: The residual is the difference between the expected post-course score and the actual post-test score. A positive residual indicates a higher than expected score and a negative residual indicates a lower than expected score. The SD of the residuals is taken from the control (follow-up) group and the mean residual is divided by the SD to calculate the effect size. *= p<.05.*

Figure 2 Adjusted effect sizes for all classes and for classes of 3 or more sessions



Source: Parent questionnaires to end April 2013

We conclude that there is evidence of improvements from CANparent classes in a key outcome, namely parent self-efficacy in parenting, where the course is of sufficient duration (at least 3 sessions). However there is no evidence that very short courses composed of just two sessions have any significant impact on parent outcomes, although, as we shall see below, parents still rate these classes very positively.

2.2.2.6 Parent satisfaction with the CANparent class

The post-course questionnaire included eight questions about the course the parent had just attended. These were completed by 79 parents. The results are shown below.

Table 7Satisfaction questions in the post-course questionnaire

Post course question	Sample n	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Agree+
C1. I feel more confident as a parent/carer	79	0%	3%	11%	59%	27%	86.1%
C2. My relationship with my child/children has improved	79	0%	4%	23%	47%	27%	73.4%
C3. I have learnt new parenting skills	79	0%	3%	5%	54%	38%	92.4%
C4. I think I am a better parent	79	0%	0%	27%	49%	24%	73.4%
C5. The class met my expectations	79	0%	3%	4%	68%	25%	93.7%
C6. Overall I was satisfied with my CANparent class	79	0%	1%	0%	56%	43%	98.7%
C7. I would recommend CANparent classes to other parents	79	0%	0%	1%	44%	54%	98.7%
C8. I would like to attend further CANparent classes in the future	79	0%	1%	5%	44%	49%	93.7%

Source: Parent questionnaires to end April 2013

Parents were extremely positive about their CANparent class. In terms of those who agreed or strongly agreed with the statements:

- 99% were satisfied with the course and would recommend a CANparent class to other parents, 94% said the class met their expectations and that they would like to attend further classes in the future, and 92% said they had learnt new parenting skills.

- Not surprisingly parents were somewhat more cautious about longer term outcomes, however 86% did report they felt more confident as a parent, 73% thought they were a better parent and 73% reported their relationship with their child/children had improved.

A total score was computed as the sum of all eight items (Mean= 33.8, SD= 3.7, range 23-40). There was no evidence that this score varied significantly in relation to the number of sessions in the course or in relation to the provider.

2.2.2.6 Conclusion

The achieved sample for outcome measurement met the 10% of all participants quota envisaged at the start of the evaluation. However, low take-up of courses means the total sample size is too small for a 10% sample to be sufficient. A revised sampling strategy will include all CANparent classes, aiming to gain a sample of at least 150 parents completing both pre- and post-course questionnaires for each provider.

There was a marked skew in the profile of parents in our 10% sample compared to national averages in respect of the higher frequency and subjective intensity of the parenting daily hassles, and lower parental satisfaction, parenting self-efficacy and mental well-being. This finding supports the argument for making parenting classes universally available. It may be partly an artefact of new universal provision that ‘early adopters’ are more likely to be parents having some issues with parenting (i.e. that need is driving take-

up to begin with). Over-time, this may balance out as participating in CANparent classes becomes the norm for parents.

Overall, the CANparent classes had a low impact on standardised outcomes when compared to 'no intervention', with no statistically significant effects. When the shortest classes (1 or 2 sessions) are removed from the analysis, there are positive outcomes; particularly on parenting self-efficacy i.e. parents feeling that they are better at parenting.

Irrespective of class length, these parents, all of whom had completed their classes, are very positive about them, with 99% being satisfied with their class and saying they would recommend CANparent classes to other parents.

2.2.3 Satisfaction survey of all participants

2.2.3.1 Introduction

The Satisfaction Survey is an e-mail containing two 5-point Likert scale questions:

- 'Overall I was satisfied with my CANparent class'
- 'I would recommend CANparent classes to other parents'.

The survey is sent to all parents who start a class, do not opt out, and provide a working e-mail address. It is sent when the class they started has finished. It therefore includes both parents who began but did not finish their CANparent course and those who completed. This update is based on responses received by the end of May 2013 from parents included in the end of April Management Information data collated by ECORYS.

The number of responses received to end May is low (N = 130) compared to the total of participants (over a thousand). There are two reasons for this. One relates to survey processes, the other to response rates. Regarding processes, at first, we used an 'opt in' approach but found that large numbers of parents were not doing so. As the survey is so short (two items only), we obtained DfE permission to change to an 'opt out' approach. This increased the number of potential recipients. The need for working e-mail addresses has limited recipients in two ways: we have to exclude those who do not provide an e-mail address; and there have been a relatively high number with 'undeliverable' e-mail addresses. For example, in April 2013, out of a possible 122 eligible CANparent participants, 6 opted out, 27 did not provide an e-mail address and 11 e-mail addresses were 'undeliverable'. Thus of the 122 eligible parents, we could only survey 51. Regarding response rates, there are small monthly fluctuations but the overall rate by end of May 2013 was 51%.

2.2.3.2 Results

Overall results (Table 8) from those who have responded to the Satisfaction Survey, as at 28.5.13, show that satisfaction is high, with 85% who 'agree/strongly agree' they are satisfied and 86% who 'agree/strongly agree' that they would recommend CANparent classes to others.

Table 8 Satisfaction Survey: Overall results (rounded %)

Statement	Response scale (N = 130)				
	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
Overall, I was satisfied with my CANparent class.	2	5	8	41	45
I would recommend CANparent classes to other parents.	2	3	9	37	49

Source: Satisfaction Survey, to end May 2013.

Results by voucher trial area[22] indicate that high satisfaction is the case in all three areas. However, numbers are low so these figures are reported with caution.

- Camden (N = 77):
    - 30 ‘strongly agreed’ they were satisfied with their course and 30 ‘agreed’ (80%)
    - 31 ‘strongly agreed’ they would recommend their course to other parents and 34 ‘agreed’ (84%)
- High Peak (N = 25)
    - 12 ‘strongly agreed’ they were satisfied with their course and 11 ‘agreed’ (92%)
    - 13 ‘strongly agreed’ they would recommend their course to other parents and 7 ‘agreed’ (80%)
- Middlesbrough (N = 16):
    - 7 ‘strongly agreed’ they were satisfied with their course and 8 ‘agreed’ (94%)
    - 11 ‘strongly agreed’ they would recommend their course to other parents and 4 ‘agreed’ (94%)

Table 9 shows results for providers where there are at least 10 responses. Again, numbers are low so these results should be treated with caution.

[22] Area details missing from 12 cases; percentages are given for information even though numbers are small.

Table 9 Results by Provider

Provider	Overall satisfied with class			Recommend class to others		
	Responses	'agree' or 'strongly agree' (%)	Stars	Responses	'agree' or 'strongly agree' (%)	stars
City Lit	22	77	4	22	82	4
Family Links	10	90	4.5	10	90	4.5
Fatherhood Institute	10	60	3	10	60	3
Montessori	11	91	4.5	11	91	4.5
NCT	26	88	4.5	26	96	5
Parent Gym	12	92	4.5	12	96	5
REF	18	89	4.5	18	92	4.5

Source: Satisfaction Survey of all participants, responses to end May 2013.

The lowest scores (60%) are for Fatherhood Institute, the provider offering the shortest course (one face-to-face session followed by e-mail exercises – see Chapter 3, Figure 2.3.1a).

2.2.1.3 Conclusion

When all eligible parents who began a CANparent course are included, regardless of whether or not they completed the course, overall satisfaction with the classes is high at 85%. Slightly more (86%) would recommend CANparent to other parents. These high percentages are lower than the 99% satisfaction rate reported for the 10% sample of parents who completed their course (Section 2.2.2.6). This is to be expected and indicates that the 'all participants' satisfaction survey is picking up on the views of those who did not complete a course.

Regarding views by provider, the lowest scores (60%) are for the provider offering the shortest course (one face-to-face session followed by e-mail contact). This adds weight to the emerging theme that very short courses are a factor in relative parental dissatisfaction (see Section 2.2.3) and course ineffectiveness (see Section 2.2.2).

2.3 Chapter summary

The first 29 interviews with participating parents present an overall positive picture. The concept of universal parenting classes was welcomed. The principle of paying for parenting classes was accepted, even though some would not have been able to afford classes, indicating the need for some subsidy. For almost all, the experience of taking a face-to-face CANparent class was largely positive.

The achieved sample for outcome measurement met the 10% of all participants quota envisaged at the start of the evaluation. However, low take-up of courses means the total sample size is too small for a 10% sample to be sufficient. A revised sampling strategy will include all CANparent classes aiming to gain a sample of at least 150 parents completing both pre- and post-course questionnaires for each provider.

The socio-demographic profile of CANparent participants for whom we have outcome measures was reasonably representative, supporting the view that the trial is successfully attracting a universal range of parents. There was a marked skew in the profile of parents compared to national averages in respect of the higher frequency and subjective intensity of the parenting daily hassles, and lower parental satisfaction, parenting self-efficacy and mental well-being. This finding supports the argument for making parenting classes universally available. It may be partly an artefact of new universal provision that more parents having some issues with parenting are 'early adopters' (i.e. with need driving take-up to begin with) and that, over-time, this will balance out as participating in CANparent classes becomes the norm for parents.

Overall, the CANparent classes had a low impact on standardised outcomes when compared to 'no intervention' (a rigorous test), with no statistically significant effects. When the shortest classes (1 or 2 sessions) are removed from the analysis, there are positive outcomes, particularly on parenting self-efficacy, i.e. parents feeling that they are better at parenting.

Irrespective of class length, these parents, all of whom had completed their classes, are very positive about them, with 99% being satisfied with their class and saying they would recommend CANparent classes to other parents.

When all eligible parents who began a CANparent course are included, regardless of whether or not they completed the course, overall satisfaction with the classes is high at 85%. Slightly more (86%) would recommend CANparent to other parents. These high percentages are lower than the 99% satisfaction rate reported for the 10% sample of parents who completed their course (Section 2.2.2.6). This is to be expected and indicates that the 'all participants' satisfaction survey is picking up on the views of those who did not complete a course.

Regarding views by provider, the lowest scores (60%) are for the provider offering the shortest course (one face-to-face session followed by e-mail contact). This adds weight to the emerging theme that very short courses are a factor in relative parental dissatisfaction (see Section 2.2.3) and course ineffectiveness (see Section 2.2.2).

3. Supply side longitudinal case studies

Key Findings

The three voucher trial areas (Camden High Peak, Middlesbrough)

- Aspects of the trial design were critiqued, especially the perceived complexity of the voucher element, and the trial's market model whereby a relatively high financial risk was placed on the providers. Given this risk, the £100 voucher subsidy was criticised as too low by most providers.
- Changes to the trial design made after the 6-month review were broadly welcomed.
- The trial has stimulated the supply of universal parenting classes in the trial areas sufficient to meet current and projected demand.
- Lower than planned for take-up of classes meant the majority of providers did not expect to cover their initial investments and running costs by the end of the trial. As a result, the majority did not expect to be able to sustain their universal offer after the end of the voucher trial.
- All trial partners were focused on stimulating take-up for the classes, with providers investing time and money in marketing and promotion, supported by a centrally funded time-limited marketing campaign, proactive local support organisations, and improving engagement of voucher distributors. The vouchers by themselves were viewed as playing only a limited role in stimulating take-up. Face-to-face engagement with parents was the most successful method.
- Local authority representatives reported little evidence of any demand for targeted parenting support generated by CANparent universal classes.

The non-voucher trial area (Bristol)

- Nine providers had been endorsed to be part of 'CANparent Bristol' offering face-to-face group classes, pure online courses and blended courses (online and face-to-face or by telephone).
- Funding models varied: 'price per person', 'train the trainers', 'third party subsidy', and 'free at point of delivery' models were all being used.
- Valuable lessons were being learned about stimulating take-up of universal parenting classes, including the importance of up-to-date websites; of face-to-face interaction with parents; and of word of mouth recommendations

3.1 Introduction

This chapter reports on Stage 2 of the longitudinal case studies exploring the development of the market in universal parenting classes, involving:

- In the three voucher trial areas (Camden, Middlesbrough, High Peak)
    - The 14 lead providers
    - The 3 LA parenting leads
    - 7 representatives of voucher distributors.
- From the CANparent trial delivery consortium
    - 2 representatives from ECORYS
    - 2 representatives from Parenting UK (part of Family Lives)
    - 6 representatives from the local support partners
- In the non-voucher trial area (Bristol)
    - 6 of 9 CANparent approved providers.

Interviews were carried out in the three voucher areas from February to April 2013. Interviews with the trial delivery consortium took place in April to May and with Bristol providers in June 2013. (The later timing of the interviews in Bristol was deliberate as the trial began there later than in the voucher areas.) All interviews were recorded, with informed consent, and the majority were transcribed; notes taken during the interview were used for analysing the remaining interviews.

Views relating to the trial in the voucher areas are presented first, then the views of providers in Bristol, the non-voucher area. To preserve confidentiality for the smaller groupings of interviewees, interviewees are normally referred to as either a 'provider' or a 'stakeholder'.

3.2 Detailed findings

3.2.1 Views about the voucher trial areas

3.2.1.1 Introduction

Overall, the providers were still presenting a largely negative view of the CANparent trial and their experience of engaging in it. Particular areas of concern focused on:

- some features of the trial design[23], including the market model

[23] Changes to the trial design agreed for Year 2 are set out in **Appendix 3**.

- lower than expected take up[24], and the related issues of revenue and profit
- sustainability of the model beyond the trial period.

Providers also described their efforts to overcome difficulties (which, in some cases were seen as a valuable learning experiences), commented favourably on revisions to the functioning of the trial, and, in a minority of cases, reported optimistically on their existing experience and future expectations. Both negative and positive responses are presented here in outline. Throughout, provider perceptions are augmented by views of other trial stakeholders.

3.2.1.2 Issues raised around the trial design

A range of issues was raised by the interviewees in relation to various aspects of the structure and functioning of the trial.

Trial too ambitious – but strong commitment to universal provision

There was a widely-held view that the CANparent trial had been too ambitious in trying to create a new delivery model (the market) for parenting provision, while simultaneously developing and embedding the idea of universal provision.

Regarding the introduction of a market, one perspective was that there were inherent inconsistencies in introducing the market concept within a trial because, on the one hand, the trial demanded a series of constraints and set objectives affecting providers, whilst, on the other hand, the market aspect was designed so that the providers took the risk that upfront investment might not be recouped. For providers, operating within the constraints of the trial could be frustrating. For example, some providers and other stakeholders reported that some parents were put off taking part by having to fill in the registration form – which is there to provide the DfE and the evaluation with Management Information - and that some, especially shorter, classes were disproportionately affected by parents being asked to participate in the evaluation pre- and post-questionnaires. Given provider support of these trial features, they found it 'really frustrating' that there was no government funding towards the outreach and engagement necessary to increase take-up. Similarly, DfE-generated pressure to increase take-up was viewed by some as a distortion of the demand-led market principles underlying the trial, especially as there is no financial cost to the Department if parents do not attend. There was also questioning of how far a market-driven, voucher-stimulated system was the best way to achieve parental take-up of universal parenting classes. One perspective shared by a number of interviewees was that collaboration rather than competition amongst providers may have been a more successful approach. Only a minority of the providers appeared to be fully supportive of the attempt to create a new model of delivery. The majority of providers seemed, to one degree or another, to be resistant to the trial's version of market-driven delivery. Most of the

[24] See **Appendix 6** for a review of published evidence of what works to support take-up of parenting support.

providers were experienced in delivery based on upfront funding provided by third parties, such as LAs, and were still reporting difficulties in making the transition to the new market model of investment in upfront provision, with revenue following upon success in engaging parents to attend.

Regarding the trial aim of embedding universal parenting provision, the fact that this relatively new concept in England was being launched via a new brand ('CANparent'), with a suite of unfamiliar products, and without a concerted marketing campaign from the start, was seen as a huge issue. One view was that the trial design had been based on an assumption that it would be straightforward to turn survey evidence of 'latent' demand for universal classes into active demand simply through the vouchers. Providers and other stakeholders were unanimous in the view that the vouchers by themselves did not have the power to do this – that a continuous marketing of the concept and benefits of universal classes and of the different provider offers was required, in addition to continuous personal engagement of parents.

On the other hand, there was strong endorsement from almost all providers and other stakeholders of the principle of universal access to parenting provision. As one stakeholder put it, 'A commitment to the concept of universal parenting classes is the common ground around which the providers meet and from which they support the trial'.

The trial was also viewed as overly ambitious in having had its high-publicity prime ministerial launch so early. A number of providers and stakeholders thought that the pressure to be up and running in time for the national launch in early May 2012 had distorted aspects of trial delivery. With hindsight, the suggestion was that it would have been better to have allowed each trial area to build up more slowly and to have had a later high-publicity launch once there were multiple providers delivering classes in each area.

The voucher element too complex – but had benefits too

Providers and other stakeholders viewed the voucher element of the trial as too complex and difficult to explain to parents and to voucher distributors. Feedback from voucher distributors showed that some of them, and many parents, found the concept confusing. Examples given by different types of interviewees included parents thinking the voucher could be redeemed for goods and services, that they would receive £100 in cash if they completed a parenting course, and that the voucher could be redeemed for childcare, or other child-focused services and offers. There were suggestions from different stakeholders that a trial could have been designed without vouchers, especially as parents were not used to paying for parenting classes. Providers, too, talked about the cultural expectation that child-focused provision was, and should be, provided free at the point of delivery. One stakeholder reported parents feeding back that the monetary value of the voucher was 'artificial' and did not make them feel as if they were receiving money off something they would otherwise have had to pay for. There was recognition from the trial delivery consortium that the 'key messaging' about the vouchers, both to distributors and parents, required revisiting.

On the other hand, stakeholders also recognised that the voucher encapsulated the message that 'the offer is a quality one' and recognised that the voucher, particularly the ones with the monetary value displayed, had helped to begin the shift in parents' minds towards the idea of paying for parenting classes.

The initial trial rule, that it was not possible to both provide classes and distribute vouchers, generated criticism from providers and other stakeholders. So too did the later ruling that local authorities could, uniquely, do both, as this was perceived as giving a huge market advantage to providers who were in delivery consortia that included the local authority. Anecdotes about children's centre staff, for example, who were employed by the local authority telling parents that they had to choose the provider operating in partnership with the local authority, were repeated in this second round of interviews, as in the first round. One voucher distributor described having told her children's centre staff to do this because she wanted to protect her staff who themselves delivered parenting classes. This time, though, there were also accounts from different stakeholders of how that had changed, especially in High Peak. There the children's centres were reported as having come more on board with the trial, having understood that it was not the threat to local children's centre jobs that was once perceived. As the trial has progressed, and understanding has increased of the importance of parents being encouraged to take up the offer of a parenting class by people they trust, the 'provider or distributor' rule has been relaxed. With the advent of the e-voucher after the 6-month trial delivery review, all providers can now offer parents interested in their class the facility to print off a voucher enabling them to sign-up for it if they choose. The original trial ruling had been designed to promote impartial parental choice amongst the providers' products but it created a tension with another trial aim, of engaging parents to take-up the offer. The co-existence of the continuing network of voucher distributors, plus the new e-voucher, may turn out to be a way of balancing this tension.

The choice of providers

The range of providers endorsed to participate in the voucher area trial was criticised by other stakeholders on two main grounds. One view was that the trial would have worked better if it had started from providers already operating in the three areas. (However, as almost all of these would have been funded through local authorities, this suggestion does not fit with the aim of the trial to develop a market.) Another view was that the trial had allowed too great a variation in the business models operated by the providers chosen so that there was not a 'level playing field' from the start. For example, several interviewees cited the examples of Parent Gym, funded through the profits of a separate company, and Save the Children, which has funded delivery of FAST regardless of voucher-generated

income, as unfair competition for other organisations which cannot afford to lose money from the trial.[25]

3.2.1.3 Views of trial design changes after the 6-month review

Overall, the changes made after the 6-month trial delivery review were welcomed. For example, one interviewee said they were, 'really positive; I think the right decisions were made; that the feedback was really listened to and acknowledged'. Stakeholders viewed the changes as illustrating a new focus on the parent perspective in the trial.

E-voucher

By April 2013, the e-voucher was still relatively new and so had had limited take-up but it was welcomed by providers. Local support stakeholders were also positive, having seen how well parents reacted to it during marketing road shows. Although a minority of parents had no ready access to the web, or had insufficient literacy skills to use the internet, access to the e-voucher could be easily supported by the network of voucher distributors and by providers - 'in principle, you can go to the class [of your choice] and they will sign you up there and then'. Voucher distributors liked it too as it made the process easier for busy parents who could simply print off a voucher when they had chosen a class.

Voucher distributor ambassadors

The decision to focus efforts on voucher distributor ambassadors was viewed positively. As the distribution role is voluntary, the hope is that committed distributors will influence peers and/or that a focus on active channels may be more productive anyway. The idea is that these ambassadors will 'talk about CANparent wherever they go'.

Website

The website changes were funded by DfE. They included a new 'search and reserve' facility which depends on providers updating class information to the site. Although these changes to the website were acknowledged as an improvement, the CANparent website was still regarded as problematic by the majority of providers. A number of providers argued that a parent accessing the website could only register interest, rather than book a parenting course. In their view, this acted as a deterrent to take-up. In addition, most providers said that they had received very little demand via the website, with many saying that not one parent had come to them by that route. Some other stakeholders agreed with these views, explaining that parents did not like having to register to get the downloadable voucher. Reports of feedback from some parents were that they did not like having to go online, then register, then print off the voucher, then take it to a provider, 'it's a clunky process to them'. On the other hand, other stakeholders were much more positive about the website since the changes, saying parents and professionals found it much more user-

[25] One provider, Montessori, has withdrawn from the trial because of the degree of financial risk involved.

friendly. The challenge cited was ensuring that all voucher distributors were aware of the website revamp, something that local support representatives were actively addressing.

Trial delivery stakeholders reported that, based on analysis of website statistics, the website design, language and messages were not yet optimal – traffic came to the site but did not 'stick' there to download a voucher and reserve a class. Further enhancements were planned for Year 2 (see **Appendix 3**). Views and data related to these Year 2 changes will be included in the Final Report.

Marketing campaign

The DfE-funded marketing campaign, which ran during November 2012 and January 2013, arose because of pressure from providers and the trial delivery consortium that funding should have been there from the start to market both the new CANparent brand and the concept of universal parenting classes. From the point of view of trial delivery stakeholders, including local support, the campaign was a success. They reported that the road shows worked well and that local support were continuing that style of face–to-face engagement of parents. Feedback from parents to local support was that they liked the branded water bottles and the CANparent height charts. Trial delivery managers reported that the Facebook adverts were cost-effective although the effectiveness of bus adverts was uncertain. Overall, the stakeholder view was that, 'it's really helped but we need that kind of intensity all the time'.

Despite the additional marketing campaign, the general provider view was that publicity was still not effective enough, and that the CANparent brand was not generally recognised. In a small minority of cases, there was still a belief that providers were not permitted to market their own offer. Other stakeholders recognised that tension remained between the central CANparent brand and the individual provider brands. One phrased it as a question: should it simply be that the providers market their own programme so long as they acknowledge they are part of CANparent, or, should CANparent as a brand also be marketed? Trying to make the association between CANparent and the classes parents attend was acknowledged as still 'difficult'.

3.2.1.4 Stimulating supply of classes

CANparent has successfully stimulated the supply of parenting classes. A range of providers have put a range of parenting class 'products' on the market (Figures 2.3.1a to 3.1f). No providers reported any difficulty in covering demand or in recruiting or training programme facilitators to deliver classes. Voucher distributors from all three areas confirmed that CANparent has definitely stimulated the supply of a wider range of parenting courses than before (i.e. it has not simply been another way of badging what had been happening anyway).

Table 10 CANparent face-to-face group classes

Provider	Number of sessions	Duration (weeks)
Fatherhood Institute Raising Happy Babies Raising Happy Toddlers Raising Happy Children	2[1] (plus e-mail follow-up)	1 (plus e-mail follow-up)
Family Links	2 (plus book or DVD)	2
Coram (PAFT)	2 x 2.5 hours	1 or 2 days
Barnardos (Comfortzone)	3 x 2 hours	3
Barnardos (Caring Start/High Scope)	3 x 2 hour workshops	3
Barnardos (123 Magic!)	3 x 2 hours	3
Barnardos (Playgroup Network)	3 x 2 hours	3
Derbyshire CC	4	4
Race Equality Foundation	4 x 2 hours	4
NCT (intensive)	6 x 2 hours, or 4 x 3 hours	usually 6; sometimes 4
NCT (babies 0-6 months old)	6 sessions, monthly	*not run yet*[2]
Mind Gym/Parent Gym	5 (plus online portal)	5
Save the Children (FAST)	8 x 2.5 hours	8 (plus parent-led support afterwards)
Mind Gym/Parent Gym	9 (plus online portal)	*not run yet*[2]
Heart of England NHS Trust (Solihull Approach)	10 x 2 hours	11
NCT (low intensity)	10 sessions	*not run yet*[2]

[1] Delivered on one day.

[2] These courses had not run at time of data collection in May 2013.

Table 11 CANparent face-to-face individual classes

Provider	Number of sessions	Duration (weeks)
Derbyshire CC	6	not set; 3-6 weeks (but could be longer)

Table 12 CANparent blended classes (online and face-to-face)

Provider	Number of sessions	Duration (weeks)
City Lit:		
City Lit	2 core sessions plus 2 modules from a list of options = 4 sessions	4
Ampersand		4
Camden Council		4[1]
Elfrida Rathbone		4
Grandparents Association		4
Triple P		4 (usually but could be up to 6 months)
Working Men's College[2]		
Montessori	6 x 2 hours (plus online and DVD)	6
Race Equality Foundation	6 sessions (2 x face to face; 4 online only)	6

[1] Delivered on a roll-on-roll-off basis so parents can attend at different times.

[2]This provider had pulled out of the City Lit consortium by May 2013.

Table 13 CANparent pure online classes

Provider	Number of sessions	Duration (weeks)
Derbyshire CC	online sessions (up to 3 months) – 20 topics	not set; maximum of 13 weeks
Family Lives	6 x 45 min modules (2 optional life coach sessions)	*not run yet*[1]
NCT	6 modules (with online forum & phone support)	not set (parents' pace)
Family Matters Institute (Triple P online)	8 modules (plus online forum or phone support)	not set; 8 weeks recommended
Fatherhood Institute	8 modules	
Heart of England NHS Trust (Solihull Approach)	11x20 min modules	not set

Table 14 CANparent live online classes

Provider	Number of sessions	Duration (weeks)
Mind Gym/Parent Gym (virtual)	5 sessions, weekly	*not yet run*[1]
Race Equality Foundation	6 sessions	6

[1] These courses had not run at time of data collection in May 2013.

Table 15 CANparent self-directed classes

Provider	Number of sessions	Duration (weeks)
Family Matters Institute (self-directed Triple P)	10 modules using book & CD/DVD	not set; usually within 12 weeks

The voucher subsidy

The main stimulant to supply was the voucher subsidy of £75 for every parent start and a further £25 for every parent completing[26] the course. However, the face value of the voucher was criticised by the majority of providers, arguing that it was not high enough in relation to the provision they wished to market. A few providers suggested other value levels for the voucher, with one interviewee saying that it should at the least have been valued at £300 and up to £695. With the exception of those funded in other ways, most had drawn up initial business plans on the basis that high volume take-up would generate sufficient revenue to cover costs. The difficulties that the majority of providers continued to have in recruiting parents has led to limited revenues. This problem, allied to set-up and advertising costs, meant that most providers did not expect to be able to recover their costs.

Some stakeholders argued that providers complaining about upfront investment should have foreseen the need for this and done appropriate risk assessment before entering in to the trial. (At least one provider had done exactly this and had adopted a 'no risk' business model.) Providers, though, noted that their programmes and business models worked well in non-trial areas and argued that their relative failure to thrive in the voucher areas was because these LAs had not bought into the trial, and, in some cases, were obstructing the development of the model for political reasons. The negative impact of local political opposition to the market trial was mentioned by a number of people from each of the three areas. An example would be the lack of co-operation from some children's centres and community centres that had pre-existing parenting programmes. This was mentioned in all three areas by some providers and a range of stakeholders, including a voucher distributor who openly admitted doing this prior to understanding that the trial was an extension of existing provision, not a threat to it.

Other stakeholders noted how responsive some providers were to supplying parenting classes when and where parents wanted them. Classes running in a range of venues across each area at different times of day and evening, during the week and at the weekend, were testament to this. One gave the example of parents requesting a class to follow on from a reading-related group running in a library and a provider agreeing to set this up for them.

Stakeholders had mixed views on the number of providers supplying parenting classes. Voucher distributors and some other stakeholders spoke of parents being confused by the range of providers and types of courses on offer. Voucher distributors reported not having enough information about the providers and their courses to be able to explain the choices clearly to parents. They wanted providers to engage with them directly to explain more about provider organisations and programmes. With more knowledge about the different course content and delivery styles, they thought they would be better equipped to support

[26] 'Completion' was contractually defined for each CANparent offer. This equated to at least 75% attendance.

parental choice. Voucher distributors interviewed in Camden strongly disputed the claims, reported in the first interim report, that there were 'too many' providers in Camden and 'not enough' venues for all the providers operating in Camden.

Supply-side role of local support

Local support for providers took the forms of:

- providing relevant local information to providers new to the area
- support to find venues and crèches
- contact details for local schools, early years settings and community groups
- helping to broker provider access to black and ethnic minority groups and communities locally
- discussions about how best to support marketing and promotion locally (e.g. in Camden, 9 out of 10 providers jointly contributed to putting an advert in the local free newspaper)
- engaging local media (e.g. High Peak successfully used local radio and newspapers to generate interest; and a ministerial visit helped gain press coverage and improved local political engagement with the trial; the local MP wrote about CANparent in his column)
- collection and use of parent testimonials as 'the best advertising is the peer to peer talking about the classes'
- tying in local support CANparent promotion activities with one or more providers also promoting their programme (e.g. in Middlesbrough, Solihull Approach put on a baby brain development seminar for health care professionals which was used to promote CANparent; all local providers were offered the opportunity to attend with a stand to promote their programme)
- promotion of the value of, and availability of the classes through mini-road shows – with responsibility to market their own programmes lying with the providers all of whom who are invited to attend.

In all three areas, local support stakeholders reported that providers varied in the extent to which they took up the support offered to them. Each area had providers with a proactive worker on the ground doing face-to-face engagement with parents (Race Equality Foundation facilitators in High Peak and Camden were specifically mentioned as illustrating good practice in this regard, along with Solihull Approach in Middlesbrough). On the other hand, examples were also given of providers attending mini-road shows and not taking the opportunity to talk to parents proactively.

3.2.1.5 Stimulating demand for classes

With a small number of exceptions, providers reported continued difficulties in recruiting parents to their offers. The seven voucher distributors interviewed were not aware of a demand for universal parenting *courses* prior to CANparent, but some were aware of a

demand for parenting *advice*. Those working in *targeted* services were aware of a need for parenting support (courses) that exceeded demand.

As it quickly became clear in the trial that vouchers on their own were not successful in stimulating demand, the role of voucher distributors in engaging parents came under greater scrutiny, as did the role of providers in 'marketing their wares'.

Voucher distribution as a factor in stimulating demand

With hindsight, a number of stakeholders reflected that, at the start of the trial, the pressure of the early May national launch date in Camden, plus a perception that the vouchers themselves would stimulate demand, meant that the initial recruitment of voucher distributors ('channels') focused on signing up lots of channels to ensure voucher supply in the three areas. In all three areas, the engagement of target numbers of distributors was successful but as the trial proceeded, it became clear that distributors wanted more detailed information about the CANparent local offer than was included in their original briefing and materials. This learning fed in to changes agreed for Year 2 (see **Appendix 3**).

Views of and about voucher distributors

Providers criticised the voucher distribution system as not providing the personal link needed to encourage parents to attend a parenting course. Without personal interaction, providers believe that recruiting to their courses is problematic. In addition, a small minority of provider interviewees raised particular concerns regarding the ineffective siting and distribution of vouchers via the high street distributor. One of the most successful providers argued that their success was down to the face-to-face direct engagement work used in their approach to parents. This view was shared by the seven voucher distributors interviewed who also believed that the key to increased engagement of parents is for providers to talk to parents directly, using the voucher distributors as a way in to access parents.

Among the small number of distributors interviewed, those with whom parents already had a relationship found that it worked well when they could introduce the provider/deliverer to the parents first and give the parents an opportunity to find out about the course and meet the person delivering. Those with whom the parents did not have an existing relationship (e.g. libraries, leisure centres) thought it made more sense to focus distribution through professionals who had that relationship. For example, one librarian had received feedback from her staff that a minority of parents reacted aggressively when the CANparent offer of parenting classes was mentioned to them. This had put her staff off attempting to have these conversations with parents. They recognised that, in their role, parents did not expect them to discuss parenting issues and so assumed there was implied criticism when the topic was raised. Other distributors we interviewed believed that, to emphasise the universality of the offer, it *was* useful to have a wide range of people giving out the leaflets and vouchers.

The seven voucher distributors interviewed thought that the ease of the process from the parents' point of view (the 'parent journey') was very important. Perceptions of barriers to take-up included parents having to log on to find out about the courses. The CANparent leaflet and website information about the courses were seen as necessary to enable parents to make an informed choice amongst the providers and courses offered; but some of the distributors interviewed also wanted to know much more about each course and each provider so they could explain to parents the range of choices. Some questioned whether the voucher itself was necessary for parents as the courses were delivered free anyway (the voucher was seen as more for providers' benefit than parents').

From their perspective, the seven distributors recognised that their initial impetus around CANparent had fallen off. After early efforts to distribute vouchers and interest parents, they had quickly realised that there were not many classes ready for parents to attend and so put the project on the back burner. Now that all providers have classes available, they believed that there is potential for a lot more growth in demand, especially among those in the demographic middle – the view being that vulnerable families will be hand-held in to accessing them, and that confident parents who are already involved in a lot of activities will also access them, but that there is a potential gap for the market to expand to accommodate all those other families who fall in between these ends of the demographic spectrum. (See Chapter 4 for evidence about the socio-demographic profile of CANparent participants so far.)

Local support for voucher distribution and distributors

Local support organisations initially focused on recruiting voucher distributors and did so successfully. Their focus then shifted to promoting the CANparent offer and encouraging greater take-up. Perhaps as a result of this, perhaps also for other reasons including the early mismatch between high numbers of vouchers in the system and low numbers of classes available, a number of distributors disengaged from the trial. This disengagement was reported by distributors interviewed and by other stakeholders. One local support stakeholder reported conversations early in 2013 which found distributors 'very disengaged' and some not remembering how to reorder vouchers. This was corroborated by similar views expressed by the small number of distributors interviewed. As one stakeholder said, 'explaining CANparent and the voucher and the courses and why it's good for parents is not a matter of moments'. Not all the voucher distributors enrolled early in the trial were able or willing to invest that time, hence the decision following the 6-month review to identify distributor 'ambassadors' to help the trial delivery consortium understand what support distributors need and to provide peer support to other distributors.

Local support representatives reported that distributor engagement worked best when the distributor saw it as related to and helping them in their work, rather than something totally separate. This is corroborated by voucher distribution data shared with the evaluation which shows that schools and children's centres are the most successful in converting vouchers to sign-ups. Boots, the high street retailer involved as a distributor, reorders most

frequently. (That relationship is managed through ECORYS, not local support.) GP surgeries and midwives were not as successful as distributors as had been hoped. One suggestion was that, given how hard it proved to engage these professionals, the DfE could talk to the Department of Health to encourage the message that the trial should be supported.

Early meetings with 'ambassadors' reportedly showed that the distributors, 'need just as much support as the providers' but also generated lots of ideas about how distributors could be 'a lot more proactive in bridging that gap between the information and [parents] accessing the course'. One local support stakeholder noted that some of these 'bridging the gap' ideas were discussed with distributors at the start but had got lost along the way; for example, they were not filtered down from the representative at that meeting to those on the ground, or that person had moved on to a different role and not passed on the information to the next post-holder.

Trial delivery representatives, including local support, pointed out that, 'distributors are just people who have access to parents, it's not any formal role, it's just helping to promote the trial'. Noting that some providers seemed to 'blame' distributors for not getting parents on to classes, these stakeholders underlined that the responsibility for doing so is the providers' role. One concluded, 'it's almost as though we [local support and providers] haven't got a shared understanding of what the distributor role is'.

Marketing and promotion

The focus of local support shifted from an early concentration on signing up distribution channels to proactive promotion of the local CANparent offer. Each provider retained the responsibility to market their own particular programme however.

The provider interviewees gave details of a wide range of initiatives that they had undertaken with the aim of boosting demand. Greater efforts had been made in terms of marketing; with fliers, newspaper advertisements, road shows, local media, social media, coffee mornings, and approaches to potential intermediaries such as schools and children's centres all being utilised. However, interviewees stressed that their organisations had had to bear the full cost of these marketing initiatives, and that they had not yet resulted in a general awareness of CANparent or desired levels of large-scale take-up of classes. Further, while interviewees recognised and welcomed changes in the functioning of the trial (for example, online vouchers, the revamped website, road shows etc.) they argued that, while these changes appear to have increased awareness of CANparent, that had not yet led to any marked increase in demand for the parenting classes.

Providers reported difficulties in stimulating demand through the three main mechanisms expected to do so:

- The vouchers - providers were aware of large numbers of vouchers that had been distributed, but were puzzled by the small number of vouchers that had been presented to them. They criticised the decision not to give providers the role of voucher distribution (although the e-voucher provided a way round this).
- The CANparent website – this was viewed as being of limited use in recruiting parents, with a number of providers noting that they had not received one parent via the website.
- Social media - this was also regarded as being of limited use in recruiting parents, with only one provider arguing that media such as Facebook and Twitter were useful.

Despite the CANparent trial focus on recruiting fathers and male carers to provision, providers reported very little success in this area, and appeared to be more aware of reasons why fathers and male carers might not want to attend parenting classes, rather than what might be done to change this. (**Appendix 1** provides learning from the literature on strategies for engaging fathers and male carers.) In relation to supporting providers to engage fathers, one local support stakeholder described having developed a local plan to ensure vouchers reached dads through distributors who had contact with fathers e.g. at football clubs and golf clubs, 'but we were told not to do that because High Peak[27] was the area that was going to focus on that'. As a result, this interviewee claimed, one provider with a particular focus on engaging fathers had disengaged from that area, feeling let down by this. No similar examples were reported by any other interviewees.

Impact of universal demand on LA provision

The LA interviewees in the three voucher areas exhibited comparatively limited knowledge about the impact of the CANparent trial in their LA. Overall, the interviewees argued that CANparent had had little impact on demands for the LAs' own services. They reported that CANparent was not integrated in any effective way with their respective LA's provision. There were no clear, established routes for referral from universal CANparent provision to targeted LA provision. Particular points made included:

- There was no evidence of an increase in demand for targeted or specialist provision as a result of the operation of CANparent.
- There was, in one LA, some indication that CANparent had led to a small increase in signposting into LA provision.
- There was no evidence of an increase in demand for services for older (over 5 years) children.
- There were some signs of increased parenting class uptake via schools.

[27] Initially routine distribution of two vouchers to encourage attendance of both parents took place only in High Peak.

Views of take-up

In December 2012, the DfE set a target of take-up by 25% of the eligible population. This was based on one-to-one discussions with providers about their *capacity to provide for* demand and on what might be realistically required to normalise participation.

All providers and the delivery consortium reported working hard to increase demand. Take-up increased steadily to over 1000 by end of April 2013. There was a widely shared view that concentrated efforts will be needed throughout the trial to increase take-up; no single element is viewed as the one key to 'unlock' demand. For example, website survey questions show that people hear about CANparent from lots of different sources, not one main one. However, many interviewees believe that 'word of mouth will make the difference' - hence the Year 2[28] change of giving out 5 vouchers to every completer to enrol friends: 'the best ambassadors are people who've gone through it'.

Barriers to take-up mentioned by voucher distributors and others included:

- courses offered without a crèche - 'a crèche seems to be the biggest draw for parents'. Others noted that providers able to operate through children's centres and nurseries could offer crèches and thereby gained a competitive advantage over other providers.
- the 0-5 age restriction - there was reported demand for courses for parents of over-5s too.
- the lack of information from providers to parents and voucher distributors about the content and style of delivery of their courses – this was viewed as inhibiting choice.

As set out in the first Interim Report[29] (Section 2.2.2), the literature on family and parenting support suggests that achieving high levels of take-up will take time and continuous focused effort.

3.2.1.6 The sustainability of the model beyond the trial period

The dominant view of providers was that, in its present form, the CANparent trial has been a disappointment in terms of revenue generation; in this regard, one provider interviewee said, the trial 'has been absolutely, devastatingly disappointing'. The most positive provider view was that the trial has been important as a learning exercise. In terms of the life of the model beyond the trial (i.e., when the £100 voucher is no longer available), only a small minority of the providers expect to be delivering some sort of similar offer. Those few

[28] Changes to the trial made for Year 2 are set out in **Appendix 3**.

[29] Cullen, M.A., Cullen, S., Strand, S., Bakopoulou, I., Lindsay, G., Brind, R., Pickering, E., Bryson, C., Purdon, S. (2013)

providers were not sure whether they would be able to deliver outside of the trial area/s in which they were currently operating.

LA stakeholders believed that, without grant funding, universal CANparent-type provision was unlikely to be sustainable. One possibility envisaged was that a small number of CANparent providers would come to dominate the market as the national providers of universal parenting classes, enabling them to cross-subsidise classes for parents who could not afford to pay.

3.2.2 Views of Bristol providers

The CANparent trial in Bristol is an unfunded area, and no vouchers are available for parents/carers. With no vouchers for public money at stake, the relationship between the Department of Education and providers taking part is more light touch than in the other three, voucher-supported areas. 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, Bristol City Council, 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.

In the absence of the vouchers and of the management consortium covering the three voucher trial areas, the Department for Education 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 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 (**Appendix 2** provides learning from the literature on relevance to employers)
- 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.

By the beginning of June 2013, nine providers were approved to offer CANparent classes in Bristol, six of whom were new providers in the CANparent trial, with the remaining three also delivering in voucher trial areas. During the early part of June 2013, seven of the nine providers were interviewed by telephone about developments in their offers in Bristol.

3.2.2.1 Becoming involved in CANparent Bristol

All seven providers explained that they had developed, or been in the process of developing, parenting courses that they were now offering as part of CANparent in Bristol. For the providers who were not involved in the three voucher areas, the opportunity to take part in the CANparent trial was both coincidental and welcome. Interviewees typically gave three reasons for choosing to take part in CANparent Bristol:

- a desire to take advantage of the CANparent brand, which is seen as representing a parenting course 'quality mark'
- a wish to support the idea of the provision of universal, stigma-free parenting courses
- the intention of using the Bristol trial as a test bed for new, or adapted courses prior to them being rolled out more widely across the country.

Those providers who were not involved in the voucher areas appeared to have been particularly keen, at the outset at least, to take part in what was recognised as an important and ground-breaking initiative.

3.2.2.2 Delivering CANparent Bristol classes

Three of the seven providers interviewed were offering online courses as part of CANparent Bristol. In two cases the online courses could also be enhanced with face-to-face or telephone support. One provider did not expect its online offer to be available until September 2013, whereas the other two online courses were live. Neither of the courses had, by June 2013, experienced much success in recruiting parents/carers, or, indeed, in attracting potential customers to their online course webpage. For example, one of the online providers explained that there had been a total of 62 visits to their website (from around the UK and abroad), and that of that total, 15 visits had come through the Bristol pages of the CANparent website, and that only one person had bought an online course. The other online provider (who was also taking part in the voucher areas of CANparent) had not seen much success, either, but admitted that, as the Bristol area was unfunded, they had not made much effort to sell their product. The low levels of interest and the single sale of an online course had led the first provider to put the online delivery of their parenting course 'on the back burner'. The interviewee estimated that around £25,000 had gone into developing the online course (prior to the provider's involvement in CANparent Bristol), and that no more resources could, at present, be devoted to the task.

The remaining four providers were all offering face-to-face group parenting courses. By mid-June 2013, between them they had run five courses, with a sixth pending. In contrast to the online providers, these four providers were more optimistic about future delivery.

One of the providers had developed an abbreviated version of a course of which they had extensive experience of delivering; creating a CANparent version that can be run as a short series of small group sessions. This had been priced at less than £50 per person, with a discount for couples. At the time of the interview (early June 2013), the first group

was about to run. It had been offered via a major employer in Bristol. The provider had begun the process of trying to engage other employers in the city, and believed that delivering through, and with the support of, employers could be a fruitful way of marketing and delivering universal parenting classes. However, the provider interviewee argued that a good deal more needed to be done in terms of marketing the brand of CANparent, along with the idea of universal access and take-up of parenting classes, if providers were to make real headway in establishing this market.

The second face-to-face parenting class provider had run a single course, offering it via a third party engaged in early years work. The provider had been in the process of developing an existing programme to support parenting when CANparent Bristol commenced. The provider took that opportunity effectively to trial their programme. Interestingly, the provider has no intention of offering the programme directly to parents/carers, but intends to sell it to third parties who work with parents, carers and children. This is a 'train the trainers' model, not a direct supply and demand model in the market place. This was also the model adopted by the third face-to-face parenting course provider, which trains volunteers to recruit to a range of parenting and couples' classes. In this case, the provider had, by mid-June 2013, run one course through a licensed third party, and was in the process of negotiating a contract with a major volunteer-based organisation to provide courses throughout Bristol. The interviewee was optimistic that the negotiations would be successful, and that the combination of a volunteer workforce and training and venues funded by the third party organisation would enable courses to be offered to parents at a low cost, expected to be less than £20.

The fourth face-to-face parenting class provider also developed their programme prior to the launch of CANparent Bristol. That development has enabled the provider to use the initiative as a test bed for their parenting class. In this case, the focus is on parents and carers of children with particular special needs, and the small group classes – three of which have been delivered under CANparent Bristol – are provided free of change. There is, in fact, no intention to charge in future, as the classes are funded directly by the provider to its specific client group. However, there is an intention to market the programme to other third sector providers.

3.2.2.3 Reflecting on involvement with CANparent Bristol

Despite the varied experiences of being involved in the CANparent Bristol, the seven providers all felt that there was a good deal to be learnt from involvement in this non-voucher area. Interviewees provided evidence of reflections on the difficulties of developing a market in universal parenting class provision. These were:

- the need to develop provider websites, utilising the latest website development tools and knowledge, and maintaining easy to use, up to date sites
- the realisation that 'passive' information and advertising in this new market produced little in the way of interest or demand. One provider explained that

their experience had been that 300 flyers led to between 2 and 3 enquiries – a success rate of 1% or less

- the appreciation that the most effective method of recruiting parents/carers into this market was through face-to-face interaction, for example in school playgrounds, children's centres, or supermarkets
- 'word of mouth' recommendations were a very valuable source of custom, but that this could not be expected in the early stage of being involved in a new market
- 'parenting classes' generally had a poor press, and were still too often seen to be something that only 'failing' parents needed, or were directed on to
- the CANparent website and the individual provider websites were seen to be affected by poor search engine optimisation, and this needed to be improved if parents/carers were to find the right sites quickly during an online search.

In addition, some suggestions were made in relation to possible avenues for developing the market:

- there needed to be a bigger effort made to improve the popular perception of parenting classes and programmes. This needed to be done at a macro level, with general advertising and information about the general applicability of parenting classes to all parents and carers, perhaps with some high profile 'celebrity' endorsement.
- more thought needed to go into utilising existent, emergent and developing social network media – 'mummy bloggers' were seen to be a potential way of benefiting from 'word of mouth' on a large scale, while small sound bites, apps, and smartphone focused marketing were all mentioned.
- the term 'parenting *class*' needed to be replaced with something that was more positive. In a similar fashion, the brand of CANparent was also considered to be 'too stuffy', 'too old fashioned', although there were no suggestions as to what it might be replaced with.

3.2.3 Chapter summary

The three voucher trial areas (Camden High Peak, Middlesbrough)

Aspects of the trial design were critiqued, especially the perceived complexity of the voucher element, and the trial's market model whereby a relatively high financial risk was placed on the providers. Given this risk, the £100 voucher subsidy was criticised as too low by most providers. Changes to the trial design made after the 6-month review were broadly welcomed.

The trial has stimulated the supply of universal parenting classes in the trial areas sufficient to meet current and projected demand. However, lower than planned for take-up of classes meant that the majority of providers did not expect to cover their initial

investments and running costs by the end of the trial. As a result, the majority did not expect to be able to sustain their universal offer after the end of the voucher trial.

All trial partners were focused on stimulating take-up for the classes, with providers investing time and money in marketing and promotion, supported by a centrally funded time-limited marketing campaign, proactive local support organisations, and improving engagement of voucher distributors. The vouchers by themselves were viewed as playing only a limited role in stimulating take-up. Face-to-face engagement with parents was the most successful method of doing so.

Local authority representatives reported little evidence of any demand for targeted parenting support generated by CANparent universal classes.

The non-voucher trial area (Bristol)

Nine providers had been endorsed to be part of 'CANparent Bristol' offering face-to-face group classes, pure online courses and blended courses (online and face-to-face or by telephone). Funding models varied: 'price per person', 'train the trainers', 'third party subsidy', and 'free at point of delivery' models were all being trialled. Valuable lessons were being learned about stimulating take-up of universal parenting classes, including the importance of up-to-date websites; of face-to-face interaction with parents; and of word of mouth recommendations.

4. Management information – update

Key Findings

In the first 12 months of the trial:

- The relative level of take-up by CANparent voucher area is broadly in line with expectations based on the population of eligible parents in these areas.
- Most parents registering for CANparent classes are female (92%), not dissimilar to results from the Parenting Early Intervention Programme (PEIP) (Lindsay *et al.* 2011) [30] 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 (50.1%) is higher than would be expected from the 2011 population estimates for the Local Authority (LA) areas (32.6%)[31].
- Regarding family status, 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) suggests the proportion of CANparent registrants from single parent households (22.1%) is below 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 (22.4%), 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 (38.6%), 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.
- There were 14 providers of CANparent classes in the trial areas. Classes attracting the largest numbers of parents were run by Race Equality Foundation, Parent Gym, FAST and Family Links.

[30] 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).

[31] 2011 national census (ONS, 2012), based on all adults. The profile of parents with children 0-5 (i.e. eligible for CANparent) may give rise to small differences from all adult equivalents.

- The most popular classes were face-to-face groups (84% of registrants) with shorter courses (up to three sessions) predominating (65%). Estimated completion rates were 91% with 9% drop-out.

4.1 Introduction

This snapshot of Management Information data updates that presented in the First Interim Report. It is based on voucher redemption claims for parents who enrolled on CANparent classes up to 23.04.2013. The total number of 1012 registered parents understates the total number of parents attending at least one session because there is a time lag between this event and providers submitting the redeemed voucher numbers for reimbursement.

Where comparable data were available from the Parenting Early Intervention Programme (PEIP[32]) (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 April 2013, and because questions asked in the CANparent questionnaire do not always exactly map to those asked in the 2011 census (ONS, 2012). However, tentatively, the data suggest that CANparent classes are attracting a representative sample of the population in the three areas with regard to parent education, including a substantial proportion of highly educated parents.

4.2 Detailed 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

Overall, the area spread of registrations is broadly in line with expectations based on census data and eligible parent population, with the largest number of parents (512, 51% of all registrants) drawn from Camden, 33% from Middlesbrough and 16% from High Peak.

[32] 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 16 Parent registration by area

	CANparent registrations		2011 census population		Estimated eligible parent population	
Area	N	%	N	%	N	%
Camden	512	50.6	220,338	49.0	26,400	47.8
High Peak	164	16.2	90,892	20.2	12,000	21.7
Middlesbrough	336	33.2	138,412	30.8	16,800	30.4
Total	1012	100.0	449,642	100.0	55,200	100.0

Source: Management Information, end April 2013 and 2011 Census (all adults) (ONS, 2012).

4.2.2 Provider

Parents have registered with a total of 13 providers, the four most popular being Race Equality Foundation, Parent Gym, FAST, and Family Links.

Table 17 Parent registrations by provider

Provider	N	%
Barnardo's	64	6.3
City Lit	109	10.8
Coram	24	2.4
Derbyshire County Council	25	2.5
Family Links	120	11.9
Family Matters Institute	7	0.7
FAST	171	16.9
Fatherhood Institute	19	1.9
Montessori	32	3.2
NCT	39	3.9
Parent Gym	177	17.5
Race Equality Foundation	204	20.2
Solihull Approach	21	2.1
Total	1012	100.0

Source: Management Information, end April 2013

4.2.3 Class type

ECORYS have identified five 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 five types of class were being run, as shown in the table below. The vast majority of classes (84%) were face-to-face groups.

Table 18 Parent registration by class type

	N	%
FG Face-to-face group	850	84.0
F1 Face-to-face individual	7	0.4
BF Blended face-to-face with online	141	13.9
PO Pure online class	10	1.0
OT Other type of class	4	0.7
Total	1012	100.0

Source: Management Information, end April 2013

4.2.4 Parent gender

The vast majority of parents (92%) are female. This reflects the results found for the Parenting Early Intervention Programme (PEIP) where mothers predominated (85%).

Table 19 Parent registrations by gender

	N	%
Female	932	92.4
Male	77	7.6
Total		100.0

Source: Management Information, end April 2013

4.2.5 Parent age

The majority of parents attending classes are aged 26-35 (53%) although the 36-45 (26%) and the 20-25 (16%) groups are also quite highly represented.

Table 20 Parent registrations by age

Parent age band	N	%
16-19	8	0.9
20-25	132	15.7
26-35	448	53.1
36-45	215	25.5
46-55	25	3.0
56+	15	1.8
Total	843	100.0
Missing	169	
Total	1012	

Source: Management Information, end April 2013

4.2.6 Parent ethnic group

Parents are drawn from a wide range of ethnic groups. Of those giving their ethnicity 50% are White British with another 50% drawn from a range of minority ethnic groups.

Table 21 Parent registrations by ethnic group

Ethnic group	N	%	Valid %	CANparent average	England average
White British	401	39.6	49.9	67.4	79.8
White other groups	139	13.7	17.3	12.0	5.7
Asian	150	14.8	18.7	10.4	7.7
Black	51	5.0	6.3	4.4	3.4
Mixed Heritage	21	2.1	2.6	3.5	2.2
Other ethnic groups	42	4.2	5.2	2.2	1.0
Valid Total	804	79.4	100.0	100.0	100.0
Refused/Missing	208	20.6			
Grand Total	1012	100.00			

Source: Management Information, end April 2013 and 2011 Census (all adults).

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 (49.9%) 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 78.2% 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 24% ethnic minority CANparent registrants from Middlesbrough although the census suggests they represent only 13.9% of the population of Middlesbrough LA.

Table 22 Ethnic group by Area: CANparent registrants versus 2011 national census

	Camden		High Peak		Middlesbrough	
Ethnic group	CANparent registrants	Area average	CANparent registrants	Area average	CANparent registrants	Area average
White British	21.8	44.0	60.8	95.9	76.0	86.1
White other groups	22.1	22.3	37.8	2.0	2.6	2.2
Asian	30.5	16.1	0	0.9	14.1	7.9
Black	12.1	8.2	0	0.2	2.9	1.3
Mixed Heritage	5.2	5.6	0.7	1.0	0.6	1.7
Other ethnic	8.3	3.9	0.7	0.1	3.8	1.1

Source: Management Information, end April 2013 and 2011 Census (all adults) (ONS, 2012).

These data substantiate the tentative conclusions drawn in our earlier Interim Report suggesting 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 about family status, two-thirds of parents were either ‘married and living together’ or ‘living with a partner’ (combined total = 67%). Over one-fifth (22%) identified themselves as ‘single - never married’.

Table 23 Parent registrations by family status

	N	%
Single - never married	150	22.1
Married - living together	279	41.2
Married - separated	7	1.0
Divorced / widowed	19	2.8
Living with partner	180	26.5
Prefer not to say	43	6.3
Total	678	100.0
Missing	334	
Total	1012	

Source: Management Information, end April 2013

The categories in Table 24 are not mutually exclusive, 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 30% of parents and so is not usable. (From April 2013, a revised question has been asked which will be reported on in the final report.)

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 (22%) is below the census average for the three CANparent areas (29%) 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 (22%) or only 'some GCSE passes' (21%). However at the other end of the spectrum over one-third (39%) had some Higher Education qualifications, including 31% 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 substantial proportions each having either no or low qualifications (43%) or higher education qualifications (39%).

Table 24 Parent registrations by highest educational qualifications

	N	%
No qualifications	175	22.4
Some GCSE passes	164	21.0
5+ GCSE at A*-C or equivalent	71	9.1
A/AS levels	69	8.8
HE but below degree (e.g. HND,HNC)	62	7.9
Degree	240	30.7
Total	781	100.0
Missing	231	
Total	1012	

Source: Management Information, end April 2013

Table 25 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 Level 4+ results for CANparent registrants across the three areas broadly follows this pattern in Camden (49.7%) and Middlesbrough (22.4%), but High Peak is markedly different at 46.1%. Overall, the pattern of educational qualifications of CANparent registrants in Camden and Middlesbrough is typical of the profile that would be expected based on the 2011 census data for these two areas. For High Peak, compared to the census data, CANparent registrants are skewed towards those with higher qualifications.

Comparing 'all registered' CANparent parents with the census area averages, the proportion of parents with Level 4 or above qualifications (38.6%) is in line with what would be expected from the 2011 census (36.7%). We conclude CANparent classes overall are attracting a representative range of parents with respect to their educational qualifications with no evidence of bias.

Table 25 Highest educational qualifications by area: CANparent vs. national census

	CANparent registrants				**Census 2011**				
Highest educational qualification	Camden	High Peak	Middles-brough	**All registered**	Camden	High Peak	Middles-brough	**Area average**	**England**
No quals	19.5	6.3	37.8	**22.4**	12.7	20.9	29.9	**19.5**	**22.5**
Level 1	18.6	13.3	27.1	**21.0**	16.8	20.6	23.0	**19.4**	**22.6**
Level 2	4.8	12.5	12.7	**9.1**	7.8	16.0	15.3	**11.7**	**15.2**
Level 3	7.3	21.9	5.0	**8.8**	12.1	13.1	13.2	**12.6**	**12.4**
Level 4 or above	49.7	46.1	22.4	**38.6**	50.5	29.4	18.5	**36.7**	**27.4**

Source: Management Information, end April 2013 and 2011 Census (all adults) (ONS, 2012).

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 (36%) or two (37%) children in the aged 0-16 range, although over a quarter contained three or more children.

Table 26 Parent registrations by family size

Number children	N	%
1	277	36.0
2	283	36.8
3	137	17.8
4	59	7.7
5 or more	13	1.7
Total	769	100.0
Missing	243	
Total	1012	

Source: Management Information, end April 2013

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) showed that parents with a youngest child under 1 (23%) or aged 2 (24%) formed the largest groups.

Table 27 Parent registrations by age of youngest child

	N	%
Less than 1	224	23.2
1	149	15.4
2	227	23.5
3	168	17.4
4	129	13.4
5 or more	68	7.0
Total	965	100.0
Missing	47	
Total	1012	

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. From April 2013, a revised MI question was introduced. Results will be included in the Final Report.

Table 28 Parent registrations by first time parents

	N	%
No	287	63.2
Yes	167	36.8
Total	454	100.0
Missing	558	
Total	1012	

Source: Management Information, end April 2013

4.2.12 Parents and children with disabilities

Very few parents, just 19, considered themselves to be disabled. However the level of non-response (52%) was very high. Equally very few parents (n=27) identified any of their children as having Special Educational Needs or a disability. However two-thirds (66%) 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 MI data gives three pieces of information relevant to course completion:

- The start date of the course;
- The date at which 75%[33] 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

[33] ‘75%’ is shorthand for the varying contractual definitions of ‘completion’ against which providers could claim the second part of the voucher payment. This equated to at least 75% attendance; higher for shorter courses.

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 73% of parents complete with 100% attendance and a further 18% achieve the 75% completion threshold. Just under one tenth (9%) are marked as not completing the course.

Table 29 Parent registrations by course completion

		N	%
	Marked as not completed	76	8.9
	Date given for 75%[34] completion	153	18.0
	Date given for 100% completion	621	73.1
	Total	850	100.0
Missing	Inferred still undertaking course	162	
Total		1012	

Source: Management Information, end April 2013

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 lasted between one week (20%) and seven weeks or longer (12%), with shorter courses of one to three sessions predominating (65%).

[34] See footnote 26.

Table 30 Parent registrations by length of course

		N	%
Valid	1 week	120	19.5
	2 weeks	89	14.5
	3 weeks	188	30.6
	4 weeks	65	10.6
	5 weeks	53	8.6
	6 weeks	23	3.7
	7 weeks or longer	76	12.4
	Total	614	100.0
Missing	System	398	
Total		1012	

Source: Management Information, end April 2013

4.3 Chapter summary

Comparisons with national averages and with PEIP are tentative, as questions asked in the Management Information do not always exactly map to those asked in the PEIP research or the 2011 census. However, tentatively, the data suggest that CANparent classes are attracting a sample of the population in the three areas which is representative regarding parent education, ethnically much more diverse than the area averages, and slightly skewed to families headed by couples living together (whether married or not) compared to those headed by a 'single- never married' parent. The vast majority of participants have been mothers. This underlines the continuing importance of reviewing strategies to engage fathers. By the Final Report we will know the effect of the introduction from April 2013 of a financial incentive to providers for attracting fathers.

Area level rates of take-up are broadly in line with expectations based on the eligible parent population. The provider level differences in rates of take-up are to be expected but continue to be monitored both in the 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, following the first 6-month delivery review successful strategies adopted by the local support agency in each area are shared with their counterparts in other areas to drive take-up.

The continuing relative predominance of face-to-face delivery (84%) versus other delivery modes suggests that providers may 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 in terms of education, this should give providers confidence that the universal nature of the offer is being communicated reasonably successfully. Effort in Year 2 of the trial should continue to focus on increasing the numbers of parents engaging with CANparent, especially fathers, White British parents, and single parents, as these groups are currently underrepresented.

5. Other strands of the evaluation

5.1 Introduction

In this short chapter we provide an update on aspects of the evaluation that are underway but not ready to report. This section is structured by research method. No findings are presented.

5.2 Second penetration survey

The penetration survey strand (details in **Appendix 4**) consists of two waves of interviewing, allowing us to determine how perceptions of parenting classes and uptake of classes have changed over time. The first wave took place from 2nd July to 14th October 2012 and findings were included in the First Interim Report. The follow-up wave will run from early August to early November 2013. Findings will be included in the Final Report.

The sample for the second penetration survey, as for the first, consists of parents, step parents, foster parents and guardians of children born since 1st May 2005. This date has been selected to ensure that, across both waves of interviewing, we cover all parents who were eligible for participation in the CANparent classes at any stage of the programme. Where there is more than a single eligible parent in a given household, a random selection will be conducted to ensure that we have a full representation of both mothers and fathers. Interviews will be conducted in the trial areas (where the parenting classes are running) and in matched comparison areas (to enable us to see whether perceptions/uptake of parenting classes change over time, even in the absence of direct CANparent activity).

As for the first survey, fieldwork will involve face-to-face interviewers using CAPI laptops, with sample sourced from HMRC child benefit records. A total of 3,000 interviews will be conducted (1,500 in trial areas and 1,500 in matched comparison areas). These interviews typically take around 20 minutes to complete.

5.3 Strand 3 – Cost effectiveness study

As reported in the First Interim Report, the cost-effectiveness study comprises three main sub-strands: exchequer cost effectiveness, a market feasibility study, and a willingness to pay survey (further details in **Appendix 4**). Analysis of findings from the supply and demand sides will allow us to understand the market viability of the trial market model. At time of writing, the willingness to pay module has been developed for inclusion in the second penetration survey (Section 5.2). A cost information collection tool was distributed to providers in April 2013. Initial analysis of cost information will take place in July 2013. Further costs data may then be collected in autumn 2013. Findings from this strand will be reported in the Final Report.

5.4 Chapter summary

This Second Interim Report has presented interim findings from the surveys of participating parents, the supply side longitudinal studies and the management information. The Final Report will include findings from all strands of the research, including the penetration surveys and the cost effectiveness study.

6. Conclusions

6.1 Introduction

The trial has two main aims: to trial a universal offer of high quality, stigma-free parenting classes to enhance parenting skills and confidence; and to test out the viability of developing a competitive market in the provision of such classes. Here we offer interim conclusions in relation to these aims, bearing in mind that the trial will run until the end of March 2014.

6.2 The concept of universally available parenting classes

There is a picture emerging that the concept and experience of universally available parenting support is welcomed by parents and will spread by word of mouth. Evidence from the evaluation supports making parenting support universally available. Analysis of national norms for two of our outcome measures shows that, in the general population, socio-economic status, whether defined as family income, working status or parent's highest educational qualification, has no significant relationship to level of parenting need. Although the parents taking part to date are reasonably representative of the population in terms of family size and level of parent education, they had markedly higher than average levels of parenting need. This may be an artefact of new provision with 'early adopters' motivated by higher than average need. As time goes on, if universal access to parenting support becomes the norm, participants' levels of need may average out. Equally, it may be that parents starting to experience stress become the main market demographic for this product with need driving demand for stigma-free learning.

6.3 The market model used in the trial

The market model adopted for the trial was proving particularly challenging for the providers as levels of take-up had not yet created income sufficient to offset the upfront investment required. On the other hand, all providers chose to participate and should have been aware of the up-front investment required by a market approach, particularly when delivering a relatively new product (universal parenting classes) in a new market, and, given the untested power of the vouchers to drive mass take-up, of the financial risks related to voucher income being dependent on success in attracting parents to attend.

The voucher subsidy stimulated provision but, on its own, did not stimulate large-scale take-up – that requires both a long-running 'macro' level campaign to raise awareness of the benefits of parenting classes and of their new universal availability, and, at the 'micro' level, intensive face-to-face direct engagement with parents. Most providers did not have the resources to invest in the amount of marketing and engagement work that would be required to achieve take-up to scale. The changes made to the trial design after the 6-

month review and again after the Year 1 review are to be welcomed, as they reflect lessons learned from the trial to date, including the need for provider marketing to be supplemented by central promotion of the CANparent brand and of the benefits of universal parenting classes. Arguably, these changes could be tested out more fully if the trial period were to be extended beyond March 2014.

The precise role of the voucher in stimulating demand is not yet clear. This will become clearer when we have the evidence from the second penetration survey (taking place from August to November 2013). At this interim point, we know that among the 29 parents interviewed, most said they would not have done the course without the voucher. This shows that the voucher has stimulated demand to a degree; however, overall take-up figures do not indicate that the voucher has stimulated the scale of demand anticipated by most providers when preparing their business plans and creating their financial projections.

At the time of data collection, the missing element for parents was sufficient information about the products and the reasons for 'buying' them. [35] Local voucher distributors wanted more information from each provider so that when parents asked them about the range of options locally they could explain in detail about each one. Some parents who did not actively choose from among the range on offer, but simply went to a course with a friend or to one running in a familiar location, regretted not taking the time to consider all the available options to find one best suited to them. The information they most wanted to know was about the content, the underpinning theories and the delivery style.

It is too early to say which parenting class products will thrive in a competitive market. Taken together, our data sources suggest that there can be a tension between 'popularity' and 'value' of a product. Ideally, the product should be both popular and of value to parents. At this interim point, there are indications that the most popular courses are face-to-face rather than online; and of shorter (3sessions or less) rather than longer duration. Online parenting courses are relatively new products and so it is perhaps not surprising that they are not immediately popular. The popularity of the shorter courses is also understandable, given parents' busy lives. However, we also know from interviews that some parents who chose the shortest courses, with hindsight wished they had gone on longer courses so that they could have learned more. Some also questioned the 'value for money' of the short courses.

This tension between 'popularity' and 'value' fits with findings from the outcome questionnaires (the 10% sample) which suggest there is a question mark over the value of the very short courses in effecting measurable outcomes. It also fits with the finding that

[35] By time of writing, compared to time of data collection, the Year 2 changes to the CANparent website had already increased the information available to parents.

the lowest ratings for providers in the 'all parent' Satisfaction Survey are for the shortest class (delivered as one session with optional e-mail follow-up).

On the other hand, high parent satisfaction ratings in the 10% sample, and the 'all parent' Satisfaction Survey, are not affected by length of course, suggesting that the experience of attending the courses is positive. It may be that, as the market matures, very short courses continue to be offered in their own right for those for whom that level of input is sufficient; and are also used as easy-to-access 'tasters' to encourage attendance at longer courses for those who would benefit more from greater input.

We know that in making their choices, parents consider length of course; where the course is running; what the content is (and why); and what the delivery style will be like. We know they value new learning, as well as being with other parents. As the trial continues, we can expect to find parents being increasingly influenced by the views of other parents (e.g. the star ratings and testimonials on the CANparent website, as well as local word of mouth). Providers' own evaluation findings, as well as the results of the national evaluation, may also influence choices, if these results are made easily accessible to parents.

6.4 Sustainability

Although most providers (when interviewed in spring 2013) were not optimistic about the financial sustainability of their universal parenting class/es, this view was driven by levels of take-up that were much lower than those used by most providers in their original projections of voucher-generated income. If take-up were to build substantially during Year 2 of the trial, we could expect provider views of sustainability to change. There is evidence (reported in our first interim report) of high levels of positive views about the concept of universal parenting classes. Providers who succeed in turning that latent demand into active take-up could well have a sustainable product to market both beyond the trial area/s and to parents of children of different ages.

Important lessons have been learned from the first year of the trial that will be useful for providers considering maintaining their offer, or expanding into other areas or to other age groups after the trial. Perhaps the most important lesson for the future is to support their product (the classes) with a marketing campaign from the start. Related to this is the importance of engaging with the professionals who interact with parents every day – for CANparent, this is the Foundation Years workforce and all the other voucher distributor channels. Once the voucher subsidy ends, these will still be the people talking to parents every day. Providers who succeed in building relationships with these channels, conveying to them the essence of their programme and its value will a) be more likely to increase take-up during the trial and b) be more likely to create sustainability beyond the trial.

Sustainability after the trial will require planning and development of viable funding models in good time, prior to the end of the voucher subsidy. The funding models being tested out in Bristol suggest some possibilities for this. We will learn more about parental willingness

to pay from that element of the second penetration survey. At this interim point, we can say that among the first 29 parents interviewed, the principle of paying was accepted by most. It is clear that future provision of universally accessible parenting classes will have to include an element of subsidy for those who cannot afford to pay; however this need not prevent providers from envisaging charging parents who can afford to pay. Differential prices and discounts for certain demographic groups (e.g. students, older people) are commonplace in other market sectors. People are used to sitting in trains and planes knowing that the prices paid for the tickets for the same journey may have been very different. In the same way it is possible to envisage parents attending classes or going online with some having paid the full price, others having received a discount and others a full subsidy.

The greatest hope for the sustainability of the market is the sheer size of the potential demand, if that potential can be realised over time. This may require large scale investment beyond the resources of individual providers – but if the trial succeeds in showing 'proof of concept', providers committed to universal access to parenting provision may be able to obtain investment funding from the growing social investment sector perhaps with the help of a suitable social investment intermediary.

6.5 Next steps

The evaluation of the trial continues. A Final Report will be published after the end of the trial in March 2013. This will include important information from the cost-effectiveness strand and from the second penetration survey, as well as updated findings from the continued work of the evaluation strands reported here.

7. Recommendations

- Effort in Year 2 of the trial should continue to focus on increasing the numbers of parents engaging with CANparent, including fathers, White British, and single parents, as these groups are currently under-represented.
- A continued focus on take-up should include both a 'macro' level campaign to raise awareness of the benefits of parenting classes and of their new universal availability, and intensive face-to-face direct engagement with parents by providers, supported by voucher distributors and local support organisations.

Providers

- Providers should ensure their CANparent webpages and other marketing material contains information about the content, underpinning theories and delivery style of their classes. Those that have evaluation data and participant testimonials should include that evidence of the benefits of attending – parents need to know how good the course is in order to understand why it is worth attending and, where applicable, worth paying for.
- To help parents understand why the classes are worth attending, providers should encourage parents to try a non-obligation taster session.
- Providers should take note of the emerging evidence about the importance of course duration, perhaps using very short courses as 'tasters' to encourage take-up of longer, more effective classes.
- Outside the voucher areas and after the voucher trial ends, providers should consider offering free taster sessions and money-back guarantees as proof to parents of the quality of the classes.
- Providers should continue to engage directly with parents to share information about their offer and to learn from parents how, if at all, this needs to be adapted to become more compelling.
- Providers should increase their engagement with voucher distributors, providing them with enough information about the content, delivery style, and underpinning theories of their classes so that they, in turn, can explain this to local parents.
- Regarding any future results-based contracts relating to new products and or new markets, all providers should plan for how to manage the inherent financial risks.

DfE

- Learning from CANparent for future government pump priming of new markets in products with a societal benefit (social goods), DfE should note that a centralised marketing campaign may well be needed from the start to embed the overall brand, in addition to providers' own promotion and marketing.

- For any future results-based commissioning relating to a new market, DfE should note the importance of ensuring that providers understand the potential financial risks involved if desired results are not achieved to scale.

8. 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.

Cabinet Office. (2013). *Guidance on template contract for social impact bonds and payment by results*. https://www.gov.uk/government/publications/guidance-on-the-template-contract-for-social-impact-bonds

Cohen, J. (1988). *Statistical power analysis for the behavioural sciences (2nd Edition*). Hillsdale, NJ: Erlbaum.

Crnic, K. A. & Greenberg, M. T. (1990). Minor parenting stresses with young children. *Child Development, 61, 1628-1637*.

Cullen, M.A., Cullen, S., Strand, S., Bakopoulou, I., Lindsay, G, Brind, R., Pickering, E., Bryson, C., Purdon, S. (2013). *CANparent trial evaluation: First interim report. Research report DFE-RR280*. London: DfE.

Ford, T., Hutchings, J., Bywater, T., Goodman, A,. & Goodman, R. (2009). Strengths and difficulties questionnaire added value scores: Evaluating effectiveness in child mental health interventions. *British Journal of Psychiatry, 194*, 552-558.

Gilmore, L., & Cuskelly, M. (2009). Factor structure of the Parenting Sense of Competence scale using a normative sample. *Child: Care, Health and Development, 35(1)*, 48-55.

Johnston, C. & Mash, E. J. (1989) A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology*, *18*, 167–175.

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*). London: Department for Education. *https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR121A.pdf*

Office for National Statistics, (2012). *2011 Census.* http://www.ons.gov.uk/ons/guide-method/census/2011/census-data/index.html

[Parenting Daily Hassles Scale] Crnic, K. A. & Greenberg, M. T. (1990). Minor parenting stresses with young children. *Child Development, 61*, 1628-1637.

[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.l. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Development and UK validation. *Health and Quality of Life Outcomes, 5:63.*

Appendix 1 Key messages from the literature on engaging fathers in parenting and family work

A1.1 The literature

The literature on engaging fathers[36] in parenting projects, family initiatives, children's schooling, and family-focused practice is limited in its scope and applicability to the practical issues surrounding the recruitment and engagement of fathers to CANparent classes. The literature is dominated by a 'big picture' approach which is concerned to establish the role and importance of fathers and fatherhood, the benefits gained by actively including fathers in programmes, and the need for services to examine and audit their own practice. Interestingly, evidence from a range of countries and settings – the USA (e.g. Department of Health & Human Services (2009)), Australia (e.g. Berlyn, Wise and Soriano (2008a); Government of South Australia (2011?); Tehan, McDonald (2010)) England (e.g. Kent County Council (2008), Action for Children, (2009); Burgess (2009); Goldman (2005)), Ireland (e.g. Forrest (no date)), Scotland (e.g. Children in Scotland (2010)), and Wales (e.g. National Assembly for Wales (2011)) – suggests that, in largely Anglophone, Western countries, the issues surrounding fathers and father recruitment and engagement are very similar. Approaches to the question and proposed solutions are also uniform. However, comparatively little attention is devoted to **practical, 'hands on' advice** related to the recruitment and engagement of fathers to programmes. It is that advice which is presented here.

A1.2 Recruiting and engaging fathers

A1.2.1 General approach

Burgess, of the Fatherhood Institute, stressed the importance of straightforward change in practice as a pathway to ensuring greater success in father recruitment and engagement:

'The simplest change can bring in substantial numbers of fathers. In Australia, Fletcher (1997) reports fathers almost flooding into schools when specifically invited; and in Grantham (Lincolnshire), two health visitors conducted a comparative study in which one continued to use the standard letter about the primary birth visit ("Dear parents"), while the other used a new father-inclusive version ("Dear new mum and dad"). With the standard letter 3 out of 15 dads attended, while with the father-inclusive letter 11/16 dads attended.' (Burgess, 2009, 32).

[36] The term 'fathers' is used here to include all men with caring responsibilities for children in their family

Burgess presented **a check list of practical strategies to engage fathers**, drawing on a range of projects and papers:

- include fathers from outset
- target information at fathers, e.g., parenting newsletter for fathers of young children
- sign the father up at the beginning
- meet the father in the family home
- inquire about non-resident fathers
- extended a specific invitation to each father to attend
- make sure fathers realise how their involvement benefits their children
- staff member leading on father engagement talks to mothers about involving fathers assess fathers' needs
- build relationships with fathers, as with mothers
- change times to accommodate working fathers and mothers
- train entire team.

  (Burgess, 2009, 33)

A1.2.2 Marketing

Fathers should be **approached, engaged and enrolled in their own right**, as fathers. It is not sufficient to assume that a general invitation to 'parents' will lead to father engagement, as the usual reading of 'parent' is 'mother'. Similarly, **all marketing should refer to, and appeal to men and women as fathers and mothers**. Marketing should also be targeted at men in **'male spaces'**, but men can also be effectively engaged **in their family homes**. These messages came from a wide variety of projects and reports from different countries and settings:

- 'Marketing and promotional materials incorporate father-inclusive language and imagery' (Government of South Australia, 2011, 32)
- 'Promote positive perceptions of men as fathers and carers' (Action for Children, 209, 5)
- 'positive images of men and fathers in a program setting and in promotional materials' (Tehan & McDonald, 2010, 3)
- Marketing in the 'right' places – 'some services were advertising in what were perceived to be "male spaces", such as workplaces, pubs and hardware [stores]' (Berlyn, Wise, Soriano, 208, 40)
- 'Fathers should be invited AS FATHERS (not "parents" or "families"). Send information, letters, and invitations specifically addressed to the fathers' (Department of Health and Human Services, 2009, 4)

- ‘Suggestions [for recruiting fathers] included: home visits at a time when fathers were available; addressing letters, newsletters and other communications to both parents […]’ (Cullen et al, 2011, 495).

In addition, fathers should be approached in terms of their being involved **because they are interested in positive experiences, outcomes and life chances for their children**. The assumption should be that fathers want the best for their children. Recommendations include, for example:

- Adopting a strengths-based approach to fathers and fathering; with a focus on fathers’ capacities and the value to children of fathering (Tehan & McDonald, 21, 5-6)
- ‘Ensure that activities are “sold” to fathers on the basis of the help it will give to their children and not themselves. Fathers respond very positively to direct invitations from their children’ (Department for Education and Skills, 2004, 18)
- ‘Fathers want to help children develop skills and resiliency, so design programs that teaches them how. Inviting fathers to read in the classroom, talk to children in the program about their jobs or hobbies, participate in field trips, and lead educational demonstrations are just some of the ways fathers can share their skills and abilities,’ (Department of Health and Human Services, 2009, 4)
- ‘Fathers want to be involved in programs that are relevant. So let them know how a particular activity helps their children’s development and how they can use the new information with their children at home,’ (Department of Health and Human Services, 2009, 4)

A1.2.3 Building links and word of mouth

Personal, trusted links are important in attempts to recruit and engage fathers. Evidence shows that fathers react positively to recommendations from parenting and family workforce people that they know, friends and wives/partners. For example:

- ‘Personal recommendations about services are powerful. Engage “fatherhood ambassadors” to recruit and engage other fathers in Children’s Centre activities via word of mouth and community networks’ (Government of South Australia, 2011, 35)
- ‘I [a father] was down at the [service] and the lady over the counter said, “Oh, there’s also the father’s course, do you want to join in on that too?” So I read the brochure and it sounded really good’, and ‘I guess the things that appealed to me was more about hearing it from other dads,’ (Berlyn, Wise and Soriano, 2008, 40)
- ‘Fathers may be best accessed through their partners (if they have one) or their children,’ (Lloyd, 2001, 76)

A1.2.4 Retention

There is some commentary in the literature that suggests that recruiting fathers does not necessarily mean that fathers will be retained, either onto projects in the first instance, or throughout the lifespan of a project. As a result, **strategies need to be in place to enhance retention**. For example:

- fathers/male carers receive text alerts and reminders of 'activities, special deal and seasonal offerings linked with special times of the year for children' (Kent County Council, 2008, 17)
- '[ensure that] the physical environment of the project is welcoming and accessible to fathers' (Forrest, no date, 24)
- 'Activities are held in a range of "neutral" venues so that fathers who are put off entering the "female space" of the setting can participate' e.g., park or school (Pre-school Learning Alliance, 2009, 14)
- 'recognise, respect and adapt to individual and cultural diversity
    - One model of practice is not sufficient
    - Offer alternatives to fathers,' (Goldman, 2005, 161)
- recognise that fathers may have additional issues that need to be addressed, for example fathers of children with disabilities (Potter & Rist, 2012); or fathers separated from their children's mother (Read, 2012)
- 'respect fathers' work hours by scheduling programs and events at various times during the day (early morning, lunchtime, after school, or evening). Be flexible, but schedule only as many events as you can handle with the staff and resources you have,' (Department of Health and Human Services, 2009, 4)
- 'get the word out early (at least a month in advance) about upcoming events and remind fathers often,' (Department of Health and Human Services, 2009, 4).

A1.2.5 Perseverance

Successful father recruitment, engagement and retention require **perseverance** on the part of any service. Cultural, organisational and societal norms frequently mitigate against father involvement and these often deep-seated barriers can be difficult to overcome. Accounts of numerous projects highlight this, an example being the 'Da Project' in Ireland:

> 'this work [engaging fathers] takes **time, energy and commitment** because of the low starting point from which services are seeking to develop this work. One implication of this is that it is important to set realistic objectives and timescales for the work and to remain flexible and open to renegotiating these according to progress' (Forrest, no date, 24)

Similarly, Lloyd in his review of ten father-focused projects in England noted that involving fathers took a long time and was labour intensive, and that 'initially, for some of the

projects, it took longer to recruit [fathers] than it took to deliver the course/initiative they planed' (Lloyd, 2001, 80).

A1.2.6 Workforce

Much of the literature on father involvement focuses on important **changes in the leadership, attitudes and training of workforces** tasked with engaging fathers and families. Recommendations relating to workforce development are very similar, and the Fatherhood Institute's *PIP: Parenting Implementation Project; Guide to developing a father-inclusive workforce* identified **key areas of development**:

- strong leadership is vital to ensure staff at all levels of the organisation are committed to supporting father-child relationships
- staff recruitment – to address what knowledge, skills and behaviour their workers need to effectively engage with dads
- an emphasis from senior management down on the importance of supporting father-child relationships in all the agency's work
- qualities of the workers involved:
    - 'understanding how important fathers are to children and mothers;
    - understanding their role includes supporting father-child relationships;
    - being experienced, comfortable and confident about engaging with dads/men – and able to communicate this;
    - being committed and dedicated to supporting father-child relationships
    - being aware of the specific experiences and challenges fathers tend to face

      (Fatherhood Institute, no date 2, 2-8)

There is a strong emphasis in the literature on facilitating **cultural change** to enable the **routine incorporation of fathers** into family and parenting programmes.

A1.3 Conclusions

Burgess argued that there was a need for a changes 'in practice but also a paradigmatic shift in thinking' by teams tasked with involving fathers in parenting interventions. That shift should aim, in the final analysis, at creating a situation where:

'Fathers are consistently viewed as co-parents and staff help mothers and fathers to reflect on how each father contributes to his child's health and development. There is agency-wide commitment to attract and involve fathers; the programmes are perceived as being as much for fathers as for mothers; and fathers are regularly discussed in case conferencing and included in conferences. Activities often allow for fathers and children to do things together, and are linked to other programme components, such as home visits/child socialisations. Special father/make activities might still exist, but are no longer

regarded as the vehicle for father-involvement. Instead, there is a wide array of programme efforts to include fathers; and adjustments in service delivery have been made to meet the needs of working fathers and mothers. A father-involvement co-ordinator is employed and trained. The programme is seen as a leader in its community, in terms of father-involvement. And there is a commitment by programme leadership to engage in on-going critical and reflective thinking and regular self-evaluations,' (Burgess, 2009, 32)

A1.4 Select bibliography and references

Action for Children (2009), Action for Children's approach to working with fathers and male carers in our early years services (Action for Children)

Berlyn, C., Wise, S., and Soriano, G. (2008a), Engaging fathers in child and family services: Participation, perceptions and good practice. Strong Families and Communities Strategy 2004-2009 (Canberra, Australian Government: department of Families, Housing, Community Services and Indigenous Affairs)

Berlyn, C., Wise, S., and Soriano, G. (2008b) 'Engaging fathers in child and family services', Family Matters, 80, 37-42

Burgess, A. (no date), 'Engaging fathers in parenting interventions: the evidence base' (PowerPoint presentation, Fatherhood Institute)

Burgess, A. (2009), Fathers and Parenting Interventions: What Works? (Abergavenny, Fatherhood Institute)

Campaign for Learning (2010), 'Engaging Dads', http://www.campaign-for-learning.org.uk/cfl/flw/resources/engaging_dads.asp accessed 5th June 2013

Children in Scotland (2010), Breaking-down stereotypes and engaging fathers in services for children and families (Edinburgh, Children in Scotland)

Cullen, S.M., Cullen, M.A., Band, S., Davis, L., Lindsay, G. (2011), 'Supporting fathers to engage with their children's learning and education: an under-developed aspect of the Parent Support Adviser pilot', British Educational Research Journal, 37 (3), 485-500

Department for Education and Skills (2004), Engaging fathers: involving parents, raising achievement (No place of publication, DfES)

Department of Health and Human Services USA (2009), NRFC Tips for Fatherhood Professionals; Engaging Fathers in Head Start (Gaithersburg, MD, National Responsible Fatherhood Clearinghouse)

Fatherhood Institute (no date 1), 'Toolkit for developing father-inclusive services' (Abergavenny, Fatherhood Institute)

Fatherhood Institute (no date 2), PIP: Parenting Implementation Project; Guide to developing a father-inclusive workforce (Abergavenny, Fatherhood Institute)

Fletcher, R. (1997), Getting DADS involved in schools (Newcastle, Australia, University of Newcastle)

Fletcher, R. (2008), Father-inclusive practice and associated professional competencies (Melbourne, Australian Institute of Family Studies

Forrest, S. (no date), Engaging with Fathers in Family Support Services; a summary of the learning acquired through Barnardos' Da Project (Dublin, Barnardos)

Goldman, R. (2005), Fathers' Involvement in their Children's Education: a review of research and practice (London, National Family & Parenting Institute)

Government of South Australia (2011?), Engaging Fathers; A report of the Fatherhood Engagement Research Project 2009-2010 (Government of South Australia)

Kent County Council (2008), Engaging fathers; developing support services with and for fathers (Maidstone, Social Innovation Lab for Kent)

Lloyd, T. (2001), What Works with Fathers? (London, Working With Men)

Sanders, A., Oates, R., & Kahn, T. (no date), Hard to Reach? Engaging fathers in early years settings (University of Derby and the Preschool Learning Alliance, Derby

Maxwell, N., Scourfield, J., Featherstone, B., Holland, S., & Tolman, R. (2012), 'Engaging fathers in child welfare services: a narrative review of recent research evidence', Child and Family Social Work, 17, pp.160-169

Minnesota Department of Human Services (no date), Working with Fathers: A Program Improvement Resource (no place of publication, Minnesota Department of Human Resources).

National Assembly for Wales, Children and Young People Committee (2011), Follow up inquiry into parenting in Wales and the delivery of the Parenting Action Plan. (Cardiff, Children and Young People Committee, National Assembly for Wales).

Potter, C., Olley, R. (eds.) (2012), Engaging Fathers in the Early Years; A Practitioner's Guide (London, Continuum International Publishing Group)

Potter, C, Rist, K. (2012), 'Working with fathers of disabled children', Potter, C., Olley, R. (eds.), Engaging Fathers in the Early Years; A Practitioner's Guide (London, Continuum International Publishing Group)

Pre-school Learning Alliance (2009), Where's Dad? A guide for early years practitioners on how to engage effectively with fathers (London, Pre-school Learning Alliance)

Read, G. (2012), ‘Working with separated fathers’, Potter, C., Olley, R. (eds.), Engaging Fathers in the Early Years; A Practitioner’s Guide (London, Continuum International Publishing Group)

Tehan, B., McDonald, M. (2010), ‘Engaging fathers in child and family services’, Community and Families Clearinghouse Australia (CAFCA) practice sheet, (Melbourne, Australian Institute of Family Studies)

Appendix 2 Key messages from the literature on the rationale for/benefits of involving employers

A2.1 Why should employers be interested in providing access to workplace parenting support?

- **Working parents are a significant segment of the workforce** – they make up about a third of all UK employees (Edenred, 2010).
- Men are most likely to be working parents - married or cohabiting fathers consistently have the highest employment rate (89.5%), followed by married or cohabiting mothers (70.9%) (ONS, 2011)
- Over half of single parents with dependent children work (57.3%) (ONS, 2011).
- Family friendly policies are recognised as a major factor driving **recruitment and retention of employee knowledge and skills**. As age of first motherhood rises, and second families become more common, employers cannot afford to lose experienced workers who choose not to return after paternity or maternity leave or return but leave soon after. Equally, employers cannot afford to ignore the fact that workers' parenting role lasts far longer than the pre-school years. (Edenred, 2010).
- Increasingly, forward looking UK employers are offering parenting support as **part of a flexible benefits package** to attract and retain working parents (PriceWaterhouseCooper, 2006).
- Decades of research have shown that stress generated by parenting issues at home can **reduce parental productivity at work** and that stress generated by issues in the workplace has a negative effect on family life and parenting style leading to increased child behaviour problems.
- This **stress 'cross-over'** creates problems balancing the demands of 'work-life' or 'work-family' conflict resulting in **employee stress** leading to
    - **Reduced job satisfaction and performance**
    - **Absenteeism**
    - **Poor organisation and reduced career commitment**
    - **Increased psychological distress**
- More recently research has focused on **the mutual benefits** ('work-family enrichment') **of a positive family life enhancing work performance and vice versa** (e.g. Greenhouse & Powell, 2006; Carlson and others, 2011; Burnet, Coleman, Houlston & Reynolds, 2012)
- Under UK law, employers have **a duty of care** to protect the health, safety and welfare of all employees while at work. Workplace parenting support is one way to **reduce work-life/work-family stresses**, bringing benefits to employers, employees and their families.

A2.2 What evidence is there that access to workplace parenting support will make a positive difference?

- Work-family support policies overall have been shown to have **a positive relationship with job satisfaction, affective commitment and intention to stay** (Athanasiades & Winthrop, 2007; Butts and others 2013)
- For workplace parenting support in particular, the strongest published evidence to date relates to Workplace Triple P which has been shown **to significantly lower individual and work-related stress; improve parents' feeling of competency ('self-efficacy') in managing competing work and family demands** (Hartung & Hahlweg, 2010); and **increase work satisfaction and work commitment** (Sanders, Stallman and McHale, 2011) – as well as **improving parenting** and **reducing disruptive child behaviours** (Martin & Sanders, 2003).
- The focus on Workplace Triple P evidence reflects **a gap in research**, not negative findings from other parenting programmes - to date, most UK employers offering parenting support as part of their suite of employee benefits have not measured outcomes but report **positive feedback from parents** (PriceWaterhouseCooper, 2006).
- There is a trail of international evidence spanning at least 20 years, and a number of different parenting programmes, showing that workplace access to parenting support leads to **reduced work-family and family-work spillover** and **improved worker morale and performance** e.g. Felner and others, 1994; Wiley, Branscomb & Wang, 2007.
- Stewart-Brown and Schrader-McMillan (2011) found that there is 'a robust international evidence base of parenting programmes' that **improve parenting, child well-being** and **parental mental health**

A2.3 Is there evidence that parents want this benefit?

- Yes. A recent survey (Sanders and others, 2011) of 721 employed parents in the UK found that 85% wanted access to a workplace parenting programme with 90% indicating that they found balancing work and family stressful.

A2.4 How would access to workplace parenting support fit our existing employee support package?

Supporting access to workplace parenting classes (online or in face-to-face groups) fits with existing workplace support practices. For example, it can be viewed as:

- a **family-friendly benefit** attractive to employees;

- part of **an employee assistance programme** to reduce absenteeism and increase productivity;
- part of **an occupational health strategy** for promoting employees' psychological wellbeing.

A2.5 How much would it cost to offer this?

- There is a developing competitive market so employers can **negotiate** with parenting support providers to source a package to suit.
- Employers can **choose** whether to subsidise the cost in full, offering this free to employees, or to enable employee access by making it available in the workplace at convenient times e.g. during lunchtimes, with employees paying some or all of the delegate cost.
- Employers can **choose** to make it available to all/any employees, to target employed parents, or to target only employed parents reporting difficulties managing home and work responsibilities.

A2.6 References

Athanasiades, C. & Winthrop, A. (2007). 'The importance of employee wellbeing', *The Psychologist,* 20, 12 – online only. http://www.thepsychologist.org.uk/archive/archive_home.cfm?volumeID=20&editionID=154&ArticleID=1287th

Burnett, S.B., Coleman, L., Houlston, C., Reynolds, J. (2012) *Happy Homes and Productive Workplaces*. London: One Plus One and Working Families.

Butts, M., Casper, W. J., Yang, T.S.(2013). 'How important are work-family support policies? A meta-analytical investigation of their effects on employee outcomes', *Journal of Applied Psychology*, 98,1, 1-25.

Carlson, D., Kacmar, K.M., Zivnuska, S, Ferguson, M., Whitten, D. (2011). 'Work-family enrichment and job performance: a constructive replication of affective events theory', *Journal of Occupational Health Psychology*, 16,3, 297-312.

Edenred, (2010). *Engaging Working Parents: How to improve the business performance with family friendly policies.* http://www.childcarevouchers.co.uk/DocumentsAndBrochures/Employers%20-%20Engaging%20Working%20Parents.pdf

Felner, R.D., Brand, S., Mulhall, K.E., Counter, B., Millamn, J.B., Fried, J. (1994). 'The Parenting Partnership: The evaluation of a human service/corporate workplace collaboration for the prevention of substance abuse and mental health problems, and the

promotion of family work and adjustment', *The Journal of Primary Prevention*, 15.2, 123-146.

Greenhaus, J.H. & Powell, G.N. (2006). 'When work and family are allies: a theory of work-family enrichment', *Academy of Management Review*, 31, 72-92.

Hartung, D. & Hahlweg, K. (2010). 'Strengthening parent well-being at the work-family interface: a German trial on Workplace Triple P', *Journal of Community and Applied Social Psychology*, 29, 404-418.

Martin, A.J. & Sanders, M.R. (2003). 'Balancing work and family: a controlled evaluation of the triple P positive parenting program as a work-site intervention', *Child and Adolescent Mental Health*, 4, 161-169.

ONS (2011). *Working and Workless Households*. 'People by parental status' http://www.ons.gov.uk/ons/rel/lmac/working-and-workless-households/2011/stb-working-and-workless-2011.html#tab-People-by-parental-status

PriceWaterhouseCooper (2006). *Review of Capacity in the Parenting Support Market.* (RW105) London: Department for Education and Skills.

Sanders, M.R., Haslam, D.M., Calam, R., Southwell, C., Stallman, H. (2011). 'Designing effective interventions for working parents: a web-based survey of parents in the UK workforce', *Journal of Children's Services*, 6, 3, 186-200.

Sanders, M.R. Stallman, H.M., McHale, M. (2011). 'Workplace Triple P: a controlled evaluation of a parenting intervention for working parents', *Journal of Family Psychology*, 25, 4, 581-590.

Stewart-brown, S.L. & Schrader-McMillan, A. (2011). 'Parenting for mental health: what does the evidence say we need to do? Report of the Work package 2 of the DataPrev project', *Health Promotion International*, 26, S1, i10-i28.

Wiley, A.R., Branscomb, K., Wang, Y.Z. (2007). 'Intentional Harmony in the Lives of Working Parents: program development and evaluation, *Family Relations*, 56, 3,318-328.

Appendix 3 Agreed changes to the trial for Year 2

After reviewing the trial delivery at the end of Year 1, the following changes to the trial were agreed by the Government:

a) to further encourage increased take-up (demand-side changes)

- Increasing the pool of eligible parents
    - From 15 May 2013, parents starting a CANparent class can include those who work in the trial areas (or have a partner who does), undertake an accredited programme of study at an FE or HE institution in the trial areas or whose children go to school or nursery in the trial areas. From 15 May 2013, parents of all Year 1 children in the trial areas will be eligible for a voucher.
- Extension of online classes to other voucher trial areas (where a provider originally proposed to deliver in such areas)
- Option to enhance online only classes to include online, telephone or face-to-face interactive elements
- Improved access to vouchers
    - The distributor network will be reduced in number but given more guidance and support around conveying to parents the benefits of parenting classes in general and in helping parents to choose a class that suits them.
    - Distributor ambassadors in each voucher trial area will be given resources to engage parents effectively e.g. portfolios with course leaflets, CANparent branded water bottles to hand out, support to run coffee morning etc.
    - All distributers will be required to routinely hand out two vouchers to encourage parents to attend with a partner or friend.
    - Every parent attending a class will be given five vouchers to give to their friends.
    - Parent ambassadors will be recruited.
- Further website enhancements
    - Work to ensure that when parents search online for parenting classes, CANparent is one of the first sites they see.
    - Enhancing the home page
- Simplifying it to focus it on three broad categories of parents – those who have heard of CANparent and want to know more; those who want a voucher; and those who want to book a class.

        - Making greater use of age-appropriate photos and adding quotations from parents.
        - Speeding the parent journey to the key functions of downloading a voucher and booking a class.
        - Offer to produce a one minute 'talking head's video for each provider to bring alive the benefits of their offer to parents.
    - Additional funded marketing activity
        - In each voucher trial area, five road shows will be run between May and September 2013; providers will receive financial compensation for attending these.
        - Continuation of the Facebook adverts targeted at relevant parents.
        - Schools, nurseries and health visitors will be provided with CANparent stickers, including a short message and the web address, to be put on the cover of the Red Book or school/nursery diary.
        - Commissioning of a short, light touch, YouTube promotional video on the content of classes. This will be used on the CANparent website, and by providers and partners. A digital agency will also deliver a social media campaign to support the video going viral. It will also be promoted by the DfE through Facebook, Twitter and YouTube once momentum is established.
        - Development of father-specific marketing materials.
        - A refreshed CANparent leaflet will be printed to bring it up to date with the changes for Year 2.

b) to improve the financial return to providers (supply-side changes)

- Incentive scheme
    - From 15 May 2013, in each trial area, any provider newly achieving:
        - 50 parents starting a class ('class starts') will receive £1000.
        - 150 class starts will receive a further bonus of £1,500.
        - 400 class starts in Camden will receive £4,000, 500 class starts in Middlesbrough will receive £5,000 and 250 class starts in High Peak £2,500.
- Payment premium for fathers starting classes
    - From 15 May 2013, the vouchers from the first 1,000 male participants will be worth £125.
- Payment to recognise demands of participating in the trial evaluation and attendance at local roadshows to communicate the CANparent offer
    - Each provider will be paid up to £1,550 for their participation.

The effects of these changes on the developing market in universal parenting classes will be included in the results reported in the Final Report in 2014.

Appendix 4 Summary of evaluation aims, objectives and methods

A4.1 Aims and Objectives

The main aim of the study is to evaluate whether or not the free provision of parenting classes in the three voucher 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.

A4.2 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, the non-voucher trial area.

- There are longitudinal case studies in three phases. Interviews will be held with providers, ECORYS, Family Lives, local support and local parenting commissioners; and focus groups with voucher distributors.
- 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 (August - November 2013[37]) to generate figures on take-up of classes and normalisation;
  - On-going 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-

[37] Revised from July – September 2013.

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, on fathers, and on parents who state they are not interested in taking a CANparent class.
- 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.

Appendix 5 Parenting Daily Hassles (PDH) and Being a Parent (BAP) Scales: Development of national (England) norms and creation of control (follow-up) group

A5.1 Introduction

The purpose of this aspect of the survey was two-fold. First, to establish national norms for the Parenting Daily Hassles (PDH) and Being a Parent (BAP) scales, based on representative non-clinical samples of parents. Such norms do not exist for the PDH, and only Australian non-clinical norms exist for the BAP (Gilmore & Cuskelly, 2009). Our third instrument, the Warwick-Edinburgh Mental Well Being Scale (WEMWBS), already has representative UK norms. The availability of a complete set of national norms allows us to compare parents taking CANparent classes against national norms in relation to the frequency and intensity of the daily hassles they experience in parenting; their satisfaction, self-efficacy and interest in parenting; and their mental well-being. We can also compare the extent of change against these norms, e.g. do parents start below national averages but achieve at or above national average levels following the classes? Drawing on the sample from non-CANparent LAs selected as the control group in the penetration survey, a random selection of one-third of parents were administered the PDH and another one-third were administered the BAP. Questionnaires; these were presented via Computer Assisted Personal Interviewing (CAPI) CAPI. Where there were two parents in the household the father or mother were chosen at random. A sample of 521 parents completed the PDH scale and 547 parents completed the BAP scale.

The second purpose was to establish what, if any, change in scores might be observed without any intervention. We might assume that with no intervention there would be no change in scores, but this assumption needs to be tested and verified. Some research has suggested that SDQ scores can increase in the absence of intervention, particularly due to 'regression to the mean' when the sample drawn is a clinical sample (Ford et al, 2009). The parenting classes devised by providers for the CANparent initiative were relatively short with the maximum duration of a CANparent class expected to be around eight weeks. Therefore the sample described above who completed the PDH and BAP scales were also sent a follow-up questionnaire an average of eight weeks after the initial interview. This allowed us to establish the extent of change in scores in the absence of intervention, to act as a baseline against which to judge the extent of change in the evaluation of outcomes for the sample of CANparent classes.

A5.1.1 Sampling procedure

A random sample of 2,720 parents with at least one child aged 0-7 (i.e. born since 1 May 2005) in 16 LA areas (170 from each LA area) was drawn from HMRCs Child benefit records, which provides almost universal coverage of parents. These 16 LA areas were selected as control areas in a study evaluating the introduction of free parenting vouchers

(CANparent evaluation) and were nationally representative in terms of key demographics. A two stage (i.e. clustered) sampling procedure was used with a random sample of postcode sectors selected at stage 1 and a random sample of eligible parents within those postcodes selected at stage 2. Of the drawn sample, 329 records were deadwood/ineligible because the selected address was empty, non-residential, inaccessible or impossible to locate, or the named family had moved away and no eligible family had moved in. A further 117 addresses exercised an opt out with a parent calling the survey helpline to indicate they did not wish to take part and could not therefore be contacted by interviewers, leaving an in-scope sample of 2274 parents. The interviewer checked the number of eligible parents within each household at each given address and selected one at random for participation in the interview. Eligible parents included birth parents, step parents, foster parents, legal guardians and grandparents, if they had taken over care of the children living in the household. Interviews were conducted between 2 July and 14 October 2012. An overall response rate of 1535 parents (67.5%) was achieved. Of the parents interviewed 69% were female and 31% were male, reflecting the skew in child benefit records towards mothers. There were no significant differences in terms of response rates for addresses with different classifications on the Index of Multiple Deprivation (IMD) or urban vs. rural settings, so the socio-demographic profile of responder remained representative of the drawn sample.

A5.1.2 The PDH and BAP sub-samples

Time limitations meant it was not possible to administer the PDH and the BAP to all respondents in the sample. Therefore a random selection of one-third of cases were administered the PDH and another one-third were administered the BAP. Questionnaires were presented as CAPI. As stated above, where there were two parents in the household the father or mother were chosen at random. A sample of 521 parents completed the PDH scale and 547 completed the BAP scale.

A5.2 Parenting Daily Hassles

A5.2.1 Introduction

A5.2.1.1 Description of the scale

The Parenting Daily Hassle (PDH) measure was initially created to assess minor daily stresses experienced by most parents in routine interactions with their children and in routine tasks involving childrearing. The PDH has 20 items, each of which is rated along two major dimensions: (1) the frequency with which the event occurs, and; (2) the intensity or degree of “hassle” the parent perceives the event to be. The Frequency Scale was constructed to provide an ‘objective’ marker of the frequency with which these events occur within families. The Intensity Scale was developed to assess the parent’s ‘subjective’ appraisal of the significance of the event. The PDH is quick to complete (5 - 8 minutes). It has been widely used (with both fathers and mothers) and is positively

evaluated by users because it speaks in a natural way about the realities of parenting young children. Specific information on the PDH can be found in Crnic & Greenberg (1990).

A5.2.1.2 Scoring instructions

The PDH consists of 20 questions to which parents respond both in terms of the frequency of the hassle and the intensity of the hassle. Some of the PDH items may have limited salience for families with only one child (e.g. PDH 7, see Table 31) and others may have reduced salience for very young children in the 0-18 months age range (e.g. PDH 2, 4, 7, 15 & 16, see Table 31). To allow for this the instructions tell parents they can leave an item blank if it was considered not appropriate, and this is scored 0 and treated as missing. Valid responses for frequency were scored from 1 (never) to 5 (constantly), and for intensity from low (1) to high (5) so resulting scores on both measures could theoretically range from 20-100.

In the event the option to identify the question as not appropriate was rarely used, accounting for just 4% of responses for PDH 5 & 7, 2% for PDH 19 and <2% for all other items (see Table 31). The level of omission was slightly higher for intensity than for frequency, again it was the PDH 5 & 7 that had the highest omissions, although even for these items over 95% of parents answered the question. To account for this in scoring an average score was computed if at least 15 of the 20 items were answered. The average will not be biased by a small number of items being omitted due to low salience. Average scores were returned to the original metric by multiplying the average by the number of items and rounding to a whole number. The following SPSS syntax was applied:
*COMPUTE PDHi1=RND(mean.15(p1i to p20i)*20).*

A5.2.2 Results

A5.2.2.1 Basic statistics

Table 31 presents demographic characteristics of the sample.

Tables 32 and 33 present the frequency distribution for PDH frequency and intensity respectively for each item.

Table 31 Demographic characteristics of the PDH sample

Variable	Value	Count	%
Parent gender	Male	188	36.3%
	Female	330	63.7%
Parent age-band	Refused	1	0.2%
	16 to 29	148	28.6%
	30 to 39	236	45.6%
	40 or over	133	25.7%
Ethnicity	White	404	78.0%
	Mixed heritage	10	1.9%
	Asian	59	11.4%
	Black	39	7.5%
	Any other group	6	1.2%
Number of children age 0-16 in household	1 child	160	30.9%
	2 children	235	45.4%
	3 or more	123	23.7%
Age of youngest child	<12 months	67	12.9%
	1 year old	118	22.8%
	2 years old	89	17.2%
	3 years old	65	12.5%
	4 years old	58	11.2%
	5 years old	57	11.0%
	6 years or above	64	12.4%
Total Household income band	Refused	24	4.6%
	Don't know	34	6.6%
	High (£35,000 or more)	184	35.5%
	Medium (£15,000 - £34,999)	139	26.8%
	Low (Less than £15,000)	137	26.4%
Highest educational qualification	Don't know	2	0.4%
	Degree (BA / MA)	160	30.9%
	A levels / HE below degree	128	24.7%
	5+ GCSEs at A*-C	74	14.3%
	Fewer than 5 GCSEs	154	29.7%
Family status	Single parent household	133	25.7%
	Dual parent household	384	74.3%
Respondent's working status	Lone parent, working	214	41.3%
	Lone parent, not working	100	19.3%
	Couple parent, both working	204	39.4%
one or more child with SEN/Disability	No	466	90.0%
	Yes	52	10.0%

Note: Total sample size = 518.

Table 32 Parenting Daily Hassle - Frequency: Item by item responses (% of respondents)

Parenting Daily Hassles - Frequency Item No. and description	0 Intention-ally blank	1 Never	2 Rarely	3 Some-times	4 A lot	5 Constant-ly
1. Continually cleaning up messes of toys or food.		2.9%	6.1%	23.2%	39.5%	28.2%
2. Being nagged, whined at, complained to.	1.2%	6.8%	19.6%	41.0%	23.5%	9.1%
3. Mealtime difficulties (picky eaters, complaining,etc.		17.7%	30.9%	31.3%	13.1%	7.1%
4. The kids don't listen - won't do what they are asked without being nagged.	1.8%	10.5%	25.4%	44.3%	13.1%	6.6%
5. Babysitters are difficult to find.	4.4%	39.9%	18.6%	19.4%	11.6%	10.4%
6. The kid's schedules (like preschool or other activities) interfere with meeting your own or household needs.	1.8%	30.9%	35.9%	28.3%	3.7%	1.2%
7. Sibling arguments or fights which require a "referee".	4.0%	38.5%	19.8%	26.5%	10.8%	4.4%
8. The kids demand that you entertain or play with them.	.4%	7.1%	16.8%	42.2%	26.8%	7.1%
9. The kids resist or struggle over bedtime with you.	.4%	27.6%	30.4%	30.8%	7.7%	3.5%
10. The kids are constantly under foot, interfering with other chores.	1.2%	27.0%	36.7%	27.2%	7.6%	1.6%
11. The need to keep a constant eye on where the kids are and what they are doing.		4.2%	18.4%	30.3%	30.7%	16.3%
12. The kids interrupt adult conversations or interactions.	.2%	9.4%	20.2%	47.3%	17.7%	5.4%
13. Having to change your plans because of an unpredicted child need.		14.2%	42.0%	35.3%	6.9%	1.5%
14. The kids get dirty several times a day requiring changes of clothes.	.2%	13.8%	35.4%	34.0%	11.9%	4.8%
15. Difficulties getting privacy (e.g., like in the bathroom).	.2%	32.5%	27.9%	23.7%	10.0%	6.0%
16. The kids are hard to manage in public (e.g. supermarket, shopping centre, restaurant).		21.5%	39.9%	29.9%	6.1%	2.5%
17. Difficulties in getting kids ready for outings and leaving on time.	.2%	18.5%	39.8%	32.1%	7.9%	1.7%
18. Difficulties in leaving kids for a night out or at school or childcare.	1.4%	43.4%	33.7%	15.4%	5.1%	2.5%
19. The kids have difficulties with friends (e.g. fighting, trouble getting along, or no friends).	2.0%	53.8%	29.7%	12.7%	2.7%	1.0%
20. Having to run extra errands to meet kids' needs.		27.6%	31.1%	31.3%	8.4%	1.5%

Note: Sample of 521 parents.

Table 33 Parenting Daily Hassle - Intensity: Item by item responses (% of respondents)

Parenting Daily Hassles - Intensity Item No. and description	0 Intention-ally blank	1 Low	2	3	4	5 High
1. Continually cleaning up messes of toys or food.	.4%	37.2%	30.6%	23.1%	5.4%	3.7%
2. Being nagged, whined at, complained to.	1.4%	36.8%	29.6%	22.4%	7.4%	3.9%
3. Mealtime difficulties (picky eaters, complaining,etc.	.2%	49.2%	24.0%	15.8%	6.9%	4.0%
4. The kids don’t listen - won’t do what they are asked without being nagged.	1.8%	36.3%	28.1%	22.3%	8.8%	4.5%
5. Babysitters are difficult to find.	4.6%	56.4%	16.7%	12.2%	8.2%	6.4%
6. The kid’s schedules (like preschool or other activities) interfere with meeting your own or household needs.	2.4%	64.6%	21.8%	10.2%	2.9%	.4%
7. Sibling arguments or fights which require a "referee".	5.0%	57.9%	20.4%	12.7%	5.6%	3.4%
8. The kids demand that you entertain or play with them.	.6%	53.1%	29.3%	13.3%	3.7%	.6%
9. The kids resist or struggle over bedtime with you.	.6%	55.4%	24.9%	12.5%	4.8%	2.3%
10. The kids are constantly under foot, interfering with other chores.	1.8%	57.2%	26.4%	13.3%	2.5%	.6%
11. The need to keep a constant eye on where the kids are and what they are doing.		42.2%	33.8%	16.5%	5.6%	1.9%
12. The kids interrupt adult conversations or interactions.	.4%	47.2%	31.0%	15.2%	4.6%	1.9%
13. Having to change your plans because of an unpredicted child need.		59.1%	26.1%	11.3%	2.9%	.6%
14. The kids get dirty several times a day requiring changes of clothes.	.4%	63.4%	27.6%	6.7%	1.9%	.4%
15. Difficulties getting privacy (e.g., like in the bathroom).	.8%	66.9%	18.4%	9.5%	3.5%	1.7%
16. The kids are hard to manage in public (e.g. supermarket, shopping centre, restaurant).	.4%	52.6%	25.6%	11.8%	6.7%	3.3%
17. Difficulties in getting kids ready for outings and leaving on time.	.8%	50.5%	28.8%	15.1%	4.3%	1.4%
18. Difficulties in leaving kids for a night out or at school or childcare.	1.6%	67.1%	17.9%	11.1%	2.1%	1.8%
19. The kids have difficulties with friends (e.g. fighting, trouble getting along, or no friends).	2.2%	72.5%	17.8%	6.3%	2.7%	.6%
20. Having to run extra errands to meet kids' needs.		65.8%	24.6%	7.5%	1.7%	.4%

Note: Sample of 521 parents.

A5.2.2.2 Summary statistics

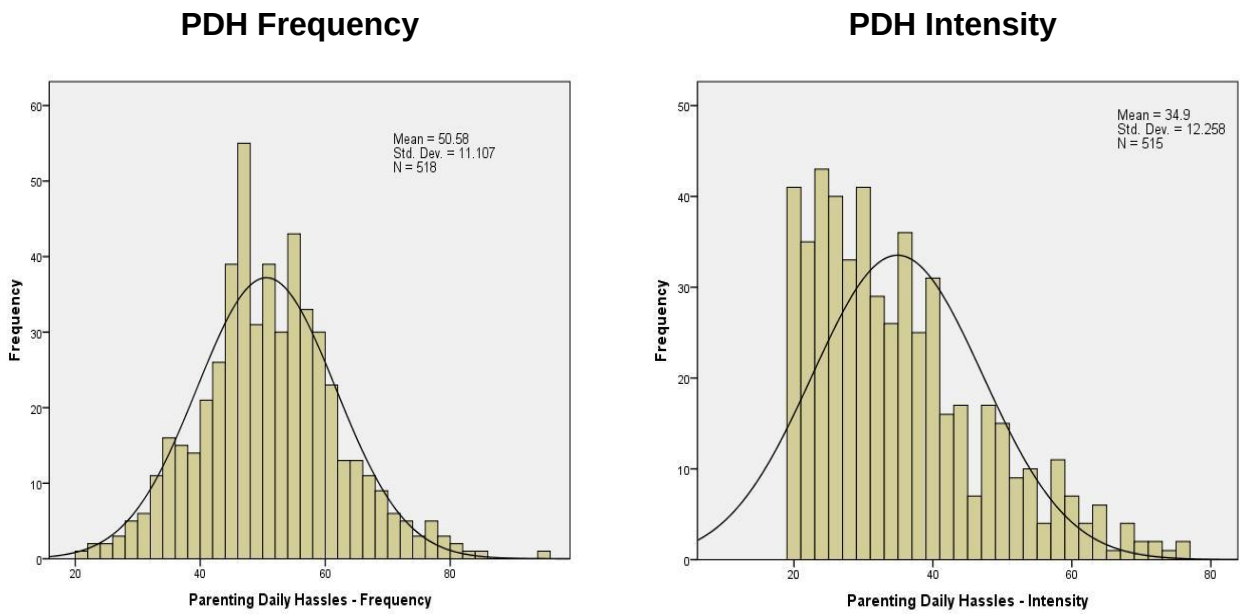
Three parents who answered fewer than 15 questions for frequency, and six parents who answered fewer than 15 questions for intensity, were excluded. The mean scores for the resulting sample at presented in Table 33:

Table 34 Characteristics of the sample

Measure	N	Min.	Max	Mean	SD	Median
PDH - Frequency	518	21	94	50.58	11.11	50
PDH - Intensity	515	20	76	34.90	12.26	32

Figures 3 and 4 present histograms of the score distributions.

Figure 3 Histograms of (a) PDH Frequency and (b) PDH Intensity



Frequency scores were normally distributed. Intensity scores were positively skewed (skewness= .948, se=.108). A high proportion of parents reported relatively low levels of intensity of hassle with a long diminishing tail reporting high levels of intensity. Consequently Intensity scores might be better reported using the median as the average, and the 25th and 75th percentiles to indicate typical range, rather than the mean and SD. The median and percentiles for each PDH measure are shown below (Table 35).

Table 35 Percentiles for the distribution of PDH frequency and intensity scores

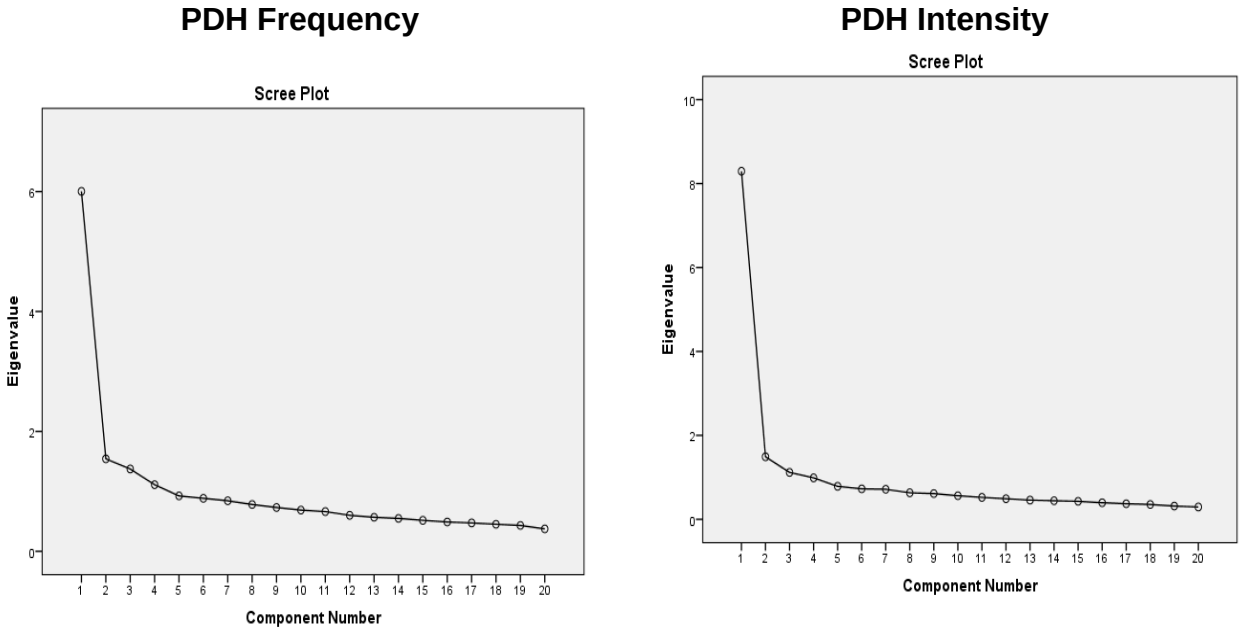
	Percentiles						
	5th	10th	25th	50th	75th	90th	95th
PDH - Frequency	33	36	44	50	57	65	71
PDH - Intensity	20	21	25	32	41	53	60

A5.2.2.3 Reliability (Cronbach's alpha)

Cronbach's alpha for PDH frequency (PDH-F) was .87. This could not be increased by deleting any items. Cronbach's alpha for PDH Intensity (PDH-I) was 0.92, and again was not improved by deleting any of the items. This indicates the items provide highly reliable scales.

A factor analysis confirmed the unidimensionality of the scales. A Principal Components Analysis (PCA) of the frequency scale indicated one substantial factor with an eigenvalue of 6.0, see the scree plot in Figure 3. While there were three small factors with eigenvalues of 1.5, 1.3 and 1.1 respectively, all items had their highest loadings on the first factor, indicating a uni-dimensional interpretation. The same was true for PDH-Intensity, with the first factor having an eigenvalue of 8.3 compared to two very small factors (1.5 and 1.1), and all items having their highest loading higher on this first factor.

Figure 4 Scree plot for PDH scales



A5.2.2.4 PDH mean scores by demographic variables

Table 36 present PDH scores by demographic variables. These results are of interest in determining what parent and family characteristics are associated more frequent and intense daily hassles, and therefore groups who may be more 'at risk' of parenting stress and potentially groups to target for parenting support.

Table 36 Mean Parenting Daily Hassles score by demographic variables

		PDH - Frequency		PDH - Intensity	
Variable	**Value**	Mean	SD	Mean	SD
Parent Gender	Male	49.3	10.4	33.6	11.2
	Female	51.3	11.4	35.6	12.8
Age band	16-19	49.9	11.4	33.7	11.9
	30-39	50.9	11.0	35.1	12.3
	40+	50.7	11.1	35.7	12.5
Ethnicity	White	50.8	10.8	34.2	11.7
	Mixed heritage	49.4	15.6	39.3	16.6
	Asian	46.7	10.3	34.9	11.3
	Black	53.9	13.2	40.8	15.6
	Any Other	53.2	12.3	40.0	15.5
Number children aged 0-16	1 child	47.6	10.2	31.5	9.0
	2 children	51.1	10.2	35.2	12.0
	3 or more	53.6	12.9	38.7	15.0
Age of youngest Children	<12 months	49.4	11.1	33.1	11.7
	1 year old	49.7	11.3	32.7	11.5
	2 year old	52.2	12.2	36.5	13.0
	3 year old	50.7	10.8	36.2	12.0
	4 year old	52.2	9.4	37.7	12.8
	5 year old	49.5	9.8	33.7	11.8
	6+ years	50.6	11.9	35.8	12.6
Household Income	High (£35,000 or more)	50.4	9.8	33.9	10.6
	Medium (£15,000 - £34,999)	51.5	11.8	35.9	13.0
	Low (Less than £15,000)	51.5	11.6	36.6	13.8
Highest Educational Qualification	Degree	51.7	9.0	35.7	10.6
	A levels / HE below degree	50.5	11.7	34.5	12.4
	5+ A*-C at GCSE	49.1	10.9	32.3	10.7
	Fewer than 5 GCSEs	50.4	12.6	35.8	14.2
Family status	Single parent household	53.8	12.4	38.0	14.3
	Dual parent household	49.4	10.4	33.8	11.3
Respondent's Working Status	Working FT / Self-employed	50.0	10.2	34.3	10.9
	Working Part-time	50.3	9.9	33.5	10.6
	Not working	51.3	12.5	36.2	14.1
one or more child SEN/Disability	No	50.0	10.7	34.3	11.6
	Yes	55.5	13.2	40.2	16.0

Notes: Respondents with missing values on demographic variables are not shown. For sample sizes see the n- values given in Table 1.

Several of these variables are interrelated. For example 78.0% of men are working full-time compared to only 20.0% of women. Also 38.3% of women were lone parents compared to 3.7% of

men. Only 14.3% of black households are in the high income group compared to 43.0% of White households. Therefore to establish the unique association between each variable and PDH scores multiple regression analyses were completed for each PDH scale. The results are presented in Table 37

Table 37 Multiple regression analysis of parent and family characteristics against PDH scores

		PDH - Frequency		PDH - Intensity	
Variable	**Value**	Coeff.	SE	Coeff.	SE
Intercept		47.56	2.92	35.92	3.298
Gender	Male	0.06	1.36	-1.27	1.54
	vs. female				
Age	16-29	0.24	1.39	-0.55	1.58
	40+	-0.77	1.29	-0.06	1.46
	vs. 30-39				
Ethnicity	Mixed	-0.15	3.57	5.54	4.02
	Asian	-4.54 **	1.66	-0.22	1.90
	Black	1.27	1.99	4.85 *	2.25
	Other	2.12	5.37	-1.28	6.99
	vs. White				
Number of	2 children	3.92 **	1.22	3.26 *	1.39
Children	3 or more children	6.16 ***	1.50	5.84 ***	1.70
	vs. one child				
Age of youngest	<12 months	-0.87	2.15	-1.62	2.44
youngest	1 year	0.15	1.89	-0.86	2.14
child	2 tears	2.39	1.93	2.89	2.18
	3 years	0.59	2.02	1.68	2.27
	4 years	1.98	2.06	3.85	2.32
	5 years	-1.71	2.06	-1.02	2.32
	vs. 6 years or older				
Education	Degree	1.85	1.52	0.87	1.71
	A levels / HE below degree	-0.29	1.41	-1.86	1.59
	5+ GCSE A*-C	-0.97	1.67	-3.05	1.89
	vs. Fewer than 5 GCSE A-C*				
Income	High (£35k+)	1.94	1.73	0.09	1.96
	Medium (£15K-£34.9K)	1.45	1.49	0.76	1.69
	Vs. Low (<£15k)				
Family status	Lone parent	6.02 ***	1.49	4.43 **	1.69
	vs. dual parent				
Working	Full-time	0.41	1.53	1.19	1.74
status	Part-time	0.35	1.51	-0.96	1.71
	Not working				
Child SEN / disability	One or more child with SEN	-3.39 [(a)]	1.76	-5.55 **	1.98
	vs. No SEN/Disability				

[(a)] *p=.058.*

*Note: Coefficients show the difference in score relative to the comparison category, indicated in italics at the bottom of each variable. *p<.05, **p<.01; ***p<.001.*

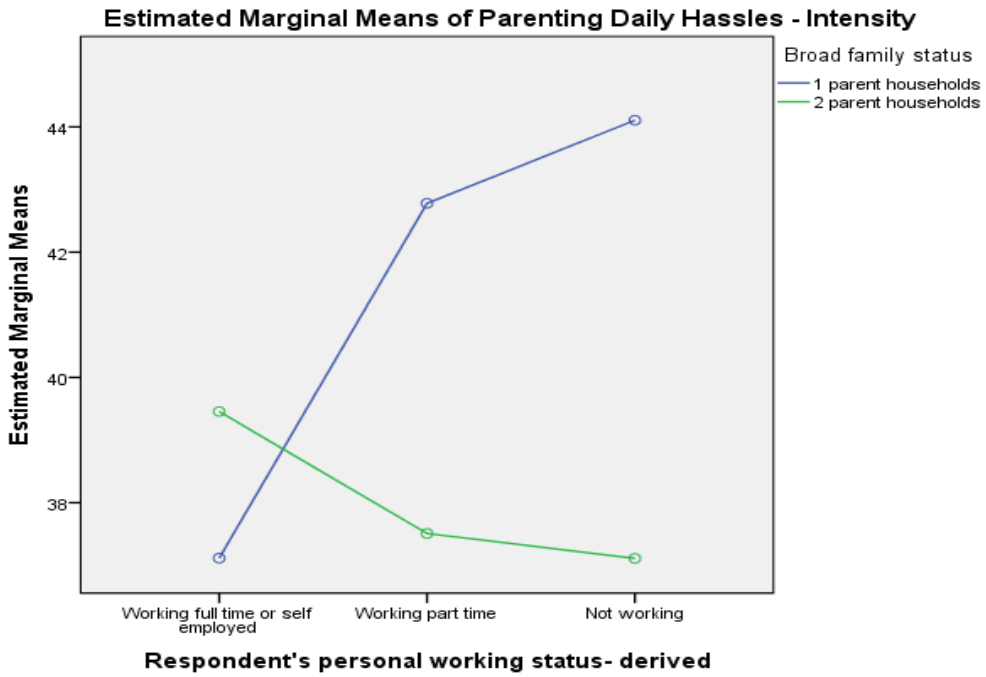
There are relatively few differences in relation to demographic variables. The statistically significant results are:

- Asian parents report significantly lower PDH-frequency than White parents, and Black parents reported significantly higher PDH intensity than White parents.
- Compared to families with a single child, PDH scores were significantly higher in families with 2 children and even higher again in those with three or more children.

- Single parent households had higher frequency and greater intensity of reported hassles than dual parent households. However it should be noted that that there was a narrowly non-significant interaction between single parent status and working status (p=.062). This relationship is graphed in Figure 4. Single parent households reported greater intensity of hassles only when the parent was not working or working part-time, there was no significant difference between lone and dual parent households when the parent was working.
- Parents from households where one or more child has SEN / Disability reported higher frequency (p=.058) and intensity (p<.001) of hassles than household without a child with SEN/Disability.

It is notable that there are no significant relationships between PDH scores and parents' education or economic factors such as working status or household income. The main drivers seem to be family size, lone parent status (although this interacts with working status) and having a child with SEN. There may also be cultural factors related to ethnicity. For example Asian parents report lower frequency of hassles than White parents, maybe because such child behaviours occur less frequently or perhaps because they are more tolerant of such behaviours.

Figure 5 Relationship between single parent and working status with PDH Intensity score



A5.2.2.5 Correlation of frequency and intensity

Frequency and intensity scores were positively correlated *(r= .68, n=515).* This is similar to the correlation of 0.75 reported by Crnic & Greenberg (1990). Thus broadly speaking parents who reported a higher frequency of potentially- hassling events were also more likely to experience higher levels of subjective intensity of hassle or significant pressure over parenting.

A5.3 Being a Parent (BAP) Scale

A5.3.1 Introduction

The Being a Parent (BAP) scale (also sometimes described in the literature as the Parenting Sense of Competence (PSOC) scale) consists of 17 items. Johnston & Mash (1989) have indicated that the Being A Parent Scale splits into two factors, one a measure of **self-efficacy** (how well the parent thinks they are fulfilling the role) and the other of **satisfaction** (how much they enjoy it or not) although there is also evidence (Gilmore & Cuskelly, 2009 and confirmed here) of a third factor of **interest** (how interested they are in parenting). The 17 items are each scored on a six point scale (strongly agree to strongly disagree), scored 1-6. The following eight items must be reverse scored prior to analysis: Items 1, 6, 7, 10, 11, 13, 15 & 17, reversed scoring is (1=6)(2=5)(3=4)(4=3)(5=2)(6=1).

A5.3.2 Results of standardisation

Table 38 below presents demographic characteristics of the sample. Table 39 presents the results for each individual item.

Table 38 Demographic characteristics of the BAP sample

Variable	Value	N	%
Parent Gender	1 Male	172	31.4%
	2 Female	375	68.6%
Respondent age-banded	-2 Refused	1	.2%
	1 16 to 29	152	27.8%
	2 30 to 39	263	48.1%
	3 40 or over	131	23.9%
Ethnicity	1.00 White	425	77.7%
	2.00 Mixed heritage	16	2.9%
	3.00 Asian	55	10.1%
	4.00 Black	37	6.8%
	5.00 Any other group	14	2.6%
Number of children age 0-16 in household	1.00 1 child	195	35.6%
	2.00 2 children	246	45.0%
	3.00 3 or more	106	19.4%
Age of youngest child	.00 <12 months	65	11.9%
	1.00 1 year old	125	22.9%
	2.00 2 years old	115	21.0%
	3.00 3 years old	68	12.4%
	4.00 4 years old	59	10.8%
	5.00 5 years old	50	9.1%
	6.00 6 years or above	64	11.7%
Total Household income- banded	-2 Refused	23	4.2%
	-1 Don't know	32	5.9%
	1 High (£35,000 or more)	178	32.5%
	2 Medium (£15,000 - £34,999)	150	27.4%
	3 Low (Less than £15,000)	164	30.0%
Highest qualification-grouped	-2 Refused	1	.2%
	-1 Don't know	3	.5%
	1 Degree	163	29.8%
	2 A levels/ Higher Education	148	27.1%
	3 5+ GCSEs at A*-C	85	15.5%
	4 Fewer than 5 GCSEs	147	26.9%
Detailed household employment- derived	-1 Unknown	0	0.0%
	1 Lone parent, working	66	12.1%
	2 Lone parent, not working	103	18.8%
	3 Couple parent, both working	210	38.4%
	4 Couple parent, one worker	137	25.0%
	5 Couple parent, neither working	31	5.7%
One or more children with SEN/Disability	0 No	494	90.3%
	1 Yes	53	9.7%

Note: Total sample size = 547

Table 39 Item by item responses to BAP (prior to item reversal)

Item	Agreement with the statement	-3 omitted %	1 Strongly agree %	2 Agree %	3 Mildly agree %	4 Mildly disagree %	5 Disagree %	6 Strongly disagree %
1	The problems of taking care of a child are easy to solve once you know how your actions affect your child	.4%	25.8%	45.9%	19.6%	4.4%	3.3%	.7%
2	Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age.	.2%	4.0%	11.7%	19.9%	9.9%	34.0%	20.3%
3	I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.		2.4%	6.9%	13.0%	9.7%	40.0%	28.0%
4	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.	.2%	4.8%	8.0%	18.1%	14.6%	32.5%	21.8%
5	My mother/father was better prepared to be a good mother/father than I am.	.4%	4.2%	5.3%	8.8%	15.0%	39.5%	26.9%
6	I would make a fine model for a new mother/father to follow in order to learn what she/he would need to know in order to be a good parent.		11.5%	40.2%	38.6%	7.1%	2.4%	.2%
7	Being a parent is manageable and any problems are easily solved	.2%	7.9%	32.5%	29.1%	16.1%	12.4%	1.8%
8	A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one	.4%	9.0%	29.8%	30.9%	14.3%	13.2%	2.6%
9	Sometimes I feel like I'm not getting anything done	.2%	4.2%	16.8%	25.4%	15.7%	28.2%	9.5%
10	I meet my own personal expectations for expertise in caring for my child	.2%	13.0%	48.4%	27.1%	7.7%	3.1%	.5%
11	If anyone can find the answer to what is troubling my child, I am the one	.2%	18.8%	34.2%	24.7%	11.9%	9.0%	1.3%
12	My talents and interests are in other areas, not in being a parent		1.3%	1.8%	6.4%	9.3%	41.9%	39.3%
13	Considering how long I've been a mother/father, I feel thoroughly familiar with this role	.2%	29.6%	44.2%	15.5%	5.7%	4.2%	.5%
14	If being a mother/father were only more interesting, I would be motivated to do a better job as a parent	.5%	2.6%	5.9%	5.1%	7.1%	36.7%	42.0%
15	I honestly believe that I have all the skills necessary to be a good mother/father to my child		30.2%	37.8%	20.1%	8.4%	2.7%	.7%
16	Being a parent makes me tense and anxious	.2%	2.7%	6.6%	19.0%	11.5%	37.7%	22.3%

Total sample n = 547.

A5.3.3 Factor Structure

A factor analysis with oblique (promax) rotation was completed to examine the factor structure of the BAP scale. An initial solution identified 4 factors with eigenvalues greater than 1. The results were very similar to Gimore & Cuskelly (2008) except that the efficacy factor divided into two sub-components. The analysis was therefore repeated forcing a three factor solution. This very clearly identified factors of Satisfaction, Efficacy and Interest. The three factor pattern matrix is presented below (Table 40).

Table 40 BAP Factor Structure (pattern matrix)

		Component		
No.	Item	Satis-faction	Efficacy	Interest
2	Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age.	0.67		
3	I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.	0.65		
4	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.	0.79		
5	My mother/father was better prepared to be a good mother/father than I am.	0.51		
8	A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one	0.72		
9	Sometimes I feel like I'm not getting anything done	0.80		
16	Being a parent makes me tense and anxious	0.56		
1	The problems of taking care of a child are easy to solve once you know how your actions affect your child		0.55	
6	I would make a fine model for a new mother/father to follow in order to learn what she/he would need to know in order to be a good		0.59	
7	Being a parent is manageable and any problems are easily solved		0.71	
10	I meet my own personal expectations for expertise in caring for my child		0.67	
11	If anyone can find the answer to what is troubling my child, I am the one		0.60	
13	Considering how long I've been a mother/father, I feel thoroughly familiar with this role		0.62	
15	I honestly believe that I have all the skills necessary to be a good mother/father to my child		0.58	
12	My talents and interests are in other areas, not in being a parent			0.70
14	If being a mother/father were only more interesting, I would be motivated to do a better job as a parent			0.81
17	Being a good mother/father is reward In Itself			0.58

Extraction Method: Principal Component Analysis. Rotation Method: Promax with Kaiser Normalization.
(a) Rotation converged in 4 iterations.

A5.3.3.1 BAP Factor Scores

Three factor scores and a Total score were calculated from the following items:

- Satisfaction with Being a Parent: sum of items 2, 3, 4, 5, 8, 9 & 16
- Parenting Self-Efficacy: Sum of items 1, 6, 7, 10, 11, 13 & 15.
- Interest in Parenting : sum of items 12, 14 & 17.
- BAP total score: The sum of all 17 items.

Table 41 below shows the proportion of parents answering varying numbers of items from the three scales. Over 99% of parents answered all items for each scale. A very small number of parents omitted some items.

Table 41 Number of questions answered by parents for each BAP scale

Scale	No. items answered	N parents	% sample
Satisfaction	7	542	99.1%
	6	3	0.5%
	5	1	0.2%
	4	1	0.2%
Efficacy	7	542	99.1%
	6	4	0.7%
	5	1	0.2%
Interest	3	544	99.5%
	2	3	0.5%
Total score	17	535	97.8%
	16	9	1.6%
	15	1	0.2%
	14	2	0.4%

To avoid eliminating parents who omitted a small number of items, and to provide a robust scoring rule for when the items are used in the parenting classes with possibly higher levels of omissions, average scores were computed if at least 5 or the 7 items for Satisfaction, 5 of the 7 items for Efficacy, 2 of the 3 items for Interest and 14 or the Total 17 items were answered. Average scores were returned to the original metric by multiplying the average by the number of items and rounding to a whole number. The following SPSS syntax was applied:

- COMPUTE bapsat1=RND(mean.5(bap2,bap3,bap4,bap5,bap8,bap9,bap16)*7).
- COMPUTE bapeff1=RND(mean.5(bap1,bap6,bap7,bap10,bap11,bap13,bap15)*7).

- COMPUTE bapint1=RND(mean.2(bap12,bap14,bap17)*3).
- COMPUTE baptot1=RND(mean.14(bap1 to bap17)*17).

A5.3.3.2 Summary statistics of factor scores

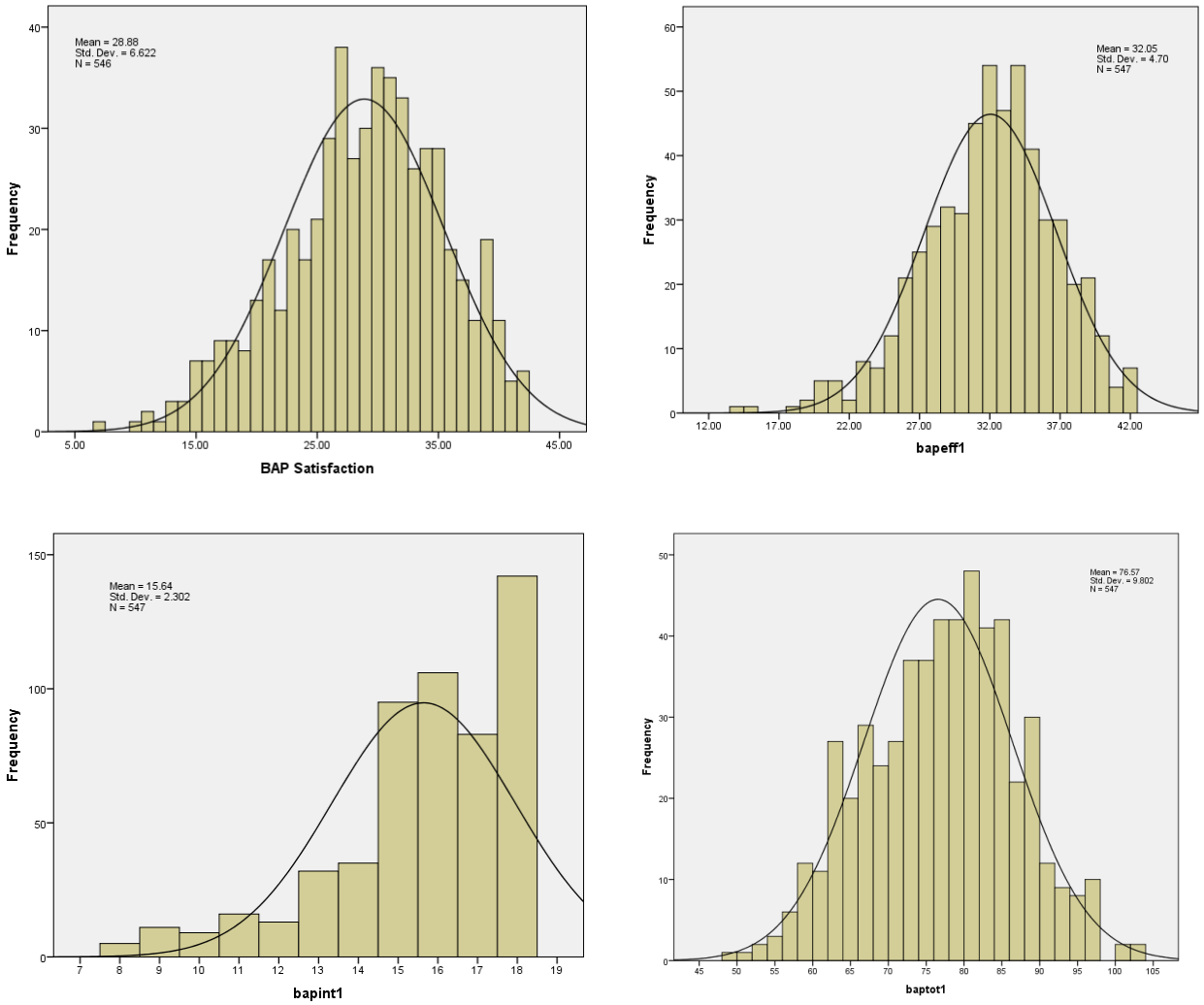
One parent who answered only 4 of the 7 Satisfaction items was eliminated. The mean scores for the resulting sample are presented in Table 42.

Table 42 Characteristics of the sample

Measure	N	Min.	Max.	Mean	SD	Median
Satisfaction	546	7	42	28.9	6.62	50
Efficacy	547	14	42	32.1	4.70	32
Interest	547	8	18	15.7	2.30	32
Total score	547	49	102	76.6	9.80	32

Figures 6 present histograms of the score distributions. Satisfaction, Efficacy and Total score were normally distributed. Interest scores had a more limited range and were negatively skewed, with a high proportion (n=142, 26%) achieving the maximum possible score of 18. It may well be that in practice this ceiling effect will limit the usefulness of the parenting interest score.

Figure 6 Histograms of the three BAP Scales and BAP total score



A5.3.4 Reliability (Cronbach's alpha)

Cronbach's alpha was computed for each scale and for BAP total score (Table 43).

Table 43 Reliability of the BAP scales

Scale	N items	Cronbach's alpha
Satisfaction	7	.82
Efficacy	7	.74
Interest	3	.59
Total score	17	.79

Satisfaction and Efficacy has very high reliability (.82 and .79 respectively) while interest had a lower but still acceptable reliability (.59), partly reflecting the small number of items (3) in the scale. BAP total score had an alpha of .79. .

A5.3.4 Correlation between scales

Table 44 presents the correlations between the four BAP measures. Inter-correlations between the three scales are positive but low, the highest being between Satisfaction and Interest (r=.37). These indicate that satisfaction, self-efficacy and interest are distinct dimensions, for example a parent may have a high level of self-efficacy but still have a low level of satisfaction with parenting or interest. Correlations with BAP total score are moderate to high.

Table 44 Inter-correlations between BAP scales

		Satisfaction	Efficacy	Interest	Total
Satisfaction	Pearson r	1	**.172**	**.373**	**.846**
	Sig. (2-tailed)		.000	.000	.000
	N		546	546	546
Efficacy	Pearson r		1	**.123**	**.625**
	Sig. (2-tailed)			.004	.000
	N			547	547
Interest	Pearson r			1	**.546**
	Sig. (2-tailed)				.000
	N				547

A5.3.6 BAP mean scores by demographic variables

Table 45 present BAP scale and total scores by demographic variables.

Table 45 Mean PDH score by demographic variables

		Satisfaction		Efficacy		Interest		Total score	
Variable	**Value**	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Parent Gender	Male	30.3	6.5	31.2	4.5	15.4	2.5	76.8	9.8
	Female	28.2	6.6	32.5	4.7	15.8	2.2	76.5	9.8
Age band	16-19	28.6	6.9	33.6	4.3	15.6	2.5	77.8	10.0
	30-39	28.6	6.6	31.8	4.5	15.7	2.2	76.1	9.6
	40+	29.9	6.4	30.6	5.1	15.5	2.3	76.0	9.9
Ethnicity	White	29.4	6.3	31.8	4.6	16.0	2.0	77.2	9.4
	Mixed heritage	30.4	6.1	32.9	3.5	15.3	2.4	78.6	8.6
	Asian	26.0	7.5	33.3	4.7	14.4	2.6	73.6	11.5
	Black	28.4	7.8	32.1	6.0	14.7	2.9	75.2	11.6
	Any Other	25.3	7.5	32.7	4.9	13.8	3.3	71.9	9.5
Number children	1 child	29.6	6.4	31.9	4.7	15.5	2.3	77.0	9.8
aged 0-16	2 children	28.4	6.9	31.8	4.7	15.7	2.3	75.8	9.8
	3 or more	28.7	6.3	32.9	4.6	15.8	2.4	77.4	9.9
Age of youngest	<12 months	27.6	7.8	32.2	4.4	15.6	2.4	75.4	10.3
Children	1 year old	29.3	6.7	31.8	4.5	15.7	2.5	76.8	10.3
	2 year old	29.3	6.3	32.4	4.5	15.9	2.0	77.6	9.5
	3 year old	28.2	6.3	31.9	4.4	15.1	2.5	75.2	9.3
	4 year old	29.4	6.3	32.5	5.6	15.9	2.2	77.9	9.9
	5 year old	29.4	5.6	31.7	4.6	15.6	2.0	76.7	8.2
	6+ years	28.6	7.0	31.7	5.2	15.4	2.5	75.7	10.5
Household	High (£35,000 or more)	29.9	6.3	30.5	4.7	16.1	1.8	76.5	10.1
Income	Medium (£15,000 - £34,999)	28.7	6.3	31.8	4.3	15.7	2.3	76.2	9.3
	Low (Less than £15,000)	27.8	7.0	33.6	4.6	15.3	2.6	76.7	9.8
Highest	Degree	29.9	6.0	30.5	4.9	15.7	1.9	76.1	9.9
Educational	A levels / HE below degree	28.9	6.9	32.0	4.8	16.1	2.0	77.0	10.0
Qualification	5+ A*-C at GCSE	28.2	6.7	32.9	3.9	15.3	2.2	76.5	9.4
	Fewer than 5 GCSEs	27.9	6.8	33.3	4.4	15.3	2.8	76.5	9.8
Household	Lone parent, working	28.9	5.8	33.7	3.4	16.0	2.3	78.6	8.7
Employment	Lone parent, not working	27.6	7.0	33.8	4.6	15.3	2.6	76.7	9.4
	Couple parent, both working	30.1	6.6	31.1	4.7	16.0	2.0	77.2	10.5
	Couple parent, one working	28.1	6.7	31.3	4.8	15.5	2.3	75.0	9.4
	Couple parent, neither working	28.2	5.7	32.1	5.1	14.4	2.7	74.6	9.7
One or more child	No	29.0	6.7	32.1	4.6	15.6	2.3	76.7	9.8
SEN/Disability	Yes	27.9	5.8	31.3	5.6	16.0	2.2	75.2	10.2

Notes: Respondents with missing values on demographic variables are not shown. For sample sizes see the n - values given in Table 6.

As was the case for the PDH, many of these variables are interrelated. For example 78.0% of men are working full-time compared to only 20.0% of women. Also 38.3% of women were lone parents compared to 3.7% of men. Only 14.3% of black households are in the high income group compared to 43.0% of White households. Therefore to establish the unique association between each parent background variable and BAP scores multiple regression analyses were completed for each BAP scale. The results are presented in Table 46.

Table 46 Multiple regression analysis of parent and family characteristics against PDH scores

		BAP - Satisfaction		BAP - Efficacy		BAP - Interest		BAP - Total Score	
Variable	**Value**	Coeff.	SE	Coeff.	SE	Coeff.	SE	Coeff.	SE
Intercept	Constant	25.73	1.74	30.98	1.193	15.07	.58	71.82	2.61
Gender	Male	1.80 *	0.81	-0.60	0.56	-0.71 **	.27	.46	1.22
	vs. female								
Age	16-29	0.72	0.80	0.97	0.55	-0.15	.27	1.51	1.21
	40+	1.10	0.80	-1.07	0.55	-0.18	.27	-.16	1.20
	vs. 30-39								
Ethnicity	Mixed	1.61	1.80	0.74	1.24	-0.52	.60	1.84	2.71
	Asian	-2.77 **	1.05	1.93 **	0.72	-1.38 ***	.35	-2.26	1.58
	Black	-0.82	1.21	0.35	0.83	-1.02 *	.40	-1.50	1.82
	Other	-4.38 *	2.02	1.41	1.39	-2.18 **	.67	-5.12	3.04
	vs. White								
Number of children in family	2 children	-0.75	0.69	0.11	0.47	0.22	.23	-.38	1.03
	3 or more children	0.02	0.89	1.42 *	0.61	0.46	.30	1.87	1.34
	vs. one child								
Age of youngest youngest child	<12 months	-0.86	1.31	-0.37	0.90	0.54	.44	-.69	1.98
	1 year	1.40	1.16	-0.03	0.79	0.48	.38	1.96	1.74
	2 years	0.59	1.14	0.16	0.78	0.93 *	.38	1.69	1.72
	3 years	0.18	1.28	-0.54	0.88	0.05	.42	-.28	1.92
	4 years	0.82	1.25	0.86	0.86	0.72	.42	2.38	1.88
	5 years	0.41	1.31	0.28	0.90	0.13	.44	.84	1.97
	vs. 6 years or older								
Education	Degree	1.64	0.92	-1.73 **	0.63	0.08	.31	-.12	1.39
	A levels / HE below degree	1.04	0.84	-0.62	0.58	0.62 *	.28	.94	1.27
	5+ GCSE A*-C	0.32	0.96	0.27	0.66	0.03	.32	.50	1.44
	vs. Fewer than 5 GCSE A-C*								
Income	High (£35k+)	0.29	1.04	-1.34	0.71	0.41	.35	-.63	1.56
	Medium (£15K-£34.9K)	-0.12	0.88	-1.28 *	0.60	0.02	.29	-1.29	1.32
	Vs. Low (<£15k)								
Family status	Lone parent	0.04	0.87	1.07	0.59	-0.11	.29	.97	1.30
	vs. dual parent								
Working status	Full-time	0.76	0.86	1.36 *	0.59	0.54	.29	2.67 *	1.30
	Part-time	-0.20	0.88	0.99	0.60	0.28	.29	1.17	1.31
	Not working								
Child SEN / disability	One or more child with SEN	1.11	1.03	1.01	0.71	-0.07	.34	2.06	1.55
	vs. No SEN/Disability								

*Note: Coefficients show the difference in score relative to the comparison category, indicated in italics at the bottom of each variable. *= p<.05, **=p<.01; ***=p<.001.*

Taking each variable in the order listed in Table 46 the results are:

- Fathers report a significantly higher levels of satisfaction, but lower level of interest, compared to mothers. The two do not differ significantly in self-efficacy or BAP total score.
- The largest ethnic differences relate to Asian parents, who an average reported significantly lower levels of satisfaction and interest, but higher levels of self-efficacy, than White parents. There were no significant ethnic group differences in BAP total score.
- Parents educated to degree level had significantly lower self-efficacy scores than parents with fewer than 5+ GCSE A*-C; no other substantial differences were observed. .
- Medium and higher income households had slightly lower self-efficacy scores than low income households, although this finding was only statistically significant for medium income households. There were no significant differences in BAP Total score.

- Respondents who were working full-time reported significantly higher self-efficacy compared to those who were not working. There were no significant differences in interest, self-efficacy or total score.
- There are no statistically significant differences between households with one, two or three or more children, or in relation to the age of the youngest child or to child SEN/disability.

A5.3.6.1 Summary of associations with demographic variables

It appears not uncommon for there to be a trade-off between levels of satisfaction, interest and self-efficacy. Sometimes these achieve statistical significance, e.g. fathers reported higher levels of interest than mothers, or Asian parents have lower satisfaction and interest but greater reported efficacy than White parents. In general though there were few significant differences but still a trade-off of positive scores on one or other scale with negative scores on another, resulting in only a single statistically significant difference for BAP total score, namely parents working full-time had higher scores ($p<.05$) than those not working. As for the PDH scales, it is perhaps notable how small the influence of socio-economic variables (household income, education and working status) are on outcomes. This may be again be taken as supporting the need for universally available classes, rather than classes targeted specifically at high disadvantaged neighbourhoods.

A5.4 PDH and BAP: Establishing a control for change in the absence of intervention

A5.4.1 Introduction

The parenting classes devised by providers for the CANparent initiative were relatively short. Discounting planned online and blended courses, and those with just two sessions, the typical group sessions ranged from 3-10 sessions with an average of 6 sessions. The duration of the CANparent class was therefore expected to average around 4-8 weeks maximum. In evaluating the extent (if any) of change in PDH, BAP or WEMBBS scores as a result of attendance at a CANparent course the question arises as to what change might be expected, even with no intervention. We might assume that with no intervention there would be no change in scores. However this assumption needs to be tested and verified. Ford et al (2009) have suggested that SDQ scores can increase in the absence of intervention, due to a range of reasons including regression to the mean. The purpose of this aspect of the research was to establish the extent of change in scores in the absence of intervention, to act as a baseline against which to judge the extent of change in the evaluation of outcomes for the sample of CANparent classes.

A5.4.1.1 Method

All parents who completed the PDH and BAP scales were posted a follow-up questionnaire containing the relevant scale a few weeks after the face-to-face interview.

While this method of presenting the questionnaire is different from the CAPI method used in the interviews there is no a priori reason for considering this would make any difference. It was stressed that it was important that only the person who took part in the initial interview should complete the questionnaire. The date the face-to-face interviews occurred (between 02/07/12 and 14/10/12) and the date the questionnaire was completed to accurately calculate the gap (in days) between the two administrations. The questionnaire asked if the parent had taken part in any class or course in parenting or parenting skills in between the face-to-face interview and completing the questionnaire, to allow any such parents to be removed from the follow-up sample.

A5.4.2 Results

A5.4.2.1 Response rates

A response of 42.2% was achieved for PDH (Table 47). A slightly lower rate (35.7%) was achieved for BAP scale.

Table 47 Response rates for PDH and BAP follow-up and time interval between initial interview and follow-up

	PDH		BAP	
	n	%	n	%
Initial interview	521	-	547	-
Questionnaire returned with sufficient data for scale scores	209	40.1%	186	34.0%
Questionnaire returned but insufficient data for scale scores	5	1.0%	3	0.6%
Questionnaire returned but parent had attended parenting class in intervening period	6	1.2%	6	1.1%
Total response rate	220	42.2%	195	35.7%
Gap (days) between initial interview and follow up : Mean and (SD)	56.5	(17.1)	58.3	(17.6)

Note: Figures calculated based on PDH frequency and BAP total score.

The average gap between initial interview and follow-up for PDH was 56.5 days, i.e. 8 weeks, with two-thirds of respondents plus or minus 17 days (2.4 weeks). The results for BAP were very similar (mean gap 58.3 days).

A5.4.2.2 Response bias

The sample who responded to the questionnaire differed in demographic profile from the total sample initially interviewed. Those returning the questionnaire were more likely to be aged 40 or over (32.3% vs. 25.7% in the whole sample), to be from the higher income group (58.1% vs. 40.0%), to have a degree (46.3% vs. 31.0%), and less likely to be

single parents (16.4% vs. 25.7%) or not working (27.7% vs. 39.4%). However there were few significant differences between those that responded at follow-up and those who did not in terms of scale scores; there was no difference in PDH scores or in BAP satisfaction or BAP Total score, but those who responded had slightly lower Efficacy scores and slightly higher Interest scores. The results are presented in Table 48.

Table 48 Baseline PDH and BAP scores for those who responded / did not respond to the follow up

	Responded at follow-up			**Did not respond at follow-up**			
Scale	Mean	SD	n	Mean	SD	n	Sig.
PDH - Frequency	**50.8**	9.6	202	**50.4**	12.0	316	n.s.
PDH - Intensity	**34.9**	11.2	201	**34.9**	12.9	314	n.s.
BAP - Satisfaction	**28.9**	6.6	180	**28.9**	6.7	366	n.s.
BAP - Efficacy	**31.4**	4.7	180	**32.4**	4.7	367	p=.030
BAP - Interest	**15.9**	1.8	180	**15.5**	2.5	367	p=.034
BAP Total score	**76.2**	9.9	180	**76.6**	9.8	367	n.s.

Given the relatively small impact of parent demographics variables on PDH/BAP scores as described earlier, and the small or non-existent differences in initial scores, it is arguable whether any adjustment for non-response is required. However weighting for selective non-response was undertaken. A binary logistic regression of whether the individual responded (1) or did not respond (0) to the questionnaire was completed entering age, income, education, family status and working status as predictors. This generated an overall predicted probability of response based on all the demographic variables simultaneously. The predicted probability of response was saved for each case and the non-response (NR) weight was 1/probability of response. The logistic regressions are reported in the **Annex** to this Appendix. Weights were capped at 2.5 as suggested by Rabb *et al.* (2008) and rescaled to sum to the number of follow-up respondents. These weights were then available to apply in subsequent calculations so that appropriate standard errors and associated p- values were calculated weighted for non-response (essentially groups that were under-represented compared to the original sample were given a higher weighting and those who were over-represented were given a lower weighting). A similar process was followed to generate NR weights for the BAP sample.

A5.4.2.3 Initial and follow-up scores for the follow up sample

Table 49 below presents the initial and follow-up scores on each scale for the follow-up sample.

Table 49 Initial and follow-up scores for those responding to the follow up

	Mean	N	SD	SE	Effect Size
PDH Frequency (initial)	50.8	202	9.6	0.99	
PDH Frequency (follow-up)	52.1	202	10.4	1.00	0.13
PDH Intensity (initial)	34.9	194	11.3	1.22	
PDH Intensity (follow-up)	37.5**	194	13.4	1.44	0.21
BAP Satisfaction (initial)	28.9	179	6.6	0.88	
BAP Satisfaction (follow-up)	29.5	179	6.0	0.81	0.10
BAP Efficacy (initial)	31.4	180	4.7	0.62	
BAP Efficacy (follow-up)	32.4	180	4.7	0.63	0.21
BAP Interest (initial)	15.9	179	1.8	0.25	
BAP Interest (follow-up)	15.8	179	1.9	0.25	-0.05
BAP total score (initial)	76.2	180	9.9	1.33	
BAP total score (follow-up)	77.6*	180	10.1	1.35	0.14

*Note: * p<.05; ** p<.01; ***p<.001. Statistical tests and SE calculated using NR weights.*

As would be expected there was no significant change in scores at follow-up with the exception of PDH intensity where there were significantly higher scores at follow-up (*p<.01*). However while this change was statistically significant, in terms of effect size the Cohen's d is only 0.21, which Cohen (1988) would describe as small.

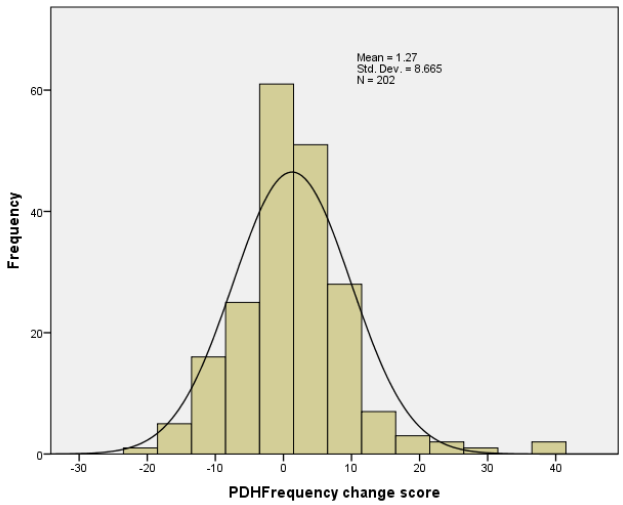
A5.4.2.4 Change scores

Future users of BAP/PDH may have occasion to calculate and analyse change scores. Therefore statistics on change scores were calculated for the follow-up sample. Change in score (time 2 - time 1) was calculated. A positive figure indicates an increase in score, and a negative figure a decrease in score. Change scores for both PDH scales were normally distributed as shown in Figures 7 and 8. For each scale, Table 50 below shows the mean and SD of the change score, the correlation between scores at time 1 and time 2, and the percentiles for change in scores. Thus, for example, for PDH frequency, the mean change in score was an increase in the recorded frequency of 1.27 with a SD of 8.7; the correlation between PDH frequency at time 1 and time 2 was .62; and 50% of the sample had change scores in the range -3 to 6.

Table 50 Change scores statistics and correlations over time

	Change scores			t1-t2	Change score percentiles						
Scale	**Mean**	**SD**	**N**	**Corr.**	**5**	**10**	**25**	**50**	**75**	**90**	**95**
PDH - Frequency	1.27	8.67	202	.62	-12	-9	-3	1	6	10	15.7
PDH - Intensity	2.62	9.82	194	.70	-10	-8	-3	1	8	15	19
BAP - Satisfaction	0.58	5.22	179	.66	-8	-5	-3	0	3.3	7	10
BAP - Efficacy	1.02	3.94	180	.65	-5	-4	-1	1	3	6	8
BAP - Interest	-0.15	1.72	179	.56	-3	-2	-1	0	1	2	3
BAP Total score	1.45	7.67	180	.71	-10	-8	-3	2	6	10	13

Figure 7 Distribution of change score for PDH frequency and Intensity



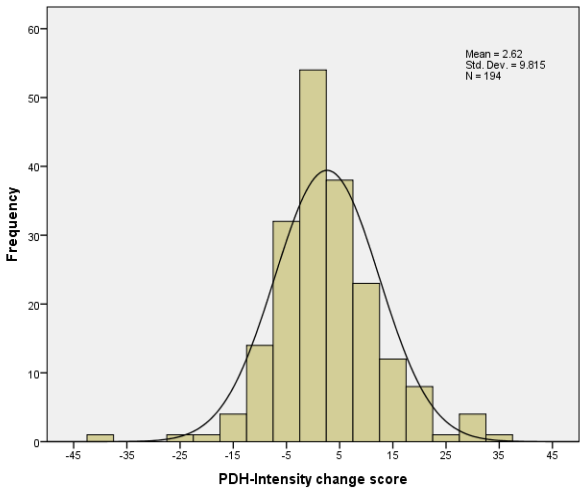
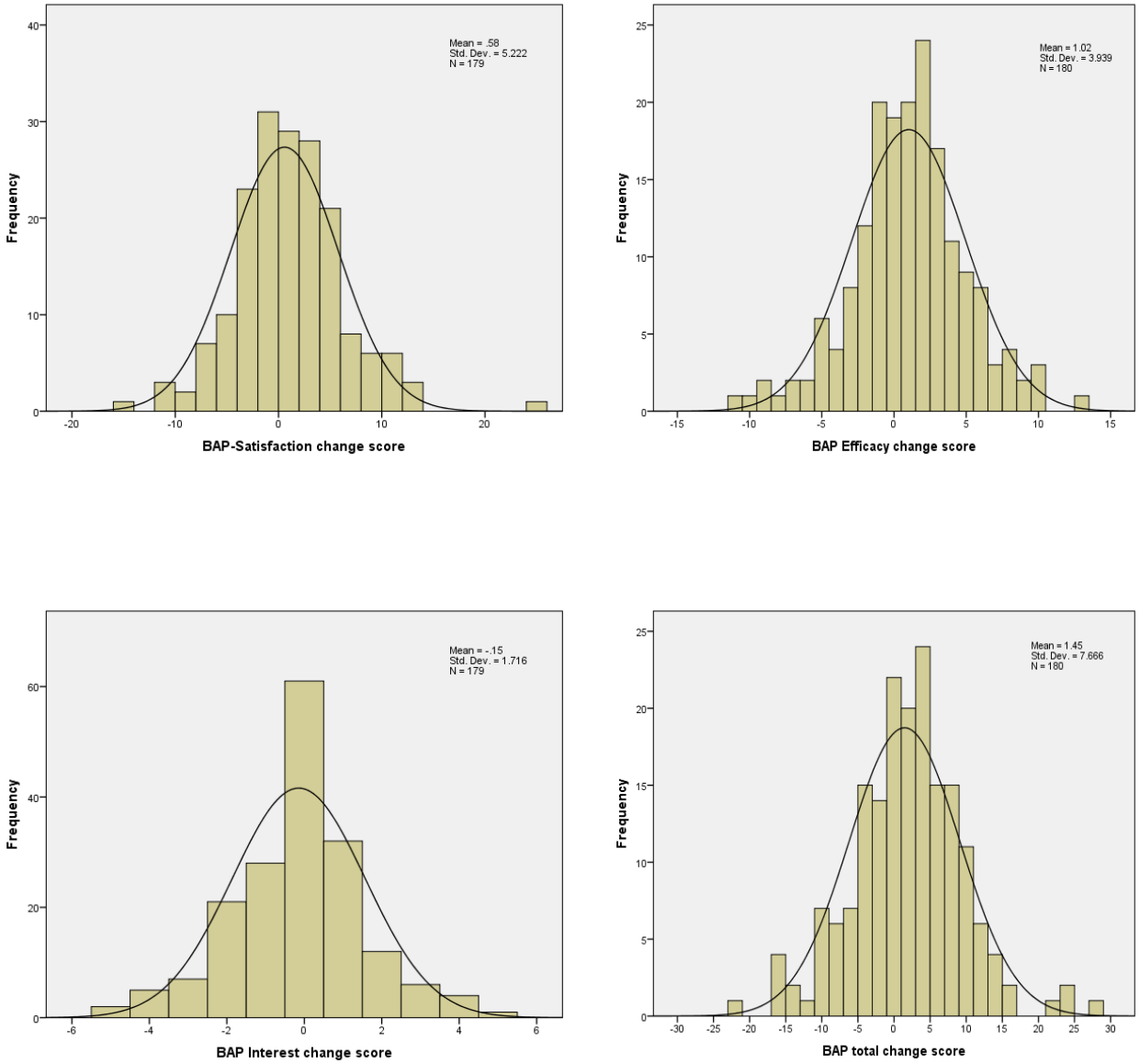


Figure 8 Distribution of change score for the four BAP scales



A5.4.3 Expected or predicted scores

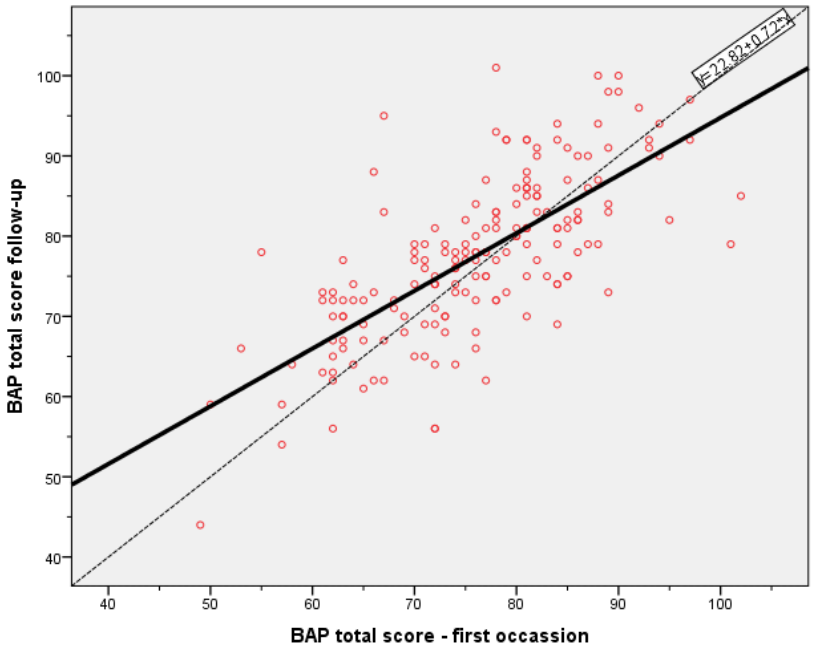
To allow us to control for no intervention in subsequent analyses of the effect of attending CANparent classes, and to further control for regression to the mean (RTM), the follow-up score for each measure was regressed on the relevant initial score. These regression formulas can then be used to generate expected or predicted post-course scores based on no intervention, against which the actual CANparent post-course scores can be compared.

Table 51 Correlation and simple linear regression formulae for each PDH/BAP scale score

Measure	Correlation	Regression constant	Initial score slope
PDH - Frequency	.624	17.64	0.678
PDH - Intensity	.698	8.465	0.833
BAP - Satisfaction	.658	11.99	0.605
BAP - Efficacy	.653	11.94	0.652
BAP - Interest	.563	6.15	0.604
BAP total score	.706	22.82	0.720

Figure 9 below demonstrates the regression to the mean (RTM) effect.

Figure 9 Regression of BAP total score at follow up on BAP total score at initial interview showing RTM effect



The dotted line shows equivalent scores under the assumption that the change score would equal zero whatever the level of the initial score. The solid line shows the regression using initial score to predict the follow up score.

We can see that parents with initially lower scores tend on average to achieve a higher score at follow up while those with high initial scores tend to have slightly lower scores at follow. This RTM phenomenon is well known in measurement and reflects the fact that extreme scores on an initial test tend, on average, to be slightly closer to the mean on a subsequent test purely as a statistical artefact. The effect is increasingly pronounced the more extreme the initial score but is negligible around the average initial BAP total score

(76.2). The consequence of this is that, if a group are selected with low initial scores (as is the case for CANparent classes in the current sample), then on average the group will tend to show some improvement at follow-up purely as a result of RTM.

Simple change scores will incorporate both (a) genuine change and (b) an improvement expected from RTM. By calculating a parent's predicted outcome, based on their initial score, we can account for the degree of change expected simply from RTM. The question then becomes, is the *actual* post-course score higher than would be *expected* based on the initial score i.e. is there any improvement in score over and above what would be expected simply from RTM? This is the questioned answered for our CANparent sample in Section 2.2.3.5 of the main report.

A5.5 References

Crnic, K. A. & Greenberg, M. T. (1990). Minor parenting stresses with young children. *Child Development, 61, 1628-1637*.

Crnic, K.A. & Booth, C.L. (1991). Mothers' and fathers' perceptions of daily hassles of parenting across early childhood. *Journal of Marriage and the Family*. *53*: 1043–1050.

Johnston, C. & Mash, E. J. (1989) A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology*, *18*, 167–175.

Gilmore, L., & Cuskelly, M. (2009). Factor structure of the Parenting Sense of Competence scale using a normative sample. *Child: Care, Health and Development, 35*(1), 48-55.

Raab,G., Buckner, K., Purdon, S. and Iona Waterston, I. (2008). Practical Exemplars on the Analysis of Surveys (PEAS). Available on the WWW at http://www.restore.ac.uk/PEAS/nonresponse.php (accessed 21/5/2013)

Rogers, H., & Matthews, J. (2004). The parenting sense of competence scale: Investigation of the factor structure, reliability, and validity for an Australian sample. *Australian Psychologist, 39*(1), 88-96.

A5 Annex Calculating Non Response (NR) weights

Table 52 Logistic regression for creating combined non-response weights - PDH

Variable	B	SE	Walk	df	Sig
Intercept	-1.00	.37	7.38	-	-
Income			9.26	2	.010
High vs. Low	.86	.35	6.03	1	.014
Middle vs. Low	.12	.32	.15	1	n.s.
Single parent vs. dual	-.13	.30	.20	1	n.s.
Parent age band			5.22	2	.074
16-19 vs. 40+	-.69	.31	5.02	1	.025
20-39 vs. 40+	-.38	.25	2.39	1	n.s.
Education			12.75	3	.005
Degree vs. <5 GCSE	1.01	.31	11.06	1	.001
A levels/HE vs. <5 GCSE	.53	.30	3.18	1	.074
5+A*-C vs. <5 GCSE	.17	.36	.23	1	n.s.
Working status			6.76	2	.034
FT vs not working	-.09	.28	.09	1	.n.s.
PT vs. Not working	.62	.31	4.09	1	.043

Nagelkerke R^2 = 19.0%, indicating that four demographic variables (household income, parent age, educational qualifications and working status) accounted for a significant proportion of the variance in non-response. Overall classification accuracy was 67.1%. For each case the probability of not responding was calculated as (1 - probability of responding) and this was used as the weight in subsequent analysis.

Table 53 Logistic regression for creating combined non-response weights - BAP

Variable	B	SE	Wald	df	Sig
Intercept	-1.58	.40	15.37	-	-
Income			2.15	2	n.s.
High vs. Low	.44	.34	1.66	1	n.s.
Middle vs. Low	.11	.31	.13	1	n.s.
Single parent (vs. Dual)	-.40	.29	1.90	1	n.s.
Parent age band			6.07	2	.048
16-19 vs. 40+	-.75	.32	5.40	1	.020
20-39 vs. 40+	-.12	.24	.25	1	n.s.
Education			20.05	3	.000
Degree vs. <5 GCSE	1.50	.34	19.67	1	.000
A levels/HE vs. <5 GCSE	1.14	.33	11.90	1	.001
5+A*-C vs. <5 GCSE	1.10	.37	9.06	1	.003
Working status			1.24	2	n.s.
FT vs not working	-.01	.26	.00	1	n.s.
PT vs. Not working	.28	.30	.84	1	n.s.

Nagelkerke R2 = 18.3%, indicating two variables (parent age band and educational qualifications) accounted for a significant proportion of the variance in non-response. Overall classification accuracy was 68.9%. For each case the probability of not responding was calculated as (1 - probability of responding) and this was available as the NR weight in subsequent analysis.

Appendix 6 Quick review of published international evidence of what works to support take-up of parenting support, especially of universal parenting support[38]

Note:

We report key messages from recent in-depth reviews of the literature in this field, plus some very recent additional relevant literature. This is not the result of a full systematic literature review and is particularly weak on take-up of online parenting programmes. However, the findings reported here can be treated with confidence as the themes have been consistent for more than 20 years.

Summary

- Initial low take-up is to be expected in any prevention and early intervention initiative, especially for one adopting an innovative 'direct-to-parent' marketing strategy, at odds with the traditional marketing of parenting programmes to key professionals who would then, in turn, enrol parents.
- Increasing take-up will require time and effort
- Clearly communicating the 'normalising' CANparent messages is important to raise awareness of the potential benefits of parenting support for all parents and their children
- Promoting parents' knowledge and understanding of parenting classes and of their benefits is a prerequisite of raising take-up
- There are a number of clear, evidence-based strategies and approaches to improving take-up that can be implemented over the life of the trial.

A6.1 What is known: key messages

Key message 1 Achieving take-up takes time and focused effort

In their 2004 review of international evidence on parenting support, Moran, Ghate and van der Merwe concluded that, 'Attracting parents and engaging them with programmes remains a challenge', p10. They describe this stage as the first of three implementation 'hurdles' ('getting' parents, 'keeping' parents and 'engaging' parents with the course content) and argue that:

'Clearing each of these hurdles requires considerable effort and strategic planning on the part of service providers, yet it is quite clear that in fact, quite often much more thought

[38] Originally prepared for the CANparent Board Meeting, September 2012. A summary of this review was included in the body of the first Interim Report.

goes into designing the content of the intervention than in planning how to deal with implementation challenges.', p95-96.

This finding has been corroborated in the most recent review (Axford, Lehonten, Kaoukji, Tobin, Berry, 2012) of the international literature (published in English) undertaken by the Social Research Unit at Dartington which focuses on 'getting' and 'keeping' parents and which concludes that it is in part an 'economic and moral issue: economic because of the economies of scale and moral because, without consistent effort on the part of providers, families will lose out on the opportunity to access support in improving parenting skills.

- Implications for CANparent trial:
  - It is too early to be unduly concerned about low take-up. A slow start was predictable from the literature.
  - Providers and local support should be made aware of the need to focus efforts on maximising take-up of the offer.

Key message 2 Theoretical models help to predict factors affecting take-up

Two models that have been used to predict take-up are introduced here:

- the Theory of Planned Behaviour
- the 'integrated theory' of McCurdy and Daro (2001)

The theory of planned behaviour, a social psychology theory, proposes that behaviour is determined by an intention to act, by the perception that acting in this way will have a beneficial effect, and that doing so is under one's control. Translating this into the context of a parenting class, it means that take-up is predicted if:

- The parent states an intention to attend, and
- The parent perceives that attending will be beneficial (outweighs the costs), and
- The parent is able to attend (i.e. has the time and resources to do so).

An example of a study that tested this out empirically with mothers of pre-schoolers (Dumas, Nissley-Tsiopinis & Moreland, 2007) found that enrolment (signing up to attend) *was* predicted by these three aspects (intention, potential benefits and control) but that attendance (actually turning up to the sessions) was best predicted by only the third element: **time constraints** were the biggest obstacle to attending.

- Implications for CANparent:
  - It is important to be aware that more people will enrol (sign up to attend) than will actually attend – and that oversubscribing is worthwhile to achieve cost-effective group sizes (Axford, Lehtonen, Kaoukji, Tobin & Berry, 2012).
  - Local support and providers have an important role in disseminating widely the benefits of parenting support and, in the case of each provider, of their

particular programme/s. In order to sign up, parents need to know what the potential benefits of attending or logging on would be for them.

- Each provider has a role in ensuring that parents know which potential barriers to attending have been cleared away i.e. in letting parents know which 'costs' have been addressed – e.g. childcare, accessibility (whether online or face to face), literacy levels required, interpreter available, stigma free
- Each provider has a role in ensuring that parents are aware of all the information that will enable them to decide if this is something they can commit to – e.g. the time commitment involved, what happens if they have to miss a session or a module, what to expect, will it matter if they turn up/log in late on occasion, how flexible delivery can be around family life and family crises
- Each provider has a role in ensuring that parents who indicate interest are followed up and given enough information and reassurance to turn interest in to a stated intention to attend
- Voucher distributors (or others, as appropriate to the trial) could be encouraged to remind parents to think realistically about the time they have available to take part, encouraging them to choose from the CANparent offer something that fits best with the benefits they seek and their time constraints.

McCurdy and Daro's (2001) integrated theory of parent involvement in family support examines factors predicting:

- Intent to enrol (signing up to attend/log on)
- Enrolment (turning up to a session/logging on to a module)
- Retention (returning from more than one session/module).

- Implication for CANparent
  - Providers need to plan proactively to engage parents through all three stages.

Reviewing the international literature on 'attrition' (the reduction in parent numbers from those who say they will attend, to those who attend, to those who complete), McCurdy and Daro constructed a predictive model (see Annex) highlighting the range of factors that are relevant at each stage in the process. These are summarised here:

- **Intention to enrol (sign up) is predicted if:**

Individual factors

- The parent understands that the parenting class would meet a perceived need/risk to parent or child (attitude to service)

- The parent views the class as providing benefits that outweigh the drawbacks of being involved (cost-benefit perception)
- The parent has recognised a need to focus on parenting (readiness to change)
- Family and friends approve – family matters are not viewed by community or culture as necessarily private and the service has a positive reputation in the community (subjective norms)
- The parent has had positive past experiences with similar services (past programme experience)

Provider factors

- The provider is aware of, sensitive and responsive to the parent's cultural background and history (cultural competence)
- The provider conveys positive messages through all interactions with the parent, including how the focus of the service is described, and how its aims are presented (service delivery style)

Programme factors

- The programme is not offered by the statutory sector (auspices)
- The programme is offered preventatively (timing)

Neighbourhood factors

- Local environmental supports outweigh constraints and parents have knowledge about and the ability to access similar services (social capital)
- The local community has low levels of crime, poverty, instability (social disorganisation).

- **Enrolment (attendance) is predicted if:**

Individual factors

- The parent expressed an intention to enrol
- The family support the decision to attend (subjective norms)

Programme factors

- There is a relatively short time between signing up to attend and being able to attend a first session. (Duration of wait).

A small scale study (Cullen, Davis and Lindsay, 2010) of low take-up of a parenting support programme found that the predictions about engagement posited by this theory held true.

- Implications for CANparent

- Not all the factors affecting take-up are in the control of the providers, local support organisations or voucher distributors (e.g. neighbourhood factors, subjective norms)
- Those that are - the majority - should be addressed systematically to increase take-up.

Key message 3 Take-up issues are not specific to CANparent – for decades, the literature on preventative and early intervention services has been highlighting this issue – and giving fairly consistent messages about addressing it

The most recent international literature review (Axford, Lehonten, Kaoukji, Tobin, Berry, 2012) identifies five main messages to improve the 'getting' and 'keeping' of parents:

- **Work together** – e.g. communication and cooperation between practitioners and the range of children's services agencies; ownership of a project by multiple agencies and securing endorsement of the project by influential people in the community; collaboration and communication between central support and frontline community teams.
- **Build relationships with parents** – providers need to build and capitalise on relationships with potential service users; unknown people delivering a programme can be off-putting; several routes in to the programme should be identified and referrers trained on how to best present the parenting programs to parents; contacting the family prior to the first meeting helps; initial contact by a worker who knows the family can be followed by sustained efforts by other workers to engage the family; staff seeking to engage new users should be trained to spot possible barriers to attendance and be able to address them; time is especially important with 'hard to reach 'parents; face-to-face contact with parents and approaching families through a person they know helps; well-timed and attractive publicity materials should also be available at the places parents routinely visit; parents should have multiple opportunities to enrol and receive information in a variety of formats; providers should be confident in articulating the benefits of the programme; home visits prior to first session and follow-up of any session missed increases engagement.
- **Make programs accessible** – time demands and difficulties scheduling are the main barriers to participation; a lack of transport and childcare makes it harder for many parent to attend; convenient location; welcoming environment; less formal and more culturally sensitive provision that stresses the peer support element of group-based services reduce psychological barriers to attending
- **Address parents' concerns** – about what to expect; about the relevance of the programme; about feeling judged; about what other people will think of them; about unsupportive family members; about other issues in their life such as substance misuse; about not knowing what the offer is all about

- **Address the particular needs of some parents** – there is conflicting evidence about the impact of socio-demographic characteristics on enrolment but lower levels of education, low socio-economic status, belonging to a minority ethnic group may increase barriers to participation; address (if only by listening without judging) other factors that affect parenting such as financial hardship, domestic violence, social isolation.

Moran, Ghate & van der Merwe in their 2004 review of what works to overcome the 'getting parents' hurdle (which drew heavily on Forehand and Kotchick's 2002 review) also identified five areas to address to increase 'getting and 'keeping' parents:

- **Practical**
  - defining the 'market' for the service and then publicising it so potential users and local professionals become aware of it
  - running it at times convenient to users
  - venue can be reached easily and without (undue) cost
  - child care is provided when that is needed
  - venue is welcoming and non-stigmatising and refreshments are provided
- **Relational**
  - High quality staff i.e. those that can be trusted by parents and that can show empathy – style is more important than attributes such as gender, ethnicity but staff that reflect the local demographic mix helps to create initial rapport and normalisation ('same' rather than 'other')
  - Well-trained staff – capable of responding appropriately to issues such as child protection and risk assessment, domestic violence, substance misuse
  - Service delivery style – allowing time to build rapport before the first session, using an interactive and fun delivery style that recognises parents expertise in their own lives and emphasises working with them (not doing unto them)
- **Cultural and contextual**
  - paying attention to understanding parents', living conditions, and general well-being, including life circumstances and stressors, gender of participants (fathers and mothers may want different things from family support), and cultural sensitivity
- **Strategic**
  - being persistent in recruitment (e.g. follow-up phone calls, completion of forms)
  - be willing to threaten service withdrawal if x sessions are missed and to emphasise limited places available to heighten perceptions of service value
  - address parents' concerns and anxieties about the programme
  - offer positive reinforcement for attending

- **Structural**
  - Format of service delivery (group, one-to-one, online) – different modes suit different groups of parents – offer a 'taster' session
  - Offer to both partners in a couple (though not necessarily in the same group)
  - Provide supporting material
  - Tailor any written material to literacy levels of the users

The findings of the Moran et al. review are summarised as a downloadable audit checklist from the Family and Parenting Institute's website area for practitioners (last accessed 10.9.2012):

http://www.familyandparenting.org/our_work/All-Other-Subjects/Early-Home-Learning-Matters/Practitioners-Section/Engaging+parents/index

The findings from these literature reviews were corroborated in practice during the roll-out of the Parenting Early Intervention Programme – even with government funding and a national initiative, take-up built up slowly over time as a result of sustained effort to engage families (Lindsay, Strand, Cullen, Cullen, Band, Davis, Conlon, Barlow, & Evans, 2011).

In addition, an international review of non-English language sources of perspectives on parenting support (Boddy and others, 2009) found that 'universal' support was being offered in three different ways:

- **embedded within universal services** (delivered by workers in that setting)
- **activated as part of a universal service** (delivered by workers linked to that setting)
- **universally accessible support** (delivered through open-access services that any parent may choose to take-up).

- Implications for CANparent
  - Increasing take-up of the classes involves multi-faceted action and persistence – and there is no shortage of evidence-based suggestions as to what to do.

Key message 4 The CANparent trial is so innovative, it is at the forefront of an emerging trend towards 'direct-to-consumer' marketing (from recent literature not included in the above reviews)

Very recent literature has noted the possibilities of direct to parent strategies in improving take-up of evidence-based interventions, calling this an 'alternative, complementary approach' to the traditional model where service providers have been the consumer group to whom interventions have been marketed (Santucci, McHugh, Barlow, 2012).

- Implications for CANparent
    - The voucher distributors could be viewed as the replacements for 'referrers' in previous models of parenting support delivery in that it is through them that parents first find out about the range of the local offer. Their impartial role, and their limited 'ownership' of the local offer, may be problematic if it does not mimic the advocacy role of referrers in the familiar model, particularly if there is not also a local, co-ordinated social marketing campaign to give parents information about the benefits of universal parenting classes.

This phenomenon (direct-to-consumer marketing) draws on social marketing techniques (Santucci, McHugh, Barlow, 2012). These 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'. (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' (p234)

Two studies 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: the *Stay Positive* approach in Amsterdam and the *Every Family* approach in Australia (Sanders &

Kirby, 2012). 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 up-skilling the existing workforce
- building on existing referral networks and delivery mechanisms
- '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.

- Implications for CANparent
  - 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.

A6.2 What is still not known

- Marketing parenting programmes directly to parents is 'in its infancy'. It is not known how effective this will be.
- The effect of the voucher on take-up.

Regarding the voucher effect, the trans-theoretical model of change, sometimes called the 'stages of change' theory (Prochaska and 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 enrol)

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 big 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 (Sanders *et al*., 2008) indicate that the majority of parents in a given population would be at stage 1 of the 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.

- Implications for CANparent
  - Local support and the providers could focus efforts to increase 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.

A6.3 References

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.

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.

Cullen, M.A., Davis, L., Lindsay, G. (2010). Engaging parents in Parentline Plus' Time to Talk Community Programme as part of England's Teenage Pregnancy Strategy: lessons for policy and practice, *Children and Society*, doi: 10.1111/j.1099-0860.2010.00350.x

Dumas, J.E., Nissley_Tsiopinis, J., Moreland, A.D. (2007). From intent to enrolment, attendance, and participation in preventative parenting groups', *Journal of Child and Family Studies*, 16, 1, 1-26.

Forehand, R. and Kotchick, B. (2002). Behavioural parent training: current challenges and potential solutions, *Journal of Child and Family Studies*, 11, 377-384.

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.

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.

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.

McCurdy, K. and Daro, D. (2001) Parent involvement in family support programs: an integrated theory, *Family Relations*, 50, 2, 113-121.

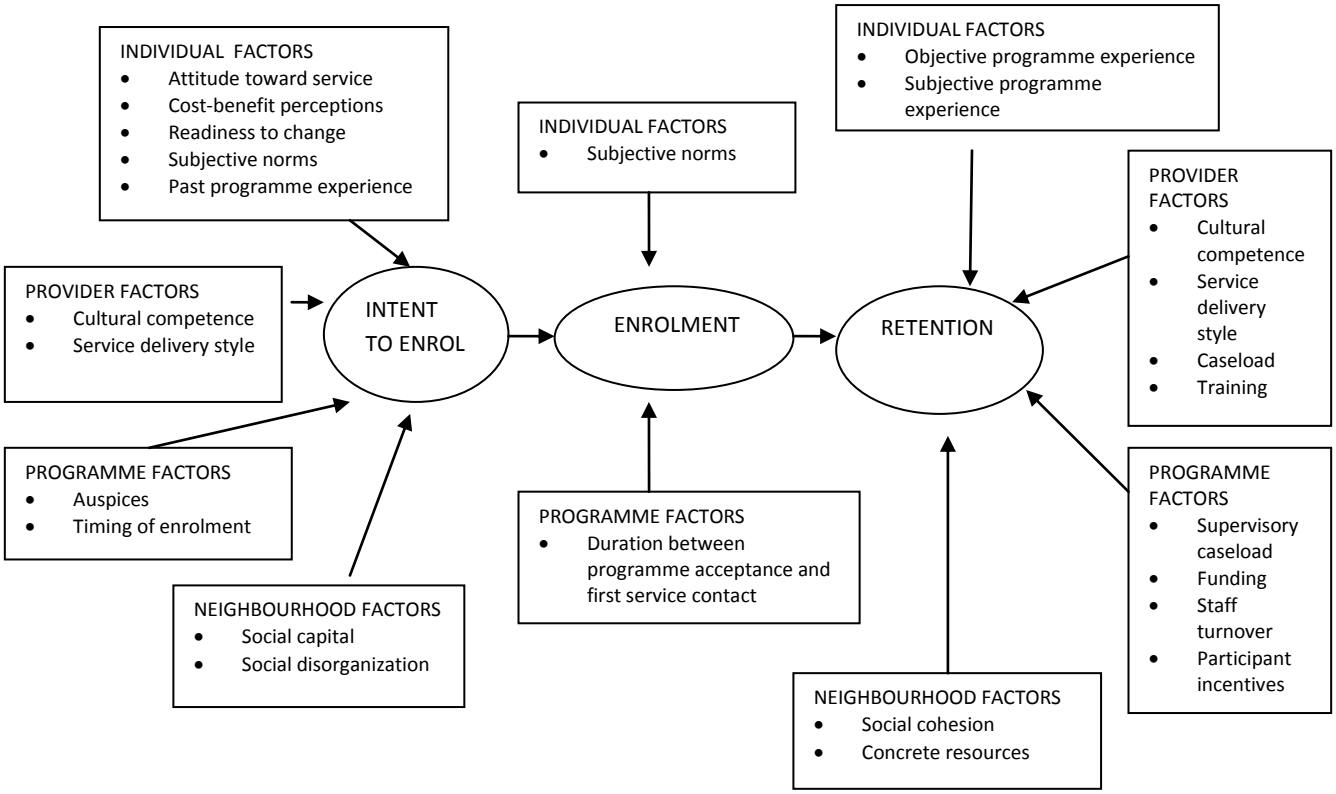
Sanders, M.R. and Kirby, J.N. (2012). Consumer engagement and the development, evaluation, and dissemination of evidence-based parenting programs, *Behavior Therapy*, 43, 2, 236-250.

Sanders, M.R., 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.

A6 Annex

Figure 10 McCurdy & Daro's Conceptual Model of Parent Involvement



Source: McCurdy, K. and Daro, D. (2001) p115.

Reference: DFE- RR317

ISBN: 978-1-78105-288-4

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

Any enquiries regarding this publication should be sent to us at: Steve.HAMILTON@education.gsi.gov.uk or www.education.gov.uk/contactus

This document is available for download at www.gov.uk/government/publications