



Department  
for Education

# **CANparent Trial Evaluation: Final Report Research report June 2014**

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# Executive Summary

## Introduction

The quality of parenting is a key issue for children's development. It is one of the main predictors of children's emotional and behavioural development as parents are the single most important influence on a child's development (O'Connor & Scott, 2007). Poverty is an important factor in limiting many children's life opportunities (Field, 2010), which is recognised by the Government's child poverty strategy (DWP, DfE, 2011). However, effective parenting can enable children to achieve positive child outcomes despite social disadvantage and poverty (Kiernan & Mensah, 2011). Positive effects of parenting programmes have been demonstrated up to 10 years later (Webster-Stratton et al., 2011).

Parents may draw on the advice of family and friends, and the media, including research based but accessible books and magazine articles. There is now substantial evidence for the success of parenting programmes, particularly those targeted at parents of children exhibiting or at risk of exhibiting behavioural, emotional and social difficulties, or children with significant learning difficulties, sensory impairments or physical disabilities. The Parenting Early Intervention Programme was shown to be very effective in rolling out *targeted* parenting programmes across the whole of England (Lindsay et al., 2011, 2013). However, parenting is challenging for *all* parents. Furthermore, there is an increasing recognition of the benefits of early intervention (Allen, 2011). On the other hand, there is concern that parents may see parenting programmes as stigmatising.

The CANparent trial was a government initiative to examine the development of a *universal* offer of parenting classes potentially to all parents of children aged 0-5 years. The aim of the trial was to evaluate whether the free provision of parenting classes would provide sufficient incentive to providers to start offering additional parenting classes nationally, including for parents beyond the foundation stage and whether a universal approach could normalise and de-stigmatise parenting classes.

This is the Final Report of the CANparent trial operated by the Department for Education (DfE) during 2012-2014. Two Interim Reports present findings from the earlier stages of the trial<sup>2, 3</sup>. The trial was designed to stimulate the supply of classes suitable for universal use at a cost that it would be reasonable to expect at least some parents to pay, and thereby evaluate the market potential for high quality universal parenting classes to

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<sup>2</sup> 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*. DFE-RR280.

<https://www.education.gov.uk/publications/RSG/AllPublications/Page1/DFE-RR280>

<sup>3</sup> Cullen, M. A., Strand, S., Cullen, S., & Lindsay, G. (2014). *CANparent trial evaluation: Second interim report. Research report DFE-RR3*. <https://www.gov.uk/government/publications/canparent-trial-evaluation-second-interim-report>

support the parenting skills of mothers and fathers of 0-5 year olds. In three of the areas, Camden, Middlesbrough and High Peak, the use of vouchers was trialled to stimulate both the supply of, and demand for, universal parenting classes. Parents of 0-5s who lived in these areas were eligible for a free voucher entitling them to access a CANparent parenting course. In the second year of the trial a change in eligibility allowed parents of all children Year 1 at school to access the vouchers, regardless of their child's age. These vouchers, redeemed by the class providers, had a value of £75 for every parent starting, and of a further £25 for every parent completing<sup>4</sup> the course.

Voucher distribution and local support to providers was managed by the trial delivery consortium of ECORYS in partnership with Parenting UK (part of Family Lives) and Orion Security Print. Vouchers were widely available through the Foundation Years workforce and branches of Boots in the trial areas. From November 2012, they could also be downloaded by parents from the [CANparent website](#).

In the fourth trial area, Bristol, there were no vouchers. Instead, some light touch support was 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 was designed to encourage the development of different funding models, such as employers funding classes, providers being sponsored to run classes and parents paying for classes.

The DfE recognised that the CANparent trial was experimental. For example, there was a lack of evidence on which to predict the likely take-up of universal parenting classes by parents of 0-5 year olds. Consequently, the trial was designed to provide information during its two year implementation, both from the empirical study and a series of commissioned reviews of evidence. This developing evidence base was used to make modifications designed to enhance the effectiveness of the trial. For example, our first penetration survey indicated that the original planning assumption of 40% take-up by eligible parents was over optimistic and our review of the evidence on take-up provided a basis for modifications to enhance the initiative. We draw upon the two interim reports in this Final Report but draw attention to the substantial evidence base in those earlier reports.

## **The future**

The DfE-funded CANparent trial ended on 31<sup>st</sup> March 2014 as planned. The Department of Health took over responsibility on 1<sup>st</sup> April when a modified version of the CANparent trial commenced building upon the evidence provided over the initial two years of the trial.

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<sup>4</sup> 'Completion' was contractually defined for each CANparent course, as these vary in length. It equated to at least 75% attendance.

## Key Findings

- The CANparent trial was successful in stimulating the supply side of a market of 14 providers in the three voucher trial areas that offered a wide choice of types of parenting classes and modes of delivery.
- The trial succeeded in stimulating some demand for universal parenting classes across the spectrum of parent level of education, socioeconomic status and ethnicity.
- The free vouchers played a key role in stimulating demand; half (49%) of households that had received a voucher had already signed up to a class or were intending to sign up to a class. So too did face-to-face engagement of parents.
- The pre-trial planning assumptions of the proportion of parents of children 0-5 years who might be expected to take up a parenting class were substantially over optimistic; actual take-up of 2956 parents was, however, more in line with the level of interest in such classes we identified in the voucher trial areas, and take-up was accelerating at the end of the trial.
- There was wide disparity between providers in the numbers of parents recruited: four of the 14 providers accounted for 67% of participating parents.
- Only 9% of parents attending a parenting class were fathers or male partners, indicating the difficulty in involving fathers in classes despite targeted efforts to do so; however, fathers were involved informally when mothers discussed with them the decision to attend a class and their learning from the class.
- The large majority of parents who completed their course were positive about their parenting class (92%) and would recommend the class to other parents (94%).
- Overall, after attending a parenting class, parents felt more satisfied with being a parent, saw themselves as more effective parents, and had higher levels of mental well-being than before taking the parenting class.
- At the start of the trial, attitudes to parenting classes were largely positive among parents of 0-5 year old children in the three voucher trial areas; however, only a quarter of parents said they were 'fairly likely' to participate in classes while their child was five or under and only 10% said they were 'very likely' to.
- There was little evidence that among the general population of parents of children aged 0-5 years the trial had an impact on either their attitudes to or their propensity to take up parenting classes; however, there was an indication of a reduction in parents' perceptions of stigma being associated with parenting classes.
- Parents' awareness of the CANparent brand increased substantially over the trial.
- Brand and voucher awareness was driven most extensively by early years settings such as children's centres, nurseries, playgroups and schools.

- The cost per parent of attending a parenting class varied greatly between providers due to several factors including length of the course, start up costs and numbers of parents attending.
- Overall, the cost to providers of running parenting classes was substantially greater than the voucher income received; cost effectiveness varied substantially between providers because of the wide variation in costs associated with length of courses, levels of parent recruitment and set up of infrastructure.
- Overall, including set up and fixed costs, the voucher value required by providers to break even was £325 per parent and the lowest cost of provision was £135 per parent; the lowest cost excluding set up costs was £117 per parent<sup>5</sup>.
- These high average costs of provision reflect the low take up of parenting classes and would be expected to decrease significantly following even a relatively modest increase in take up. It is unclear as to whether the average cost of provision would have been lower (or higher) than the voucher value if the notional maximum capacity of parenting classes had been supplied by providers.
- Parents differed greatly in their willingness to pay for parenting classes with about half unwilling to pay anything, a quarter *potentially* willing to pay some positive amount, and the remaining quarter *definitely* willing to pay some positive amount towards classes.
- The most important factor determining willingness to pay was higher household income.
- In summary, the trial:
  - was successful in stimulating a supply of providers of parenting classes financed by fixed price vouchers; and some demand from parents who were offered classes that were free.
  - demonstrated that more time is necessary to increase the awareness of all parents of the benefits of quality universal parenting classes and thereby generate a culture whereby universal parenting classes are seen by most parents as a normal part of becoming a parent, similar to the culture of attending antenatal classes.
  - created the incentive for some providers to start offering online versions of their classes accessible to any parent nationally and, in the non-voucher area, to offer classes to parents of older children too.
  - led to a significant drop in the proportion of parents believing that parenting classes were only for parents with 'problems bringing up their children' i.e. it reduced stigma around parenting classes.

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<sup>5</sup> These are probably high estimates of the average costs across the 14 providers as the providers with the highest levels of recruitment did not respond to our costs survey.

- indicated that, at this stage of market development, parents paying for classes are likely to form only one of a number of income streams necessary to sustain supply of universal parenting classes.

## Aims and objectives<sup>6</sup>

The main aim of our study of the CANparent trial was to evaluate whether the free provision of parenting classes in Middlesbrough, High Peak in Derbyshire, and Camden in London would provide sufficient incentive to providers to start offering additional universal classes nationally, including for parents beyond the foundation stage, and whether a universal approach can normalise and de-stigmatise parenting classes.

The objectives were to investigate:

- 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.
- The relative effectiveness of different voucher distributors.
- The relative effectiveness of different types of vouchers and information provided to parents (three specific variations of voucher design and information to parents were trialled).
- Parents' awareness of, and attitudes towards, parenting classes.
- Parents' experiences of the parenting class offer.
- Impact on parents' perceptions of skills and confidence in parenting.
- The development of universal parenting classes outside the trial area.

## Methodology

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

- **Strand 1:** Focused on the supply side and took place in the three voucher areas and Bristol.
  - There were longitudinal case studies in three phases. Interviews with providers, ECORYS, Parenting UK, the local support organisations, local parenting commissioners and focus groups with voucher distributors were held at each phase.

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<sup>6</sup> See Appendix 1 for full details.

- Running alongside, desk research was conducted comprising analysis of outputs from class providers and voucher distributors; analysis of existing statistics and data on the three trial areas; and literature reviews as requested by the DfE during the study.
- **Strand 2:** Three surveys were carried out to measure take-up and impact.

### **Penetration survey**

- July – October 2012 – An Early Penetration Survey of 1510 parents was carried out in trial areas to measure the extent to which vouchers had reached parents. The survey also captured the socio-economic status of families surveyed and ‘baseline’ attitudes towards parenting classes. All interviews were face-to-face with randomly selected parents (random probability sampling based on Child Benefit records); at the same time, a baseline survey of 1535 parents was carried out in 16 comparison areas (four per trial area).
- A second Penetration Survey (August - November 2013) in both trial and comparison areas to generate figures on take-up of classes and normalisation (1603 parents in the trial areas, 1520 parents in the comparison areas).

### **Participating parents survey**

- By the end of the trial period (31 March 2014) a total of 2956 parents had participated in a parenting class. An ongoing Participating Parent Survey was carried out 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, mental well-being and the frequency and intensity of daily challenges (‘hassles’) associated with being a parent. The initial plan was a 10% sample of the DfE planning assumption of about 20,000 parents who could be expected to undertake a parenting class in the voucher trial areas. As it became clear that uptake would be much lower than expected, a higher proportion of parents attending classes were included. By the end of the data collection period for the purpose of analysis (13 February 2014), pre-course data were available on 536 of the 1819 parents in the trial at that time (29.5% sample) with matched pre- and post-course data also available on 310 parents (17% of registered parents).
- Parents attending a class completed 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 participant comparison group study was generated. The sample comprised around 1000 parents in comparison areas who had completed the baseline penetration survey outlined above.

These parents completed either the Being a Parent or Parenting Daily Hassles Scale as part of the baseline penetration survey. The 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 provided 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 provided an estimate of changes in scores for non-intervention as a baseline against which to evaluate the changes in scores for participating parents before and after their CANparent class<sup>7</sup>.

- About 50 interviews (telephone and face-to-face) with parents, focusing on those who started a class but then dropped out, those who completed a class, and on fathers.

### **Satisfaction survey**

- A short online Satisfaction Survey offered via email to all parent participants in classes in the three voucher areas; 192 parents responded.
- **Strand 3:** This strand comprised a cost effectiveness study and a Willingness to pay study.
  - **Cost effectiveness:** An in-depth questionnaire was administered to assess the costs of provision over the first 12 months of the trial: nine of the 14 providers responded. Cost effectiveness was calculated for each provider in terms of the total number of parents compared with the total costs (both set up and fixed costs, and ongoing costs of delivery of parenting classes).
  - **Willingness to pay:** We adopted a *Contingent Valuation* approach to better understand the demand side characteristics of the market and assess the willingness of parents to pay for parenting classes. This approach presents descriptions of the services being provided and through a series of questions seeks to elicit the Willingness to pay for these different scenarios. This assessment was carried out as part of the Wave 2 Penetration Survey. Parents were given a short summary of parenting classes more generally, followed by short descriptions of the three alternative parenting class types on offer in the trial. After the valuation scenario had been described, respondents were presented with a monetary figure representing the cost of participation (the 'pricing point' or 'bid') and asked to either *accept* or *decline* ('decision question'). The decision question, in conjunction with the valuation scenario, was used to mimic the true decision situation in which a parent thinking about undertaking parenting classes would find themselves. After the first 'yes/no' ('accept/decline') decision question, respondents were asked a second

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<sup>7</sup> See [CANparent 2nd Interim Report](#)

question that depended on the previous response requiring a further 'yes/no' response as follows:

- If the first response was "yes", the second bid was greater than the first bid; or
- If the first response was "no", the second bid was smaller.

Finally, respondents were asked to state their maximum Willingness to pay.

## Findings

### Management information on participating parents

By the end of the trial (31<sup>st</sup> March 2014) providers had claimed voucher money for 2956 parents who had started a CANparent class: 1602 (54%) in Camden, 750 (25%) in Middlesbrough and 604 (20%) in High Peak. The area variation in take-up broadly reflected differences in eligible population size. Overall take-up equated to around 4% of the eligible population.

In the period January 2012-December 2013, i.e. with 3 months of the trial still to come)<sup>8</sup>:

- Fourteen providers offered a range of parenting course options via four main delivery modes: face-to-face group, face-to-face one-to-one, blended face-to-face with online and/or self-directed learning components, and pure online delivery.
- Most parents registering for CANparent classes were female (91%).
- Four of the 14 CANparent providers trained over 67% of participants: Race Equality Foundation (22%), City Lit (18%), Parent Gym (14%) and Save the Children (14%).
- Face-to-face groups were the most popular delivery mode (76% of registrations).
- Medium length courses of 4 or 5 sessions were most popular (56% of registrations).
- Non-completion (i.e. attendance below the minimum completion threshold<sup>9</sup>) was low, at just 8.5%.
- Parents from a wide range of ethnic groups attended CANparent classes, reflecting the ethnic diversity of two of the three trial areas

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<sup>8</sup> The trial ended on 31st March 2014 but analyses other than overall uptake are based on data on 1819 parents starting a class during the period January 2012-December 2013.

<sup>9</sup> Minimum completion was contractually defined for each CANparent course – see Appendix 3, 'The CANparent classes' for details.

(Camden & Middlesbrough).

- Approximately 20% of parents reported being the sole carer for the child/ren.
- Participation in CANparent was not strongly linked to parents' level of education: substantial proportions had no or low qualifications (36%) or higher education qualifications (44%).
- Compared to completers<sup>10</sup>, non-completers were less likely to live/work in High Peak, but more likely to attend a blended group, come from non-white ethnic groups, be younger than 25 years or older than 56 years, be living without a spouse/partner, be single parents, and have fewer children aged 0-16 in the household.

## Surveys of participating parents

### The participating parents outcomes survey

- When they joined their class, CANparent participants were experiencing higher levels of parenting stress, more parenting difficulties and lower well-being compared to national averages.
- After attending their parenting classes, small to medium gains were found in parents'
  - Satisfaction with being a parent (effect size .34)<sup>11</sup>
  - Sense of effectiveness as a parent (effect size .49)and small improvements in
  - Mental well-being (effect size .37)Furthermore, participation in a parenting class seemed to prevent parenting stress from worsening.
- These improvements were also found when the CANparent participants were compared with a control group.
- Short courses (1-2 sessions) were associated with no change and negative impact on parenting interest.
- There was little evidence that change was experienced differently between different subgroups.
  - One notable difference was that parenting stress intensity was substantially reduced among those with low or no educational qualifications.
- Parents were very positive about attending a parenting class, e.g.

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<sup>10</sup> 'Completers' included those fulfilling the minimum completion criteria as well as those who attended 100%

<sup>11</sup> Cohen's *d*: .2 is small, .5 is medium, .8 is large

- 94% were satisfied with their class and would recommend CANparent classes to a friend
- 92% said the class met their expectations
- 91% said they had learned new parenting skills
- 84% felt more confident as a parent
- 76% thought they were a better parent
- 75% reported that their relationship with their child/children had improved
- These findings are robust and are not influenced by parent drop out.
  - Participants with missing post-course evaluation data did not differ from those with data at both time points on either parenting outcomes or demographic profile (except for educational qualifications).

### **Satisfaction survey of all participating parents**

- Overall satisfaction was very high among all parents who participated in classes (both those that completed and those that did not):
  - 82% would recommend the class to other parents
  - 82% were satisfied or very satisfied with the course.

### **Follow-up interviews with 50 participating parents**

- Interviewed at least two months after their CANparent course, these 50 parents gave an overall positive picture.
- They welcomed the concept of universal parenting classes.
- The principle of participants paying at least something towards the cost of universal parenting classes was accepted by the majority, and parents recognised the need to subsidise those who could not afford to pay. A minority thought universal parenting classes should be a free service provided by the state.
- For almost all, the experience of taking a CANparent class was largely positive – well facilitated, useful content, helpful discussions, positive peer support. Some disliked very short courses or very discursive courses.
- Almost all, even those who did not complete their course, described lasting positive changes to family dynamics as a result of implementing learning from their CANparent class.

### **Supply Side Longitudinal Case Studies**

Trial aims:

- Interviewees believed that the trial aim of establishing a market in parenting support would take longer than two years to achieve.
- There was strong support for a universal parenting offer but less strong support for a market model to deliver this.

- Despite the challenges of working within a developing market, 12 of the 14 voucher area providers remained active throughout the trial, as did seven providers in the non-voucher trial area.
- Gaining acceptance for universal provision from large numbers of parents involves a cultural shift that will take time.

#### Trial design:

- The structure of the trial was viewed as overly complex in the trial areas. In the non-voucher area, more local support to market the CANparent brand would have been appreciated.
- There was some contention over the role of the respective Local Authorities (LAs) in relation to CANparent in the voucher trial areas, with some believing that this impacted adversely on the success of the trial. In the non-voucher area, the LA was engaged as a strategic partner from the start, which was viewed as working well.
- Some providers and other stakeholders argued that the timeline of the trial should have included a preparation and set-up phase to engage local professionals prior to voucher distribution and classes starting.

#### Developing the market: stimulating supply

- The voucher offer stimulated the supply of universal classes in the trial areas. The CANparent endorsement brand stimulated the supply of classes in the non-voucher area.
- The earliest classes started in May 2012 and by September 2012, later than initially hoped, most of the providers had classes on offer to parents. These included face-to-face groups, face-to-face one-to-one sessions, blended face-to-face with online components, pure online delivery, and live online classes. Classes in the non-voucher area went live in April 2013 and included face-to-face, online with telephone support, and self-directed delivery modes.
- Provider business models were informed by an early DfE 'planning assumption' of take-up reaching 40% of the eligible population. When this assumption proved very wide off the mark, voucher revenue did not cover investment costs for most providers. Take-up in the non-voucher area was very low.
- Local support for providers new to the voucher trial areas was crucial in helping them to establish a local presence.
- Despite initial fears about new providers, over time CANparent providers were welcomed in the voucher areas and their quality recognised.

#### Developing the market: stimulating demand

- The free voucher offer to parents did not by itself stimulate high demand.

- The most effective way of engaging, recruiting and retaining parents proved to be via known, trusted intermediaries.
- Some providers and other stakeholders viewed the language and terminology currently typical of parenting support in general, including CANparent, as too parent-focused and based on a deficit model; it was argued some change is needed to a more positive, child-focused approach.
- The effectiveness of the CANparent brand was questioned by most voucher area providers, with some strong objections voiced. It was viewed more positively in the non-voucher area as a quality mark.

#### Developing the market: sustainability

- The trial was based around the stimulation of a quasi-market in universal parenting – there were mixed views on the success of this model.
- Voucher area providers believed that parents are prepared to only pay small sums (£10-25) for courses. In the non-voucher area, different approaches to pricing were adopted by different providers with prices ranging from no charge to parents to over £100.
- Online and e-provision proved particularly difficult to deliver with success. More research is needed into how to advance this delivery platform.
- The majority of providers hoped to continue to deliver some form of universal parenting course after March 2014. Online versions developed for the trial were made available beyond the trial areas.

#### **The trial process: awareness, voucher receipt and usage**

Two penetration surveys were carried out in trial areas (Wave 1 in July to October 2012 (the first months of the trial), and Wave 2 in August to November 2013). Similar surveys were carried out simultaneously in comparison areas outside of the CANparent trial.

By the autumn 2013, our Wave 2 penetration survey of parents in the four trial areas showed that:

- Just over a fifth (22%) of parents in the voucher trial areas were aware of the CANparent brand. Awareness was very low in Bristol (where vouchers were not offered and there were fewer promotional activities) at only 1%.
- Just over a quarter (26%) of parents in the voucher trial areas were aware of the CANparent vouchers; this figure had increased by 7 percentage points since the Wave 1 survey.
- Awareness of both the brand and the vouchers was significantly higher amongst women than men.
- Awareness of the CANparent brand and vouchers was driven most extensively by early years settings such as children's centres, nurseries and playgroups.

- Overall, 12% of eligible households had received a CANparent voucher, which is double the proportion who had received a voucher at the Wave 1 survey (6%).
- In only 6% of households receiving a voucher had the father received a voucher and this proportion had not significantly increased since the Wave 1 survey.
- Almost a third (29%) of the vouchers received by parents had come from a children's centre, nursery or playgroup.
- Half (49%) of households that had received a voucher had already signed up to a class or were intending to sign up to a class.
- As a proportion of all eligible households in the voucher trial areas, 6% had signed up or were intending to sign up to a class, an increase from 3% at Wave 1.
- The small number of parents who had started a class were largely positive about them and the majority said they would recommend the classes to a friend.

### **Impact of the trial on parents' attitudes towards, take-up of and propensity to take up parenting classes**

At Wave 1 in the trial areas, the penetration survey found:

- Attitudes towards parenting classes were largely positive, e.g.
- Only 12% disagreed with the suggestion that all parents benefit from going on a parenting class.
- 71% agreed that parenting classes were just as relevant to older parents as to teenage parents and other young parents.
- 70% disagreed that it was more useful for mothers to have parenting classes than fathers.
- However, only a third of parents said they might participate in classes while their child was aged five or under.
  - 24% said they were **fairly likely**
  - 10% said they were **very likely**
- This finding gives an indication of potential take-up of parenting classes in the trial areas, at this point in the development of universal availability.

Comparing change between Wave 1 and Wave 2 in trial areas with the level of change in comparison areas:

- The evaluation found little evidence that among the general population of parents of children aged 0-5 years the trial had an impact on either parents' attitudes to, or their propensity to take up parenting classes in the first 18 months of the trial.
  - However, there was a significant drop of five percentage points in the proportion of parents believing that parenting classes were only for parents with 'problems bringing up their children'.

- This finding indicates that the trial had a positive effect in reducing stigma around parenting classes.
- There is no evidence that the trial had an impact on parents' perceptions of the benefits of and barriers to attending parenting classes themselves.
- Likewise, the trial does not appear to have had an impact on parents' take-up of parenting classes or on their propensity to take up a course in the future.
- The pattern of results was largely similar for mothers and fathers, and across the four trial areas (both the three voucher areas and Bristol).

## Cost effectiveness and willingness to pay analysis

### Cost effectiveness

- CANparent provision was heavily concentrated amongst certain providers, with approximately **75%** of all service deliveries provided by five organisations with the remaining **25%** delivered by the remaining nine CANparent providers.
- The evaluation collected detailed information from 9 out of a possible 14 providers on the set-up and ongoing costs of the CANparent trial broken down according to the reason for expenditure.
- One important limitation of our cost data is that those providers that *did not* respond to the cost questionnaire were responsible for a disproportionately large volume of parenting class provision. In particular, the costs information collected:
  - accounts for approximately **two-thirds** of providers (9 of 14); however,
  - relates only to approximately **43%** of Year 1 provision.
- For those nine organisations providing sufficient cost information (and associated with **£41,500** of voucher redemptions out of the total of **£96,075 in the first full year of the trial**), the analysis suggests that costs of provision for those same organisations stood at approximately **£477,000**.
- In aggregate, this implies that the (weighted) average cost of provision stood at **£468** per parent undertaking parenting classes **in the first year**. Analysis of the average value of voucher redemption suggests that the average shortfall in the value of the voucher compared to costs of provision was approximately **£374** per parent.
- Some of the costs that were incurred by providers appeared exceptional – and well above what might be necessary for the delivery of the CANparent trial. Excluding these outlying costs, the voucher value required for providers on average to break even might be considerably less (approximately **£325** per parent).
- The analysis indicates that approximately **38%** of the aggregate costs related to set up or fixed costs while the remaining **62%** related to operating or delivery costs. Considering the operating costs alone, based on the level of take-up, the

voucher value required to cover operating costs alone would stand at approximately **£289** per parent.

- The lowest cost of provision stood at **£135** per parent per delivery including set up costs, and **£117** per parent per delivery excluding set up costs.
- These are probably high estimates of the average costs across the 14 providers as the providers with the highest levels of recruitment did not respond to our costs survey.
- These high average costs of provision reflect the low take up of parenting classes and would be expected to decrease significantly following even a relatively modest increase in take up. It is unclear as to whether the average cost of provision would have been lower (or higher) than the voucher value if the notional maximum capacity of parenting classes had been supplied by providers.

### Willingness to pay

- An analysis of **Willingness to pay** for parenting classes was undertaken, whereby respondents were presented with a number of descriptions of parenting classes (**face-to-face**, **blended** and **pure online**) and asked to indicate whether (and how much) they would be prepared to pay for the described services.
- Approximately **43%** of those surveyed indicated that their *maximum* willingness to pay for **face-to-face** classes was **£0**. This compared to **57%** of respondents for **pure online** classes and **47%** for **blended** parenting classes.
- In contrast, in terms of **face-to-face** delivery, **25%** of respondents provided a *strictly positive* Willingness to pay estimate (i.e. they were willing to pay some positive amount for a face-to-face parenting class). For **blended** delivery, approximately **24%** had a strictly positive Willingness to pay while in the case of **pure online** provision, the proportion was lower (**15%**).
- The analysis indicates that, with very tight confidence intervals, the **average** Willingness to pay for **face-to-face** or **blended** parenting classes stood at **£36**, while the average Willingness to pay associated with **pure online** parenting classes stood at approximately **£20**.
- Amongst those who had some positive Willingness to pay only (i.e. were willing to pay an amount strictly greater than zero), the analysis indicates that the estimated willingness to pay for **face-to-face** parenting classes stood at **£63**, compared to **£67** for **blended** provision and **£49** for **pure online** provision.
- Different characteristics of respondents influenced willingness to pay. The analysis indicates that a female working part-time earning less than £10,000 per annum (i.e. the reference group) had a Willingness to pay of **£25.76** for face-to-face provision, **£9.92** for pure online provision and **£17.11** for blended provision.

- **Men** have a higher Willingness to pay than women (**£11.72**, **£8.12** and **£10.29** more for face-to-face, pure online and blended provision respectively), holding other factors constant.
  - The **number** and **age of children** also determine Willingness to pay: an increasing number of children, as well as an increase in the age of the youngest child, have a **negative effect** on Willingness to pay.
  - In terms of **prior experience of parenting classes**, the analysis suggests that there is a higher Willingness to pay for **face-to-face** provision amongst those respondents who had previously attended a parenting class (by approximately **£7**). This suggests that parenting classes might be considered ‘experience’ goods (in the sense that they need to be experienced for the individual to be able to make an informed decision in relation to the value).
  - The analysis suggests that **working full-time** has a *negative* effect on Willingness to pay, with individuals working full time prepared to pay approximately **£7.98 less** for **face-to-face** provision and **£7.02 less** for **blended** provision.
  - By far the most important factor determining Willingness to pay was **household income**. Compared to the reference income band, the analysis indicates that an individual living in a household with household income of £10,000 to £20,000 would be prepared to pay **£6.57** more for a **face-to-face** parenting class, **£6.56** more for a **pure online** parenting class and **£13.39** for **blended** parenting provision.
- It might be the case that for individuals who are not accurately able to picture the parenting classes on offer (perhaps because the classes constitute an ‘experience’ good), the initial price of the parenting class acts as a signal of the quality of provision. The analysis indicates that there was a positive relationship between the initial price point and maximum Willingness to pay, with (for instance) individuals offered an initial bid of £225 for face-to-face provision providing a maximum Willingness to pay £10.76 more than an individual offered an initial price point of £75.

## Conclusions

### Introduction

The aim of our study of the CANparent trial was to evaluate whether the free provision of parenting classes in Middlesbrough, High Peak in Derbyshire, and Camden in London would provide sufficient incentive to providers to start offering additional universal classes nationally, including for parents beyond the foundation stage, and whether a universal approach can normalise and de-stigmatise parenting classes.

## **The trial stimulated supply in the market**

The trial successfully increased the supply of universal parenting classes in the three voucher areas (Middlesbrough, High Peak and Camden) and also in the non-voucher area (Bristol). In the trial areas, supply was stimulated by the voucher subsidy: in Bristol, supply was stimulated by the CANparent endorsement brand and website and associated supportive activities.

In the trial areas, the focus remained on provision for parents of children aged 0-6 to fit with the criteria for voucher eligibility. In Bristol, where vouchers were not offered, provision included courses advertised as suitable for parents of older children too. Within the two-year trial, there was (more than) enough supply to meet the numbers of parents taking up the offer. Furthermore, providers' delivery models allowed for rising demand over time: all stated that they had the capacity to increase the numbers trained to deliver universal programmes face-to-face and through blended and online with support options. In the early stage, most providers had taken few steps to prepare for offering parenting classes within a market model but over time learned about operating in a market. Most took up the opportunity, offered through a separate but related scheme, of a market development mentor.

The original DfE planning assumption for take-up was about 40% of eligible parents (about 20,000 parents) over the trial and providers took this into account in their planning. In practice, take-up was substantially lower (2956 by the end of the trial), about 6% of eligible parents. Consequently the providers' capacity requirements during the trial were much lower than expected, and they were able to meet these.

Across the trial, providers offered a range of delivery modes for parenting classes providing parents with choice: face-to-face delivery remained the most popular amongst parents, with options that blended face-to-face and online components the second most popular form. Some providers marketed newly developed online versions of their existing programmes (e.g. Solihull Approach, Hand in Hand Learning, Race Equality Foundation/Strengthening Families, Strengthening Communities, Family Lives) and made these available outside the trial areas also. Providers varied in the criteria they set for selecting people to train as course facilitators. We did not collect data on the facilitators as part of this evaluation but, from provider interviews, we know that the range of people delivering parenting courses increased because some (e.g. Parent Gym, Care for the Family) trained volunteers from a wide range of backgrounds.

The trial stimulated some providers to develop new parenting courses suited to a universal audience (e.g. NCT) and others to offer shorter adapted forms of their well-established longer programmes (e.g. Family Links and Race Equality Foundation). During the trial, further changes to their offer were made by some providers (e.g. in Year 2, Family Matters Institute increased its delivery options for the Triple P programme).

## The trial stimulated some demand

### *Overall demand*

The trial has shown that there is some demand for universal parenting classes: 2956 parents participated, most of whom were mothers (91%). The trial was successful in generating demand. After a slow start, take-up of parenting classes was accelerating towards the end of the trial. So, although the overall take-up was substantially lower than the initial DfE planning assumption, our first Penetration Survey of the three voucher trial areas demonstrated that the pre-trial estimate was over-optimistic: only one in ten parents said they were very likely to participate in parenting classes while their children were aged five or under, with a further quarter saying they were fairly likely to do so. The DfE responded to our findings and put in place a number of initiatives to increase publicity and stimulate the market.

Evidence from the evaluation suggests that although demand was relatively low during the trial there were indicators that demand was increasing as availability and awareness of the classes and their quality became known; and that demand was likely to grow over time (so long as an affordable and quality supply of classes continues). One strand of this evidence is that high percentages of participating parents recommended the courses to their friends and family, some of whom are likely to attend and, in turn, to recommend the courses to others, thus building demand. Another strand of evidence is that voucher distributors from a wide range of jobs involving interaction with parents believed that there would always be demand from parents, especially at key developmental ages/stages. They also argued that a positive experience of one parenting class increased the likelihood that that parent would want to attend another class at some point during the process of their child/ren growing up. Among the parents we interviewed, there were examples of this: having enjoyed one parenting course, some of our interviewees went on to attend another.

From the Penetration Survey, we know that half of those who received a CANparent voucher had registered or intended to register for a class. However, we know from our interviews with parents that, without the voucher, which offered the classes free to parents, some of them would not have registered, although our Willingness to pay study suggests that there are parents who would be willing to pay for a product which was of good quality and met their needs, both in terms of parenting and practical aspects, e.g. timing and access. What we do not yet know is how far demand will hold up, and expand, without the voucher subsidy. This will be tested during the one year extension of the trial, minus the voucher subsidy (2014-15).

### *Increasing demand*

The Penetration Survey also showed that making people aware of the CANparent brand and the range of classes it endorses is vital to driving up demand. In the voucher trial areas, just over a fifth of parents were aware of CANparent and 6% had registered or intended to register for a class. In Bristol, the non-voucher area, awareness was very low

at only 1%. From interviews with the CANparent Bristol providers, we know that this very low awareness translated into negligible demand. In the market, parent awareness of the different parenting programmes and delivery modes on offer is vital, as is parents' understanding of the benefits of taking part.

The development of the CANparent Quality Mark scheme, launched in January 2014, is a positive scheme that has been welcomed by providers and parent organisations. As the trial proceeds during 2014-15, promotion of the CANparent Quality Mark and local advocacy by influential organisations and individuals will provide an increasingly strong base to increase parent engagement. Our study shows that, potentially, demand could grow substantially: the Penetration Survey found that a large majority of parents in both voucher and comparison areas could see the potential value of classes for parents of children of all ages, with greater numbers thinking they were useful for parents of younger children and about a third agreeing that they had or were likely to attend a parenting class before their children entered Year 2 at school. However, unlike antenatal classes, parenting classes are not part of current cultural expectations. A cultural shift, therefore, is needed and this will take time.

#### *Diversity of take-up*

The parents who took part in the trial came from a wide range of ethnic groups and from across the spectrum of levels of education. They were reasonably representative of parents with young children in the trial areas except that most were women (91%). However, mothers interviewed who lived with a male partner described discussing the decision to attend and the content of the course with their partner and agreeing together what resulting changes they would implement at home. This indicates two positive aspects that the preponderantly female take-up statistic disguises. First, more fathers and male partners had an involvement with the learning, even if vicariously, than is apparent from attendance at a class; second, parents were engaging in discussions about parenting stimulated by the classes.

#### *Parent motivation*

Parents interviewed described a range of individual motivations for attending including a desire for parenting advice and guidance, an interest in learning more about child development and previous positive experiences of similar courses. Although the parenting classes were universal, i.e. designed to be relevant to and benefit all parents, overall, compared to national averages, CANparent participants who joined a class were generally experiencing higher levels of parenting stress, more parenting difficulties and lower mental wellbeing.

Parents also described being attracted by specific features related to the course and to the hosting arrangements for its delivery. Free courses were attractive to parents. Nevertheless, the Willingness to pay strand of the evaluation found that about half of parents were willing to pay at least something for a parenting course: in this half of the

potential market, estimated willingness to pay for face-to-face parenting classes was £63, for blended £67 and for pure online it was £49. If the whole of the parent market is taken into account, including the half who were not willing to pay for parenting classes, these amounts reduce to £36 for face-to-face or blended and £20 for pure online. Although these amounts are well below the £100 voucher value, which itself was well below cost of delivery, the finding that half of parents would be willing to pay towards the cost of a parenting class is important. It indicates that, while other income streams will certainly be necessary to fund continued delivery, the potential income from parents who can afford to pay something should not be ignored.

### *Barriers to take-up*

The main barriers to participation, in addition to financial constraints, were a lack of knowledge of the positive outcomes from parenting programmes (38% could not see that they might benefit from more advice or support) and time constraints (16% said they did not have time to attend a class).

## **Parents' awareness of, and attitudes towards, parenting classes**

### *Attitudes towards parenting classes*

At the start of the trial the attitudes of parents of children aged 0-5 years in the three voucher trial areas were largely positive. For example, only 12% disagreed with the suggestion that all parents can benefit from going on a parenting class; and 71% agreed that parenting classes were as relevant to older parents as to teenage parents and other younger parents. Furthermore, 70% disagreed that it was more useful for mothers to have parenting classes than fathers.

When we surveyed parents in both the three voucher trial areas and Bristol a year later (around 18 months into the trial) we found that there had been little change in parents' attitudes towards parenting classes, with similar patterns for mothers and fathers. There was no evidence that the trial had had an impact on parents' perceptions of the benefits of and barriers to attending parenting classes themselves. Similarly, the trial does not appear to have had an impact on parents' take-up of parenting classes or their propensity to take up a course in the future. There was, however, a significant drop of five percentage points, in the proportion of parents believing that parenting classes were only for parents with 'problems bringing up their children' suggesting a reduction in stigma.

In summary, we found little evidence that many parents regarded attending parenting classes as stigmatising at the start of the trial. Attitudes were similarly positive a year later, but some suggestion of a reduction in stigma. This lack of increased positivity is likely to be related to the relatively low take-up of parenting classes and also underlines the difficulty in communicating the benefits of parenting classes through promotional activities. As more parents do undertake parenting classes, enjoy and find them beneficial, they are likely to inform their family and friends, so leading to increased awareness and positive attitudes among parents in general.

### *Parents' awareness of the CANparent brand*

Awareness of the CANparent brand had increased and was significantly and substantially higher at Wave 2 in the three voucher trial areas (22%) than in Bristol (just 1%), where no vouchers had been distributed. Furthermore, just over a quarter (26%) of parents in the voucher areas were aware of the CANparent vouchers, an increase of 7% since Wave 1.

We were unable to examine the relative benefits of the three voucher designs as each design was restricted to one trial area. There was substantial variation in awareness of CANparent by trial area (Middlesbrough 15% of parents, Camden 19% and High Peak 33%) but as the voucher design and area characteristics were confounded we were unable to disentangle the extent to which these differences were associated with voucher designs or other effects relating to the areas themselves.

On the other hand we have clear evidence for the benefits of different sources of brand awareness. At Wave 2 over a third (35%) of parents mentioned children's centre/nursery/playgroup as a source of awareness, followed by school (16%), library (14%), health visitor/midwife (12%), and GP surgery (10%). By contrast only 6% of parents who had heard about the CANparent trial saw or heard about it through an advert on public transport, at Boots (the retailer that made vouchers available) (5%), the CANparent roadshow (4%), Facebook (3%), or through the NCT (3%). This pattern was replicated when we asked parents who had received a voucher for its source: almost a third (32%) had received their voucher from a children's centre, nursery or playgroup.

### **Parents' experience of the parenting class offer**

Parents that responded to our survey and those we interviewed in depth were generally positive or very positive about their experiences of attending a parenting class. For example, 94% were satisfied or very satisfied with their parenting class and 94% would recommend it to other parents. Furthermore, over 91% of parents completed their class. A non-completion rate of just 8.5% is very low.

When interviewed some months after completing their parenting classes, parents told us they welcomed the principle of universal parenting classes and that their experiences of their parenting classes were largely positive: they found the classes were facilitated well, had useful content, engendered helpful discussion and offered positive peer support. Indeed, even those who had not completed their course (typically because of family or work circumstances) described lasting positive changes to family dynamics as a result of implementing the learning from their CANparent class.

Dissatisfaction, very much a minority response, was linked to very short or very discursive courses – the provider offering the shortest course (one face-to-face session followed by email contact) withdrew from the trial at the end of Year 1.

The principle of paying for parenting classes was accepted by most parents we interviewed, even though some said they would not have been able to do so, indicating

the need for a subsidy. A minority argued that the Government should provide free universal parenting classes because of potential benefits to society.

## **Impact on parents' perceptions of skills and confidence in parenting**

### *Overall impact*

Overall, parents who had attended parenting classes had significant gains on our measures of their sense of satisfaction with being a parent and of their sense of efficacy at being a parent. Furthermore, these parents also had significantly improved levels of mental well-being. By contrast, there was nonsignificant improvement in the parents' views of either the frequency or intensity of normal difficulties that parents have with young children ('daily hassles'). The parents were also very positive about the learning from their courses, e.g. 91% said they had learnt new parenting skills.

### *Variations in impact*

We found substantial variations in the impact of parenting classes between the three trial areas. Short duration courses were not associated with improvements on our measures, and even a small negative impact on parenting interest. By contrast, medium-length and longer courses were associated with larger, significant gains. There was no evidence of differential impact depending on the level of previously published evidence base supporting the content of a parenting class. These last two findings suggest that the quality principles used to select CANparent classes were effective but that a minimum length of at least three sessions is necessary to achieve immediate parenting gains.

With respect to parent characteristics there was no evidence of differential impact of the parenting classes with respect to whether the parent was a sole carer or shared care, parent ethnicity (White British versus all other minority ethnic groups) or number of children (having one child versus more than one children).

## **Overall conclusions**

In summary, the trial:

- was successful in stimulating a supply of providers of parenting classes financed by fixed price vouchers; and some demand from parents who were offered classes that were free.
- demonstrated that more time is necessary to increase the awareness of all parents to the benefits of quality universal parenting classes and thereby generate a culture whereby universal parenting classes are seen by most parents as a normal part of becoming a parent, similar to the culture of attending antenatal classes.
- created the incentive for some providers to start offering online versions of their classes accessible to any parent nationally and, in the non-voucher area, to offer classes to parents of older children too.

- led to a significant drop in the proportion of parents believing that parenting classes were only for parents with ‘problems bringing up their children’ i.e. it reduced stigma around parenting classes.
- indicated that, at this stage of market development, parents paying for classes are likely to form only one of a number of income streams necessary to sustain supply of universal parenting classes.

### *The future*

The DfE-funded CANparent trial ended on 31<sup>st</sup> March 2014 as planned. The Department of Health took over responsibility on 1<sup>st</sup> April when a modified version of the CANparent trial commenced building upon the evidence from the CANparent trial 2012-2014 reported here.

## Recommendations

Our recommendations are structured under sub-headings of recommendations designed:

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

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

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

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

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

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

**Providers** should take note of the evidence about the importance of course duration, perhaps using very short courses as ‘tasters’ to encourage take-up of longer, more effective 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 maintain their engagement with local CANparent advocates, 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.

**Providers** should where possible build on the evidence that partners (usually fathers) are involved at home in discussions about the parenting class attended by the other parent (usually mothers) by ensuring that material to support such discussions are provided to take home.

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

**Policy-makers** and **providers** need to allow time for take-up to build. It is likely to require sustained and focused effort for some time.

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

**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.

**Providers** asking parents to pay to attend should consider offering free taster sessions and money-back guarantees as proof to parents of the quality of the classes.

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

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

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

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

**Providers** should routinely seek to engage fathers as well as mothers in whatever level of involvement with the class is supportive of that family. Male attendees should be encouraged to spread the word about the relevance of parenting classes to fathers to their male peer group.

Given the potential importance of word of mouth boosting attendance, **providers** could look to formalise this process by giving class participants cards or leaflets to pass on to their friends.

### **To increase supply and support sustainability**

The **Department for Education**, the **Department of Health**, the **trial management consortium**, and **providers** should continue to work together to build and protect the quality assurance processes (Quality Mark) around the CANparent brand.

**Providers** who wish to be part of establishing a sustainable commercial market in quality parenting support will require innovative business models that can be scaled up to meet

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

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.

Learning from CANparent for future government pump priming of new markets in products with a societal benefit (social goods), **The Department for Education** 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, **The Department for Education** should note the importance of ensuring that providers understand the potential financial risks involved if desired results are not achieved to scale.

To promote a new market in the future, **The Department for Education** should offer some degree of time-limited market power, i.e. monopolistic competition, to those organisations developing the market, i.e. providers being allowed the opportunity to operate in specific regions with limited competition for a **time**-limited period in order to allow them to build up their offering.

# 1. Introduction

## 1.1 Background

The CANparent trial, a Department for Education (DfE) initiative, April 2012 to March 2014, sought to trial a universal offer of high quality, stigma-free parenting classes to support the enhancement of parenting skills and confidence, stimulate a commercial market, and prevent the need for further costly intervention. Two Interim Reports<sup>12, 13</sup> reporting the early findings from the trial were published in March 2013 and January 2014 respectively. In each case the DfE reacted promptly to our emergent findings, leading to a number of changes to the trial designed to improve support for providers and take-up of parenting classes by parents. In this Final Report we present the findings from the two year trial overall. The initiative is important as parenting and the home learning environment are strongly associated with children's current development and later outcomes, both positive and negative. The demand for universal parenting support is clear from research showing that around three-quarters of parents had used at least one service to access parental information or advice (Peters et al., 2010) and that about 70% think being a parent is harder now than for earlier generations (Family Lives, 2011).

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

As parents are fundamental to their children's development, there has been considerable interest in the development of direct training to enhance parental understanding and skills in order to improve the home learning environment and parent-child relationships and to prevent the development of behavioural difficulties (Pugh et al., 1994). Behavioural, emotional and social difficulties (BESD) also have a significant impact on children's learning. For example, 21% of children with special educational needs (statement or

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<sup>12</sup> [CANparent 1st Interim Report](#)

<sup>13</sup> [CANparent 2nd Interim Report](#)

School Action Plus) in state primary and secondary schools in England have BESD (Department for Education, 2013). Pupils with SEN at School Action Plus are 20 times more likely to receive a permanent exclusion than those with no SEN. Pupils with BESD are the most likely to be permanently excluded.

### 1.1.1 The Importance of Parenting

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

The evidence also strongly suggests that parents and the sort of parenting that they provide can have the greatest impact during the first five years of their child's life. Primarily, parenting that is provided during this period plays a crucial role in the young child's evolving brain structures (Schoore 1994), their developing capacity to regulate their emotions (Sroufe 2005; Schoore 1994), and their developing security of attachment (Egeland 1993; Barrett 2006). Indeed, it has been suggested that attachment security and atypical attachment classifications, appear to be two of the most consistent predictors of child functioning, particularly in terms of emotional and behavioural adjustment (Vondara 2001). Once toddlers begin to develop language and locomotion parents require support to learn how to foster their child's developing independence without engendering conflict by functioning as a 'secure base'; encouraging their language and learning; and providing positive parenting and clear boundaries (Patterson et al., 2002).

#### *Early intervention and parenting support*

The importance of early intervention has been stressed in several recent reviews (e.g. Allen, 2011; C4EO, 2010; Tickell, 2011) and in our own review for Save the Children (Lindsay et al., 2011). These reviews also stress the importance of *evidence based* interventions: the Allen report includes a review of interventions graded against explicit criteria. The United Nations (UNODC, 2010), NICE (2005), Cochrane (Barlow et al., 2010) and [the National Academy of Parenting Research](#) have also provided evaluative reviews of parenting programmes. These are helpful and set standards: there are many other programmes in use without the level of evidence specified in these reviews (see NAPR for a comprehensive list of those that do and do not meet their criteria). The Government set up the [Early Intervention Foundation](#) in 2013 to energise and support the development of early intervention across a range of services.

### *From targeted to universal*

Most of the parenting programmes with good evidence for their efficacy have been developed to be *targeted* at parents of children with particular problems, especially behaviour. There is substantial evidence of the efficacy of evidence based targeted parenting programmes and the DfE funded *Parenting Early Intervention Programme* (2006-11) demonstrated that evidence based targeted programmes were effective when rolled out systematically on a national scale, to every local authority in England (Lindsay et al., 2011a, 2011b, 2013).

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

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

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

In 2012 the DfE set up the trial of such a universal system which, if successful, would give parents access to parenting classes in the first five years of their child's life, so that support does not stop when their baby is born but is available right through to when their child starts school. The ultimate aim of the trial was to stimulate the supply of parenting classes suitable for universal use by parents of children 0-5 years at a cost that it would

be reasonable to expect at least some parents to pay in a nationwide market in universal parenting support. The DfE considered that this market approach would potentially improve the supply of good quality evidence-based parenting support; and that increased supply would normalise the delivery of such classes (i.e. as with antenatal classes) thus reducing any perceived stigma associated with participating. The expectation was that increased participation would improve parenting across the board.

### **1.1.3 The Policy Framework**

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

In line with broader Government policy, the trial aim was to engage a range of providers; to offer choice to parents; and to introduce a market approach to limit costs and stimulate creative development, including new variants of programmes and their delivery. Consequently, although reference is made to 'parenting classes', a broad interpretation was encouraged, including online delivery, and delivery that blends online with face-to-face and/or telephone support and self-directed learning. In addition, it was thought that the universal reach of the trial should lead to innovative approaches to change limited take-up typically by fathers (e.g. only 15% of parents in the Parenting Early Intervention Programme: Lindsay et al., 2011); see also Cullen et al., 2013.

The Government adopted a dynamic approach to the trial, with regular 6-monthly delivery reviews designed to enable responsiveness to learning as the trial progressed. The evaluation of the trial fed into this process.

## **1.2 The CANparent trial**

The CANparent trial was a government trial of the market potential for high quality universal parenting classes to support the parenting skills of mothers and fathers of 0-5 year olds. In three of the areas, Camden, Middlesbrough and High Peak, the use of vouchers was trialled to stimulate both the supply of, and demand for, universal parenting classes. Parents of 0-5s who lived in these areas were eligible for a free voucher entitling them to access a CANparent parenting course; voucher eligibility increased to ages 0-6

years later in the trial. These vouchers, redeemed by the class providers, had a value of £75 for every parent starting, and of a further £25 for every parent completing<sup>14</sup> the course.

In the absence of evidence about likely take-up of parenting classes and the need to set a budget to cover the cost of the trial, the DfE made a planning assumption of 40% of eligible parents taking up a voucher and participating in a parenting class. This was guided by an estimate of take-up of antenatal classes, at least by first time parents, of 50-60%. Over the period of the trial, as data from the trial became available, the DfE adjusted the assumption from 40% to 25%.

Voucher distribution and local support to providers was managed by the trial delivery consortium of ECORYS in partnership with Parenting UK (part of Family Lives) and Orion Security Print. Vouchers were widely available through the Foundation Years workforce and branches of Boots in the trial areas. Since November 2012, they could also be downloaded by parents from the [CANparent website](#).

In the fourth trial area, Bristol, there were no vouchers. Instead, some light touch support was 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 encouraged the development of different funding models, such as employers funding classes, providers being sponsored to run classes and parents paying for classes.

A number of changes were made to the trial as it progressed as a result of the learning that took place and the findings from our evaluation. These occurred subsequent to our First Interim Report and again after the DfE's end of Year 1 review (**Appendix 2**). These changes were designed:

- To further encourage increased take-up (demand-side) and
- To improve the financial return to providers (supply-side changes)

## 1.3 The evaluation

### 1.3.1 Model of parental involvement in parenting support

The trial's aim, to stimulate the market in commercial delivery of high-quality universal parenting classes, is well-fitted to the integrated theory predicting parental involvement in parenting support (McCurdy & Daro, 2001). Like the theory, the trial covered individual, provider<sup>15</sup>, programme<sup>16</sup>, and neighbourhood factors (see Figure 1) that each impinge on the likelihood of parents taking up the offer of parenting support - intent to enrol (signing

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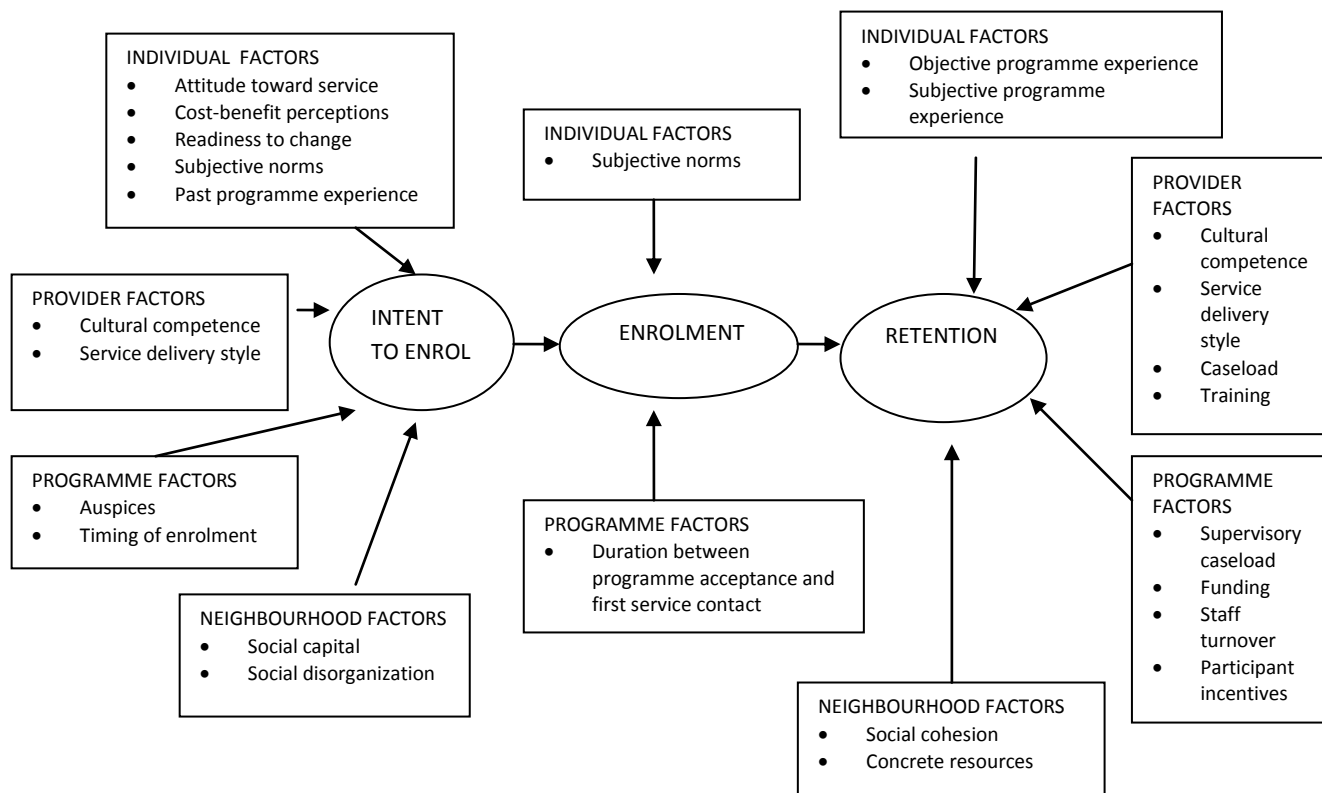
<sup>14</sup> 'Completion' was contractually defined for each CANparent course, as these vary in length. It equated to at least 75% attendance.

<sup>15</sup> "provider" in the model equates to the level we refer to as "hosts/facilitators"

<sup>16</sup> "programme" in the model equates to the level we refer to as "provider"

up to attend/log on); enrolment (turning up to a session/logging on to a module); retention (returning for more than one session/module) - and therefore on the development of the market. Our evaluation used this theory to give conceptual coherence to our work.

**Figure 1: McCurdy & Daro's conceptual model of parent involvement**



Source: McCurdy & Daro (2011, p115)

### 1.3.2 Aims and objectives of the CANparent trial evaluation

The main aim of our study of the CANparent trial was to evaluate whether the free provision of parenting classes in Middlesbrough, High Peak in Derbyshire, and Camden in London would provide sufficient incentive to providers to start offering additional universal classes nationally, including for parents beyond the foundation stage, and whether a universal approach can normalise and de-stigmatise parenting classes.

The objectives were to investigate:

- The extent to which a new and competitive market for the universal parenting classes has been stimulated by the trial and how successfully this can be sustained with or without subsidy (covers demand and supply sides of the market).

- The relative effectiveness of different voucher distributors, e.g. Foundation Years' professionals versus a high street retailer (staff in Boots).
- 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).
- Parents' awareness of, and attitudes towards, parenting classes.
- Parents' experiences of the parenting class offer.
- Impact on parents' perceptions of skills and confidence in parenting.
- The development of universal parenting classes outside the trial area.

For the full set of aims and objectives see **Appendix 1**.

### 1.3.3 Methodology

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

- **Strand 1:** Focused on the supply side and took place in the three voucher areas and Bristol.
  - There were longitudinal case studies in three phases. Interviews with providers, ECORYS, Parenting UK, the local support organisations, local parenting commissioners and focus groups with voucher distributors were held at each phase.
  - Running alongside, desk research was conducted comprising analysis of outputs from class providers and voucher distributors; analysis of existing statistics and data on the three trial areas; and literature reviews as requested by the DfE during the study.
- **Strand 2:** Three surveys were carried out to measure take-up and impact.

#### **Penetration survey**

- July – October 2012 – An Early Penetration Survey of 1510 parents was carried out in trial areas to measure the extent to which vouchers had reached parents. The survey also captured the socio-economic status of families surveyed and 'baseline' attitudes towards parenting classes. All interviews were face-to-face with randomly selected parents (random probability sampling based on Child Benefit records); at the same time, a baseline survey of 1535 parents was carried out in 16 comparison areas (four per trial area);

- A second Penetration Survey (August - November 2013) in both trial and comparison areas to generate figures on take-up of classes and normalisation (1603 parents in the trial areas, 1520 parents in the comparison areas);

### **Participating parents survey**

- By the end of the trial period (31 March 2014) a total of 2956 parents had participated in a parenting class. An ongoing Participating Parent Survey was carried out 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, mental well-being and the frequency and intensity of daily challenges ('hassles') associated with being a parent. The initial plan was a 10% sample of the DfE planning assumption of about 20,000 parents expected to undertake a parenting class in the voucher trial areas. As it became clear that uptake would be much lower than expected, a higher proportion of parents attending classes were included. By the end of the data collection period for the purpose of analysis (13 February 2014), pre-course data were available on 536 of the 1819 parents in the trial at that time (29.5% sample) with matched pre- and post-course data also available on 310 parents (17% of registered parents).
- Parents attending a class completed 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 participant comparison group study was generated. The sample comprised around 1000 parents in comparison areas who had completed the baseline penetration survey outlined above. These parents completed either the Being a Parent or Parenting Daily Hassles Scale as part of the baseline penetration survey. The 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 provided 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 provided an estimate of changes in scores for non-intervention as a baseline against which to evaluate the changes in scores for participating parents before and after their CANparent class<sup>17</sup>.

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<sup>17</sup> See [CANparent 2nd Interim Report](#)

- About 50 interviews (telephone and face-to-face) with parents, focusing on those who started a class but then dropped out, those who completed a class, and on fathers.

### **Satisfaction survey**

- A short online Satisfaction Survey offered via email to all parent participants in classes in the three voucher areas; 192 parents responded.
- **Strand 3:** This strand comprised a cost effectiveness study and a Willingness to pay study.
  - **Cost effectiveness:** An in-depth questionnaire was administered to assess the costs of provision over the first 12 months of the trial: nine of the 14 providers responded. Cost effectiveness was calculated for each provider in terms of the total number of parents compared with the total costs (both set up and fixed costs, and ongoing costs of delivery of parenting classes).
  - **Willingness to pay:** We adopted a *Contingent Valuation* approach to better understand the demand side characteristics of the market and assess the willingness of parents to pay for parenting classes. This approach presents descriptions of the services being provided and through a series of questions seeks to elicit the Willingness to pay for these different scenarios. This assessment was carried out as part of the Wave 2 Penetration Survey. Parents were given a short summary of parenting classes more generally, followed by short descriptions of the three alternative parenting class types on offer in the trial. After the valuation scenario had been described, respondents were presented with a monetary figure representing the cost of participation (the ‘pricing point’ or ‘bid’) and asked to either *accept* or *decline* (‘decision question’). The decision question, in conjunction with the valuation scenario, was used to mimic the true decision situation in which a parent thinking about undertaking parenting classes would find themselves. After the first ‘yes/no’ (‘accept/decline’) decision question, respondents were asked a second question that depended on the previous response requiring a further ‘yes/no’ response as follows:
    - If the first response was “yes”, the second bid was greater than the first bid; or
    - If the first response was “no”, the second bid was smaller.

Finally, respondents were asked to state their maximum Willingness to pay.

## **1.4 About this report**

The CANparent universal parenting classes trial was an innovative initiative which has the potential to produce a sea change in parenting support in this country. It built on the successful development of targeted parenting support funded by the government over

recent years (see Lindsay et al., 2008, 2011a, 2011b, 2013) by moving to a universal model. Our evaluation addressed a number of key elements in the trial in order that policy may be developed for successful implementation on a national scale. This is the Final Report of the evaluation; for information on the earlier stages of the evaluation see the First Interim and Second Interim Reports (Cullen et al., 2013, 2014).

Chapters 2-7 form the bulk of this Final Report. Chapter 2 presents the management information about the participants in the CANparent trial. Chapter 3 reports the findings from i) our Participating Parents Study of a sample of parents that undertook parenting classes; ii) from our satisfaction survey of all parents that had participated in the trial; and our follow-up interviews with parents some months after participation. Chapter 4 reports the supply side longitudinal case studies, reporting the evolving perspectives of parenting class providers and others involved in the trial. Chapter 5 reports the trial process data from the Penetration Survey and Chapter 6 reports the population level impact of the trial. Chapter 7 explores the cost effectiveness of the CANparent trial and a systematic study of parents' willingness to pay for universal parenting classes. Finally, in Chapter 8 we discuss the findings of the CANparent trial and make our recommendations. We also present substantial information in the Appendices.

In this Final Report we draw on some material that has already been published in the First and Second Interim Reports, especially when we examine the change over time. However, some material previously published is not included, for example the study to derive norms for two of the measures used in the Participating Parents study: Being a Parent and the Parenting Daily Hassles scale, and some of our literature reviews. For this information please consult the earlier reports.

## 2. Management information on participating parents

### Key Findings

In the period January 2012-December 2013:

- Fourteen providers offered a range of parenting course options via four main delivery modes: face-to-face group, face-to-face one-to-one, blended face-to-face with online and or self-directed learning components, and pure online delivery.
- Providers claimed voucher money for 1819 parents who had started a CANparent class: 937 (51.5%) in Camden, 489 (27%) in Middlesbrough and 393 (22%) in High Peak. The area variation in take-up broadly reflected differences in eligible population size.
- Most parents registering for CANparent classes were female (91%).
- Of the 14 CANparent providers, four trained over 67% of participants: Race Equality Foundation (22%), City Lit (18%), Parent Gym (14%) and Save the Children (14%).
- Face-to-face groups was the most popular delivery mode (76% of registrations).
- Medium length courses of 4 or 5 sessions were most popular (56% of registrations).
- Non-completion (i.e. attendance below the minimum completion threshold<sup>18</sup>) was low, at just 8.5%.
- Parents from a wide range of ethnic groups attended CANparent classes, reflecting the ethnic diversity of two of the three trial areas (Camden & Middlesbrough).
- Approximately 20% of parents reported being the sole carer for the child/ren.
- Participation in CANparent was not strongly linked to parents' level of education: substantial proportions had no or low qualifications (36%) or higher education qualifications (44%).
- Compared to completers<sup>19</sup>, non-completers were less likely to live/work in High Peak, but more likely to attend a blended group, come from non-white ethnic groups, be younger than 25 years or older than 56 years, be living without a spouse/partner, be single parents, and have fewer children aged 0-16 in the household.

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<sup>18</sup> Minimum completion was contractually defined for each CANparent course – see Appendix 3, 'The CANparent classes' for details.

<sup>19</sup> 'Completers' included those fulfilling the minimum completion criteria as well as those who attended 100%.

## 2.1 Introduction

In this chapter, we describe the parents who took up the CANparent voucher offer and the classes they chose to attend. We also explore how far the universal CANparent offer succeeded in attracting a representative range of parents of young children. We do this using management information (MI) collected on all participating parents.

### 2.1.1 The CANparent classes offered

The classes offered in the trial are listed in Figure 2. A more detailed summary is provided in **Appendix 3**, The CANparent classes.

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

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

During Year 1, pure online delivery was trialled in High Peak only. During Year 2 providers were able to extend this offer to the other trial areas.

As quality assurance, all the CANparent providers had to show how the classes they would offer met core evidenced based principles derived from research into what works to improve parenting skills. These principles related to content, delivery approach, workforce training and supervision, and evaluation of impact. The principles are reproduced in full in **Appendix 4**, 'Quality principles'.

**Figure 2: The CANparent classes in the three voucher areas**

Provider	CANparent class/s	Area/s (Year 1)	Delivery mode/s (Year 1)	Year 2 changes
Derbyshire County Council	Bringing Up Children	High Peak	<ul style="list-style-type: none"> <li>• f2f<sup>1</sup> group</li> <li>• f2f 1:1</li> <li>• online</li> </ul>	None
Family Lives	Parents Together	High Peak	<ul style="list-style-type: none"> <li>• online</li> </ul>	Camden also
Family Matters Institute	Triple P	High Peak	<ul style="list-style-type: none"> <li>• online</li> <li>• blended (3 versions)</li> </ul>	Camden & Middlesbrough also
City Lit	[Various names e.g. 'Once Upon a Time']	Camden	<ul style="list-style-type: none"> <li>• blended</li> </ul>	None
Coram	Parents as Teachers (Born 2 Learn)	Camden	<ul style="list-style-type: none"> <li>• f2f group</li> </ul>	None
Mind Gym/Parent Gym	Parent Gym	Camden	<ul style="list-style-type: none"> <li>• f2f group</li> <li>• online (live)</li> </ul>	None
Montessori	Learning Together	Camden	<ul style="list-style-type: none"> <li>• blended</li> </ul>	Withdrew from trial
Barnardos	1-2-3 Magic	Middlesbrough	<ul style="list-style-type: none"> <li>• f2f group</li> </ul>	None
	Caring Start (HighScope)	Middlesbrough	<ul style="list-style-type: none"> <li>• f2f group</li> </ul>	None
	Comfortzone	Middlesbrough	<ul style="list-style-type: none"> <li>• f2f group</li> </ul>	None
	Playgroup Network sessions	Middlesbrough	<ul style="list-style-type: none"> <li>• f2f group</li> </ul>	None
Family Links	The Nurturing Programme – 2-session version	All three voucher areas	<ul style="list-style-type: none"> <li>• f2f group (plus book or DVD)</li> </ul>	None
Fatherhood Institute	Raising Happy Babies Raising Happy Toddlers Raising Happy Children (for separated parents)	All three voucher areas	<ul style="list-style-type: none"> <li>• f2f group, plus e-mail follow-up</li> <li>• online</li> </ul>	Withdrew from trial
NCT	NCT CANparent	All three voucher areas	<ul style="list-style-type: none"> <li>• f2f</li> <li>• online</li> </ul>	Online: Camden & Middlesbrough also; blended option added
Race Equality Foundation	Strengthening Families, Strengthening Communities (SFSC) – adapted version	All three voucher areas	<ul style="list-style-type: none"> <li>• f2f group</li> <li>• online</li> <li>• blended</li> </ul>	None
Save the Children	Families and Schools Together (FAST)	All three voucher areas	<ul style="list-style-type: none"> <li>• f2f group</li> </ul>	None
Solihull Approach, Heart of England NHS Trust	Solihull Approach Parenting Group	All three voucher areas	<ul style="list-style-type: none"> <li>• f2f group</li> <li>• online</li> </ul>	Online: Camden & Middlesbrough also

<sup>1</sup> f2f = face-to-face

Source: Provider contracts and amendments

## 2.1.2 Parent registration data

The contracts for all the CANparent providers included a requirement to collect an agreed set of management information about participating parents and the classes they chose to attend. These data were submitted by providers to the lead organisation managing the delivery of the trial (ECORYS), usually on a monthly basis. Providers were then paid £75 for every parent starting a course and a further £25 for every parent ‘completing’, that is, reaching the minimum completion point defined for each CANparent class. (**Appendix 3** includes these ‘minimum completion’ definitions). Some MI data were deemed mandatory and some non-mandatory (Figure 3). A Parent Registration Questionnaire (reproduced in **Appendix 5**) was designed to collect parent MI (mandatory and non-mandatory). A minority of providers chose to create their own versions of the Parent Registration Questionnaire omitting some or all of the non-mandatory questions. As expected, non-mandatory questions had a higher number of non-responses.

Changes in the Parent Registration Questionnaire following the end of the first year of the study (2012-13) resulted in the rewording of some questions that were not directly comparable between the two questionnaire versions. Therefore, version 1 of the Parent Registration Questionnaire was filled in by participants in 2012-13, and some participants in 2013-14 (overall N = 1311). In the second year of the project (2013-14), participants mainly filled in version 2 of the Parent Registration Questionnaire (N = 508). Figure 3 below describes the information included in the Questionnaire and indicates when information was available in only one of the two versions.

**Figure 3: Management information: mandatory and non-mandatory data presented in this chapter**

Mandatory Data	Non-Mandatory Data
Area	Age
Provider	Ethnicity
Course type	Family Status
Gender	Sole carer versus shared care
Postcode	Highest educational qualification
Child 1:	Number of children in household (aged 16 or under)
Age	First time parents <sup>1</sup>
Gender	Age of youngest child <sup>1</sup>
Relationship to them	Number of boys and girls aged 0-5 in household <sup>1</sup>
Course started	Relationship to household children <sup>1</sup>
Minimum completion achieved	Age of child 0-5 (up to 4 children) <sup>2</sup>
Course 100% completed	Gender of child 0-5 (up to 4 children) <sup>2</sup>
Course not 100% completed	Relationship to child 0-5 (up to 4 children) <sup>2</sup>
	Adult disabilities/ special educational needs
	Child disabilities/ special educational needs

<sup>1</sup> version 1 of the questionnaire only; <sup>2</sup> version 2 of the questionnaire only

Source: Mandatory and non-mandatory data defined in Department for Education contracts with CANparent providers

The management information (MI) data presented here were provided by ECORYS but analysed within the evaluation team. Much of the data we report as 'missing' can be explained by the distinction between mandatory and non-mandatory questions: in some cases, parents completed the full Parent Registration Questionnaire but providers only submitted mandatory data; in other cases, parents were asked to complete providers' own truncated versions of the Parent Registration Questionnaire and so were never asked for some of the non-mandatory information.

The MI data presented includes all **1819** individuals registered to attend a CANparent class up until the end of **December 2013**. It is likely that the number 1819 understates the total number of parents attending at least one session by this date because there was a time lag between classes starting and providers submitting the redeemed voucher numbers for reimbursement. It is also important to note that the CANparent voucher trial ran until the end of **March 2014**. Thus, the number of parents about whom we report MI data is necessarily smaller than the total number of parents who participated in the CANparent voucher trial. The final number of total participants (at 31<sup>st</sup> March 2014) was 2956. This represented about one-tenth of the maximum number (20,000) which the Department for Education, the participating providers, the trial management consortium and the evaluation consortium envisaged in their respective initial plans for the trial.

In this chapter, where comparable data were available from the Parenting Early Intervention Programme (PEIP<sup>20</sup>) (Lindsay et al., 2011) or from national sources, such data are included. Comparisons with national census data and with PEIP are tentative because of the relatively small size of the CANparent registration sample compared to PEIP, and because questions asked in the CANparent questionnaire do not always exactly map to those asked in the 2011 census (ONS, 2012).

## 2.2 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, area-level deprivation, family size, age of youngest child, number of first time parents, parents and children with disability, and by course completion and duration. We also present the findings from comparisons between non-completers and completers ('completers' include all those who reached at least the minimum threshold to trigger payment of the completion portion of the voucher payment).

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<sup>20</sup> The PEIP figures, from a national evaluation of the roll out of parenting programmes targeted to parents of children aged 8-13 years, who had or were at risk of having behavioural, emotional and social difficulties, are of relevance as they enable comparison between a targeted intervention (the PEIP) and a universally aimed intervention (CANparent).

## 2.2.1 Area

Overall, the area variation in take-up broadly reflected differences in eligible population size based on census data and eligible parent population, with the largest number of parents (51% of all registrants) drawn from Camden, 27% from Middlesbrough and 22% from High Peak (see Table 1).

**Table 1: Parent registration by voucher trial area**

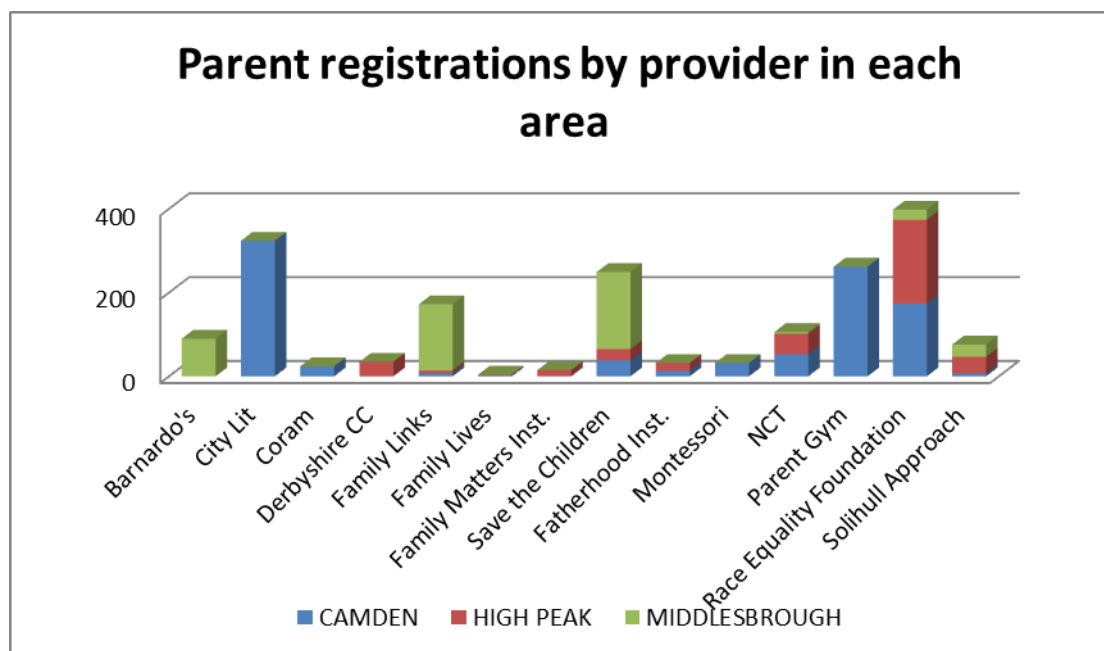
Area	CANparent registrations		2011 census population		Estimated eligible parent population	
	N	%	N	%	N	%
Camden	937	51.5	220,338	49.0	26,400	47.8
High Peak	393	21.6	90,892	20.2	12,000	21.7
Middlesbrough	489	26.9	138,412	30.8	16,800	30.4
Total	1819	100.0	449,642	100.0	55,200	100.0

Source: Management Information, December 2013 & 2011 Census (all adults) (ONS, 2012).

## 2.2.2 Provider

All 14 providers succeeded in attracting some parents to their CANparent course. The four most popular providers were Race Equality Foundation (22%), City Lit (18%), Parent Gym (14%), and Save the Children (14%). Figure 4 shows the number of parents registered with each provider in each trial area.

Figure 4: Parent registration by provider in each voucher trial area



Source: Management Information, end December 2013

### 2.2.3 Class type (mode of delivery)

CANparent providers were encouraged to offer classes delivered in a variety of modes. As a result, six delivery modes in all were offered (see Table 2). The most popular mode proved to be face-to-face group, chosen by just over three-quarters (76%) of participating parents. Approximately 97% of all parents attended either a face-to-face group or one that was blended with online information.

Table 2: Parent registration by class type

	N	%
Face-to-face group	1389	76.4
Face-to-face individual	9	0.5
Blended face-to-face with online	372	20.5
Pure online class	32	1.8
Live Interactive Video online	12	0.7
Other type of class	5	0.3
Total	1819	100

Source: Management Information, end December 2013

## 2.2.4 Parent gender

The vast majority of parents (91%) were female (see Table 3). This reflects findings in the Parenting Early Intervention Programme (PEIP) where mothers predominated (85%).

**Table 3: Parent registrations by gender**

	<b>N</b>	<b>%</b>
Female	1656	91.1
Male	161	8.9
Total	1817	100.0
Missing	2	

Source: Management Information, end December 2013

## 2.2.5 Parent age

The largest group of parents (52%) was aged between 26 and 35 years, while about a quarter of the sample (28%) was aged between 36 and 45 years old (see Table 4).

**Table 4: Parent registrations by age**

<b>Parent age band</b>	<b>N</b>	<b>%</b>
Under 16	1	0.1
16-19	22	1.4
20-25	219	14.2
26-35	805	52.1
36-45	430	27.8
46-55	46	3.0
56+	23	1.5
Total	1546	100.0
Missing	273	
Total	1819	

Source: Management Information, end December 2013

## 2.2.6 Parent ethnic group

Parents were drawn from a wide range of ethnic groups. Of those giving their ethnicity, 57% were White British, while the remaining 43% were drawn from a range of minority ethnic groups (see Table 5).

**Table 5: Parent registrations by ethnic group**

Ethnic group	N	%	England census
White British	887	57.4	79.8
White Other groups	216	14.0	5.7
Asian	234	15.1	7.7
Black	77	5.0	3.4
Mixed Heritage	40	2.6	2.2
Other ethnic groups	91	5.9	1.0
Valid Total	1545	100.0	100.0
Refused/Missing	274		
Grand Total	1819		

*Note: Source for England averages is 2011 national census (ONS, 2012). The 'Asian' category includes Chinese, in line with 2011 census coding.*

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

The overall trend indicates that registration in CANparent courses was lower for people identifying as White British (57.4%), and higher for people in all other ethnic categories (42.6%) compared to the distribution of ethnic groups across England (79.8% and 20.2%, respectively; Table 5).

When the information is broken down by voucher trial area (see Table 6), the largest percentage difference in the breakdown of ethnic groups between the area overall and the CANparent group is observed for the White British groups. Between 11% and 13% fewer White British have participated in CANparent groups compared to the proportional representation of this ethnic group in each area. High Peak included a larger number of White Other participants (15.2%) compared to this group's representation in the area (2.0%). Similarly, a larger proportion of Asian people participated in CANparent groups in Camden and Middlesbrough (22.8% and 15.8%, respectively) compared to this group's representation in these areas.

**Table 6: Ethnic group by voucher trial area: CANparent registrants versus 2011 national census**

Ethnic group	Camden		High Peak		Middlesbrough	
	CANparent registrants	Area census	CANparent registrants	Area census	CANparent registrants	Area census
White British	31.9	44.0	82.9	95.9	75.4	86.1
White Other groups	21.2	22.3	15.2	2.0	2.1	2.2
Asian	22.8	16.1	0.0	0.9	15.8	7.9
Black	9.2	8.2	0.0	0.2	2.6	1.3
Mixed Heritage	4.7	5.6	1.1	1.0	0.6	1.7
Other ethnic	10.2	3.9	0.8	0.1	3.4	1.1

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

## 2.2.7 Family status

For approximately 35% of the participants there was no response to the question about family status. Of those with a response (see Table 7), two thirds of parents were either 'married and living together' or 'living with a partner' (combined total = 69%). Approximately 20% identified themselves as 'single - never married'.

**Table 7: Parent registrations by family status**

	N	%
Single - never married	243	20.6
Married - living together	427	36.3
Married - separated	20	1.7
Divorced / widowed	34	2.9
Living with partner	389	33.1
Prefer not to say	64	5.4
Total	1177	100.0
Missing	642	
Total	1819	

Source: Management Information, end December 2013

In response to the question about caring for the children alone or sharing the care with another adult in the household, approximately 20% reported having sole responsibility for the child/ren, whereas about 76% were sharing the responsibility with another adult (Table 8).

**Table 8: Parent registrations by sole carer status**

	N	%
Sole adult carer in the home	215	19.9
Sharing the care with another adult in the home	818	75.9
Prefer not to say	45	4.2
Total	1078	100.0
Missing	741	
Total	1819	

Source: Management Information, end December 2013

Both family status and single parent status were non-mandatory fields in the Management Information return which resulted in a large amount of missing data. However, we could 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 that the proportion of CANparent registrants from single parent households (19.9%) was below the census average for the three CANparent areas (29%) and substantially lower than for PEIP (44%).

## 2.2.8 Parents' highest educational qualifications

The parents were very heterogeneous with regard to their educational qualifications. A high proportion had no qualifications (16%) or only 'some GCSE passes' (20%) (Table 9). However, at the other end of the spectrum 44% had some Higher Education qualifications, including 35% with degrees. In PEIP, just 11.3% of parents reported having degrees or equivalent qualifications. Participation in CANparent classes does not appear to have been strongly linked to parents' level of education, with substantial proportions each having either no or low qualifications (36%) or higher education qualifications (44%).

**Table 9: Parent registrations by highest educational qualifications**

	N	%
No qualifications	233	15.8
Some GCSE passes	295	20.0
5+ GCSE at A*-C or equivalent	147	10.0
A/AS levels	150	10.2
HE but below degree (e.g. HND,HNC)	141	9.6
Degree	508	34.5
Total	1474	100.0
Missing	345	
Total	1819	

Source: Management Information, end December 2013

Table 10 breaks down the results by area and gives comparative data from the national 2011 census. Overall, the comparison with the English data from the 2011 census suggests that the CANparent group included a lower proportion of people without any qualifications (15.8% versus 22.5% national census data), and a substantially higher number of people with qualifications at level 4 or above (44% versus 27.4%). Looking within each of the three voucher trial areas, the difference in the 'no qualifications' category was driven by High Peak: 20.9% in this area had no qualifications according to the census, whereas only 7.2% people without any qualifications took part in the CANparent trial. The other two areas had a proportion of participants without any qualifications that is in line with the area census data. At the other end of the spectrum, High Peak and, to a lesser extent, Middlesbrough drove the difference in the proportion of people with level 4 or above qualifications. Compared to their area census data, there were 16% more people in High Peak and 6.5% more people in Middlesbrough with level 4 or above qualifications participating in the CANparent trial.

**Table 10: Highest educational qualifications by area: CANparent versus national census**

Highest educational qualification	CANparent registrants				Census 2011				
	Camden	High Peak	Middlesbrough	All registered	Camden	High Peak	Middlesbrough	Area average	England census
No quals	12.9	7.2	27.0	<b>15.8</b>	12.7	20.9	29.9	<b>19.5</b>	<b>22.5</b>
Level 1	17.3	16.1	27.2	<b>20.0</b>	16.8	20.6	23.0	<b>19.4</b>	<b>22.6</b>
Level 2	5.7	15.6	12.1	<b>10.0</b>	7.8	16.0	15.3	<b>11.7</b>	<b>15.2</b>
Level 3	8.2	16.1	8.5	<b>10.2</b>	12.1	13.1	13.2	<b>12.6</b>	<b>12.4</b>
Level 4 or above	55.9	45.0	25.2	<b>44.0</b>	50.5	29.4	18.5	<b>36.7</b>	<b>27.4</b>

Source: Management Information, end December 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.*

## 2.2.9 Area-level deprivation

Participant postcodes provided information on deprivation at the small area level. The [Index of Multiple Deprivation](#) (IMD 2010) measures deprivation at the small-area level (Lower Super Output Area -LSOA) on the basis of information on housing, education, employment, crime, health and living environment. IMD scores can be ranked to allow for a relative comparison of deprivation from one LSOA to another. Overall, approximately 20% of participants in the CANparent trial came from LSOAs at the bottom 20% of IMD scores. Across the three voucher trial areas, the proportion of parents who came from the most deprived LSOAs was substantially different, ranging from 1.9% in Camden to 67.5% in Middlesbrough (see Table 11). This large imbalance, however, reflects the overall imbalance in area deprivation across these three areas. National IMD data ranking all local authority districts (N=326) indicate that, for the three voucher trial areas, High Peak had the lowest overall deprivation and Middlesbrough had the highest deprivation ranking, with Camden sitting in the middle of the two.

**Table 11: Parent registrations by quintiles of area deprivation in each voucher trial area**

Voucher Trial Area	Least deprived 20%	20%	20%	20%	Most deprived 20%
Camden	12.6	24.2	27.9	33.4	1.9
High Peak	54.4	26.5	11.9	3.6	3.6
Middlesbrough	8.9	8.9	14	11.9	67.5

Source: Management Information end December 2013 & Index of Multiple Deprivation, 2010

Information available in each local authority on the basis of IMD rankings across all English areas indicate that 24.1% and 5.1% of LSOAs in Camden and High Peak, respectively, fall within the 20% most deprived LSOAs in England. In Middlesbrough, 55.7% of LSOAs are among the most deprived 20% of LSOAs in England<sup>21</sup>. Therefore, registered participants coming from the most deprived LSOAs in their areas were largely in line with the area's deprivation distribution for High Peak and Middlesbrough, while Camden had a substantially smaller proportion of parents from the most deprived areas compared to the proportion of Camden residents coming from equally deprived areas (1.9% versus 24.1%). Exploring further this imbalance in Camden, available information from national rankings<sup>4</sup> suggests that 18.8% of Camden LSOAs are in the top 40% of least deprived areas nationally, while 59.4% of Camden LSOAs fall within the 40% most deprived LSOAs nationally. As evident from Table 11, Camden registrations from the 40% least deprived LSOAs included 36.8% of parents, while Camden registrations from the bottom 40% LSOAs included 35.3% of registrations. Therefore, Camden registrations

<sup>21</sup> [The English Indices of deprivation 2010 - Derbyshire](#); [Index of Multiple Deprivation - Middlesbrough](#); [The English Indices of Deprivation 2010 - Camden](#)

were from areas that were somewhat less deprived compare to the distribution of area deprivation scores.

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

Most parents attending had families containing either one (42%) or two (35%) children aged 0-16 years (Table 12). Slightly over 22% of the participants had families with three or more children.

**Table 12: Parent registrations by family size**

Number children	N	%
1	606	42.2
2	508	35.4
3	207	14.4
4	90	6.3
5 or more	24	1.7
Total	1435	100.0
Missing	384	
Total	1819	

Source: Management Information, end December 2013

### 2.2.11 Age of youngest child

Among the 1311 parents who completed version 1 of the Parent Registration Questionnaire, approximately half (46%) had a child who was 1 year-old or younger (Table 13).

**Table 13: Parent registrations by age of youngest child<sup>1</sup>**

	N	%
Fewer than 1	415	32.6
1	175	13.7
2	256	20.1
3	189	14.8
4	154	12.1
5 or more	84	6.6
Total	1273	100
Missing	38	
Total	1311	

<sup>1</sup> Table restricted to 1311 participants who completed version 1 of the Parent Registration Questionnaire

Source: Management Information, end December 2013

Of the 508 parents who completed version 2 of the Parent Registration Questionnaire, 160 (32%) had at least one child who was 1 year-old or younger. Therefore, more than a third of the overall sample (39%) had at least one child aged 1 or less.

### 2.2.12 First time parents

Version 1 of the Parent Registration Questionnaire included a question, “Is the youngest child in the household your first child?” that aimed to identify first-time parents. Of the 1311 parents who completed this version, 59.5% left it blank (it was not a mandatory piece of MI data). Of those who responded, data indicate that 36% were first time parents (Table 14). Information on being a first-time parent was not included in version 2 of the registration form.

**Table 14: Parent registrations by first time parents<sup>1</sup>**

	<b>N</b>	<b>%</b>
No	339	63.8
Yes	192	36.2
Total	531	100.0
Missing	780	
Total	1311	

<sup>1</sup> Table restricted to 1311 participants who completed version 1 of the Parent Registration Questionnaire

Source: Management Information, end December 2013

### 2.2.13 Parents and children with disabilities

Very few parents, just 37, considered themselves to be disabled. However the level of non-response was very high (47%) – this was not a mandatory piece of MI data. Equally, very few parents identified any of their children as having special educational needs or a disability (n = 46). However two-thirds (67.5%) of parents did not answer this non-mandatory question, so it is not safe to read much into this relatively low figure.

## 2.2.14 Course completion

The MI data gave three pieces of information relevant to course completion:

- The start date of the course;
- The date at which the 'minimum completion' threshold was reached<sup>22</sup>
- 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 would have been in the process of completing a course. To remove these from the denominator we focused only on those who had a date given in the minimum completion or 100% completion fields or were marked as 'not completed'. We assumed any other cases were still attending a class that was running.

Based on these data it appears that around 70% of parents completed with 100% attendance and a further 21% achieved the minimum completion threshold (Table 15). Just under one tenth (8.5%) were marked as not completing the course.

**Table 15: Parent registrations by course completion**

		<b>N</b>	<b>%</b>
Missing	Marked as not completed	120	8.5
	Date given for minimum completion	301	21.2
	Date given for 100% completion	997	70.3
	Total	1418	100.0
	Inferred still undertaking course	401	
<b>Total</b>		<b>1819</b>	

Source: Management Information, end December 2013

## 2.2.15 Course length (number of sessions)

Across CANparent classes offered, the number of sessions making up a course varied from two to 20 (Table 16). Approximately 95% of classes lasted up to 8 sessions, while about 60% of them lasted 4 sessions or fewer. For the two most frequent class types (face-to-face group and blended), sessions lasted between 2 and 10 weeks. The vast majority (91%) of blended classes lasted 4 weeks. The number of sessions for face-to-face groups spread more evenly, with about 29% of sessions lasting 4 weeks.

<sup>22</sup> There was a course-specific contractual definition of 'minimum completion' against which providers could claim the second part of the voucher payment (see Appendix 3).

**Table 16: Parent registrations by number of class sessions**

Number of sessions	N	%
2	227	12.5
3	90	4.9
4	759	41.7
5	262	14.4
6	147	8.1
8	250	13.7
10	81	4.5
20	3	0.2
Total	1819	100

Source: Management Information, end December 2013

### **2.2.16 Comparison between completers and non-completers**

We wanted to explore potential differences between those who were marked as non-completers (N = 120) versus those who completed the course (either minimum completion or 100%; N = 1298): Comparisons were performed using either chi-square cross-tabulations, or non-parametric group comparisons (i.e., Mann Whitney). Results are described below, and comparisons were made using the *p* value of test results for guidance (where  $p < .05$  were deemed significant differences, and  $p \geq .05$  nonsignificant differences).

- Compared to Camden and Middlesbrough, High Peak had a significantly lower proportion of non-completers (3.6% compared to 10% in Camden and 8.5% in Middlesbrough).
- 15% of people who started a blended group were non-completers compared to 6% of those who started a face-to-face group. The difference was significant.
- There was no significant difference in the proportion of non-completing men and women (12% of men and 8% of women).
- There was a significant difference in the proportion of white (7%) and non-white participants (14%) who were marked as non-completers.
- There was no significant difference between completers and non-completers in terms of the distribution of educational qualifications.
- There was a significant difference between completers and non-completers in terms of age. Non-completers were more likely to be younger people (younger than 25 years; 15.8%), or older people (over 56 years-old; 22.7%).

- There was a lower proportion of non-completers (5%) among those who were living with a spouse or a partner compared to those who did not (10%).
- There was a higher proportion of non-completers among those who identified themselves as single parents (12%) compared to those who stated they shared the care for the children with another adult in the household (5.2%).
- People who were marked as non-completers had fewer children 0-16 in the household (median 1 child) compared to those who completed course (median 2 children).
- There was no difference between completers and non-completers in the distribution of area deprivation. In both groups, 17.8% came from areas at the bottom 20% of deprivation.
- There was no difference between completers and non-completers in the number of sessions their class lasted. In both groups, the median number of sessions was 4.

## 2.3 Chapter summary

Overall, up to end December 2013<sup>23</sup> 1819 parents registered to attend a CANparent class. The variation in rates of take-up in the three voucher trial areas were broadly in line with variation in the size of the eligible parent population in each area. Overall comparisons<sup>24</sup> suggested that CANparent classes attracted a sample of the population in the three areas that had higher educational qualifications than might be expected from area census data, was ethnically much more diverse, and was slightly under-representative of single carer/parent families in the areas. The vast majority of participants were mothers. A higher proportion of father registrations would be required to bring the ‘aim’ of universal’ provision closer. This underlines the continuing importance of reviewing strategies to engage fathers. The Year 2 introduction of a financial incentive to providers for attracting fathers and the extension from High Peak to Camden and Middlesbrough of the practice of giving out two vouchers at a time does not seem to have led to a higher rate of father registrations (10.4% at end April 2013 versus 7.7% by 31 December 2013). Among all fathers registered to attend, 50.3% did so before April 2013, and 49.1% registered after 1<sup>st</sup> April 2013.

Moving on from the overall findings, results suggesting large voucher trial area variations in the profile of participants that are worth highlighting are as follows:

- Camden and Middlesbrough had a higher than expected registration of participants from Asian ethnic groups.

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<sup>23</sup> The trial continued to end March 2014. By then, take up had increased to 2956 registered parents.

<sup>24</sup> Comparisons with national averages and with PEIP are tentative, as questions asked in the Management Information did not always exactly map to those asked in the PEIP research or the 2011 census.

- About 67% of Middlesbrough parents came from the most deprived areas in Middlesbrough and this reflects the higher concentration of Middlesbrough residents living in areas of high deprivation (56%).
- High Peak differed in many respects from the other two areas as it had:
  - a much larger than expected proportion of participants from White Other ethnic groups
  - a substantially lower than expected proportion of participants without any qualifications
  - a substantially higher than expected proportion of participants with level 4 or higher qualifications
  - the lowest rate of people marked as non-completers
  - the highest registration of fathers (13.5 % whereas it was 7.6% in each of the other areas).

These findings highlight the variation in the socio-demographic profile of registered parents from area to area.

The market showed very little diversity in terms of course format as 97% of all parents attended either a face-to-face group or a group that blended face-to-face with online contact. Even between these two, the face-to-face group format dominated the provision with more than 76% of parents attending this format. It is noteworthy that face-to-face groups also had higher completion rates than the blended ones.

The Management Information data show that the CANparent voucher trial attracted parents with families of different sizes, and with youngest children aged across the target range of birth to 5 years. In addition, there was a sizeable group with very young children. About 39% of parents had at least one child who was 1-year-old or younger. Added to the findings about the area take-up, this should give providers confidence that their universal CANparent parenting courses were attended by a representative sample of parents (mainly mothers) with young children in the targeted areas.

In line with the initial intention for universal parenting courses, if their efforts are to extend into the future, providers would need to focus on increasing the numbers of parents engaging with CANparent overall, and in particular increasing the numbers of fathers, White British parents, parents with no educational qualifications, and single parents, as these groups were underrepresented in the voucher trial.

Retention of the registered sample was very good (only 8.5% were non-completers) and the findings provide initial insight into factors that could be targeted to improve non-completion rates even further; namely, ethnic group, parent age, family status and single parent status, number of young children, and class type.

### 3. Surveys of participating parents

#### Key Findings

##### The participating parents outcomes survey

- When they joined their class, CANparent participants were experiencing higher levels of parenting stress, more parenting difficulties and lower well-being compared to national averages.
- Participation in a CANparent parenting class seemed to prevent parenting stress from worsening, and led to robust improvements in parenting, especially satisfaction and self-efficacy. In addition, mental well-being improved.
- After attending their CANparent parenting classes, moderate gains were found in parents'
  - Satisfaction with being a parent
  - Sense of effectiveness as a parentand small improvements in
  - mental well-beingalthough parenting stress reduced very little
- These improvements were also found when the CANparent participants were compared with a control group.
- Short courses (1-2 sessions) were associated with no change and negative impact on parenting interest.
- Middlesbrough participants experienced very little change compared to those in Camden and High Peak.
- There was little evidence that change was experienced differently between different subgroups.
  - One notable difference was that parenting stress intensity was substantially reduced among those with low or no educational qualifications.
- These findings are robust and are not influenced by parent drop out.
  - Participants with missing post-course evaluation data did not differ from those with data at both time points on either parenting outcomes or demographic profile (except for educational qualifications).

##### Parent satisfaction survey

- Overall satisfaction was very high among all parents who participated in classes, both those that completed their course and non-completers:
  - 82% would recommend the class to other parents
  - 82% were satisfied or very satisfied with the course.

## **Follow-up interviews with 50 participating parents**

- Interviewed at least two months after their CANparent course, these 50 parents gave an overall positive picture.
- They welcomed the concept of universal parenting classes.
- The principle of participants paying at least something towards the cost of universal parenting classes was accepted by the majority, and the need to subsidise those who could not afford to pay recognised. A minority thought universal parenting classes should be a free service provided by the state.
- For almost all, the experience of taking a CANparent class was largely positive – well facilitated, useful content, helpful discussions, positive peer support. Some disliked very short courses or very discursive courses.
- Almost all, even those who did not complete their course, described lasting positive changes to family dynamics as a result of implementing learning from their CANparent class.

## **3.1 Introduction**

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

- An evaluation of changes in parenting and well-being among parents who participated in CANparent classes
- An evaluation of satisfaction among all parents who participated in CANparent classes.
- An analysis of follow-up interviews with 50 participating parents.

## **3.2 Detailed findings**

### **3.2.1 The participating parents outcomes survey**

#### **3.2.1.1 Coverage and section content**

Between the beginning of the trial and the end of December 2013, there had been 1819 registrations according to data collected by ECORYS from Parent Registration Questionnaires (Management Information; MI: Chapter 2). At the start of the evaluation, it was envisaged that 10% of the MI registered parents would also be invited to provide evaluation data on their perceptions of parenting hassles, their parenting, and their psychological well-being. We allowed a certain amount of time for parents who completed their courses in December 2013 to return their questionnaires to CEDAR. Therefore, for the period up to 13 February 2014, pre-course data were available on 536 parents

(29.5% of registered parents), while matched pre- and post-course data were available on 310 parents (17% of registered parents).

The evaluation sample therefore meets the 10% quota agreed at the start of the evaluation. However, the overall number of MI registrations and, by extension, of the evaluation sample is quite low, reflecting the fact that many CANparent classes did not run due to insufficient demand and in those that ran attendance was lower than predicted at the start of the trial.

The sections that follow present information on changes experienced by parents during their participation at CANparent classes. As a first step in understanding potential change in CANparent participants, we first evaluated how similar they were before the classes began (i.e., pre-course) to parents in the comparison sample (Section 3.2.2.2). The comparison sample consisted of a randomly selected group of a similar demographic of parents identified within a population-representative survey (Penetration survey; Chapter 5) of parents who lived in areas other than the trial areas. Following this, we evaluated whether changes were observed among CANparent participants following the CANparent classes (i.e., using data obtained before and immediately after the end of the course). We evaluated change in Parenting Daily Hassles (PDH), Being a Parent (BAP), and Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) scores (Section 3.2.2.3). We then examined how the change observed in CANparent participants compared to change in the absence of CANparent groups (Section 3.2.2.4). This was feasible thanks to a follow up of the comparison group, which allowed for a type of natural experiment: two groups of parents, the CANparent group and the comparison group with data available at two similar time points. Finally, we examined whether certain subgroups within the CANparent group experienced different levels of change (Section 3.2.2.5), to enable us to understand whether CANparent classes might have been experienced differently by different groups of parents. And lastly, we examined whether CANparent participants who did not provide post-course data differed from those who did (Section 3.2.2.6).

### **3.2.1.2 Parenting, parenting stress, and mental well-being in the CANparent group before the course**

As we described in the previous report (Appendix 5; Second Interim Report January, 2014), a comparison group was identified by randomly selecting a group of parents from the penetration surveys. The comparison group included parents that would have been eligible to register for CANparent classes, but they were living in non-trial areas (i.e., other local authority districts). The comparison sample provided information on national norms for the BAP and PDH scales (as these were not already available). Comparison data on the PDH were available for 521 parents, and 547 parents for the BAP. Comparison data on the WEMWBS are available on 1749 parents from the scale's standardisation sample (Stewart-Brown et al., 2008).

Here, we aimed to examine whether participating parents reported similar levels of parenting, mental well-being and hassles as national norms *before* attending CANparent

classes. We examined how similar or different the groups were by using effect sizes (ES). These were standardised mean differences, estimating the mean difference between two independent groups using their pooled standard deviation. These effect sizes are also known as Cohen's *d*. Table 17 presents descriptive information on each measure for both groups, along with the effect sizes. To aid interpretation of the effect sizes, Cohen (1988) has proposed that .20 is small, .50 is a moderate, and .80 is a large effect size. Confidence intervals (95%) are also reported for each effect size. Where confidence intervals include the value of zero, they indicate that the effect size is nonsignificant.

**Table 17: Comparison of CANparent participants to national norms *before* the start of the course**

	CANparent group		Comparison group <sup>1</sup>		ES <sup>25</sup> (95% CIs)
	Mean (SD)	N	Mean (SD)	N	
PDH Frequency	61.31 (10.27)	467	50.58 (11.11)	518	1.00 (.87, 1.13)
PDH intensity	55.33 (11.97)	420	34.9 (12.26)	515	1.68 (1.54, 1.83)
BAP Satisfaction	24.87 (6.78)	519	28.9 (6.62)	546	-0.60 (-.73, -.48)
BAP Self-efficacy	29.77 (5.76)	517	32.1 (4.70)	547	-0.45 (-.57, -.32)
BAP Interest	14.99 (2.53)	517	15.7 (2.30)	547	-0.29 (-.42, -.17)
BAP Total	69.72 (11.17)	514	76.6 (9.80)	547	-0.66 (-.78, -.53)
WEMWBS	48.14 (9.00)	518	50.7 (8.79)	1749	-0.29 (-.39, -.19)

<sup>1</sup>With the exception of WEMWBS, comparison data came from a representative sample selected from the penetration surveys. WEMWBS comparison data are from the scale's standardisation sample (Stewart-Brown et al., 2008).  
Source: Parent questionnaires to mid February 2014

The effect sizes in Table 17 indicate that there were significant differences between the comparison group and CANparent participants before the start of the classes. In particular, large differences are evident for parenting hassles (PDH), medium-sized differences are seen on parenting dimensions (BAP), and small differences on mental well-being (WEMWBS). CANparent participants at the start of the classes reported substantially more hassles (i.e., daily stresses in relation to their children) both in terms of frequency and intensity (ES: 1.00 and 1.68, respectively). At the same time, their satisfaction with parenting was moderately lower compared to the comparison sample (ES: -.60), they perceived themselves moderately less efficacious as parents than the comparison group (-.45), so their total score on BAP reflected a medium-sized difference with the comparison group (ES: -.66). There was, however, only a small difference in parenting interest (ES: -.30), with CANparent participants being slightly less interested in parenting. Finally, the difference in psychological well-being was also small (ES: -.29) with CANparent participants experiencing slightly decreased psychological well-being than national norms.

<sup>25</sup> Effect size: measure is Cohen's *d*. .2 is small, .5 is medium and .8 is large.

These findings reflect the motivation behind parents' option to take up the offer of a parenting class. Compared to a randomly selected, population-representative group of parents with a similar demographic profile, CANparent participants appeared to experience more parenting stress, less confidence in their ability to parent, less satisfaction from parenting, and less mental well-being overall.

### 3.2.1.3 Changes in CANparent participants following the course

In this section, we examined whether changes in the three measures (PDH, BAP and WEMWBS) were observed following CANparent classes. We used the pre and post-course scores of the CANparent evaluation sample. Changes were estimated using effect sizes ( $d$ ). These were again standardised mean differences, but this time they were slightly modified to account for the fact that scores were provided by the same individuals over time and were, therefore, correlated (Dunlap et al., 1996). The correlation coefficients ( $r$ ) appear in Table 18. Table 18 presents descriptive information on the CANparent group scores and associated effect sizes. These effect sizes are interpreted in the same way as the ones described above.

**Table 18: CANparent evaluation group: Changes from pre to post**

Parenting measure	occasion	Mean (SD)	$r$	N	ES (95% CIs)
PDH Frequency	pre-course	61.27 (10.30)	.67	260	-.13 (-.23, -.03)
	post-course	59.87 (10.75)		260	
PDH Intensity	pre-course	55.26 (11.15)	.63	226	-.14 (-.25, -.02)
	post-course	53.77 (10.62)		226	
BAP Satisfaction	pre-course	25.02 (6.66)	.66	293	.34 (.24, .43)
	post-course	27.14 (5.89)		293	.
BAP Self-efficacy	pre-course	29.39 (5.73)	.63	288	.49 (.38, .59)
	post-course	32.03 (4.98)		288	
BAP Interest	pre-course	15.20 (2.32)	.62	289	.06 (-.04, .16)
	post-course	15.34 (2.45)		289	
BAP total score	pre-course	69.67 (10.88)	.67	287	.46 (.36, .56)
	post-course	74.46 (9.97)		287	
Mental well-being	pre-course	47.74 (8.37)	.58	294	.37 (.27, .48)
	post-course	50.85 (8.27)		294	

Source: Parent questionnaires to mid February 2014

Findings in Table 18 indicate that CANparent participants reported significant changes in parenting satisfaction, self-efficacy and well-being. In particular, findings indicated a small increase in parenting satisfaction (ES: .34), a moderate increase in perceived self-efficacy as a parent (ES: .49), and a small increase in mental well-being (ES: .37). There was a moderate significant improvement in the BAP total scores (ES: .46). Changes in PDH, either as hassles' frequency or intensity, were not substantial as the effect sizes were very small (circa .1 of a standard deviation) and with an upper confidence interval so close to zero as to render them close to nonsignificance. There was also a nonsignificant change in interest in parenting (ES: .06). Taken together, these findings highlight that despite the lack of substantial change in perceived parenting stressors, parents had higher mental well-being, were more satisfied with their parenting, and thought of themselves as more efficacious parents following CANparent classes.

#### **3.2.1.4 Comparing change over time to the comparison group**

The comparison group provided national norms for the PDH and BAP measures as described in Section 3.2.2.2 above but, in parallel, also provided an opportunity to create a control group for the CANparent trial. Eight weeks on average after providing PDH and BAP data, the comparison group was invited again to provide data on the same measures, and approximately 200 comparison participants were successfully followed up. The intention was to create a control group with pre and post data at similar intervals as the CANparent group that would serve to evaluate how change in the trial group would compare against change in the absence of an intervention.

Therefore, this section compares mean change in the CANparent group to mean change in the control group using effect sizes. Once again, these are standardised mean differences, derived from mean change scores and the groups' pooled standard deviation. However, the standard error of this effect size takes into account the inter-correlation of scores when assessing change over time within each group (Borenstein, 2009). Interpretation of the magnitude and significance of this effect size follows the same conventions described above. Table 19 presents mean change in each group, and associated effect sizes.

**Table 19: Over time change in CANparent and comparison parents**

Parenting measure	Group	Mean Change (SD <sub>change</sub> )	N	ES (95% CIs)
PDH Frequency	CANparent	-1.40 (8.53)	260	-.31 (-.42, -.17)
	comparison	1.27 (8.67)	202	
PDH Intensity	CANparent	-1.5 (9.43)	226	-.43 (-.58, -.28)
	comparison	2.62 (9.82)	194	
BAP Satisfaction	CANparent	2.12 (5.24)	293	.29 (.15, .44)
	comparison	0.58 (5.22)	179	
BAP Self-efficacy	CANparent	2.65 (4.67)	288	.37 (.23, .52)
	comparison	1.02 (3.94)	180	
BAP Interest	CANparent	0.14 (2.09)	289	.15 (.00, .30)
	comparison	-0.15 (1.72)	179	
BAP total score	CANparent	4.79 (8.49)	287	.41 (.27, .56)
	comparison	1.45 (7.67)	180	

Source: Parent questionnaires to mid February 2014

With the exception of interest in parenting, all other measures indicated small but significant improvements in favour of the CANparent group. In particular, parenting stress (Hassles' frequency and intensity) worsened in the comparison group, while it improved in the CANparent group. For both subscales, this translated into small, significant effect sizes of a third or more of a standard deviation (ES: -.31 and -.43, respectively).

Similarly, effect sizes of about a third of a standard deviation (range .29 to .41) were observed for BAP subscales (except for interest, which was not significantly different between the two groups), indicating that CANparent parents experienced improvements in these domains that were larger than what would have been experienced without any intervention.

The WEMWBS was not administered to the comparison group at either time point, because national norms are available (Stewart-Brown et al., 2008). Such data are not available over time, i.e., there are no national data to indicate how WEMWBS scores may change over time. Therefore, we compared CANparent WEMWBS scores at post-course with the national norm and found a near-zero effect size (ES: .01, 95 CIs: -.11, .13). Taken together with the WEMBWS effect sizes reported in Tables 3.1 and 3.2, we can conclude that CANparent participants experienced significantly lower mental well-being before the trial (about a third of a standard deviation compared to the national norms). However, during the trial their well-being improved by about a third of a deviation. In this

way, at the end of the trial, they were no longer different from the national norms, but were experiencing the same levels of mental well-being as the average population.

In conclusion, findings here indicate that compared to no intervention, CANparent classes were associated with significant improvements in parenting stress, parenting satisfaction and self-efficacy, as well as increase in mental well-being levels that made this group of parents comparable to national mental well-being levels.

### 3.2.1.5 Exploring change over time in subgroups of CANparent participants

We explored whether within the CANparent group, change was experienced in the same way by all groups of parents. The subgroups examined were (i) trial-related: trial areas, type of parenting course, session length, and published evidence-base for the intervention, and (ii) parent-related: ethnicity, sole carer status, level of educational qualifications and number of children in the household. Effect sizes were obtained in the same way as those reported in section 3.2.1.2 (and Table 17). The conventions for interpreting the magnitude and significance of individual effect sizes are the same as in all previous sections.

In reading these data, we were first interested in the magnitude of an effect size for a particular subgroup, and whether its confidence intervals included zero, indicating nonsignificance. Where effect sizes appeared different between them, we examined whether they differed significantly by looking for potential overlap in their confidence intervals. Confidence intervals (95%) that do not overlap or their ends just touch are different at  $p = .01$  (Cumming & Finch, 2005).

#### (i) Trial related

**Trial areas.** In terms of trial area, Camden included the largest pool of participants with outcomes available from between 105 to 145 parents, followed by Middlesbrough with data from 62-77 parents, and High Peak with data from between 56 and 69 parents. Figure 5 below presents the effect sizes associated with changes in each outcome measure in the three trial areas.

**Figure 5: Effect sizes representing magnitude of change for each outcome measure in each of the three trial areas**

Source: Parent questionnaires to mid February 2014

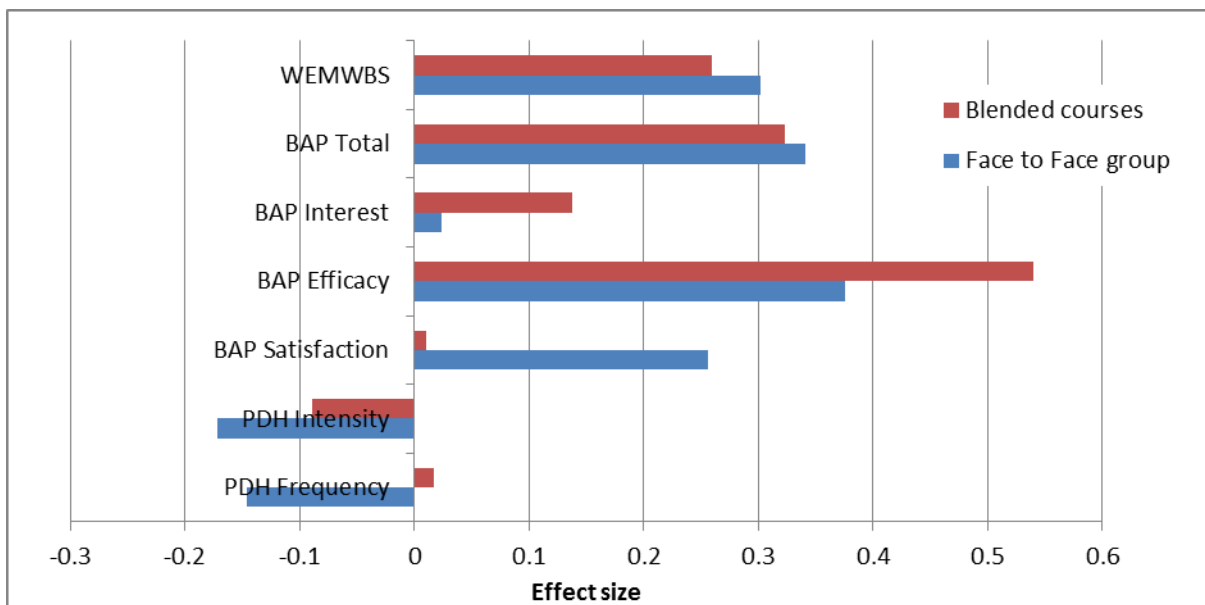
As indicated in Figure 5, Middlesbrough experienced the least change overall, while Camden included the largest effect sizes. Both Camden and High Peak experienced larger gains in mental well-being and parenting. BAP total was significantly larger in Camden compared to Middlesbrough. BAP efficacy was significantly larger in Camden and High Peak compared to Middlesbrough. Change in mental well-being in High Peak and Camden was small to medium (ES in the region of .50), whereas it was nonsignificant in Middlesbrough. In fact, WEMWBS effect sizes were significantly larger

for Camden and High Peak compared to Middlesbrough. Middlesbrough and High Peak experienced a near-zero change in parenting stress (PDH Frequency and intensity effect sizes were very small, nonsignificant), whereas Camden had small but significant effect sizes on these measures.

Compared to the effect sizes on the overall CANparent group presented in Table 17, findings here indicate substantial area variation, with Middlesbrough not showing much change on any outcome, and Camden presenting larger gains, especially in measures of parenting and mental well-being. However, we were unable to identify a possible reason for this variation, e.g. type of parenting class.

**Type of parenting group.** Participants in this evaluation sample had taken part in either a face-to-face group (N = 296) or a blended group (N = 23). Therefore, we consider the information presented in Figure 6, as indicative only, given the large imbalance in group sizes and the fact that other group types are not represented.

**Figure 6: Effect sizes for face-to-face groups and blended groups**

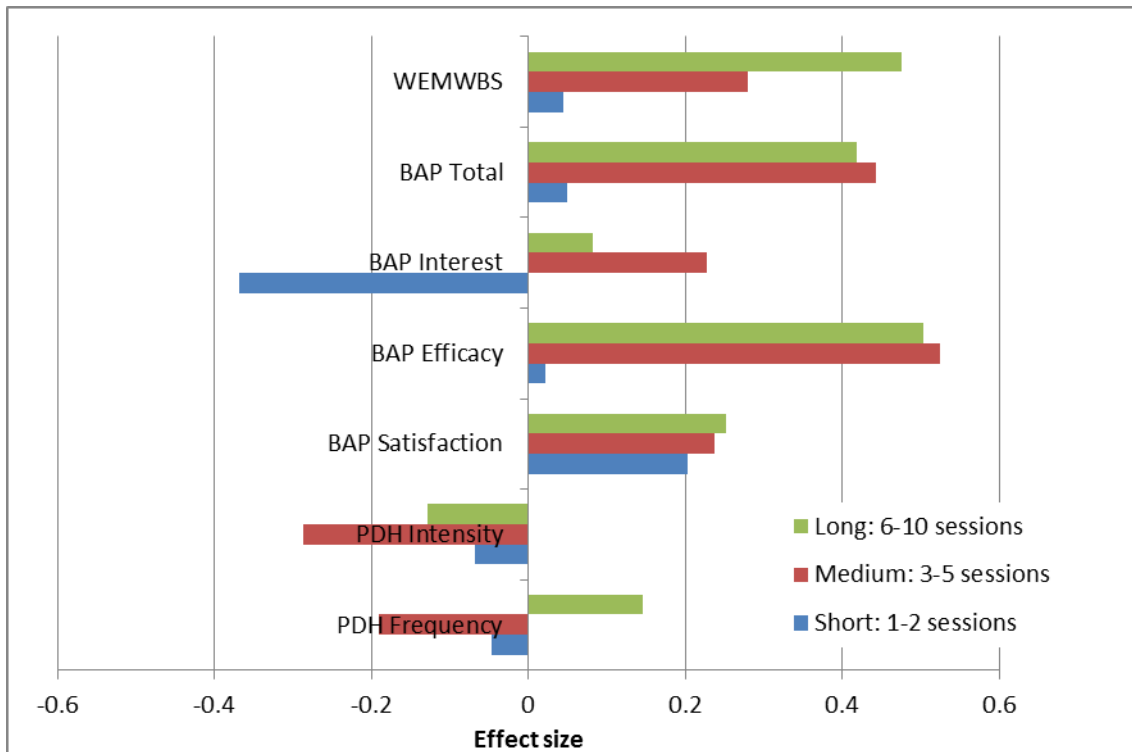


Source: Parent questionnaires to mid February 2014

Findings in Figure 6 indicate that effect sizes were small for most outcomes (with the exception of parenting efficacy in the blended group which was moderate). Most notable differences between the two course types were observed for parenting satisfaction, where the blended group had a near zero effect size, and parenting efficacy where blended courses had a somewhat larger effect size. Due to the large difference in N between the two groups, we refrain from comparing the effect sizes statistically (the small N for blended group outcomes is, by definition, associated with larger confidence intervals for effect sizes).

**Course length.** Course length was examined as short duration (1-2 sessions, N = 69), medium-duration (3-5 sessions, N = 109), and long duration (6-10 sessions, N = 141). Figure 7 presents the effect sizes associated with courses of different length.

**Figure 7: Effect sizes by course length**



Source: Parent questionnaires to mid February 2014

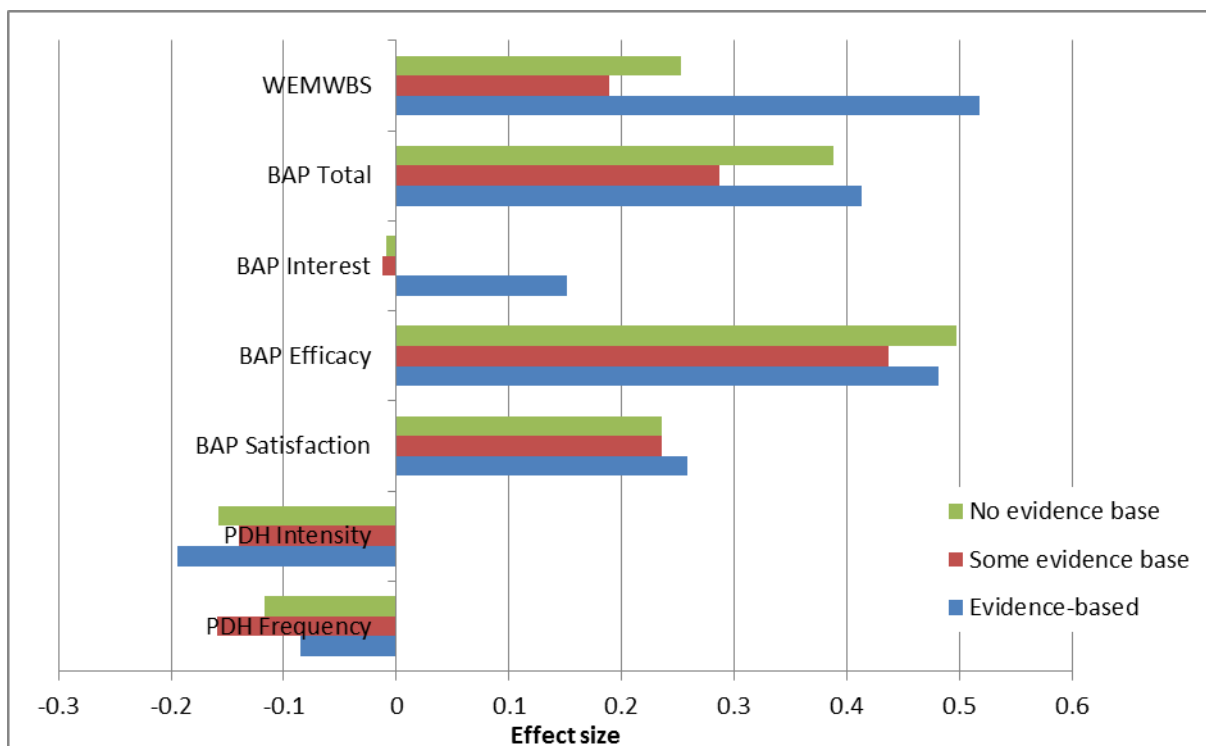
Figure 7 indicates that short-length courses were associated with very little change on any outcome, other than parenting interest. For the latter, there was a small significant effect size (ES: -.37, 95% CIs: -.62, -.15), suggesting that short courses decreased parenting interest. This finding contrasts with overall findings on parenting interest so far (e.g., Table 3.2) that indicated no change in this outcome across CANparent. In conclusion, short courses appear to make no difference in parenting, stress or mental well-being, and they have a small negative impact on parenting interest.

Effect sizes for medium-length and longer courses were similar. Longer courses were associated with a small to moderate change in mental well-being (ES: .48, 95% CIs: .25, .70), whereas medium-length courses were associated with a small change in mental well-being (ES: .28, 95% CIs: .06, .50). These, however, were not statistically different between them, as indicated by the overlap in their confidence intervals. Likewise, the seeming difference in stress intensity reduction (PDH intensity) is not statistically

significant (ES for medium-length is  $-.28$ , 95% CIs:  $-.57, -.01$ , and ES for long is  $-.13$ , 95% CIs:  $-.36, .10$ ).

**Prior published evidence.** To gain further insight on potential differential effectiveness of different courses, we would need to examine each course separately. However, the many types of courses on offer along with the small numbers of participants included in each would not allow for meaningful comparisons. Another way to examine potential differences between courses is to identify effect sizes among courses that had a strong published evidence-base of effectiveness prior to CANparent (N of participants = 105), courses that were based on an approach that had some published evidence-base behind it (N = 158), and courses that had no published evidence base prior to CANparent (N = 56). (See **Appendix 3** ‘The CANparent classes’ for details of published evidence for each provider’s CANparent offer.) Figure 8 shows the effect sizes associated with these three types of courses. The rationale for this analysis is that, at the start of the trial, there was some disquiet amongst providers and local authority representatives about the inevitably untested nature of some of the courses offered under the CANparent brand (See First Interim Report). In this context, we stress that each CANparent course was deemed to meet the quality principles set by the Department for Education as the benchmark for the brand. These principles, which are set out in Appendix 4 ‘Quality principles used in selection of CANparent classes’, were derived from the research literature on effective parenting support.

**Figure 8: Effect sizes for courses with different levels of evidence-base**



Source: Parent questionnaires to mid February 2014

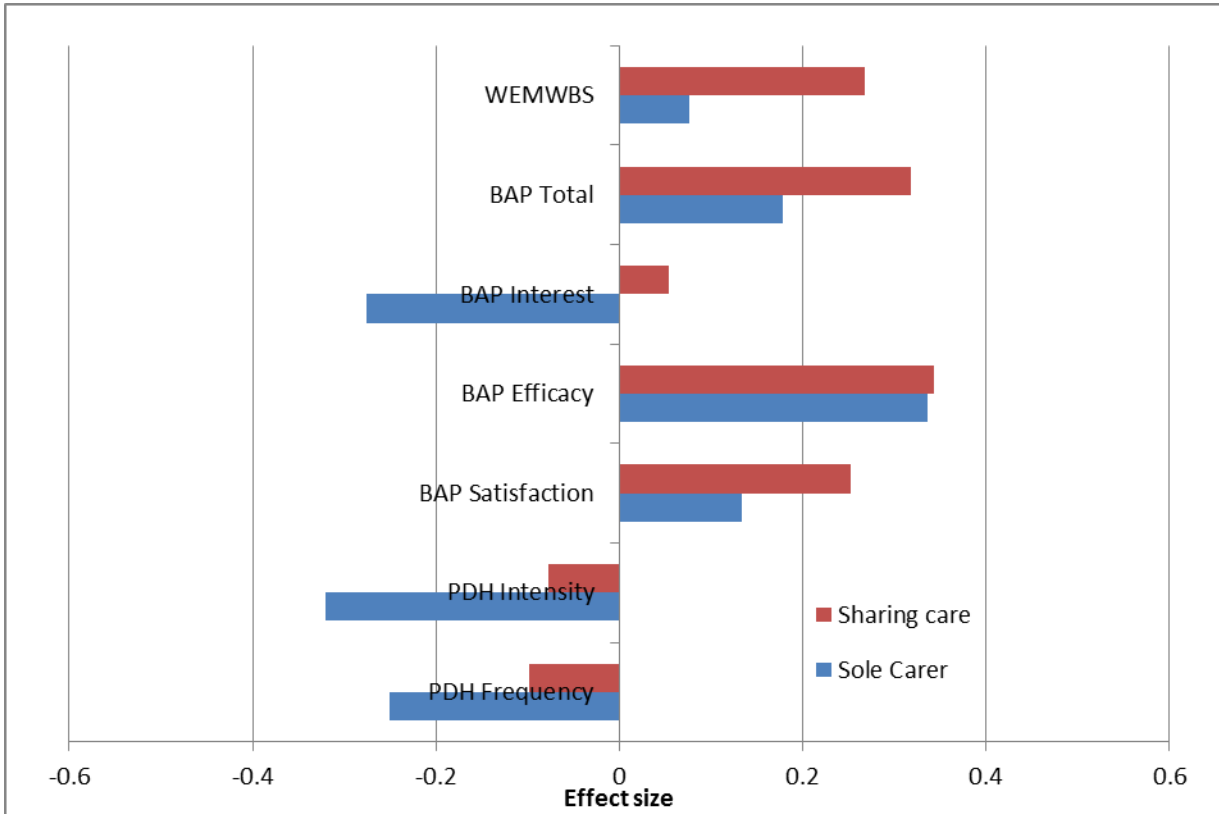
Effect sizes shown in Figure 8 do not suggest substantial variation among courses with a different level of evidence base. The seeming difference between effect sizes for mental well-being between evidence-based courses (ES: .52, 95% CIs: .23, .80), courses with some evidence base (ES: .19, 95% CIs: .03, .34) and not evidence-based courses (ES: .25, CIs: -.04, .55) is not statistically significant as indicated by the overlap in confidence intervals. These findings suggest that the quality principles used to select CANparent courses provided a solid basis for the CANparent brand – although the findings about length presented in Figure 7 suggest that a minimum length of three sessions should be added to the principles.

## **(ii) Parent related**

When examining variation in effect sizes by characteristics of the participating parents, we combined the management information provided to us by ECORYS based on the Parent Registration Questionnaire (Chapter 2) with evaluation data held by CEDAR. Among the 1,918 people for whom ECORYS had registration data, 411 participants had evaluation data, while a further 99 participants had only evaluation data but were not part of the ECORYS return. Therefore, of the 310 participants with both pre and post evaluation data (held in CEDAR), 16 could not be merged with the MI information because they had not provided a valid voucher number (primary identifier of participants among trial partners), whereas 41 had a valid voucher number but had not been recorded in the MI database. In this way, the overall number of people with pre- and post-course data who have relevant demographic information in the MI database is **253** in total.

**Sole carer status.** Thirty two people indicated that they were sole carers for their children, while 102 indicated they shared caring for the children with another adult in the household. Figure 9 shows the effect sizes for these subgroups.

**Figure 9: Effect sizes for sole carers and those caring for their child with another adult**

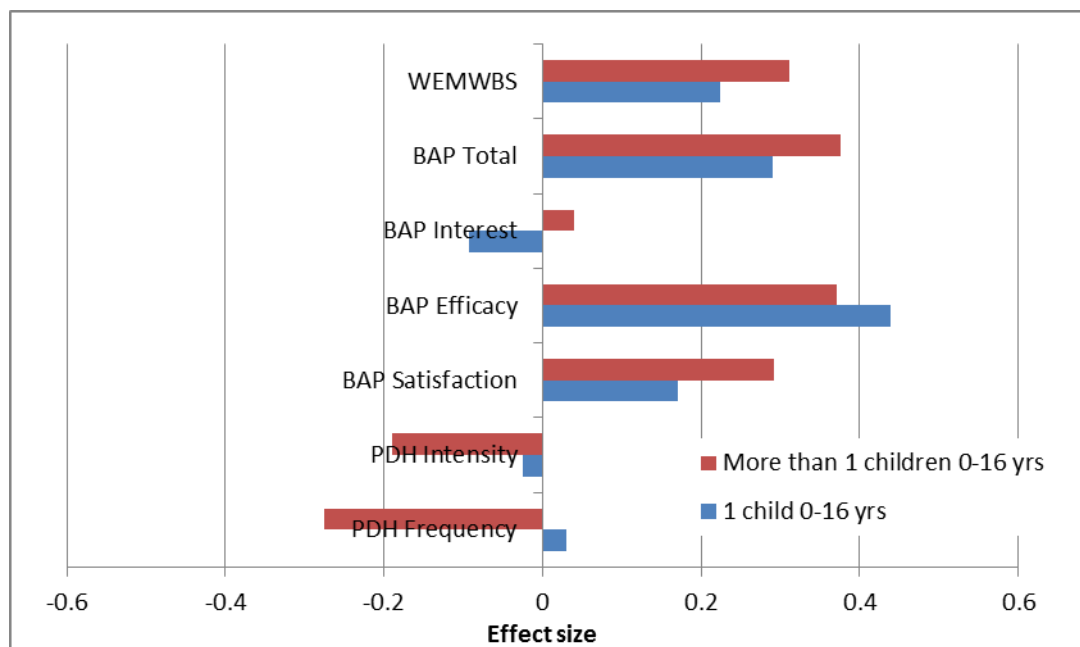


Source: MI information and parent questionnaires to mid February 2014

Overall, effect sizes were all very small or small. None of the effect sizes presented in Figure 9 differed between the two groups. Within the group of sole carers, the only effect size that was just about significant was BAP efficacy (ES: .34, 95% CIs: .01, .66). Within the groups of parents who shared childcare with another adult, BAP satisfaction (ES: .25, 95% CIs: .09, .42), efficacy (.34, 95% CIs: .15, .53), BAP total (ES: .32, 95% CIs: .15, .48), and mental well-being (ES: .27, 95% CIs: .08, .45) indicated small but significant gains for this group. It has to be noted though that the confidence intervals in the sole carer group were wider, hence more likely to be nonsignificant, because of the small sample size. At this stage we can conclude that gains following the courses are small and not different between these two groups of parents.

**Number of children.** Fifty seven parents said they had only one child aged between 0 and 16 years old, whereas 87 had more than one child on the household. Figure 10 presents the effect sizes for each outcome in these two groups.

**Figure 10: Effect sizes for parents who have 2 child aged 0-16 years and parents who have many children at this age range**

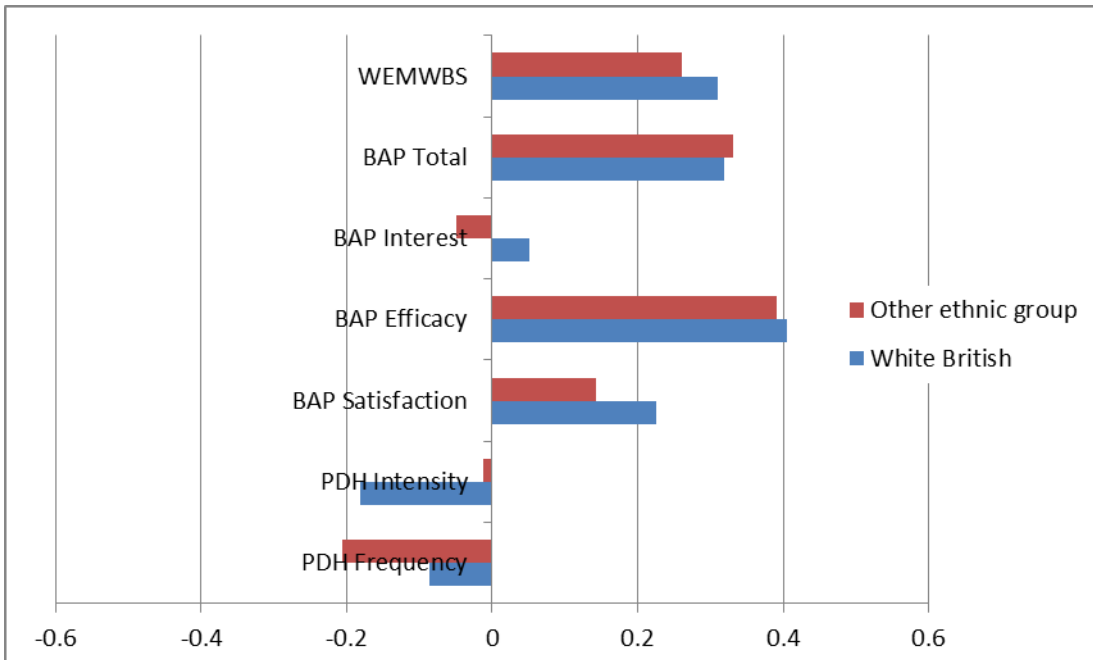


Source: MI information and parent questionnaires to mid February 2014

As before, effect sizes were similar between groups. Among parents of children with only one child, self-efficacy and total BAP were associated with small, significant effect sizes (ES: .44 and .23, respectively). In the group of parents who had many children at this age range, small significant gains were observed for all BAP dimensions (except interest), mental well-being and, PDH frequency.

**Ethnicity.** In relation to participants' ethnic group, 128 were White British while 37 were from another ethnic group. There were so few participants of other ethnic groups that separate ethnic groups could not be meaningfully compared. Figure 11 presents effect sizes for these two main subgroups of ethnicity.

**Figure 11: Effects sizes for White British and other ethnic groups**

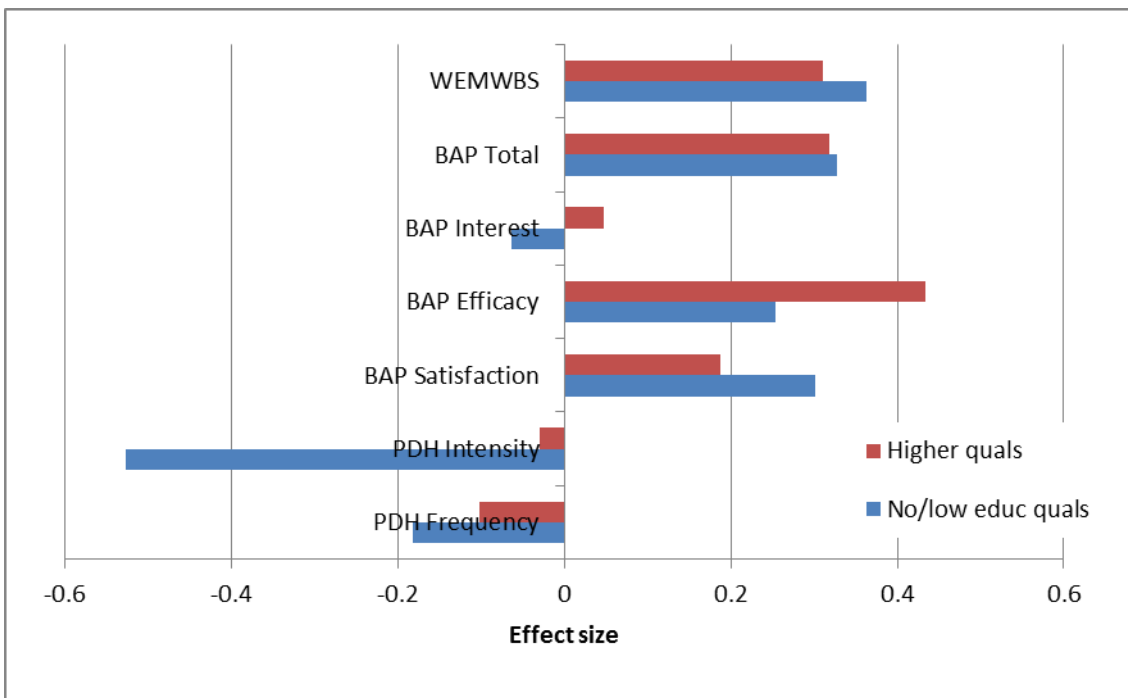


Source: MI information and parent questionnaires to mid February 2014

All effect sizes were small or very small in both groups. As the 'other ethnic group' included a very small number of participants, confidence intervals of the effect sizes were wide and nonsignificant. Efficacy was the only outcome that changed significantly (ES: .39, 95% CIs: .10, .68) in this group. Among White British, all BAP outcomes (except interest), and mental well-being indicated small significant changes.

**Educational qualifications.** Finally, there were 44 participants with no or low educational qualifications and 113 participants with higher level educational qualifications. Effect sizes for these two groups are presented in Figure 12 below.

**Figure 12: Effect sizes for participants with no/low educational qualifications and those with higher level educational qualifications**



Source: MI information and parent questionnaires to mid February 2014

Once again, the findings (Figure 12) indicate little variation between groups. People with no or low qualifications seemed to have changed to the same extent as people with higher educational qualifications with respect to parenting and mental well-being. What is interesting, however, is that people with no or low educational qualifications experienced a moderate reduction in the intensity of parenting stressors (ES: -.53, 95% CIs: -.86, -.19). This was not the case among people with higher qualifications who presented a near zero change in this domain (ES: -.03, 95% CIs: -.22, .16). The fact that the two effect sizes were not significantly different (at  $p = .01$ ) between them is due to the low sample size in the no/low qualifications group which makes for wide confidence intervals.

### 3.2.1.6 Participants who did not provide post-course data

We examined whether people who provided pre and post-course evaluation data differed in any way from those who had only provided pre-course information only. Those with only pre-course data were not different on any of the outcome measures on parenting stress, parenting and mental well-being (see Table 20). In addition, their demographic profile was very similar to that of those who provided data at both time points of the evaluation (Table 21). With respect to the latter, the only difference was observed for level of educational qualification. A larger proportion of participants with no/low level educational qualifications did not provide post-data compared to those with higher qualifications. The lack of overall differences in outcomes and characteristics indicates that data were largely missing at random.

**Table 20: Comparing parenting outcomes between those with pre-course data only and those with data at both pre and post**

Parenting measure at pre	Group	N	Mean	SD	Comparison
PDH Frequency	Pre-course	190	61.20	10.27	ns <sup>1</sup>
	Pre & Post	277	61.38	10.29	
PDH Intensity	Pre-course	165	54.92	12.62	ns
	Pre & Post	255	55.60	11.54	
BAP Satisfaction	Pre-course	216	24.68	6.96	ns
	Pre & Post	303	25.02	6.63	
BAP Self-efficacy	Pre-course	216	30.31	5.63	ns
	Pre & Post	301	29.39	5.82	
BAP Interest	Pre-course	215	14.75	2.77	ns
	Pre & Post	302	15.16	2.35	
BAP total score	Pre-course	213	48.94	11.03	ns
	Pre & Post	301	47.56	11.29	
WEMWBS	Pre-course	216	48.94	9.25	ns
	Pre & Post	302	47.56	8.78	

<sup>1</sup>ns stands for nonsignificant comparison. This is based on a *p* value larger than .05 associated with *t*-test results.

Source: Parent questionnaires to mid February 2014

**Table 21: Comparing the demographic profile between those with pre-course data only and those with data at both pre and post**

	Pre-course N (%)	Pre & Post N (%)	Comparison
Family status			ns <sup>1</sup>
Lives with partner	59 (75)	105 (72)	
Lives alone	20 (25)	41 (28)	
Carer status			ns
Sole carer	20 (26)	32 (24)	
Shares the care	56 (74)	102 (76)	
Number of children			ns
1 child 0-16 yrs	28 (39)	57 (40)	
2+ children 0-16 yrs	43 (61)	87 (60)	
Age			ns
Younger than 25	22 (25)	22 (14)	
26-35	46 (53)	84 (54)	
36-45	18 (21)	46 (29)	
46-55	1 (1)	4 (3)	
56+	0 (0)	1 (0)	
Educational qualifications			significant
No/low educ. quals	33 (42)	44 (28)	
Higher educ. quals	46 (58)	113 (72)	
Area deprivation			ns
In bottom 20%	27 (37)	46 (63)	
In upper 80%	130 (39)	206 (61)	
Ethnic group			ns
White British	59 (68)	128 (78)	
Other	28 (32)	37 (22)	
Course dropout			ns
Marked as non-completer	2 (4)	5 (2)	
Parent completed class	51 (96)	211 (98)	

<sup>1</sup> ns stands for nonsignificant comparison. This is based on a *p* value larger than .05. Significant is indicated by a *p* value < .05. Comparisons were based on chi-squared tests.

Source: Parent questionnaires to mid February 2014

### 3.2.1.7 Parents' reflections on their CANparent class

The post-course booklet included a brief questionnaire comprising eight statements about the course the parents had just attended. Parents were asked to indicate their level of agreement-disagreement on a 5-point scale. This was completed by 234 parents. The results are shown in Table 22.

**Table 22: Satisfaction ratings from parents with post-course data (%)**

Statement	Strongly Disagree	Disagree	Neither agree nor	Agree	Strongly Agree
1. I feel more confident as a parent/carer	3	1	12	53	31
2. My relationship with my child/children has improved	2	1	21	49	26
3. I have learnt new parenting skills	3	1	6	49	42
4. I think I am a better parent	2	1	20	50	26
5. The class met my expectations	1	3	4	59	33
6. Overall I was satisfied with my CANparent class	3	0	3	44	50
7. I would recommend CANparent classes to other parents	3	1	3	36	58
8. I would like to attend further CANparent classes in the future	3	3	7	35	52

N = 234. Missing data varies from 0-3.

Source: Parent questionnaires to mid-February 2014

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

- 94% were satisfied with the course and would recommend a CANparent class to other parents, 92% said the class met their expectations; 91% said they had learnt new parenting skills; and 87% that they would like to attend further classes in the future.
- Not surprisingly parents were somewhat more cautious about longer term outcomes, however 84% did report they felt more confident as a parent, 76% thought they were a better parent and 75% reported their relationship with their child/children had improved.

A total score was computed as the sum of all eight items (Mean = 33.4, SD = 5.7, range 8-40). There was no evidence that this score varied significantly in relation to the course length or in relation to the provider.

### 3.2.1.8 Conclusions

Pooling together the findings from the previous sections, we conclude that CANparent, a non-intensive intervention that was addressed to the general population of parents (and not a group at risk of adverse outcomes), attracted those parents experiencing higher levels of parenting stress, more parenting difficulties and decreased well-being than national levels (Table 17). Largely, these difficulties were reflective of their motivation for taking up the offer of a parenting course. Gains experienced following the CANparent classes were modest (Table 18) but reasonable, when considering the fact that this was non-targeted provision (unlike PEIP, for example, that targeted parents whose children were at significant risk for anti-social behaviour).

Comparing change in CANparent with change in the absence of CANparent (or any other parenting course) added some interesting dimensions to this evaluation. Parenting stress seemed to increase over time in the absence of an intervention, and the small reductions (small effect sizes in Table 18 for PDH) experienced by CANparent participants led to an overall small positive change (Table 19 effect sizes for PDH measures), i.e., a reduction in the frequency and intensity of daily hassles as experienced by parents. This suggests that participation in CANparent courses prevented stress from worsening further and, in fact, reduced it. In addition, parenting satisfaction or self-efficacy as a parent did not appear to change much over time in the absence of an intervention, so the improvements experienced by CANparent participants in these domains were small but robust. Lastly, benefits from participation extended to participants' mental well-being.

When we examined how change following CANparent compared between subgroups of participants, we found that some characteristics were associated with differential change. Face-to-face groups seemed to be associated with small significant gains in parenting satisfaction, while blended courses were associated with moderate significant change in parenting efficacy. It was also clear that short duration classes (1-2 sessions) were associated with no change at all, and even a small negative impact on parenting interest. In contrast both medium-length and longer courses were associated with larger, significant gains. There was no evidence of differential change depending on the level of previously published evidence-base supporting a class's content. These last two findings suggest that the quality principles used to select CANparent classes were effective but that a minimum length of at least 3 sessions should be added. Amount of change differed between the three areas but we have not been able to identify possible reasons for this: none of the factors just mentioned was significant.

With regard to parent characteristics, there was no evidence of differential change on any of the outcomes for sole carers (versus those who share the care of the children), those who had only one child (versus those who had more children), or White British participants (versus all other ethnic groups). We have to be cautious however with the interpretation of these findings as evidence of no difference in effectiveness. Combining information from the MI database with the evaluation database resulted in a smaller number of participants with usable evaluation data. Effect sizes tended to be small or even very small, with wide confidence intervals (due to the small sample size), that made them more likely to be nonsignificant and to not differ from other effect sizes. One

potentially interesting finding was that people with no or low educational qualifications experienced changes in parenting and mental well-being to more or less the same extent as people with higher level qualifications, but experienced substantial reductions in the intensity of parenting stressors. It is likely that with a larger sample size this difference between the two groups might have been different, as the magnitude of the effect sizes indicated substantially different effects.

Finally, participants with missing post-course evaluation data seem to be missing at random, as a result of attrition that happens over time. Their demographic profile and parenting outcomes before the classes were largely similar to participants who provided data at both time points of the evaluation.

## **3.2.2 Satisfaction survey of all participants**

### **3.2.2.1 Introduction**

A very short satisfaction survey was sent to all parents who started a class, did not opt out of the survey, 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. Findings reported here are based on responses received by the middle of January 2014 from parents included in the end of December 2013 Management Information data collated by ECORYS.

The satisfaction survey included two 5-point Likert scale items that were emailed to participants:

‘Overall I was satisfied with my CANparent class’

‘I would recommend CANparent classes to other parents’.

The number of responses received to mid-January 2014 was low (N = 192) compared to the total of participants (N = 1819). There were 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 limited recipients in two ways: we had to exclude those who did not provide an e-mail address; and there were a relatively high number with ‘undeliverable’ e-mail addresses. The total number surveyed was therefore reduced to 441. Regarding response rates, there are small monthly fluctuations but the overall rate by end of December 2013 was 44%.

### **3.2.2.2 Results**

Overall results (Table 23) from those who responded to the Satisfaction Survey (N = 192) show that satisfaction was high, with 82% who ‘agree/strongly agree’ they were satisfied and 82% who ‘agree/strongly agree’ that they would recommend CANparent classes to others.

**Table 23: Satisfaction Survey: Overall results (rounded %)**

	Percentage of participants selecting				
	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
Overall, I was satisfied with my CANparent class.	2	8	8	39	43
I would recommend CANparent classes to other parents.	2	6	9	35	47

N = 192

Source: Satisfaction Survey, to mid-January 2013.

Results by voucher trial area<sup>26</sup> indicate that high satisfaction was the case in all three areas.

Camden (N = 106):

- 41% strongly agreed and 42% agreed that they liked the class.
- 43% strongly agreed and 43% agreed they would recommend the class to other parents.

High Peak (N = 53)

- 40% strongly agreed and 36% agreed that they liked the class.
- 43% strongly agreed and 28% agreed they would recommend the class to other parents.

Middlesbrough (N = 21):

- 48% strongly agreed and 48% agreed that they liked the class.
- 67% strongly agreed and 29% agreed they would recommend the class to other parents.

Table 24 shows results for providers where there are at least 10 responses. Again, numbers are low so these results should be treated with caution.

<sup>26</sup> Area details missing from 12 cases; Middlesbrough results need to be treated with caution because of the low numbers of respondents

**Table 24: Levels of high satisfaction by provider**

Provider	N	Satisfied with class	Recommend class to others
		'agree' or 'strongly agree' (%)	'agree' or 'strongly agree' (%)
City Lit	36	81	83
Family Links	11	91	91
Fatherhood Institute	13	39	39
Montessori	11	91	91
NCT	37	84	89
Parent Gym	21	86	86
REF	35	83	77

Source: Satisfaction Survey, to mid-January 2013.

The lowest scores (39%) were for Fatherhood Institute, the provider offering the shortest course (one face-to-face session followed by e-mail exercises).

### 3.2.2.3 Conclusion

When all eligible parents who began a CANparent course were included, regardless of whether or not they completed the course, overall satisfaction with the classes is high at 82%. Eighty two percent would also recommend CANparent to other parents. Regarding views by provider, the lowest scores (39%) are for the provider offering the shortest course (one face-to-face session followed by e-mail contact). This provider withdrew from the trial at the end of Year 1.

## 3.2.3 Follow-up interviews with participating parents

### 3.2.3.1 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. Seven times between March and November 2013, we used the management information monthly returns to create a stratified random sample of 30-35 participating parents to be contacted (240 in total). We selected completers and non-completers and included men and women. Parents were initially contacted by letter, with an information sheet, interview topic sheet, consent form and reply paid envelope for

return of consent form. Repeated follow-up contacts were by telephone, e-mail and text. In total, we conducted 50 follow-up interviews. Of these:

- 5 were deemed non-completers and 45 completers<sup>27</sup>
- 4 were men and 46 were women

The sample included parents from each voucher area, who between them had attended classes provided by 12 of the 14 providers (Family Lives and Family Matters Institute are not represented in the sample), and delivered face-to-face or in blended mode (online only courses are not represented). Forty-five of the interviews were recorded with permission; in five cases, parents did not agree to recording but allowed us to take notes during the interview. Half the interviews were transcribed in full; for the other half structured notes were made at the time and typed up later, using the recording as back up. Analysis was done by collating all responses under themes derived from the semi-structured interview schedule and examining the range of views under each.

Where a parent's words are quoted, she or he is identified only by a randomly assigned unique code e.g. Parent 4. For short quotes, the abbreviation 'Pt' is used for 'Parent' (e.g. Pt4).

### **3.2.3.2 Finding out and choosing a course**

The courses attended by our 50 participating parent interviewees ranged in length from one evening (plus e-mail exercises encouraging reflection) to 10 weekly sessions. These parents attended courses by 12 different providers. Most (44) had chosen courses delivered in face-to-face groups; six had chosen courses delivered partly face-to-face in groups and partly online.

How these parents first found out about CANparent varied. The most common route was through a universal public service related to children – they picked up or were given a leaflet and voucher at the school, nursery, children's centre, or local library normally used by them (some had first noticed CANparent in newsletters from such organisations). Others were told about CANparent by their health visitor and that they could pick up a voucher at their local Boots store. Some who were already supported by Social Services were told about CANparent classes by their support worker. Our sample also included single examples of parents who respectively first heard of CANparent by seeing it advertised on local buses, by hearing about it at a CANparent roadshow at a local sports centre, and by being part of the interview sample in the Penetration Survey (see Chapter 5).

Having heard of CANparent, sometimes through multiple routes, or, at least heard of one CANparent course, our sample parents had also chosen to attend a particular course. The parents in our sample divided into a minority who had done some research on the

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<sup>27</sup> 'Completers' included those who met the minimum completion criteria defined in the contract for each CANparent offer. In our sample 19 of the 45 completers fell in to this category whilst 26 completed every session of their course.

CANparent website to choose a course from the range on offer (active choice) and a majority that did not. Those who did not make an active choice from among the range on offer did one of three things: they either attended the course they had seen advertised or heard about because it was offered at a place they already used, such as children's centre, school, nursery, and leisure centre; or they went along to the course recommended to them by a professional known to them; or they went along to a course at the invitation of a friend. These routes are illustrated here:

'I found out about the course through my children's school (which is where it was held) and then I found out I needed to use a voucher for it and was told where to go and get a voucher. So it was kind of back to front.' (Parent 29 - did the course offered in a place already familiar to her)

'Because I'm registered with the children's centre I receive the newsletter every three months and there was an advert for the course so I got my eyes on it first at home but then, attending the activities and drop-ins in the centre, I saw another leaflet by Reception so I took it and read when the course was on in the centre and I booked up with the tutor.' (Parent 40 – did the course offered in a place already familiar to her)

'One of the workers at Sure Start [children's centre] recommended doing this group.' (Parent 30 – did the course recommended by a trusted professional)

'I believe [my friend] picked up the leaflet in Boots' store where we live and she rang me and said, 'Do you fancy coming along to it?' That's how I got to know about it. (Parent 33 – did the course her friend had chosen)

For these parents, the market principle of individual consumer choice, built in to the CANparent trial design, was mediated through earlier market choices made by others: either by their peers, by professionals working with them, or professionals known to them who were involved in promoting and/or delivering specific CANparent courses.

Among the minority in our sample who made an active choice from the range of CANparent courses offered in their area, the most common reason for choosing a particular course was the content. Parent 2 is an example of this:

'I was very keen to learn about parenting in a more formal setting than just reading from a book. I remember looking at various courses that were available by other CANparenting [organisations] and I chose the Montessori because it seemed to me to be the one that was really underpinned by a philosophy or a very specific educational strategy. I was looking for exactly that guidance.' (Parent 2)

Choice was sometimes linked to previous positive knowledge about a particular provider or about the reputation of that provider, for example:

'I went on to the website and looked at the two I recognised: Elfrida Rathbone [part of the City Lit consortium] and NCT. I chose NCT because I'd done their antenatal classes with both my children and had had a good experience.' (Parent 35)

Another reason given for choosing a particular course was the length (e.g. 'six weeks seemed good', Pt 28). Others searched the website to find a course at a time and place that worked for them – convenience was their main criterion:

'I went online and looked at the CANparent options and chose Parent Gym because of the location and timing of the course. I was interested in the Montessori course but this didn't work out because of the timings.' (Parent 17).

Some CANparent providers lost potential customers because they did not respond to initial enquiries – for example Parent 44 chose the course run by the only provider who responded to her initial queries.

With hindsight, some of those who did not make an active choice of course regretted this. Some, who had not previously even been aware of the range on offer, wished they had known that they could have made an active choice. Others, who had been aware of the possibility of choice, wished that they had spent more time researching the options because they had ended up on a course that did not suit them. For example:

'I didn't spend time researching the different courses and didn't look at the CANparent website. If I wanted to enrol on a course in the future, I would definitely do more research in advance.' (Parent 9)

During Year 1, some parents complained that there was insufficient information on the website about the quality standard and the course content. For example:

'It was quite hard to know from the CANparent website what the content of the course would be. This is quite a new thing and no-one knows whether or not there is a basic standard for all the courses that are offered.' (Parent 21).

In Year 2 of the voucher trial, the information on the website was enhanced.

In Year 2 of the voucher trial, parents were able to use more than one voucher: our sample included a few parents who made use of this option but not because they felt they had made a poor first choice, rather because they had benefited from the first course and wanted to continue learning. For example, two friends, who were attending their third parenting course together at time of interview about the second one, reported that, although the courses were similar, they learned something slightly different from each one. Another mother (Pt40), who said during her interview that she 'felt sad' her parenting course had ended, later went on to do a longer online CANparent course (this showed up on the management information database) whilst another mother said during her interview that she planned to use another voucher to choose a second course as the first

one 'was a good experience. I like learning and my view is there is always room for improvement.' (Pt43)

### 3.2.3.3 View about the vouchers and leaflets

Because our sample of parents was recruited over time and across all three areas, the CANparent vouchers and leaflets they received varied. Some of this variation was designed in to the trial at the start; for example, the amount of information contained in the original CANparent voucher leaflet was greatest in the High Peak version, and the vouchers in Camden and High Peak, but not in Middlesbrough, included the £100 value - see Section 5.2.1.3 in Chapter 5). Some further variation was introduced as the trial proceeded; for example, a CANparent leaflet-cum-height chart was produced, as was an online e-voucher. Other variation was happenstance; for example, some parents saw only a leaflet advertising a specific CANparent course, receiving their voucher either separated from its leaflet cover or as an e-voucher, when they registered for that class.

The range of sources of the vouchers used by these 50 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, CANparent road show, course facilitator. Memories of the voucher and accompanying leaflet varied a lot and reflected not only the three different area versions of the voucher and leaflet but also the way in which it was distributed. For some, the voucher was purely the 'ticket' they needed to access a class they had seen advertised or been told about and so the leaflet and website were of no interest; for others, the leaflet enclosing the voucher and advertising the website was a source of information in its own right:

'The leaflet had all sorts of details in. It gave all the information. There were quite a few options of different organisations you could go to. I looked at a few of the websites of a few organisations to see what the different courses they were offering were and I contacted a couple of them.' (Parent 24)

Some said they did not ever see 'their' voucher – it was handed in for them by a friend or was printed off by the course organiser/facilitator on their behalf. Some knew they had received a voucher but did not remember it at all; others remembered something about what it looked like - that it was, for example, 'shiny' (Pt9), coloured ('orange and silver and green' Pt17), had a 'distinctive' CANparent logo (Pt15) or that it 'had a number on it' (Pt14). 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.' (Parent 17)

Among parents in our sample who were aware of the voucher, responses to that offered varied. Some, like Parent 17 quoted above, experienced the gift of the voucher very positively:

‘I remember the voucher well. It was great. I was so excited by the £100 offer. The leaflet gave lots of information about the different programmes being offered. I was immediately attracted to the Family Links course, the one that was taking place at my Sure Start centre.’ (Parent 18)

‘I was given the voucher at my child’s nursery and I straight away thought, ‘Yes! And it’s free!’ (Parent 50)

Others accepted the voucher without experiencing any particular pleasure (‘a voucher is a voucher’, Pt3) whilst others were ‘confused’ (Pt20) by what it meant, given that their perception was that the parenting course was free anyway.

Despite the range of responses to it, the voucher did stimulate demand for the courses – most said that, without the voucher, they would not have done the course. Parent 23 is an example of this:

‘It was the fact that it was free and available that attracted me. I would not have signed up for it if the £100 voucher hadn’t been there.’ (Parent 23)

A minority said that, even *without* the voucher, they *would* have done the course, as Parent 1 describes:

‘If the course had been explained and I had the money, I would definitely have taken it without the voucher. Anything on offer that’s to do with parenting – that ticks the boxes for my needs as a parent.’ (Parent 1)

Another minority reported that, without the voucher, their decision as to whether or not to do the course would have depended on (a) how much it cost and (b) being clear in advance that they would benefit from it. Parent 11 was in this group:

Whether I would have done the course without the voucher would depend on the cost. [...] If I knew I was going to go on a course that would give me new skills then, yes, I would have paid for it.’ (Parent 11)

#### **3.2.3.4 Views of monetary worth of the course and of willingness to pay<sup>28</sup>**

Views of the value of the voucher (£100) 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 the shortest courses (up to two sessions) mainly, but not exclusively, thought £100 was too expensive for what they received (e.g. ‘I enjoyed the course but I would not have paid £100 to go on that course, no chance.’ Pt27) and suggested cheaper prices

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<sup>28</sup> The evaluation included a structured ‘willingness to pay’ element reported on in Chapter 7.

such as £20 to £40 per session. An exception was a parent who said the two-session course she attended was 'definitely worth £100 – it's invaluable when you get information that is going to change your life' (Pt1). Most of those attending longer courses thought £100 was a fair price. 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. A minority said the course was worth more than £100, taking into account length, quality and provision of childcare (where this was provided).

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 parent who did a five session course said that £100 was 'a fair evaluation of its worth' but that 'in hindsight, I wouldn't say the course was worth £100 to me,' (Pt29) 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.' (Pt 22)

Regarding willingness to pay for a course<sup>29</sup>, to the 50 parents in our follow-up sample the length and quality of *the course* were important, as were the benefits gained from the course, as well as *the individual's* motivation to do the course, ability to afford to pay and her/his political views as to whether or not such courses ought to be provided free because they deliver a social benefit. The following quotations illustrate this range of views:

'I may not have £100 to spend on it but it was a fair amount of hours [6 sessions] with a qualified specialist. Imagining the cost of the person and the room and the small size of the group, I would be willing to pay. In deciding how much, I'd also compare the price to the cost of similar courses.' (Parent 37 – weighed up length and quality in deciding own willingness to pay)

'I'd be willing to pay something [but not as much as £100] because the course was very, very helpful for my children, my family, for understanding things. It was good. They teach you lots of things.' (Parent 41 – benefits gained from the course generated willingness to pay towards the cost)

'I did the course because it was free and I felt it would be something that would be useful. I don't feel I need a course enough to pay for it. I wouldn't have paid to go on any parenting course; I'd probably just have bought a book.' (Parent 44 – not motivated by need strong enough to pay to attend)

'I don't have much money but if I really wanted to do something like this course, then, yes, I'd be willing to pay towards it.' (Parent 48 – motivation to attend generated willingness to pay something towards the cost)

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<sup>29</sup> Chapter 7 Section 7.2.6 provides the results of a Willingness to Pay analyses based on a sample of 2982 parents.

'To me it was priceless but I couldn't afford to pay £100 even though £25 a session [4 session course] was great value.' (Parent 25 – inability to afford to pay trumped subjective value of the course)

'I would possibly pay £200 but I think the Government should be providing this service free as it gives great value to society as a whole.' (Parent 50 – ability to pay trumped by political views about role of the state)

Regarding willingness 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, parents made comments such as,

'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.' (Parent 8)

'*Having to pay would be off-putting. I don't have enough money and neither do lots of other people. But, now that I've done it, I'd be prepared to pay something towards it. Initially you don't understand what your money would give you back. What it gives is an easier home life and fantastic group support. You gain a network of friends who understand your situation.*' (Parent 52)

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.' (Pt11), but added that a parenting course that provided 'lots of new and helpful information' would be 'invaluable'.

Others said that, had they had to pay for the course, they'd have chosen more carefully. Parent 15 illustrates this:

'A friend recommended this course to me. It was the only one I knew of that was running. [...] I don't think it's something I would necessarily have thought to purchase if the funding had not been available [i.e. the £100 voucher]. If I'd had to pay for it, I would definitely have done a lot more research to find something I would get the most benefit from. As it was, I didn't even go on to the CANparent website.' (Parent 15)

A few parents we interviewed expressed surprise that more parents had not taken up the free voucher offer and were concerned that asking parents to pay would add an additional disincentive. For example, Parent 7, who would have been happy to pay £5 per hour for the 6 session course she attended (12 hours in total), commented:

'I just don't understand why, when you're being given a free voucher worth £100 that there are not more people taking the offer up. So I don't know whether it's not being publicised properly or what. But then you think, 'Well, if the course then becomes a paid for course, then it's probably going to alienate even more people.' (Pt7)

Even among the small sub-sample (N=5) of parents who did not complete their course, only one was not willing to pay in principle: 'I don't think I would pay any kind of money. I'd search for other options' (Pt4). The other four non-completers all agreed the course they attended was worth paying for (e.g. 'I would pay £100 just for the first session as I learned a lot of stuff I didn't know.' Pt18) and, if they could have afforded 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.

### 3.2.3.5 Why people attended

Although the majority in our sample did not actively choose from among the CANparent courses on offer, nevertheless they made an active choice *to attend* the course they went to. In this sense, each of the 50 parents made an active consumer choice to attend the course they did.

The individual motivations the parents gave for wanting to attend a CANparent class varied, reflecting general interest, low level needs, as well as greater levels of difficulty<sup>30</sup>. 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.

Individual motivation was not in itself enough to lead to starting a class: aspects of the course itself and the hosting arrangements for its delivery also had to tick boxes for each parent. Figure 13 lists the range of factors that our sample parents mentioned as having played a part in their decision to attend.

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<sup>30</sup> 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 3.2.1 for details.

**Figure 13: Composite list of the range of factors parents mentioned as influencing their decision to attend a CANparent class**

<p><b>Attractions of the course</b></p> <ul style="list-style-type: none"><li>Provider organisation had a good reputation/was known to the parent</li><li>Provider was responsive to initial contact from parent</li><li>Course content was of interest</li><li>Course was free<sup>31</sup></li><li>Course promoted by staff in a familiar organisation such as school, nursery, children's centre or by a known and trusted person (friend or professional)</li></ul> <p><b>Attractions of the hosting arrangements</b></p> <ul style="list-style-type: none"><li>Venue was familiar</li><li>Venue was local and convenient</li><li>Time of class was convenient</li><li>Childcare was offered, could be arranged, or was not an issue</li><li>Course facilitator/s spoke same language as parent</li></ul> <p><b>Individual motivators</b></p> <ul style="list-style-type: none"><li>Desire for parenting advice, guidance, tips</li><li>Interested in child development</li><li>Experiencing problems related to parenting</li><li>Interested in learning (in general, or specifically about being a parent)</li><li>Desire to meet other local parents</li><li>Looking for free activities to do to fill in time</li><li>Desire that both parents would develop a shared parenting approach</li><li>Previous positive experience/s of parenting course/s</li><li>Previous positive experience/s of courses promoted by that host organisation (e.g. school, nursery, adult education service)</li><li>Previous positive experience/s of courses/ by that CANparent provider</li><li>Desire to learn about British culture around parenting</li><li>Friend/s also attending</li></ul>
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Source: Follow-up interviews with 50 parents

Given that we know from the management information data (Chapter 2) that the CANparent voucher trial attracted a higher proportion of ethnic minority participants than would be expected from area demographics, it is interesting to note the distinct views expressed by the ethnic minority parents we interviewed. Those who still struggled with

<sup>31</sup> After the end of the voucher trial, this point would become "course was free or affordable".

English as an additional language greatly appreciated when the course was facilitated by someone who spoke their language:

‘When [the facilitators] speak in our language, we understand more. They explained it in our language. We understand better than in English.’ (Parent 41)

Several explained that part of their motivation to do a CANparent course was to learn about British culture. Parents 14 and 28 are examples of this:

‘I had no particular problems with my child but the only parenting experience I had was from my own parents so I wanted professional information. I was born abroad in South Korea and there are cultural and generational differences in the way I was parented.’ (Parent 14)

‘I had previously taken another parenting course. I forget the title of it. [...] I decided to take another course because my native and British cultures are so different. I am from Somalia.’ (Parent 28)

Parent 38 was motivated to do a CANparent course because the universal nature of the offer was so different to her experience of how parenting classes were used in her home country:

‘In the USA parenting courses are not generally available unless something bad has happened. There it is a ‘repair’ approach, not an educational approach like this.’ (Parent 38)

### **3.2.3.6 The experience of doing the course**

#### *The ‘parent journey’ from voucher to course*

The majority of the 50 parents in our follow-up sample reported positive experiences of getting on to the courses (e.g. ‘It was fairly quick. I feel it was done well really. It was pretty much direct, pretty smooth. Pt10; ‘From getting the voucher to starting the course was easy. I didn’t have to do anything; the nursery set it all up. I just had to turn up.’ Pt50). A few who contacted a number of providers for further information reported only hearing back from one or two – responsiveness or unresponsiveness influenced their choice of course. The lengths of time that elapsed between voucher receipt and starting a course varied from no gap at all (voucher used immediately to join a course) to gaps of several months. Only two of the 50 were bothered by a delay between registering interest and getting on a course; all the 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. Some parents deliberately delayed using their voucher for reasons to do with their personal circumstances, for example, at point of receipt their child was ill. Some reported having lost their original voucher and printing off an online one when they had chosen a course.

### *Doing the course*

Among the 45 completers, the majority experienced their courses positively – 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.’ (Parent 1)

‘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.’ (Parent 13)

There were eight 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, the facilitator not responding to the interests of the group.

Among the five non-completers in our sample, three attended a course by the same provider and each criticised it as being too discursive without a clear structure. The other two non-completers enjoyed and learned from their courses – personal circumstances prevented them from completing.

### *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 four 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. Parent 40 appreciated that her course facilitator included fathers in the sessions:

‘[The facilitator] invited the dads too, even though they didn’t attend every session. It was interesting to hear the dads’ point of view. Also I liked that she gives some homework that involves the dad also, even if he didn’t attend. [...] I shared the learning with [my partner] and it was so easy for him to understand as well.’  
(Parent 40)

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. For example, Parent 37

discussed the idea of attending the course with her partner and he agreed to look after the children while she went along because he was as aware as she was that as a couple they were struggling to deal with their daughter's tantrums. Her partner was pleased she had gone on the course:

'He was pleased I did it and I'd discuss the feedback and I'd try out some of the things the instructor recommended. He'd not have *joined* me but from the baby-sitting point of view, he was supportive.' (Parent 37)

In this way, it is clear that fathers and male carers were more engaged with the voucher trial than it appears simply from looking at the number of men attending the courses.

Those who went along as male-female couples reported benefiting from learning together and showing that 'Mum and Dad wanted to do something for their children' (Pt42). One couple did a short CANparent course and then went on together to do the longer non-CANparent version. Some fathers, though, who would have liked to, were unable to attend because of work commitments. The partner of Parent 15 was one such but she hoped that he might eventually be able to attend:

'When I found out about the course I mentioned it to my husband and he would have liked to have attended too but was unable to because of work. But I know that each caregiver had the opportunity to use the voucher so we thought if something came up at some point that we thought was suitable he could attend that, if it fitted in with work.' (Parent 15)

From interviewee reports about other parents in their groups, it is clear that some couples attended together, some mothers and fathers attended alternate sessions, and some made a choice as to which one would attend while the other looked after the child/ren or went to work.

### **3.2.3.7 Reasons for non-completion**

The CANparent definition of 'non-completion' was any parent who did not attend enough of the course to meet the contractually agreed point for the provider to claim the £25 completion element of the £100 voucher. We used the management information database to ensure we included non-completers in our sample. In the end, only five interviewees were non-completers<sup>32</sup>.

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

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<sup>32</sup> Comparing database information and parents' own accounts, there were discrepancies of definition between 'non-completers' and 'minimum completers'. In this chapter, in such cases, we used the contractual minimum completion definition and went by parents' own accounts of the sessions they missed to place them in one group or the other. This accounts for the difference in size of the non-completion group in the [Second Interim Report](#) and this Final Report.

the first session because it was so discussion-based. (Other parents interviewed who attended this provider's courses valued the discussion-based approach.)

The other two non-completers enjoyed their courses and were prevented from completing only by personal circumstances.

Further insight into non-completion was gained through two separate interviewees (both completers) who happened to have attended separate runs of one course delivered by the same facilitator. Both criticised the 'poor' delivery of this person and one reported that other people attending this course had left because of this. Separately, we learned that the course provider was informed by local voucher distributors about the negative feedback relating to this facilitator and the issue was addressed.

### **3.2.3.8 Any changes made because of the course**

A very positive finding from our follow-up interviews was the extent to which parents reported having implemented at home learning from their course in ways that improved their family life and experience of being a parent. This indicates a lasting effect of the courses at least amongst our sample.

Even of the five *non-completers*, only one reported that nothing had changed because of the course: 'nothing new was added to what I already knew [...] that would improve things' (Pt4). The other four non-completers all reported positive changes from implementing what they had learned, for example:

'Before doing the course, I thought the baby was there to fit in around the way I run the house. Now I understand that I need to keep an eye on him and understand where he's at and make sure I am giving him opportunities to explore the things he is interested in exploring. [...] Now I understand that [...] you need to be patient and let them discover for themselves while you keep an eye on them. [...] I communicate better with him now.' (Parent 26 – changed her attitude and behaviour towards her child)

Two non-completers spoke about their increased confidence because of what they'd learned. For Parent 2 the change was that she no longer questioned the worth of allowing her daughter to take the time needed to do things independently:

'Just the two sessions I attended gave me more confidence because [...] sometimes I did question myself whether it was worthwhile always being 10 minutes late because my daughter wants to do the zip up by herself [...] It gave me more confidence in continuing on this standard and that's important. Although you can say, 'Well, it was just a validation', actually it was quite important to me.' (Parent 2 – felt confident to continue with her approach)

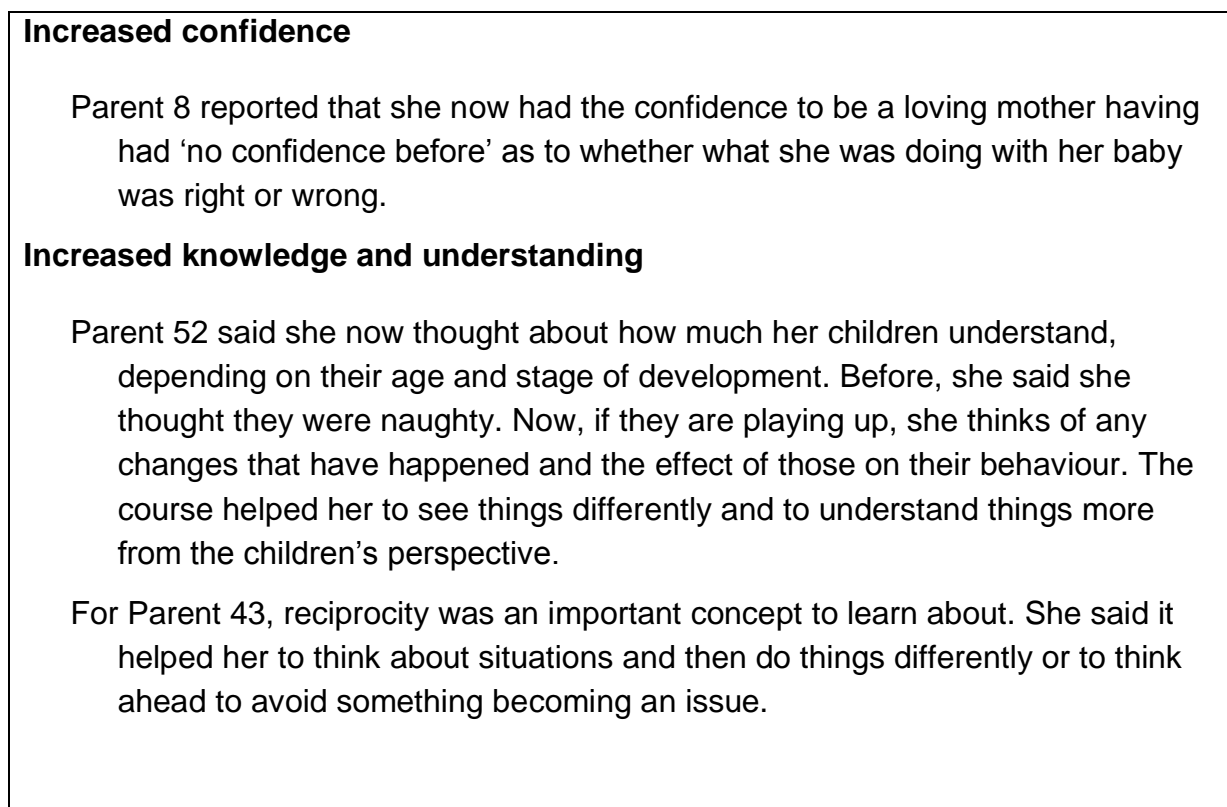
The fifth of our non-completers (Parent 31) said she had put into practice two key things she had learned from the course: to respond to her daughter without over-reacting and shouting, and to put in place a morning routine. She said she was 'really pleased' with

how successful both changes had been, saying they had helped to ensure her daughter's starting at school had gone well.

All but five of the 45 completers reported that the course had led to positive changes in their parenting. For three of the five reporting no change, this was put down to poor facilitation of their course meaning they felt they learned nothing from it. For Parent 34, she and her children having got to know other local families was a lasting benefit arising from the course; she reported no other changes. Parent 6 did not have access to his child and so had no opportunity to put into practice what he had learned. Nevertheless, he believed the perspectives he had learned would be 'knowledge that will be effective for years to come'.

The majority of those who completed their CANparent course reported positive changes in their parenting because of it. For example, they described new or confirmed levels of **confidence** in parenting, increased **knowledge** about specific aspects of parenting such as baby-led weaning or how to deal with tantrums; 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. A minority with very young children reported that they had learned things that they would implement as their child grew older and mentioned course material to which they would refer again to support this. Figure 14 gives some case summaries of changes at home because of the CANparent course.

**Figure 14: Illustrative case summaries of reported changes at home because of learning from a CANparent course**



### **More positive behaviours**

Parent 33 learned the importance of 'how you say things' to your children. She described how she handled an incident with her own teenager daughter differently and more successfully because of learning to listen and 'taking time to listen' to her children.

Parent 39 said that it had changed both how she treated her children (3, 9 and 16 years old) and the dynamics of family life. She had learned not to shout at her children, and to talk to them 'properly' and 'calmly'. She now spent time playing with them and taking her teenager seriously. She said it helped with disciplining and controlling her children.

Parent 41 reported that she'd begun to use a reward chart and to praise her children and cuddle them when they did a good thing. 'The children are very happy with that. I give them attention as well and reward chart as well. I give them sticker and they are very happy.' This worked really well to improve her daughter's sleeping habits: 'Every night she wake up two or three times before but now she doesn't. She stays in her bed. It's very helpful.' This mother also reported that she had learned to play with her children individually and to spend 'special time' with them. Also, it had helped her to feel much less stressed.

Parent 50 summarised a large number of changes in her and her family routines: 'I now realise that if I'm not happy with some habitual behaviour I have the power to make a change [...] if something's not right, it's important to put the time into discussing and changing it. I think I listen to my children more now. In order for them to listen to me (one of our main struggles) I need to listen to them, which I realise I wasn't doing very well.' She also reported that she no longer raises her voice and is able to stay calm and in control. Other changes she listed were: a no shouting rule in place, all have breakfast together every day – like a family meeting, used a star chart for mornings, all cycle to school together, a weekly timetable for homework, Monday to Thursday healthy treats, Friday unhealthy treats day. 'I've also decided to remain part time at work and not increase my hours to full time so that I can spend more time being a parent.'

Source: follow-up interviews with 50 participating parents

#### **3.2.3.9 Views about universal parenting offer**

All 50 parents interviewed thought the concept of universally available parenting classes was a good one. 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.' (Parent 9)

'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'. (Parent 1)

'I think it's a good idea. It ought to be seen as normal. I think to some extent there is a skill to it and there are certain things, tips, that you can take away for dealing with certain scenarios that could help anyone with bringing up children.' (Parent 24)

Some suggested that whilst any parent could benefit, new parents and those who had not had happy childhoods themselves would benefit especially. Normalising parenting classes for everyone, or at least anyone who wanted them, was seen as beneficial; for example, this would give parents access to a place where they could meet other parents, hear about research-based knowledge, advice and guidance, learn from other parents, and discuss different parenting practices. Some parents expressed a belief that universal availability of parenting classes would be beneficial to society as a whole.

### **3.2.3.10 Conclusion**

The follow-up 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 by most, even though some would not have been able to afford to do so, indicating the need for some subsidy. A minority argued that the Government ought to provide free universal parenting classes because of the potential benefits to society. For almost all, the experience of taking a face-to-face or blended CANparent class was largely positive (our follow-up sample did not include any parents who took an online only class). This sample of parents gave detailed accounts of the lasting benefits to family life arising from putting into practice approaches learned or validated during their CANparent course.

## **3.3 Chapter summary**

The sample included in the evaluation achieved the originally agreed 10% of all participants quota. Five hundred and thirty six parents returned pre-course questionnaires and 310 parents completed post-course evaluation data. There were no differences between participants who returned a post-course questionnaire and those who did not in terms of the main outcomes or demographic characteristics, with the exception of educational qualifications. Those who did not return a post-course questionnaire were more likely to have higher educational qualifications.

Evaluation data included information on parenting stress (parenting hassles frequency and intensity) parenting (satisfaction, self-efficacy as parent, parenting interest) and mental well-being. Compared to national norms, CANparent participants experienced substantially higher levels of parenting stress, parenting problems and decreased mental

well-being before the beginning of their classes. These differences potentially reflect participants' motivation for taking up the offer of a parenting class.

We examined change in the main measures following the course in two ways. Firstly we looked at change over time (pre and post-course) among CANparent participants. We, then, compared change in this group with change in a control group. The latter was a group of parents randomly selected from non-trial areas, who provided information at two time points equivalent to those of the CANparent group. Within the CANparent group, there was a small significant change in mental well-being, moderate change in parenting (especially parenting self-efficacy) but almost no change in parenting stress. However, when we compared change in this group to change in a control group (i.e., to change over time in the absence of any intervention), the gains in the CANparent group proved robust. In particular, there were small significant gains in parenting (especially, self-efficacy and satisfaction with parenting), and parenting stress. With regard to the latter, the absence of an intervention was associated with an increase in stress. This suggested that participation in CANparent classes prevented stress from further deterioration. Finally, mental well-being after the classes was on a par with national norms.

When examining whether changes were experienced differently among different subgroups of participants, we considered two main groups of variables: those related to trial characteristics, and those related to participant characteristics. In terms of the former, variation in change was observed for trial area and length of course. Middlesbrough did not change much on any outcome, while Camden presented larger gains, especially in measures of parenting and mental well-being. People who attended short courses (1-2 sessions) showed almost no change in any outcome, and a small but significant decrease in parenting interest. There was not much variation in change over time among courses of different types (blended or face-to-face groups) or with a different level of published evidence-base. In terms of participant characteristics, there was very little variation. In particular, patterns of change for outcomes were similar for participants who were sole carers and those who shared caring for their children with another adult in the household; participants who were White British and participants who came from another ethnic group; and participants who had only one child aged 0-16 yrs versus participants who had more children at this age range in the household. The only potentially interesting finding related to level of educational qualifications where participants with no/low educational qualifications experienced a substantial reduction (medium effect size) in the intensity of parenting stress.

All parents who attended a CANparent course were invited to participate in a brief satisfaction survey. Participation was rather low as only 192 parents provided satisfaction data. Among those, satisfaction was high with 82% of the parents agreeing or strongly agreeing that they were satisfied with the course, and 82% agreeing or strongly agreeing that they would recommend the course to other parents.

The follow-up interviews with 50 participating parents present an overall positive picture. The concept of universal parenting classes was welcomed. The principle of paying for parenting classes was accepted by most, 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 or blended (face-to-face with online components) CANparent class was largely positive – well facilitated, useful content, helpful discussions, positive peer support. Almost all, even those who did not complete their class, described lasting positive changes to family dynamics as a result of implementing learning from their CANparent class.

## 4. Supply Side Longitudinal Case Studies

### Key findings

Based on interviews at three time points with CANparent providers and other stakeholders:

Trial aims:

- Interviewees believed that establishing a market in parenting support would take longer than two years to achieve.
- There was strong support for a universal parenting offer but less strong support for a market model to deliver this.
- Despite the challenges of working within a developing market, 12 of the 14 voucher area providers remained active throughout the trial, as did seven providers in the non-voucher trial area.
- Gaining acceptance for universal provision from large numbers of parents involves a cultural shift that will take time.

Trial design:

- The structure of the trial was viewed as overly complex in the trial areas. In the non-voucher area, more local support to market the CANparent brand would have been appreciated.
- There was some contention over the role of the respective local authorities in relation to CANparent in the voucher trial areas, with some believing that this impacted on the success of the trial. Local authority representatives described the ways in which their authorities had supported the trial delivery. In the non-voucher area, the local authority was engaged as a strategic partner from the start which was viewed as working well.
- Some providers and other stakeholders argued that the timeline should have included a preparation and set-up phase to engage local professionals prior to voucher distribution and classes starting.

Developing the market: stimulating supply

- The voucher offer stimulated the supply of universal classes in the trial areas. The CANparent endorsement brand stimulated the supply of classes in the non-voucher area.
- The earliest classes started in May 2012 and by September 2012, later than initially hoped, most of the providers had classes on offer to parents. These included face-to-face groups, face-to-face one-to-one sessions, blended face-to-face with online components, pure online delivery and live online classes. Classes

in the non-voucher area went live in April 2013, and included face-to-face, online with telephone support, and self-directed delivery modes.

- Provider business models were informed by a DfE 'planning assumption' of take-up reaching 40% of the eligible population. When this assumption proved very wide off the mark, voucher revenue did not cover investment costs for most providers. Take-up in the non-voucher area was very low.
- Local support for providers new to the voucher trial areas was crucial in helping them to establish a local presence.
- Despite initial fears, over time, new CANparent providers were welcomed in the voucher areas and their quality recognised.

#### Developing the market: stimulating demand

- The free voucher offer to parents did not by itself stimulate high demand.
- The most effective way of engaging, recruiting and retaining parents proved to be via known, trusted intermediaries.
- The language and terminology currently typical of parenting support was viewed as too parent-focused and based on a deficit model; some change is needed to a more positive, child-focused approach.
- The effectiveness of the CANparent brand was questioned by most voucher area providers, with some strong objections voiced. It was viewed more positively in the non-voucher area as a quality mark.

#### Developing the market: sustainability

- The trial was based around the stimulation of a quasi-market in universal parenting – there were mixed views on the success of this model.
- Voucher area providers believed that parents are prepared to only pay small sums (£10-25) for courses. In the non-voucher areas, different approaches to pricing were adopted by different providers with prices ranging from no charge to over £100.
- Online and e-provision proved particularly difficult to deliver with success. More research is needed into how to advance this delivery platform.
- The majority of providers hoped to continue to deliver some form of universal parenting course after March 2014.

## 4.1 Introduction

### 4.1.1 Overview of the chapter

This chapter reports on the longitudinal case studies exploring the development of the market in universal parenting classes.

The CANparent providers and other stakeholders across the trial areas were interviewed at three stages throughout the trial: summer 2012 (Time 1), spring 2013 (Time 2) and winter 2013/14 (Time 3). Each time, interviews in the non-voucher area (Bristol) were deliberately held later, as the trial started later there (Figure 15). The interviews were recorded, with permission, and fully transcribed.

**Figure 15: Interview dates for the longitudinal case studies**

Time	Interviewee type	Months & Year
<b>1</b>	Voucher areas: <ul style="list-style-type: none"> <li>▪ providers</li> <li>▪ LA representatives</li> <li>▪ local support partners</li> <li>▪ trial delivery representatives</li> </ul>	May-early July 2012
	Non-voucher area: <ul style="list-style-type: none"> <li>▪ providers/potential providers</li> <li>▪ LA representative</li> </ul>	Nov-Dec 2012
<b>2</b>	Voucher areas: <ul style="list-style-type: none"> <li>▪ providers</li> <li>▪ LA representatives</li> <li>▪ local support partners</li> <li>▪ voucher distributors</li> </ul>	Feb-April 2013
	<ul style="list-style-type: none"> <li>▪ trial delivery representatives</li> </ul>	April-May 2013
	Non-voucher area: <ul style="list-style-type: none"> <li>▪ approved providers</li> </ul>	June 2013
<b>3</b>	Voucher areas: <ul style="list-style-type: none"> <li>▪ providers</li> </ul>	Nov-Dec 2013
	<ul style="list-style-type: none"> <li>▪ LA representatives</li> <li>▪ local support partners</li> <li>▪ voucher distributors</li> <li>▪ trial delivery representatives</li> </ul>	Dec-Jan 2014
	Non voucher areas: <ul style="list-style-type: none"> <li>▪ providers</li> </ul>	Jan 2014

For simplicity, we usually refer to the three different stages of the longitudinal study as Time 1, Time 2 and Time 3 respectively.

The chapter is structured around five main topics:

- the trial aims
- the trial delivery design
- developing the market: stimulating supply
- developing the market: stimulating demand
- developing the market: sustainability.

For each topic, we present findings that capture the story across the trial. We do this by first providing a summary of the main findings from earlier stages of the trial. (Further details of these stages were reported in our two interim reports<sup>33</sup>.) Then we focus on views from the later stage of the trial (Time 3).

The final round of interviews (Time 3) sought to develop an overall, retrospective view of the CANparent trial, with a particular focus on the strengths and weaknesses of the CANparent approach to the provision of universal parenting support, the learning outcomes from participation in the trial, and reflection on possible avenues for the future development of universal provision. This stage involved:

- In the three voucher trial areas (Camden, High Peak, Middlesbrough)
  - The 12 lead providers<sup>34</sup>
  - The 3 local authority (LA) parenting leads
  - 21 representatives of voucher distributors (in three focus groups)
- 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 (Middlesbrough Voluntary Development Agency, High Peak Community and Voluntary Services, Voluntary Action Camden).
- In the non-voucher trial area (Bristol)
  - the 7 CANparent Bristol providers.

In this chapter, views relating to the trial in the voucher areas are presented first, followed by views of providers in Bristol, the non-voucher area. Throughout, where appropriate, provider perceptions are augmented by views of other trial stakeholders. To preserve confidentiality, where quotations are used these are coded as from either a 'provider'

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<sup>33</sup> [CANparent 1<sup>st</sup> Interim Report](#); [CANparent 2<sup>nd</sup> Interim Report](#)

<sup>34</sup> Initially there were 14 providers, but one provider withdrew from the trial in Year 1, and a second in Year 2.

(e.g. P1), a 'Bristol provider' (e.g. BP3) or a 'stakeholder' (e.g. S22) for all other interviewees. 'Classes' and 'courses' are used interchangeably.

## 4.1.2 Brief outline

In brief, the overall shape of the story told in this chapter is that, at Time 1, providers were focused on preparation and set up for delivery of classes. They spoke about how they planned to deliver their courses and recruit parents; of their existing trained facilitators and their plans to recruit and train more as needed; and of their business approach to the quasi-market of the CANparent trial. Very few classes had begun at that point. Other stakeholders were focused on ensuring the distribution of CANparent vouchers as widely as possible.

By the second set of interviews (Time 2), the provider focus had shifted from ensuring a supply of classes to concerns about the low numbers of participating parents and the resulting negative impact on business viability. For most, up-front costs were far outstripping payments received through the voucher subsidy. This negatively affected views of the trial as a whole except that the concept of normalising attendance at parenting classes was still supported.

In marked contrast to the views reported in our Second Interim Report<sup>35</sup> (Chapter 3, Section 3.2.1), by the final interviews providers and other stakeholders were presenting a relatively positive view overall of the learning gained from the CANparent trial. There were reports that persistence was paying off, in terms of more parents participating, and a desire to find ways of making the universal offer of parenting classes sustainable beyond the voucher trial.

## 4.2 Detailed findings

### 4.2.1 Views about the voucher trial areas

#### 4.2.1.1 The trial aim

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

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

At Time 1, different providers and stakeholders could be placed at different points on a continuum of agreement-to-disagreement with the trial aims. Overall, every organisation could see benefits from being involved in the trial but only a minority were fully aligned with the use of a market model. Amongst the voucher area providers, views ranged from hostility to the development of a competitive market to alignment with that aim. The

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<sup>35</sup> [CANparent 2<sup>nd</sup> Interim Report](#)

majority did not have a predominantly market-orientated approach to CANparent, in that their primary intention did not seem to be the development of a market which would generate profits and growth. This lack of enthusiasm for the key trial aim was noted by DfE. A separate contract to provide market development support to the parenting classes market was let for April 2013 – March 2015. Almost all the providers and stakeholders interviewed supported the aim of normalising parenting support by making parenting classes universally available. Those that did not were either sceptical about the demand for such classes or believed that effort should be targeted on families in need rather than interested parents.

By Time 2, 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. Similarly, DfE-generated pressure to remove barriers to increasing take-up was viewed by some as a distortion of the demand-led market principles underlying the trial, especially as there was no financial cost to the Department if parents did 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 market. 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 providers were experienced in delivery based on upfront funding provided by third parties, such as LAs, and were at Time 2 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. Almost all the providers and other stakeholders continued to give a strong endorsement to the trial aim of normalising parenting classes through universal access. (A minority still argued that effort would be better focused on families in need.)

### *Time 3: Support for the aim of normalising take-up of parenting classes*

Towards the end of the trial (Time 3), all the providers supported the trial aim of establishing a universal parenting offer. For the majority of providers this had been one of the primary motivations for opting to be involved in CANparent, with, for example, a typical comment being, 'The programme [CANparent] was about universality and normalisation, which is one of our core remits' (Provider 5). All the providers believed that the government had been correct in backing universality as a method of reducing stigma attached to parenting provision. For example, one provider said:

'We have loved the fact that it [CANparent] has been universal, that for the first time in memory we haven't pointed the finger at the people who need help, but allowed for everyone to need help' (Provider 6).

This provider also argued that CANparent had begun the process of normalising parenting support:

'Where before, whenever you spoke about a parenting programme, it was in terms of a parent who was struggling, or whose parenting capacity was very low, so, of course, that was the image. I remember in the newspapers, they said, "Oh, we need this for bad parents". That was what was out there [...] but, now, changing the tone to, "Everybody should go on a parenting programme." It's fantastic'. (Provider 6)

The universal model that underpinned CANparent was seen to be beneficial both in terms of successfully reaching parents traditionally 'targeted' as in need of support and in opening up parenting support to all parents. One provider summed up this common view:

'One of the benefits of having a universal service is that you can get a wide range of people in, and [previously] targeted groups feel less stigmatised by it – so I think that was the main selling point for it [CANparent]' (Provider 2).

This viewpoint was also strongly argued by Provider 4 (Box 1).

#### Box 1 Benefits of a universal approach

'We have been a long term supporter of the universal provision of parent education programmes. In part this has been because we think that the evidence shows that you can dramatically improve the outcomes for children across the country using the universal approach, but importantly for us, it's also come from our experience of deploying [name of programme], which has shown that while some parents who are in significant need do get through the system and end up getting the support they need, there are lots of parents out there who, for various reasons, actually don't get through to the existing provision, and therefore don't seem to get the kind of support they could benefit from. And we think a universal approach and an open access approach has demonstrated that actually you can reach parents, both those in lower level need, but also those in very significant need [...]'. (Provider 4)

Source: provider interview, Nov/Dec 2013

Other stakeholders also supported the trial aim of normalising parenting classes. For example, the voucher distributors who took part in our focus groups came from a wide range of public and third sector roles. Most had been motivated to become a distributor by an understanding of the value that enhanced parenting knowledge would have for the parents with whom they worked. They all supported the concept of access to universal parenting know-how (but some noted that this did not necessarily have to be delivered through a parenting course – short seminars on popular topics such as sleeping, tantrums, setting boundaries could be another attractive option). Similarly, the three LA

representatives supported normalisation and believed that, over time, the provision of parenting classes open to any parent would achieve this. LA representative views varied on whether or not CANparent had reduced or removed any stigma for parents attending parenting classes. One said there was no evidence for this but went on to argue that the evidence for parenting classes being stigmatising in the first place was lacking:

‘I’m not sure there ever was that much stigma anyway because of the way that it works around children’s centres because it is a continuum of support. [...] If it’s provided in the right way and as part of that support through children’s centres, I don’t think new parents and parents of very young children see it as stigmatising. I think they see it as helpful and useful and part of family support and developing resilience *et cetera* that they feel they need.’ (Stakeholder 22)

(This view is borne out by our findings from the Penetration Survey – see Chapter 6, Section 6.2.1.)

Another LA representative argued that, while the trial would have had to run for much longer and to have achieved much greater take-up to make any *overall* effect on reducing stigma, nevertheless, ‘it must have had *some* impact on [reducing] stigma’ (S4) in line with the level of take-up achieved. This person believed that, simply by CANparent offering parenting classes and support through such a wide range of agencies stigma would reduce because ‘people may be more inclined to call these or go to these [agencies] than maybe a local authority’. In addition, the ‘completely confidential’ nature of the online option was viewed as de-stigmatising. Another LA representative reported that ‘at first, people are wary’ (S20) and that ‘hard-to-reach parents are especially wary’ of a new offer but that, as relationships on the ground mature, organic growth in take-up would continue to happen, indicating a reduction in stigma.

### *Time 3: The continuing challenge of market development*

By Time 3, it was clear that, despite the challenges, 12 of the 14 original voucher area providers continued to try to deliver the trial aim of developing a market in parenting classes. One stakeholder characterised the providers into ‘the old guard’, who were challenged by a market approach and particularly resistant to direct selling to parents, and those that were more ‘market-savvy’ (S1), mainly small third sector organisations and new social enterprises. Nonetheless, by this stage, the majority of providers believed that they had benefited from engagement with CANparent in that they had been able to begin the process of thinking in a market-orientated fashion which, for most but not all the providers, was a novel way of operating. For example, one provider said:

‘It’s been really beneficial, I believe, just in term of thinking about positioning in the market. It’s been beneficial for us [...] it’s a different way of thinking, it’s very business-orientated, whereas we [third sector] are social organisations’. [...] We started from the premise of looking at our market position, and that led to a lot of different pieces of work happening. We looked at the seven Ps of marketing, and

for us I guess “positioning” came out as one of the top areas that we needed to explore really. And we looked at our marketing approach, and thought it’s not really fit for purpose in terms of engagement with key audiences, and then we started to define who those key audiences were: parents, children, head teachers, fathers [...] and we [found] that we were more about engaging donors and funders, rather than engaging schools, parents etc.’ (Provider 5)

By Time 3, 18 of 26 parenting providers nationally that had taken up the offer<sup>36</sup> of mentoring support around market development were CANparent trial participants (including from the non-voucher area).

*Key message: more time needed to trial and deliver on the aims*

All the providers raised issues relating to time constraints in the testing, implementation, preparation for, and success of CANparent<sup>37</sup>. Overall, it was argued that the CANparent aims required more than two years to be fully tested:

‘It was a wonderful project, a wonderful idea, and a very brave thing to do. My view is that it’s done far too much at once: it was trying to develop a market, it was trying to develop a universal parenting programme offer, and it was trying to use the voucher scheme [...]’ (Provider 12)

Some of the providers reported that by the final quarter of 2013, they were beginning to see increased take-up of their offers, and they believed that they were getting ‘traction’ in the CANparent market. This development can be seen to support the argument that the trial needed more time to test out the aim of establishing a market. There was a sense among those providers who believed that they were beginning to see movement in their CANparent market that more time for the trial would confirm developments; for example:

‘I do think that some of the providers feel quite sad that the trial is coming to an end at this point because I think some of them feel like they’re getting traction now. They’ve had some lessons learned, and actually they’re starting to deliver now’ (Provider 5).

For example, one provider with a very long history of parenting support provision argued that the innovative nature of CANparent demanded a much longer time to produce a significant impact:

‘The thing that we need to accept is, although we talk about it [CANparent] as a two year trial, it really, in essence, is closer to a year, because by the time people got started ... It may be with something like this you have to play the long game,

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<sup>36</sup> Through the market development contract let separately by DfE and running from April 2013 to March 2015.

<sup>37</sup> After the evaluation interviews had been completed, the Government agreed to extend the trial for a further year in an adapted form: there will be no voucher subsidy and the work will be carried out under the auspices of the Department of Health rather than the Department for Education.

and it could be we need to be looking at making this into a 10 year trial, rather than a two year trial' (Provider 2).

The providers' support for the universal offer of parenting support was linked to an understanding that for such provision to be met with widespread demand from parents, a cultural change would be necessary. That cultural change, it was argued, required more than two years. Although CANparent was seen to have begun a process of de-stigmatisation of parenting support – 'changing the tone to "everybody should go on a parenting programme"' (Provider 6) – it was the experience of the providers that this process was at an early stage. In the providers' opinions, the culture of parenting was still that attending a parenting class was unusual: 'It's not the norm – people don't go to parenting classes [...] especially if it is all going well' (Provider 5). A comparison with ante-natal classes was frequently mentioned, and the point made that the comparative success of normalising ante-natal classes was the result of many years effort and the physical risk attendant on child birth.

The other stakeholders interviewed shared the view that the trial aim of normalising and de-stigmatising parenting classes required more time. For example, the three LA representatives emphasised that, as one put it, 'it takes time for things to take off' (S20) and that the two year trial had been too short to allow that process to happen in full. Similarly, the consensus view in the three voucher distributor focus groups was that a culture shift to normalise universal access to parenting classes would take more than two years. Illustrative comments from each focus group show their optimism that, given more time, universal parenting classes could be normalised:

'If [CANparent] was out there and sustained for a few more years [...] there wouldn't be any stigma attached to it because everybody would know that it's a thing that lots of people go to, all sorts of people ask for advice, it's just something you do. But I think it will take a few years and sustainability to have that culture shift' (Voucher distributor, Area161)

'Parents are very slow on taking things up. It has to settle in so people see that it's established.'

'It takes a long time to normalise things – 5 years or so for the people that started it to see the benefit of their work'

'I do think that if [the trial] was for another year, you'd start to see that increase of normality of saying, 'I'm going to that parenting group'' (Three voucher distributors, Area 174)

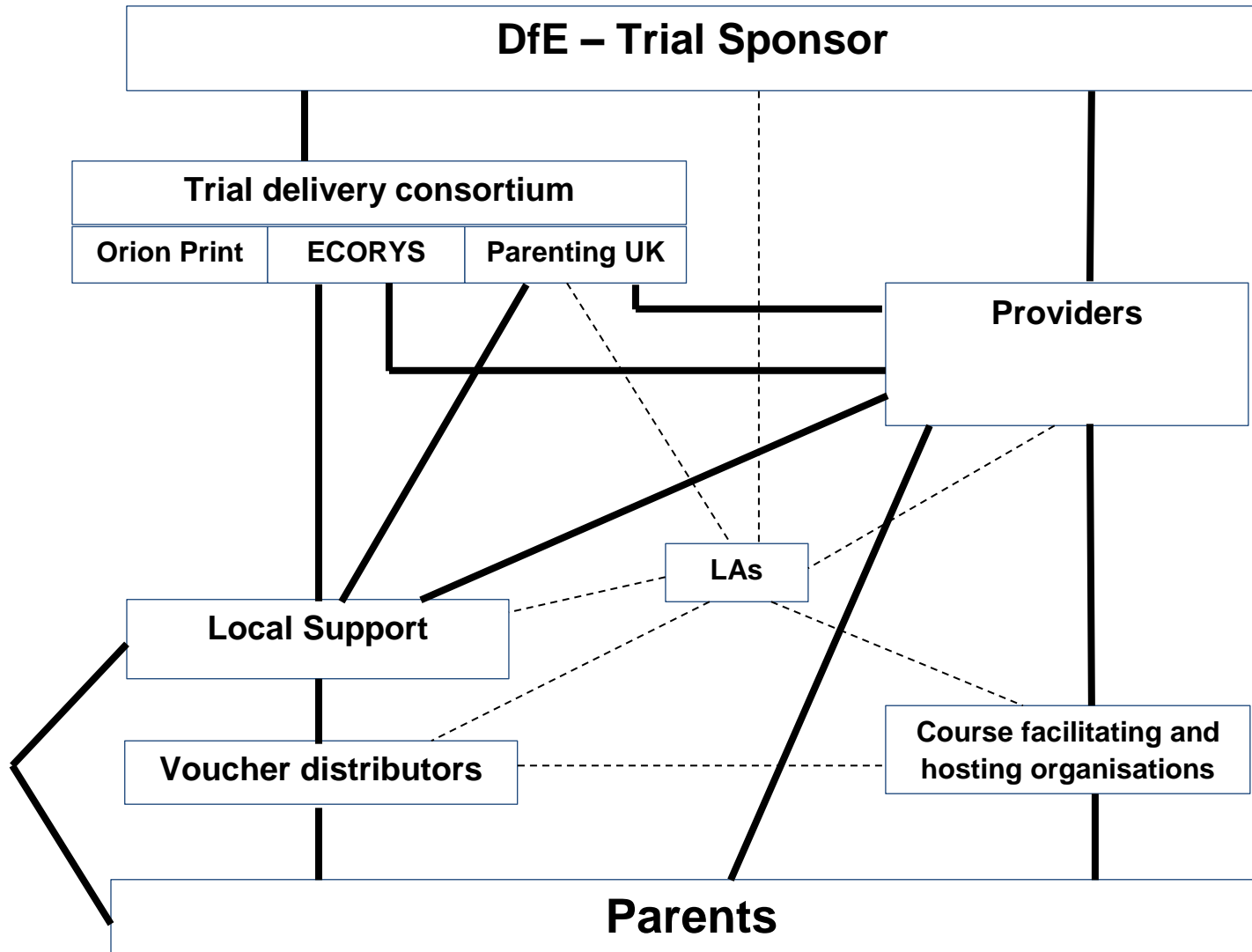
'There is no quick fix – it takes years to embed a new provision. But in the two years, CANparent has become a recognised brand here. It has reached part of the community; now it needs more time. We don't want to lose this work, we want to build on it.' (Voucher distributor, Area 270)

#### **4.2.1.2 The trial design**

##### *The trial delivery design*

The trial delivery design in the voucher areas was complex, involving a number of organisations and groups. In Figure 16, we illustrate the formal relationships between these stakeholders in solid black lines and informal ones in lighter dotted line.

Figure 16: Trial design in the 3 voucher areas



Note: Dark lines represent a formal relationship. Dotted lines represent a less formal relationship

The trial design in the voucher areas included a **management and delivery consortium** made up of ECORYS and Parenting UK (which later became part of Family Lives), with Orion and local support organisations. Each had a specific role (Figure 17).

**Figure 17: The trial delivery management consortium**

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

Within the management consortium, the role of stimulating and supporting the local distribution of vouchers belonged to the relevant local voluntary sector development agency (Middlesbrough Voluntary Development Agency, High Peak Community and Voluntary Services, Voluntary Action Camden). These agencies (referred to as **'local support'**) were tasked with four key functions:

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

Local support were responsible for engaging a network of **voucher distributors**, who, in turn, were responsible for giving out the vouchers and leaflets to **parents** face-to-face and referring them to the CANparent website for further information about the classes<sup>38</sup>. The 14 approved CANparent **providers** were responsible for delivery of the classes and for their quality assurance.

<sup>38</sup> For a summary of the classes offered, see Figure 2 in Chapter 2, Section 2.1.1. Further details are in **Appendix 3**.

### *Views over time about the trial delivery design*

Throughout the trial, two main criticisms were made of the delivery design by providers and some other stakeholders: one, that it was overly complex and, two, that local authorities were not included as strategic partners from the start.

At Time 1, most providers were uncertain about the respective roles of local support, ECORYS and Parenting UK, and about the lines of responsibility, including responsibility for marketing the CANparent courses. These issues were recognised by the trial delivery managers and actions to address them, such as existing regular face-to-face or tele-conference meetings with providers and the development of a written communication matrix setting out respective responsibilities in relation to raising awareness of the CANparent brand, getting information about the trial to local parents, and attracting parents to the courses. Overall, though, relationships were working well between providers and the different elements of the trial delivery structure. Concerns were raised by a minority about the voucher distribution role with the main issues being: that the voucher distributor role had used a slice of potential class delivery staff; that it might inhibit parent engagement as distributors were expected to act in an even-handed way, explaining the local CANparent offer and to emphasise the choice available to parents but were not to advocate any specific classes as suited to any given parent; that distributors were not able to answer parents' immediate questions about one class versus another, instead referring parents to the CANparent website or helpline for further information; and that the need to obtain a voucher from a distributor added an unnecessary step for parents interested in attending a specific class.

In the light of feedback from the providers and other stakeholders during the 6 month delivery review, the DfE agreed to some adaptations of the delivery design: the creation of digital vouchers which allowed parents to access one without having to go through a voucher distributor; and the reconfiguration of the CANparent website to allow parents to search for classes by type, date, location, and content, to reserve a place and to see satisfaction ratings from parents who had already attended. In addition, some DfE-funded marketing of CANparent was agreed: voucher distribution road shows, posters on public transport, posters and flyers for voucher distribution outlets and Facebook adverts (see **Appendix 2** for details of these changes.)

These changes were welcomed by providers and other stakeholder groups at Time 2 but by then the focus of the complaints about the complexity of the trial design had shifted to how difficult it could be for parents to negotiate. By Time 3, all the providers still argued that the structure designed to deliver and support the CANparent trial was too complex, involving the providers, local support organisations, voucher distributors, the £100 voucher and its accompanying leaflet, and the CANparent website. The key practical issues identified by the providers were related to:

- the stages that parents faced between initial engagement and finding a course that suited them
- confusions arising out of the vouchers and accompanying leaflets
- limitations on distributors in recommending courses.

*Stages between engagement and taking a course:* Parents receiving the combined leaflet and voucher had access, through the leaflet, to basic information about the competing offers in their area. They were then expected to access the CANparent website for further information about the courses, including where and when they were running. Having decided on one course, they could then use the website to register an interest in attending. This process was seen by the providers as adding in barriers to engagement, in addition to adding to providers' workloads. For example, one provider described the process, saying:

'What they've done is that they've filled in an enquiry from the CANparent website – "I am interested in your course. These are my details..." and then what we have to go back and ask for is the voucher code and the postcode. And then if we don't hear from them, we follow them up to say, "If you are struggling to download a voucher, or prefer us to do it for you", then that's what we've done,' (Provider 11).

As time went on, this process was simplified to allow providers, usually through course facilitators and staff in the hosting venue, to engage parents in their specific offer and to print off a voucher on the spot.

*Confusions surrounding vouchers and accompanying leaflets:* The vouchers and the explanatory leaflet were also seen to be problematic for some parents. This was particularly the case in Camden, where providers reported parents thinking that they would receive £100 in cash for completing a course, that the voucher could be redeemed for goods in Boots the Chemist, or in stores which had no connection with CANparent, or that it was a voucher entitling the holder to childcare, or £100 of leisure activities. This type of confusion led to some of the providers questioning the need for the vouchers, arguing instead that, for example:

'If there had been fewer providers and they just put on courses, we could have put on courses and just advertised – "free parenting course, come along on this day, find out if it is for you."' (Provider 8).

*Limitations on voucher distributor role:* Some providers questioned the effectiveness of voucher distributors not being permitted to recommend any particular course to a parent or carer. The problem with this, it was argued, was that parents receiving the voucher and leaflet wanted advice about which of the courses on offer might best suit their needs, as well as immediate information as to the availability of courses. Instead, they were directed to the website in order to find more information about offers and course availability for

themselves. Providers argued that this information is best provided in a face-to-face fashion at the time of receipt of the voucher.

Following the Year 1 delivery review, changes were made to the voucher distribution role: the network of distributors was reduced in number but given more guidance and support around explaining to parents the benefits of parenting classes in general and in helping parents to choose a class that suited them. These changes were welcomed as effective by voucher distributors and by local support. Reflecting back on the experience of the trial, trial delivery managers wished that from the start they had put a greater emphasis on explaining to each player in the system their own role and the roles of each other player in the system, and on ensuring that the people on the ground, that is the voucher distributors, class facilitators and hosting organisations were aware of this too and kept up-to-date with the positive changes made over time in response to feedback. Although regular newsletters were e-mailed to local distributors and providers, it was clear that not everyone read these and so some remained unaware of developments. For example, even by Time 3, there was some confusion among a minority of the providers regarding their ability to market their classes, with at least one provider still thinking that all marketing was the responsibility of local support and voucher distributors, even though respective marketing responsibilities had been set down in the Communications Matrix during Year 1.

*The role of the local authorities:* At Time 1, the trial design was also criticised for not having included the local authorities as strategic enabling partners<sup>39</sup> and for not clarifying from the outset the operational rules governing the situations where local authority staff were involved in multiple roles as existing providers, CANparent providers and CANparent voucher distributors. It was believed that this multiplicity raised conflicts of interest and, in one case, led to a provider believing the local market was being 'stalled' and 'blocked' by local authority manager/s. This issue was raised within the trial and addressed by a clear message from DfE that local authorities were expected to have systems in place to ensure separation of the provider and voucher distribution roles among their staff. Nevertheless at Time 2 the ability of local authority staff to act as both class providers and voucher distributors continued to generate criticism from other providers as it was perceived to give a market advantage to provider consortia that included the local authority. Examples were given, and corroborated, of local authority children's centre staff telling parents that they had to use their voucher for the courses offered by the local authority provider. Other stakeholders, however, reported local authority staff in children's centres feeling less threatened by the range of alternative classes offered through the trial as their understanding of the aim to reach out to more and more parents developed.

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<sup>39</sup> In fact, DfE had contacted each trial LA at the outset and received a supportive response.

By Time 3, the role of local authorities in CANparent remained a concern for a significant minority of the providers and for local support interviewees in all three areas. There was concern that LAs, which were an important element in the trial, enabling, for example, access to local services, buildings, children's centres etc., were not fully engaged with CANparent. For example, one provider summed up the difficulties as they saw them:

'I think one of the big problems in [LA] was that the local authority didn't buy into it from the beginning. I think there was quite a lot of resistance, but I understand they felt that it was something they had to do, rather than they'd tendered for it, or been invited in. So, that was the first problem, that there was resistance from the local authority, and it was quite hard to engage the local authority about what their intentions were and what they wanted to do – were they going to be providers? Were they going to oversee it? What were they going to do?' (Provider 1)

A provider operating in another LA noted that because the LA had not been party to the planning for CANparent, it was resistant to the efforts of providers to utilise LA services to deliver their offers:

'The Early Years part of the council [LA] had not been involved in any of the negotiation, and they are the people that were dealing directly with the families that we needed to work with, and they specifically said, "We don't know what's going on here. Our children's centre managers are getting phone calls every day and they can't be dealing with this [CANparent].'" (Provider 8)

Beyond these types of difficulties, seen as arising from a lack of communication, two providers believed that there was a political aspect to the difficulties they believed they experienced in obtaining assistance from LAs. For example, one provider said,

'A massive mistake was picking three Labour councils when it's a Conservative government [sic]. The co-operation was extremely poor, especially in [LA name]', (Provider 12).

This party political aspect was also raised by local support interviewees. For example, one said:

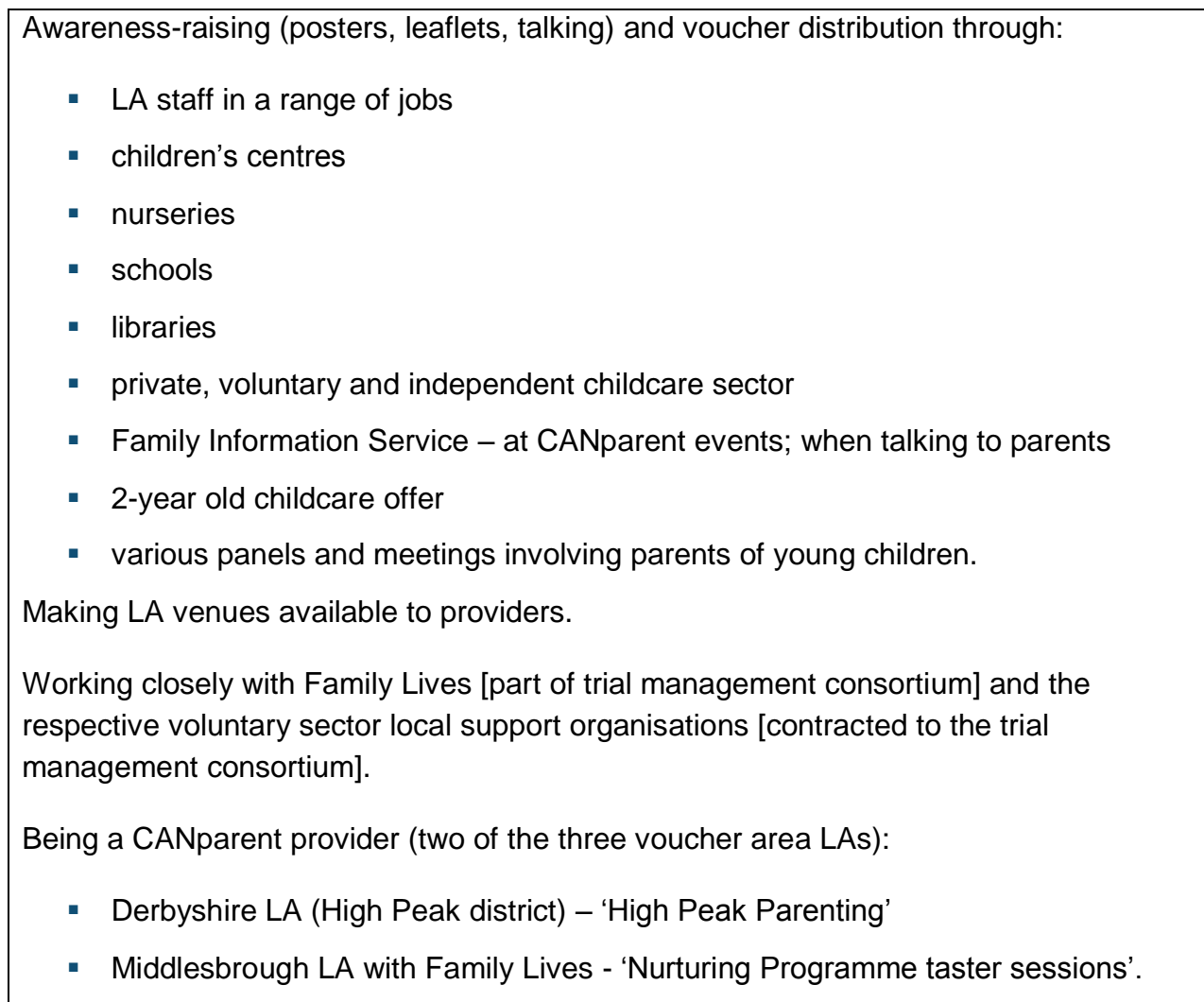
'Nothing was happening with the local authority, I think because it's a Labour council and they were totally against this. They were always, "Why is it not the local providers getting this?"' (Stakeholder 16)

In each area, local support interviewees made the point that LAs were also providers of parenting support and therefore CANparent was seen by some LA staff as a competitor in the field. In addition, where the LA was itself a CANparent provider, there was a tension in that the LA had privileged access to settings that were ideal for parenting support, such as children's centres.

In contrast to the somewhat negative views of some providers and local support stakeholders, the LA parenting leads from the three voucher areas gave a much more positive picture of the LA role in supporting CANparent. In High Peak and Middlesbrough, the LAs acted in both a provider capacity and a voucher distributor and awareness-raising capacity: in Camden, the LA acted only in the latter capacity.

Regarding the LA support of CANparent through awareness-raising and voucher distribution, two of the three representatives argued that the LA had been as supportive as possible: 'We've done what we can' (S22); 'We've been very supportive. I didn't want it said that it was the LA's fault if it didn't go well' (S20). The third LA representative thought that the only thing the LA had not done was to do a 'wholesale, massive local authority push', partly because of there being 'too many providers in the area' which made it 'difficult to promote with any degree of clarity to people' (S4). Figure 18 summarises LA awareness-raising and voucher distribution activity to support CANparent.

**Figure 18: LA activity to support CANparent**



Source: Interviews with LA voucher area representatives, Dec 2013 – Jan 2014

Despite supporting the trial as far as possible, one LA representative also argued that, by not giving LAs a formal role in strategic development of the trial, the trial had missed the

chance to link in from the start with the statutory services with access to families with babies.

*Planning and set-up time:* All the providers argued that the trial design should have included more time for planning and set up, prior to the CANparent offer being presented to parents. Additional time was seen to have been needed for functional and organisational purposes, but also for preparing the market. As one provider said, 'it was just that "hit the ground running" approach, and there was no phased in development that you need for every new project' (P5). In terms of preparing the market, two aspects of such preparation were mentioned, the parents, and key children's workforce and health workers. For example, one provider, with extensive experience of delivering programmes to parents, said:

'Just getting people talking about it, about CANparent, like having 'on the ground crew' four, or five, or even six months before the courses started, talking to children's centres and GPs, and all the healthcare professionals that might have contact with the parents, just saying, "We're starting up something new, these are going to be available from the New Year", or whenever. Getting feedback from them, what they think would have been useful [...] getting feedback from those stakeholders and starting to get out there before we even started to talk to parents. Because I understand that it was all a bit chicken and egg, you know, they wanted courses to be there when they started talking about it, but the thing is that the parents should have been down the line; it really should have been all the healthcare professionals and all those involved earlier.' (Provider 10)

This argument was underpinned by the general acceptance by face-to-face parenting class providers that health care, and children's workforce workers were a key element in recruiting parents to CANparent. The importance of these professional groups was linked, in part, to their role in changing cultural attitudes to parenting support.

#### **4.2.1.3 Developing the market: stimulating supply**

##### *Business models and voucher subsidy*

The trial aim of normalising attendance at a parenting class was, for most providers, a strong value-based motivation to participate in the trial. The main market-based stimulant to providers' coming forward to supply classes suitable for any parent was the Government's voucher subsidy of £75 for every parent starting and £25 for every parent completing<sup>40</sup> the course. The 14 providers approved to participate were selected on the basis of detailed tenders and a rigorous procurement process. The tender documents included costs of proposed courses, the unit cost per parent and the number of parents the bidding organisation proposed to help. Bidders were told in writing that: "Courses must be delivered at a cost to the Department of no more than £100 per parent

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<sup>40</sup> 'Completion' was contractually defined for each course; see **Appendix 3** for details.

inclusive.”<sup>41</sup> They were also told that the ‘overall target group’ was all eligible parents in Middlesbrough (14,000), High Peak (10,000) and Camden (22,000) and that:

‘The intention is to reach all eligible mothers and fathers – the planning assumption is that 40% of these mothers and fathers will then choose to take up a class’. (DfE, Invitation to tender – Parenting Classes, 21.11.2011)

Analysis of the tender responses found that this ‘planning assumption’ had driven the expectations of parent take-up underlying most providers’ business models.

The Time 1 interviews with provider leads indicated that not all provider organisations had created a business plan giving a clear idea of how many courses they would have to run before they had covered their fixed costs. Of the providers that had explored cost of investment versus risk related to returns, different conclusions had been reached relating to willingness to make upfront investment, largely depending on the size and/or financial stability of their organisation. There were three main approaches:

- Risk-willing
  - Provider organisations able and willing to risk running the CANparent classes at a loss because of the gains in experience and expected learning from the trial.
- Risk-averse
  - Provider organisations needing to break even on every parent and tailored their offer to fit the £100 voucher.
- Risks covered
  - A minority of providers indicated that their offer was not dependent on the voucher funding with costs being covered by other, non-governmental, funding sources.

In the ‘risk averse’ group, all from the voluntary sector, some expressed strong views about the difficulties they faced in being able to afford the upfront investment required to attract parents to their offer before they would receive any income from voucher redemption. They argued that there should have been some funding from government made available to help support the transition from grant funding to a payment-by-results model (which is how they conceptualised the voucher redemption income stream).

The Time 1 interviews also indicated that, overall, providers in the voucher areas had taken few steps to prepare for the marketization of parenting support in the CANparent trial. More than one stakeholder commented on the apparent lack of entrepreneurial spirit amongst the provider group generally. There were exceptions to this - for example, one provider was very aware of the need for market research and used its existing management information systems to analyse the demographics of the three areas and

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<sup>41</sup> DfE provider tender Stage 2 responses, specification document, value for money section.

deliberately designed an offer with that could be tailored to meet differing demands expected in High Peak, Camden and Middlesbrough. This sophisticated market research was not the norm though. Some providers exhibited particular views of the nature of the market that reflected their previous experience of funding and provision. Little market research was undertaken by this sub-group of providers into what parents might want for their voucher. Some assumed that their offer was marketable simply because their previous work – usually carried out in a targeted and/or commissioned fashion – had been successful. The changes that might be required to translate that previous success, gained from selling their offer through ‘wholesalers’, such as a local authority or a health visiting service, into success when selling directly to parents in a competitive marketplace had not yet been considered in depth.

At Time 1, regarding the voucher subsidy, the majority of providers in the voucher areas were clear that *large-scale* take-up of their offer at £100 per parent would provide sufficient revenue to cover costs. However, five of the 14 providers believed that the £100 face value of the CANparent voucher under-priced effective, evidence-based parenting support. This was a theme also for other stakeholders at Time 2 and Time 3. For example, voucher distributors noted that £100 per parent could not cover childcare for parents to attend the classes, which was a barrier for some. Further, several providers believed that the constraints placed upon their delivery model, as negotiated with DfE, had had a competitively negative impact on their CANparent business plans. Controls on the offer of online courses and of one-off sessions were regarded as having damaged their potential to break even through cross-subsidising more expensive face-to-face courses with less expensive options and therefore as having damaged the sustainability of their involvement.

By Time 2, the majority of the providers argued that the voucher subsidy should have been greater than £100 per parent, with one suggesting a value of at least £300 and up to £695. The issue was that initial investment in set-up and development costs was not being recouped through the voucher receipts as numbers of parents taking part fell far short both of the original ‘planning assumption’ of 40% of the eligible population and of the revised one of 25%. Two providers withdrew from the trial by the end of Year 1 at least partly because of losses incurred. By Time 3, the remaining 12 providers had accepted that it would take time to recoup their investment, with some feeling more positive as take-up increased.

Providers offering online classes were keen to explain that the creation, development, testing, provision, updating and monitoring of online classes, and of e-components of blended delivery, made it far from a low cost option. Those offering additional online support to parents undertaking their course incurred costs in doing this. The use of forums, chat rooms, and other methods of enabling discussion around the courses required monitoring and moderating; and, if they were to be effective, rapid responses and interventions from provider staff. The online providers were, therefore, aware of the

extent to which an online course required additional expenditure to provide necessary and effective support.

Despite the trial aim of developing a market in parenting classes, at Time 1, most of the providers described a non-competitive or minimally competitive approach. In some cases, this was because providers felt they had a sharply differentiated product for which there were no direct competitors. Other rationales included the belief that co-operation rather than competition was better for local provision of parenting support for example through collaborative marketing such as shared press advertising. At both Time 2 and Time 3, some competitive behaviours were noted, such as providers who could afford to sharing, or gifting in entirety, the voucher value to the organisation hosting and facilitating the classes. One provider, unable to afford this gesture, reported schools that had been initially interested in offering her organisation's course, choosing to offer a rival provider's course because of this financial incentive. Another reported finding it difficult to attend voucher distribution road shows where the CANparent brand was being marketed without wanting to promote his own organisation's courses. This tension between collaborative efforts to support the CANparent aims versus provider competition for parents, venues and staff to deliver classes ran throughout the trial.

### *Classes and delivery models*

Regarding the classes, at Time 1, most providers had recruited staff, put in place training and supervision, or were planning on utilising existing staff. They varied in the criteria they set for selecting people to train as course facilitators. Some trained volunteers from a wide range of backgrounds; others focused on those with experience of working with children and families. Further, all providers believed that they were sufficiently staffed for the growth they expected (the typical expectation was that growth would be slow, at least in the early stages of CANparent), or that they had ready access to reserves of staff that they could draw upon at short notice or had robust plans for recruiting local people to train as facilitators of their course. Two issues were raised: one about the potential quality of the classes and the other about their availability to parents.

*Quality:* Concerns about the potential quality of new provision in their area were voiced at Time 1 in all four trial areas by some providers and by LA representatives. For example, one LA became involved as a provider to defend the local area from new providers offering classes without a published evidence-base of effectiveness fearing that, because unknown, these classes might prove to be inferior to evidence-based classes already running locally. Another LA stakeholder also feared the 'unknown' providers coming in to the area – her particular concern being not knowing the quality of training that facilitators would have had, in particular, around their responsibilities to signpost parents to additional local sources of support if this were required. Local authority stakeholders also worried about the lack of childcare/crèche facilities for parents attending face-to-face classes and one queried whether there was benefit in online provision, suggesting that this was not suited for some parents because of literacy issues and for others because

online activity would be equated with entertainment, not learning. Amongst the management consortium stakeholder group, quality of provision was also recognised as crucial but was discussed in relation to the £100 cost: expectations about quality needed to be 'proportionate' to that cost, it was argued. In that context, the set of quality principles (see Appendix 4) upon which all CANparent provision had to be based was seen as a realistic standard that supported a wide range of offers, enabling parental choice.

By spring 2013 (Time 2), the range of providers in the trial was still being criticised by some other stakeholders for not having focused on existing local, known and trusted providers<sup>42</sup> but by Time 3 all three voucher area LA representatives welcomed the increased supply of universal classes by a more diverse range of providers than previously operated in the area. In two areas, where the influx of new providers at the start of the trial had raised LA fears over quality of provision, the LA representatives made it very clear that such fears had proved unfounded, saying they now felt 'confident' (S4) and 'had no worries about quality' (S20) in relation to the CANparent providers working with parents locally.

*Availability:* At Time 1 (summer 2012), only a small number of providers had begun running CANparent classes. Some online offers were still in development but the main delay for providers new to an area was in recruiting and training local class facilitators. The later than expected start of class delivery was a frustration to the delivery consortium. Success in creating a network of frontline staff willing and able to distribute vouchers (about 200 distributors and 22000 vouchers 'out there' by mid-July 2012) was not matched by the scale of classes running during the early summer. Hence there were reports of parents receiving vouchers and finding the class they wanted not yet up and running in the early phase of the trial.

By Time 2, it was clear that this early mismatch between voucher availability and class availability had also discouraged some voucher distributors from continuing their early efforts to publicise CANparent, requiring local support to work at re-engaging them once the full range of classes had become available. However, it was also clear that CANparent had successfully stimulated the supply of parenting classes. A range of providers had put a range of parenting class 'products' on the market<sup>43</sup> delivered through different modes: face-to-face groups, face-to-face one-to-one sessions, blended face-to-face with online components, pure online delivery, and live online classes. 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 had definitely stimulated the supply of a wider range of parenting courses than before (i.e. it was not simply another way of badging what had been happening

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<sup>42</sup> As almost all of these would have been funded through local authorities, this suggestion did not fit with the aim of the trial to develop a market.

<sup>43</sup> See Appendix 3 for details and Chapter 2, Figure 2 for a summary.

anyway). 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.

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 parental choice.

The range of classes offered had changed slightly by Time 3. Two providers (Montessori and Fatherhood Institute) had withdrawn their courses from the trial. Others had taken advantage of greater flexibility allowed in Year 2; for example, some extended their online offer beyond High Peak. Local support and trial delivery stakeholders reported that the main issue was having to work hard with some providers to encourage them to make classes available to parents by advertising them with class start dates on the CANparent website. This was seen as important because parents needed to know that their chosen provider was running a class in their area in order to take-up the offer.

#### *Local support for providers setting up classes*

At Time 1, local support was focused on recruiting voucher distributors and so providers reported limited contact. By Time 2 local support for providers took the forms of acting as a source of local knowledge to providers new to the area, helping providers find suitable venues and crèches, providing contact details for local schools, Early Years settings and community groups, and helping providers to build their local presence in the area. This was still the case at Time 3 when interviewees from each local support organisation stressed the importance of understanding local conditions, geographies, service provision, cultural issues, and needs. They were very clear in their argument that local condition varied both between and within the voucher areas. As a result, they saw one of their key roles as assisting providers in understanding their respective areas, and helping the providers to access settings and parents.

In a similar vein, the local providers from all three voucher areas gave detailed accounts of the successes and difficulties faced by providers in establishing themselves in each area. They all made the point that those providers who had not made efforts to establish a local presence seemed to have had the most difficulty in recruiting parents to their offers. Simple misunderstandings about local conditions, for example, about the availability of public transport, could undermine attempts to 'sell' courses. In addition, a lack of knowledge about pre-existing parenting support offers also made matters more difficult for CANparent providers that were new to an area. Finally, cultural aspects of

parenting, motherhood, fatherhood and childcare also differed within groups in and between the three voucher areas. An example of the latter was the limitations on father involvement in one area, among one ethnic group, as fathers and mothers tended to be involved in community groups in differing ways. Local support helped broker provider links to these very specific micro-areas and parent communities.

#### **4.2.1.4 Developing the market: stimulating demand from parents**

Overall, the story of the trial was that levels of parent recruitment to the parenting courses were much lower than the initial ‘planning assumption’, that the free voucher did not by itself stimulate large-scale demand, and that recruiting parents to universal classes required much the same tactics and resources as recruitment to targeted classes i.e. intensive face-to-face engagement. The DfE reacted promptly to our findings of likely take-up shown by the first penetration survey which were fed into the 6 month review – see also First Interim Report<sup>44</sup>. During the last quarter of 2013, interviewees reported that efforts to create demand were beginning to pay off and there was a new sense of optimism about this continuing. The key mechanisms supporting the providers to build demand were:

- The CANparent brand, website, and associated marketing and promotion, including the CANparent vouchers, enclosed in an information leaflet<sup>45</sup>,
- The local support and voucher distributor roles
- The efforts of providers in marketing their own specific classes, supported by their local class facilitators and hosting organisations.

We begin by reporting on views of what worked best in stimulating demand and parent take-up of classes.

##### *Key role of local intermediaries (‘channels’) in stimulating demand*

Experience gained during CANparent indicated that the most effective method of recruiting parents to classes was via trusted, known intermediaries. There were potentially two stages to recruitment: the first was to raise parents’ awareness of and interest in the CANparent offer of a range of parenting classes by different providers (the voucher distributors’ role); and the second was to recruit parents to attend particular courses (the role of the providers and their trained facilitators and staff from the hosting organisation). Both stimulated demand<sup>46</sup>.

*Provider views:* Providers’ focus was on what worked in the second stage – recruiting parents to attend their respective courses. They reported that the most effective mediators in recruiting to parenting classes were healthcare professionals, seen as

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<sup>44</sup> [CANparent 1<sup>st</sup> Interim Report](#)

<sup>45</sup> These are illustrated in Chapter 5, Section 5.2.1.3)

<sup>46</sup> In reality, once e-vouchers became available, the first stage did not always happen, with the result that some parents took part in a course without realising they could have used their voucher on any of the local range of CANparent courses – see Chapter 3, Section 3.2.3

having authoritative and often trusted status for parents, and from schools (particularly support staff) and children's centres, seen as having well-established relationships with parents. Even in the case of online provision, it was found that mediators were needed to help parents access that provision (see Section 4.2.1.4). The role of intermediaries, of mediators between parents and programme providers, was stressed by the majority of providers – see, for example, Box 2. In some cases, the argument was put in general terms, with, for example, one provider stressing, 'the thing that works is people on the ground persuading parents, answering questions, getting them through the front door' (Provider 4).

#### Box 2 Roles and people to recruit parents

'It's the teaching assistants, and the children's centre workers, and it's the play group leaders [that are needed]. It's the people that are perceived to be on the same level as the parents [...] What you want is a person, a play group leader, saying "why don't we all together run a [parenting] group?"; and then it's your friends with you in group, and it's not as scary as going into a room by yourself ... I admire those parents that went into a room where they didn't know another parent, that takes a lot of courage.' Provider 9

Source: provider interview, Nov/Dec 2013

Finally, the role of other parents who had experienced a parenting course was also seen to be important, but there was recognition that this avenue would take time to develop. However, parent-to-parent recommendation was considered as potentially a very effective way of spreading information about and demand for parenting classes, once a sufficient proportion of parents in any area had experience of parenting support. In response to this, one change to the trial agreed for Year 2 was that each parent completing a course would be given five vouchers to distribute to others.

The importance of engaging parents via known and trusted intermediaries was recognised and built in to the trial from the start through the role of voucher distributors. In a social marketing approach, this role, placed within a familiar and trusted organisation, is to be a 'channel' of information to the consumer about the product (see the [CANparent First Interim report](#), Chapter 2, Section 2.2.2). These distributors were recruited mainly from the Foundation Years workforce by the local support organisation in each area (Middlesbrough Voluntary Development Agency, High Peak Community and Voluntary Services, Voluntary Action Camden). Initially, the distributors did not have enough knowledge and understanding of the products in the CANparent market to act as effective channels of information to local parents. This was addressed as the trial progressed.

*Local support views:* The local support role in terms of building the market base for CANparent was focused on recruiting voucher distributors and building a network of distributors, and, secondly, on disseminating the CANparent message throughout each voucher area. In all three areas, comparatively large numbers of voucher distributors were recruited. However, there were inter-area differences with Area 270 finding that their

distributors were 'very stretched out and they can only pass on the information and not actually convince parents [and ...] we have had a lot of negative feedback from parents' (S16). In contrast Area 174 was able to develop a large, varied and effective network of distributors, and the local support were eventually told by the DfE (via ECORYS) to suspend the recruitment of further distributors; which had the effect of creating 'gaps and missed opportunities in terms of our support role and it's taken us what feels like a lifetime to get another 12 or so distributors on board [...] particularly on fathers' (S8). Nonetheless, the local support built extensive distributor networks, which included the following settings: schools, health visitors, children's centres, libraries, private nurseries, sports clubs, leisure centres, and dentists. Settings where parents brought their children as a matter of course, for instance, children's centres or dentists, or professionals who had constant access, like health visitors, to families, were all regarded as important voucher distributor groups.

For most of these settings, the local support workers had to spend time explaining the CANparent offer, stressing the value of parenting support, and highlighting the relevance of the offer to the setting concerned. For example, libraries that already offered baby focused activities, often attended by fathers as well as mothers, were recruited to act as distributor on the basis that the CANparent offer was a logical, next step progression on from the family and baby activities. The key to recruiting distributors was seen to be success in getting a potential distributor to 'buy in' to the CANparent offer, not only for the value of such parenting support, but also in term of the self-interest of the potential distributor. For example, in relation to recruiting schools as distributors, one interviewee explained,

'I think that what it comes down to is if managers or workers see it as something that benefits them, for example, through Ofsted 'Brownie points', or better behaviour in their schools'. (Stakeholder 9)

Road shows became an increasingly important way in which local support helped disseminate the CANparent message, thereby building the potential market for the providers to utilise. Roadshows were held in a wide variety of places – from local festivals to supermarkets and shopping centres. The interviewees stressed, however, that for these events to be successful, workers on the road show stalls needed to be very proactive. When this was the case, large numbers of parents could be told about the CANparent offer, and their questions could be answered, while clear information on how to access the offer could be given. In terms of numbers, one local support group gave a figure of 70 - 100 parents engaged on one 'poor' day in winter, with the 'summer ones being so much more successful' (S9). Local fairs and festivals were seen as being much the best forum, as parents and families were not in a hurry, and time could be spent explaining fully the CANparent offer.

The interviews with the local support provided a clear, constant message as to what worked well, in all voucher areas. What worked well was:

- recruiting distributors in a direct fashion who worked in a face-to-face way with parents and could act as intermediaries to introduce the CANparent classes
- providers making the effort to build local knowledge and a local presence
- developing resource packs
- road shows
- the improved CANparent website and the ability to print vouchers off as needed

Recruiting voucher distributors as intermediaries from relevant settings and professional groups, for example children's centres and health visitors, was seen to be vitally important for two reasons. Firstly, such intermediaries had access to large numbers of parents, and, secondly, these intermediaries were trusted sources for parents concerned with issues related to their children. It was necessary for the local support to recruit such intermediaries in a face-to-face fashion (much as the intermediaries would recruit parents to CANparent). Local support argued that the best way to ensure that ideal intermediaries were 'on board' with the CANparent offer was to find professionals who would see distribution as 'in some sense an extension of their own work; so, children's centres, for example, they see it in terms of their Ofsted criteria and the DfE [...] They see it as working with a partner who is resourced so that they can increase the footfall; in their centre, and offer things they themselves can't offer, for example, online resources' (S9). And in recruiting these settings and professionals as distributors, the local support workers were recruiting:

'the people that parents trust with their children [...] so they have got that relationship, rather than me [local support worker] standing in the street telling them that it [CANparent] is a good thing'. (Stakeholder 8)

Those providers who had invested in building local knowledge and developing a local presence were seen, by the local support, as having a better chance of selling their offer under CANparent. In this context, 'local' could mean a particular area, estate, or 'corner' of a voucher area. Failure to understand that meaning of 'local' could negatively impact on providers' ability to sell their course, even if they had a presence in other parts of a voucher area. For example:

'Even though they [a provider] are based here, they don't know the north of [the voucher area] at all. They live in their own world down there [...] whereas to do this sort of work you need to go into the community themselves' (Stakeholder 16).

Conversely, those providers who were 'out on the ground', gathering local knowledge and establishing a local presence were seen to have achieved better results:

'The learning has been, I think in all three [voucher] areas, that unless the provider is willing to put in time and effort to directly talk to people and "sell them tickets to their show" as it were, they probably won't fill [their classes]' (Stakeholder 9).

Among the later developments, in Year 2, the creation and use of resource packs was seen to be valuable. This was particularly the case when they were used both with potential distributors, but, more so, with parents at roadshow type events. This development enabled local support workers to be able to show parents what CANparent was about, particularly in the absence of access to the CANparent website.

The roadshows were welcomed by the local support organisations, and it was argued that they should have been part of the CANparent drive from the very outset. They were seen to be good ways of getting the message out in general, boosting 'brand' recognition, but also, and crucially, enabling parents to be presented, face-to-face, with basic information, and to have some of their initial questions answered.

There was also uniform agreement from the three local support organisations that the improved CANparent website was more effective than the initial offering. The ability to print-off vouchers from the website was also seen to be an advance, especially as a setting, for example, a children's centre, would be able to minimise the time lag between a parent being told about a course and beginning the course because of the children's centre's ability to print off the voucher on the spot:

'That the distributors can [now] print the vouchers for the parents, that makes a difference because they can just get the vouchers and give it to the parents straight away rather than pick up the voucher from wherever and take the voucher somewhere else' (Stakeholder 16).

*Voucher distributor views:* Views from the voucher distributor focus group interviews on what worked well to stimulate demand and take-up of classes fitted closely to what providers and local support representatives said. Here we give a brief summary of their views:

- Blurring of the voucher distributor/deliverer concepts worked
  - delivery through local organisations (statutory and voluntary and community sector) worked well – deliverer sorted out vouchers for each parent
- Active mediation of choice worked
  - take-up better when a local organisations (statutory and voluntary and community sector) selected one or more providers and enrolled their clients on to that/these course/s at their local venue
- What worked in engaging parents to attend
  - paying attention to **who** 'sells' it and delivers it (known and trusted professionals/workers; other parents), **how** it is 'sold' (not as 'parenting', not as 'done to' or 'expert') and **what** is 'sold' matters (interesting, high quality course, relevant to these parents' situations), and to **sustainability**

of the offer (regularly offered throughout the year) and a **local** venue (easy to get to)

- ensuring a **positive experience** of one parenting course as this encourages some parents to attend further parenting courses at later stages in their family life – e.g. another child or for older child/ren
- **removing potential barriers** – e.g. providing a crèche or working out bespoke childcare solutions with parents so that they can attend; offering flexibility of days and times; choosing a local venue
- **assuring quality of facilitator/s** is vital (negative word of mouth also spreads and puts people off other courses too).

According to the voucher distributors in our focus groups, the vouchers by themselves had minimal effect on stimulating demand for the classes. In their view, many parents found the voucher annoying (you had to have one to access the class) or confusing (they were unsure what it was for) or simply peripheral to parents: what parents cared about the voucher was that it meant the classes were free of charge. Thus it was the *subsidy*, not the voucher itself, which mattered to parents. In Area 161, some distributors noted that the £100 face value vouchers may have begun the process of parents understanding that parenting courses cost money to run and that it is not unreasonable to ask parents to pay *something* for them. In the Area 270 focus group, this was reported as not the case there; instead, parents there were used to family support being provided free of charge.

#### *The brand, website, and brand marketing and promotion*

While face-to-face engagement with parents was viewed as the most effective way of engaging parents in CANparent, the CANparent brand, website and central marketing and promotion also played a part.

*The CANparent brand:* The ‘CANparent’ brand was developed for the trial by a marketing organisation<sup>47</sup>. ‘CANparent’ stands for ‘Classes and Advice Network’. The brand operated as an endorsement, identifying a commitment to connect all parents to high quality support<sup>48</sup>, advice and classes about parenting. It was backed by the Department for Education. At Time 1, the majority of the providers were positive or neutral concerning the CANparent brand. Some providers raised concerns that the CANparent brand had no real market purchase; might undermine the existing brand strength of well-known providers (this concern was linked to concerns about the lack of a published evidence base for some offers<sup>49</sup>); and that parents might not retain any awareness of going on a CANparent class, connecting instead to the name of the specific course (e.g. Raising Happy Babies) or of the specific provider (e.g. Triple P, Solihull Approach). By Time 2, providers were concerned that, despite a DfE-funded marketing campaign that ran in November 2012 and January 2013, the CANparent brand was still not generally recognised. Other

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<sup>47</sup> Brand development was done by OxfordSM for the Department for Education.

<sup>48</sup> The Quality Principles used to select and assure the CANparent courses are set out in Appendix 4.

<sup>49</sup> The evidence base of each course offered is provided in Appendix 3.

stakeholders too recognised that the tension between the overall CANparent endorsement brand and individual provider brands had not gone away. Trying to make the association between CANparent and the classes parents attended remained difficult. By the time of the final interviews (Time 3), provider reflections on the nature and success of the CANparent brand were mostly negative. Just three of the 12 providers were enthusiastic about the brand, arguing that it had helped develop the idea of universal parenting, and that it gave the initiative a stamp of official approval. For example, one provider commented:

‘I think the CANparent brand is really helpful. It was all, as far as I could see, positioned very positively. I think the idea of having that sort of government stamp of approval is all very useful, and we would want to be seen to be very positive about all that.’ (Provider 7)

Another provider defended the brand from attacks on it in the media, and argued that it was wrong to see CANparent as an example of the ‘nanny state’:

‘I do think that the CANparent brand has been a success, regardless of the very shabby treatment in the press when it was announced, where we had the usual contingency coming up and saying this is all about the “nanny state” and so on. I think the CANparent brand has put forward a very positive view of why you would want to be involved in a parents’ education programme.’ (Provider 5)

The negative views related to two main issues. One was that the brand covered heterogeneous offers; different in terms of approach, evidence-base, length, and delivery. For example:

‘I can understand the idea of having kind of a “kite mark” umbrella, but we had 14 providers who were part of that who have different types of experience of delivering to parents, different lengths of experience of supporting parents, and I don’t see what value that brought us, and it didn’t bring us any more customers, and parents weren’t ringing us up and saying, “Oh, you’re part of CANparent, it’s really marvellous”’ (Provider 3).

The second main criticism of the brand focused on the word ‘CANparent’ which was seen to project too negative a picture of parenting support<sup>50</sup>. This common criticism put the brand name in the broader context of issues relating to the need for a new, positive, language to promote parenting support focussed on supporting children’s well-being and development. Providers spoke about what they had learned about the terminology that is likely to be most successful in relation to the marketing of universal parenting offers. There was general agreement that it should be possible to move forward from the terminology - ‘classes’, ‘courses’, ‘programmes’, and ‘parenting’- that characterised CANparent and many other parenting courses outside the trial. There was even

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<sup>50</sup> The brand was developed by OxfordSM, for the Department for Education, and tested through qualitative research with parents, with positive results.

questioning of the term 'CANparent'. The general view was that the language of parenting support needed to be revised in order to establish a broad acceptance of a universal offer.

The majority of providers questioned the accepted terminology associated with parenting offers. For example, one highly experienced provider noted:

'I think the very nature of the terminology, again drawing on the experience of [delivering via] children's centres, when you start mentioning "parenting" it has a connotation almost immediately that is about "bad parenting" – it's not [seen to be] about parenting wholesale. It's about, "if you don't know how to manage your children, or you don't know how to rear your baby then you are a bad parent,"' (Provider 2).

Another said: "Parenting programmes" are seen to be for "defective" parents, for "dysfunctional" parents' (Provider 6). These negative perceptions were also seen to be reinforced by the use of 'classes', regarded as implying compulsory classes as in school. The consensus was that parents being in a position to help the development and build the future for their children might be a better approach to universal provision:

'I think, calling them "parenting classes", you're still going to have stigma, so I think that if it was something around child development it might be more interesting because that takes the blame away from parents.' (Provider 3)

In this context of de-stigmatising the language of the universal offer, provider reflections on the brand name, 'CANparent' were mixed. Seven thought it was not helpful, three providers were entirely supportive of the term, and two were neutral. Those who regarded it as unhelpful expressed concerns that negative connotations remained:

'CANparent [...] implies, "Can you parent?" It needs to be something positive instead of negative. Something like, "Supporting your children"' (Provider 1).

The three providers who liked the brand name argued the opposite:

'I think the CANparent brand is really helpful. It was all, as far as I could see, positioned very positively.' (Provider 7)

*Website:* At Time 1, only a few months after the trial start, management consortium stakeholders were aware that the [CANparent website](#) had quickly outgrown its original limited purpose of being a single place through which parents could reach providers' own websites. Redevelopment was agreed after the DfE's 6-month review to make it easier for parents to search for classes by criteria important to them such as content, time, place, and to register an interest in attending. At Time 2 however, most providers were still critical of the fact that parents could only register interest rather than book a class directly. They reported that very few parents came to them through the website, suggesting that it was not a strong driver of demand. Other stakeholders too, whilst acknowledging the

positive changes made, remained critical. In response, for Year 2, the website was extensively enhanced to make it much more user-friendly and to include quotations from parents who had attended classes. Providers were also able to add a one minute video to bring alive the benefits of their offer to parents. By Time 3, views were more positive with local support and voucher distributors especially reporting that parents found it easier to use.

*Brand marketing and promotion:* Initially, there was no funding to market the CANparent brand or the concept of universal parenting classes. The original plan had been that each provider would market their own offer. However, once the CANparent brand had been introduced, the providers thought the CANparent classes would be marketed by the trial delivery consortium. Most providers thought other stakeholders (ECORYS, Parenting UK and local support) were not doing enough to market CANparent, whilst these stakeholders described trying to encourage providers to take responsibility for marketing. The leads from the voluntary sector organisations providing local support in each voucher area described seeking to organise collaborative local marketing and receiving mixed responses to this from providers. In response to feedback, some DfE- funded central marketing was introduced after the 6-month review (voucher distribution roadshows, posters, flyers, bus adverts, and Facebook adverts).

By spring 2013 (Time 2), trying to deliver the trial aims using 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. Hence, after the Year 1 review further DfE- funded central marketing was undertaken (further roadshows supported by branded water bottles, a revised leaflet, father-specific marketing materials, a short YouTube video commissioned, continued Facebook adverts, and schools, nurseries and health visitors were provided with CANparent stickers with a short message and the web address to put on the cover of each child's Red Book or school/nursery diary). These were welcomed by some providers, with a minority unhappy at the tone:

'It [CANparent marketing] was always presenting the problem as opposed to saying something about parenting can be fun, or parenting is a rewarding experience, or giving some very positive message, and then saying how we can help you with that – the sleeping and eating patterns [for example]. By talking about a problem [first] you're kind of encouraging that whole negative aspect of it.'  
(Provider 10)

Local support workers and voucher distributors interviewed welcomed the central marketing materials produced for Year 2 and reported that parents liked the revised website.

#### **4.2.1.5 Developing the market: Sustainability**

##### ***Provider views***

###### *Understanding the existing market in universal parenting provision*

The view of the providers was that, for the foreseeable future, parents would be loath to pay for universal parenting courses. Nonetheless, providers argued that parents did pay for parenting advice, and that as providers of parenting classes, they were operating in an already existing market that was characterised by parenting advice in books, magazines, on visual media, and on the internet. These sources of information are marketed and popular, yet the providers argued that parents saw expenditure on books and magazines, for example, as being different from the purchase of a course. These non-course sources of advice were seen to be readily accessible, private, flexible, and part of the accepted costs of parenthood. In addition, parents sought free advice from other parents, family and friends. Combined, these sources of parenting advice formed an extensive and readily accessible pool of support, part of which was already marketised.

###### *Identifying the potential extent of the market for universal parenting ('demand')*

Developing a market for universal parenting support presented, in the view of the majority of providers, a number of challenges. The difficulties associated with understanding the potential market for universal parenting, especially on the part of third sector bodies with limited funds to undertake market research, led some providers to question the extent of the market. In one case, a provider questioned whether there was any exploitable market for universal parenting support, and that the difficulties encountered in recruiting parents might be an indication of the limits of the market for universal offers.

The providers' view was that the central challenge was the perceived resistance of most parents to the idea that parenting support was relevant to their situation. This was believed to be, in part, linked to the common stigma attached to parenting support, arising from the norm of targeted provision, and provision into which parents are referred as an intervention. However, providers also thought that there was more to it than residual stigma. There was a recognition that there was still a good deal to be done in the way of marketing universal offers, and that more work was needed to understand why parents seemed to be resistant to the message (Box 3).

### Box 3: Thinking about parent reluctance to engage with universal provision

'It's not instinctual to go on a parenting course, so I think we've struggled with it. [...] I don't think we've sold the message. I don't think the public have bought into it in the way which was anticipated, which is a shame because it could be something that is delivered almost like any other universal service, like two year old checks, or ante-natal classes. And I really struggle to get my head round why that is – other than people maybe don't see it as important as a baby's health, which is why you go to ante-natal classes, or two year checks. But the parenting thing is a much more nebulous concept really, and I think we haven't managed to get it across.'

Provider 2

Source: provider interview, Nov/Dec 2013

The three voucher distributor groups had views on the extent of demand from parents for universal parenting classes. In their experience, the *expressed* demand from parents was for reliable advice/information, not necessarily a parenting course:

'In terms of support, I don't think any parent has ever said to me, 'I want a course' but I do think parents want some sort of mechanism in place which is not necessarily a course where they know they can get help and advice on any aspect of parenting' (voucher distributor, Area 161)

These local professionals recognised some *latent* demand for universal access to reliable parenting information from sub-groups of parents:

- new parents
- parents of 2 year olds
- parents of teenagers
- lone dads
- couples going through court proceedings for access to children
- parents involved in any level of the social care system or common assessment framework
- parents in a crisis.

They said that it was professionals like themselves who recognised the need for universal parenting support, and that they, in turn, can encourage parents to take it up when offered. Across the group, they reported some signs that CANparent had stimulated a demand by creating a supply – new universal courses were attracting parents. They also said that a good experience on a CANparent course stimulated demand for further advice and support when other issues arise or a new developmental stage is reached. In all three areas, distributors argued that the best way to create demand was to continue the supply: 'continue – it then becomes embedded in the culture' (voucher distributor, Area 174); 'it needs to be consistent provision in the community' (voucher distributor, Area 270).

### *Pricing parenting classes*

Looking forward to the post voucher trial offers of CANparent providers, those providers (the majority) who believe that they will continue to offer a universal programme based on their CANparent offer, argued that it is unlikely that parents will be willing to pay more than a nominal price for parenting support<sup>51</sup>. The providers argued that the dominant culture of free at the point of delivery healthcare meant that parents do not feel that they should pay for parenting support. In the words of one provider parents will be reluctant to pay because 'if it [parenting support] is so important it should be given out free in any case, in the same way as ante-natal classes and two year old checks', (Provider 2). By contrast, another provider argued that in the eyes of some parents the 'free' CANparent offer was devalued because if it was 'free' then it must be worth very little.

Thinking in terms of their future offers, providers believed that the price that a market in universal provision would bear would be low, in the range of £15-25. These figures were, however, speculative and were not informed by systematic market research, but, rather, based upon informal feedback and the experience of CANparent. In this context, those providers who intended to continue to offer some variant of their CANparent offer intended to do so on the basis of funding they already had access to, and on the basis of being free at the point of delivery. Alternatively, parents might be expected to pay a nominal price, with the provider covering costs, and perhaps, hoping to use the offer as a loss-leader to recruit parents onto longer courses the providers offer paid for upfront mainly by local authorities. (See Chapter 7 for the findings of our Willingness to pay analysis, based on responses of over 2,600 parents.)

### *Understanding where online provision fits in the market*

Online parenting courses are a relatively new aspect of parenting support (see Appendix 6 for a brief literature review of its effectiveness). CANparent online offers were made by eight of the providers. For those providers, there was disappointment that the online delivery mode had not been more successful. Nonetheless, the experience generated a good deal of learning. The key learning points were:

- there is still a need for face-to-face mediation to support parents into online provision and also during engagement in online provision
- online provision may work best as a complement to face-to-face parenting support
- online provision may need to be a mix of brief, problem-solving guidance on dealing with common parenting issues, and longer courses

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<sup>51</sup> See Chapter 7 for the findings from our Willingness to Pay study, involving over 2,600 parents, which indicate that just over half of parents surveyed were willing to pay something for a face-to-face or blended delivery class; for online, 43% were willing to pay something.

- online provision is not inherently a low cost option. In addition to course development, website development, maintenance, and moderation, supporting e-activities are necessary, such as Twitter feed, and Facebook updates.

*The need for face-to-face mediation to support parents into online provision:* The comparatively low take-up of CANparent online offers was seen by the providers as indicating that parenting support courses are not particularly suited to online provision, and/or that parents still need to be supported into taking an online course. For example, one provider explained that they believed that retaining participants in an online course was more difficult than in a face-to-face course:

‘When you are doing it in a virtual environment you don’t have that relationship with either the coach or the person who you agreed to sign up with, and I think that t’s much easier to break that pledge without feeling as if you’ve let someone down.’ (Provider 7)

This view was also expressed by another provider:

‘When you come to online you have the issue of “I’ve got no-one to talk to”, “I’m not interacting with other people”. I remember in the other settings face-to-face] when parents came to it they loved the fact that they met other parents.’ (Provider 6).

*Online provision as a complement to face-to-face parenting support:* Given the difficulties identified by the online providers, they argued, in the light of the CANparent experience, that there was still an opportunity to use online provision, but with a different approach. Instead of online courses being envisaged as complete, stand-alone provision, it was argued that the immediate future for online provision might be as complementary to face-to-face provision, or as brief, solution-focused provision. By developing online, and other e-based, provision, it was argued that demands for quick, non-course based ‘solutions’ to parenting problems might be met (Box 4).

#### Box 4 Thinking about the future of online and e- provision

‘People are so into something that is quick and easy on their Smart Phones or their tablet [...] so a series of little myth busting videos that people can have on their tablets about new babies, about parenting two year olds, about teenagers – fantastic! And that’s what I think; it’s quick, it’s easy to look at, and people can watch it time and time again. I think it has [got a future] and we just have to make sure there’s a choice; there will always be people who want to go on a course, and do it with other parents in a similar situation, and there will be parents who can do a course over six weeks or six modules, and they might do it in their lunchtime at work; and then there will be parents that it doesn’t do it for them – there have to be many channels and many choices.’ Provider 11

Source: provider interview, Nov/Dec 2013

Another online provider argued that despite the limited take-up of their CANparent online offer, they still believed that online provision had a role in any universal offer because it offered the possibility of a highly flexible platform for taking parenting support to working parents, in particular. The provider explained:

‘The services provided today don’t consider, a great deal, the working parent. They also don’t consider the parent who has very limited time, and when I say “limited time”, that’s the parent who goes through their working day, or indeed their caring day, doing all sorts of things and haven’t had the time to sit down. So the parenting programme, our online programme, was to help those type of parents, mothers, fathers, carers, anybody in that parenting role or care role, to have 15-30 minutes a day of their time, whether it’s a break at work, whether it’s at home when they get back, or first thing in the morning, to get online and learn a skill.’ (Provider 6)

The online providers argued that they had particular difficulties in marketing their offers. These difficulties arose from targeting an online audience in a small geographic area and explaining an online offer in face-to-face events. For example, one online provider said:

‘Targeting online a small area [...] takes a lot of resources to build up some sort of online audience, whether that’s going to be through Facebook or your own website, and promote, and, again, even though there were roadshows, it’s very difficult in a supermarket foyer to explain what an online parenting course looks like.’ (Provider 11)

Similarly, building an audience, and a potential customer base, via Twitter and Facebook was seen to require substantial investments in staff time. Both these platforms also require continuous updates in order for them to remain effective.

The majority of providers said that they hoped that they would, in one form or another, be able to progress a CANparent type offer after the end of the trial. Four strong themes emerged from the provider interviews:

- they continued to be strongly supportive of the policy of universal parenting provision
- that CANparent had begun to make progress towards the end of 2013, and more time was needed to build on that progress
- that there was a likelihood that they would continue to offer CANparent type provision aimed at providing a universal parenting offer
- that useful learning had taken place, particularly in terms of marketing, the market and responses to universal offers.

### *Strong support for the policy of universal parenting provision*

A constant message from almost all the providers over the lifespan of the trial was that they fully supported moves towards providing universal parenting support. The providers acknowledged that there had been considerable challenges in the implementation of the CANparent model, but, in the words of one provider, 'I think the initial thoughts behind CANparent were very brave and wonderful thing for the government to put forward. I think it's absolutely marvellous', (Provider 12). The large majority of providers continued to argue that universal provision was both a way of offering parenting support that could benefit all parents, and of engaging in a stigma-free way those parents who might need additional parenting support beyond that provided by a universal offer (traditionally 'targeted' parents).

### *Progress during the CANparent trial*

For most of the providers there had been positive signs of traction by the last quarter of 2013, and engagement by parents had begun to show clear signs of improvement. These developments were in keeping with the providers' view that for such an innovative project, two years was an insufficient time to test the model. Nonetheless, the improved situation for most providers made them optimistic that there was a future for differing universal offers using various delivery methods, and, perhaps, involving some form of payment by parents at point of delivery. There was hope, too, that large employers might prove effective third party sponsors of universal parenting classes for their employees<sup>52</sup>.

All the providers believed that their participation in CANparent had provided them with learning opportunities arising from the challenges of the trial. In the majority of cases, providers had sought to develop learning in respect of developing new courses, new platforms for delivery, new methods of delivery, engagement with marketing, and marketised forms of delivery. For almost all the providers, providing parenting support in a market-based fashion was a new experience and required new thinking.

### *Future offers*

Although providers explained that they had begun the process of engaging with market-based ideas, they were sceptical of the likelihood of parents being willing, in the foreseeable future, to pay cost-covering rates for parenting support. As a result, most providers who intended to continue with some form of CANparent derived offer after March 2014, believed that could only be achieved by them funding offers from other sources, with parents paying little more than nominal amounts. This uncertainty meant that, at the time of interview (November and December 2013), providers were unable to provide details of their post-trial offers, but only two providers ruled out further provision of their CANparent offer. There were clear indications that four of the online offers would be continued, with at least one of those online offers being further developed.

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<sup>52</sup> Appendix 2 in our Second Interim report summarises key messages from the literature on the rationale for/benefits of employers sponsoring parenting programmes for their employees.

## ***Other stakeholder's views on sustainability***

Regarding the potential for sustainability of a market in universal parenting classes, two of the three LA representatives were more positive than the third. The two more positive LA representatives agreed that sustainability would be 'very difficult' and that funding would have to come from somewhere other than parents and providers. They shared some ideas of potential funding/subsidy sources:

- Affluent parents paying for classes; others contributing something
- LAs subsidising providers by offering free venues and free promotional work
- Public health might provide some subsidy or commission some delivery
- Some employers may subsidise or commission classes for their employees
- Schools might commission or work together to co-commission parenting classes (especially if restrictions on the use of the Pupil Premium were relaxed)
- Grant-making bodies might fund some delivery if it could be made to fit with one of their projects e.g. a bid to the Big Lottery.

The more negative third LA lead argued that, given the level of take-up when offered free at point of delivery through the voucher subsidy, there was no potential for a sustainable future without government subsidy.

The voucher distributor focus groups, made up of representatives from a wide range of local public and third sector organisations, believed that there would always be a demand for parenting support and advice from reliable sources. They argued that delivering CANparent-level quality parenting classes costs money which would have to come from somewhere as, in their view, the culture was not yet at a point where sufficient numbers of parents could or would pay full cost. They also pointed out that costs are incurred at potentially three levels: by the main provider organisation, by the local organisations who have staff trained to deliver the courses, and by those hosting the classes (sometimes a single organisation hosts and provides trained facilitators). None of these organisations could afford to deliver without revenue coming in from somewhere.

## **4.2.2 Views about the non-voucher trial area**

### **4.2.2.1 Introduction**

In this section, first the classes offered by CANparent Bristol providers at the time of the final interviews (January 2014) are outlined. Then the views of the CANparent Bristol providers about the trial are presented briefly under the same main themes as were used in Section 4.2.1 regarding the voucher areas. Where quotations are used, these are referenced by a code beginning 'BP' plus a unique number e.g. BP2. Two of the providers also operated in the voucher trial areas; here their Bristol-specific views are the main focus.

#### **4.2.2.2 Trial aim: Developing a market**

All seven Bristol providers had views on the trial aim of developing a market in universal parenting classes, with the majority in favour. One totally opposed this aim, arguing that universal parenting classes should be a public service because they had the potential to be used strategically in a preventive way to improve outcomes for children. This interviewee suggested that local voluntary sector groups already involved in offering universal parenting support could deliver this vision if, on achieving the CANparent Quality Mark, they were centrally commissioned to do so and enabled to access parents through other universal services such as schools and ante-natal clinics. CANparent quality marked information online would be another way of 'getting basic information across to parents really quite early on' (BP4).

The other six providers supported the aim of developing a market in universal parenting classes, raising a number of points about this. One theme was the time and money that would need to be invested to make it work. Given time and up-front investment, the view was that it would work. Another theme was that established parenting providers, used to operating in a non-market context, needed to learn how to diversify funding streams and how to market directly to parents (one such provider acknowledged that CANparent had stimulated their organisation to do this, something that would continue after the two-year trial ended). The role that Government could, and some argued should, have in pushing a public health-type message about the value of parenting classes was a further theme.

Four of the seven providers in Bristol spoke about the time required to establish a market in parenting provision as being longer than the two year time period of the trial. Two small organisations (one a charity, the other a social enterprise) had experience of this. They both reported that it had taken years (5 years and 10 years respectively) to build their existing market share as providers.

#### **4.2.2.3 Trial aim: Support for the concept of universal parenting classes**

All seven of the CANparent Bristol providers were supportive of the concept that parenting classes should be available to any parent or carer and of it becoming the norm to use them.

In discussing universal provision, several further points were made. One was that, in order to be attractive to parents, there was 'no point' (BP2) in providing universal parenting support 'on the cheap'; instead, investment was required to ensure potential barriers to access were removed, such as offering childcare where that was needed. The CANparent (universal) classes were viewed as reducing any stigma associated with parenting support for those who took part, and for the friends and relatives to whom these people shared this positive message: 'there's power in the stories of people that attend these things' (BP7). However, it was argued that achieving a culture-wide shift to normalise attending parenting classes would require high levels of take-up across the population. This, in turn, would require a major and long-lasting Government-backed campaign with widespread media exposure.

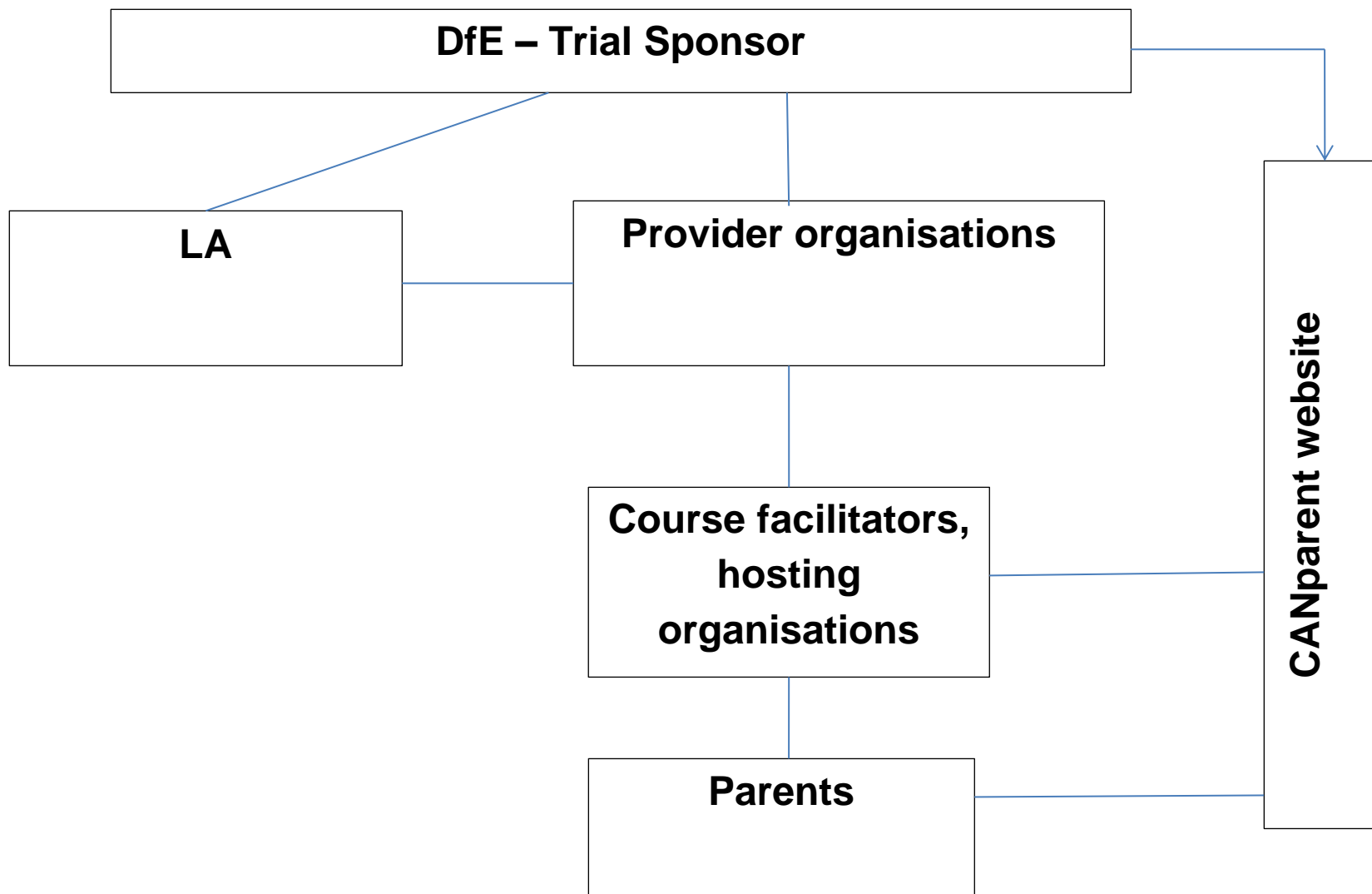
One provider conceptualised the shift to universal access as a focus on prevention rather than intervention:

‘Not everybody needs [...] deep intervention. Some people just want to be more equipped to raise their children at certain times in their lives. [...] The majority of parents out there, they just need to understand the theories and to be able to put them into practice in their lives. So prevention really is, I think, the way to go: to be the fence at the top of the cliff rather than the ambulance at the bottom. [...] We’re passionate about educating families and giving them the resources and the strategies that they need so that they never get into that state.’ (Bristol provider 7)

#### **4.2.2.4 The trial design in Bristol**

The trial design in Bristol was less complex than in the voucher areas. There were no vouchers in Bristol; instead the trial design was that CANparent Bristol providers would be supported by low/no cost central marketing of the CANparent brand, by the CANparent Bristol webpage, and by support to engage local employers and other organisations as sponsors of parenting programmes in the workplace. Figure 19 shows how the main players related to each other.

Figure 19: Trial design in Bristol area



Bristol providers held divergent views about how well this had worked in practice: four were positive about the support provided, two strongly negative and one took the view that the concept of operating as a market player, rather than as a public service, 'is the problem for us' (BP4). The negative views related to disappointment at the low level of CANparent publicity provided through the trial.

The reality was that providers were expected to organise the local publicity themselves, supported by some CANparent posters and flyers sent to the local Family Information Service. Providers newly operating in the area would have had to invest in engaging local people on the ground in Bristol to publicise and sell their programmes; this, however, was investment that these providers said they could not afford. One large organisation did invest in senior staff visiting Bristol to engage the local parenting commissioner and, through her, local children's centre staff to act in this way. Other smaller organisations already working in the area drew on their local networks to publicise their offer. This issue, the need to invest locally to make headway in new geographic areas, makes sense in the light of the findings that parents are best engaged by word of mouth, but does then need to be included in costing up business development plans.

The four providers who were positive about the support provided focused, variously, on the 'welcome' (BP3) they received from the local parenting commissioner; the 'valuable' (BP1) business development and quality mark process support from Family Links, delivered as part of the separate but linked market development contract; and the fact that their universal parenting courses were supported by all the work done in the Department for Education 'in even coming up with [the trial] and acknowledging the benefits and potential capacity it has to turn things around' (BP7).

#### *The relationship of the local authority to CANparent*

In Bristol, the local authority was itself a CANparent provider and was viewed by other providers as supportive of the CANparent trial. Two of these other providers argued that local authorities *should* retain a strategic role in supporting preventative (universal) as well as intervention (targeted) parenting classes. Another provider reported having turned reductions in LA staffing and funding into a business opportunity by offering local schools its short, preventative programme instead of the longer, more interventionist programmes which LA staff had been trained to deliver, for example, under the Parenting Early Intervention Programme (PEIP).

#### **4.2.2.5 Developing the market: Supply - the CANparent Bristol classes**

In January 2014, the CANparent Bristol website showed seven providers. This compares to 17 that had indicated interest in doing so at the start (First Interim Report, Chapter 2, Section 2.2.5.4) and the nine approved to operate under the brand (Second Interim report, Chapter 3, Section 3.2.2). The classes offered are summarised in Figure 20.

**Figure 20: The CANparent Bristol classes (as at January 2014)**

Provider	CANparent class/es	Delivery model/s	Age range	Number of sessions	Price per parent
National Deaf Children's Society	Parenting a Deaf Child Programme	f2f group	0-11	6	No charge
Hand in hand Learning	How Babies Learn	online with telephone support DVD	0-2	6	£30
Restorative Thinking	Restorative Thinking Programme	f2f group	0-18	4	At discretion of facilitators
Care for the Family	Time Out for Parents	f2f group	0-10	6	c. £2 - £3 per session
Bristol City Council	Nurturing Programme (Family Links)	f2f group	0-11	10 (4 introductory workshops also available)	No charge
Family Matters Institute	Triple P	self-directed (book or DVD) online with telephone support	0-12	8	£59.95 special offer (full price £130)
Race Equality Foundation	Strengthening Families Strengthening Communities	online, plus facilitated online discussions	0-5	12	£100

Source: CANparent Bristol website and provider interviews

#### **4.2.2.6 Developing the market: Stimulating demand in the absence of vouchers**

Across the seven Bristol providers levels of take-up were very low. Per provider, take-up ranged from zero to 35. One explained that although they had reached no-one in the CANparent Bristol postcode areas, they had been successful in achieving take-up in other Bristol area postcodes. This provider trained local volunteers to become course facilitators and was optimistic that once they had their central Bristol volunteers trained, they would achieve take-up there too. Two admitted that they had not put much effort in to engaging parents; in both cases, the universal offer depended on one key staff member. When, respectively, one left and was not replaced and the other gave up because of other work pressures, the CANparent work withered. Three other providers were very disappointed by the zero/low participation, blaming a lack of marketing of the CANparent brand in Bristol (see under 'Structure of the trial').

Two providers were successful in engaging the local commissioner's support to approach children's centre staff. One, operating a licensed trainers' model, successfully recruited staff from two children's centres to be trained to deliver courses. At time of interview, these staff had each run one course and both centres had a further course planned to run before the end of the trial. The second, offering a blended programme of an initial face-to-face module followed by online modules, successfully recruited a small number of parents through children's centres.

#### *Key role of local intermediaries ('channels')*

The majority of the Bristol providers shared the view of voucher area providers that face-to-face recruitment of parents worked best, especially if the person already had some relationship with the parent. One went as far as to say it was the 'only way that works' (BP5). This provider specifically included funding to cover the cost of this in bids to grant-making organisations. One reported that their approach was peer-to-peer recruitment; they trained local people as facilitators. Another method reported as successful was to run short seminars in nurseries and playgroups and use these to promote the longer parenting course.

#### *Importance of stigma-free terminology*

Five of the seven Bristol providers raised the issue of the importance of the words used to engage parents, words that carried no implication of being a bad parent. The preferred approach was to focus on the human drive to learn throughout life and on parents' desires to do their best to promote their children's well-being and development. There was recognition that a desire to shift away from using 'parenting' and 'parenting classes' (terms seen as 'a turn-off', BP3) raised a dilemma because these have become the accepted terms and are likely to be the keywords parents use to search online for support. The names of the courses offered in Bristol (see Figure 20, The CANparent Bristol classes) reflect these providers' best attempts to use positive terminology.

Overall, the Bristol providers were much more enthusiastic about the CANparent brand than the majority of voucher area providers. For example, interviewees reported that it acted as a quality mark that 'opened doors' (a phrase used by three providers), helping smaller/less well-known providers to be taken seriously by potential sponsors/commissioners such as grant-making bodies and public sector organisations such as schools and children's centres. These providers welcomed the development of the [CANparent Quality Mark](#) (launched on 28 January 2014 at the House of Commons, after these interviews had taken place). The process of achieving it would, it was suggested, raise standards of parenting support offered, especially, it was argued by one, amongst small voluntary sector groups operating in local communities that would be well-placed to deliver universal classes.

### *Pricing parenting classes*

Each of the Bristol providers had views about the pricing of parenting classes and a number of different business models were described. These were;

- Free at point of delivery (paid for by a third party commissioner)
- Not for profit delivery (small price per parent charged to cover cost of consumables – resources and refreshments; other costs paid for from core funding provided by donations from supporters)
- Charging a small fee which would be beneficial in increasing both commitment to attend and perceived quality of the course.
- Licensed trainer model (trainees pay a fee for their training course, plus an annual license fee and in return can run courses using their own business model, including charging parents if desired)
- Access codes for online delivery purchased by individuals and/or third parties

The fact that there already was a competitive market operating was also raised. Providers competed with free-at-point of delivery classes promoted by the local authority, for example, and with parenting courses for which parents already paid (an interviewee mentioned friends with 'difficult teenagers' who had paid to go on courses offered through Parent Line Plus (later part of Family Lives), for example. Two providers reported finding it hard to compete for paying customers when alternative courses were offered free locally by their organisations. (These were courses commissioned to attract parents where problems were clear but were also open to anyone who wanted to attend.) It would be an unusual consumer who would choose to pay for, respectively, a short course when the same provider offered a longer version free, or for an online course when a free, local, face-to-face version was offered.

In terms of attracting customers paying full price, success was limited amongst those providers who had sought to do this: for example, two online products each attracted no customers in Bristol and small numbers elsewhere in the country (e.g. in one case, 10 individuals per year of the trial and one bulk purchase of 15 access codes by a local authority). Given this low take-up, one small provider organisation had decided not to invest further in growing their online market ('it's there now but we're not pushing it' BP5) preferring to focus on face-to-face delivery in the geographic region where their organisation was best known and therefore benefited from positive word of mouth. For these groups, the business model was to seek grant-funding to cover full running costs and also to ask parents attending to make a contribution towards the cost. These contributions would then be reinvested in running further groups and so on.

The CANparent trial had created local market pressure to be a quality assured product. The process of applying for the CANparent Quality Mark had prompted one provider to commission a review of their programme. Learning how to price a refreshed, quality assured version of their parenting course was also viewed as requiring further work.

### *Understanding where online provision fits in the market*

Three of the Bristol providers each offered an online programme (see Figure 20) which was available to anyone, not only parents in Bristol. These had not generated much interest via the CANparent Bristol website and had gained small numbers of paying customers elsewhere in the country. These three online providers each held different views about the potential market for online parenting programmes. At best, online provision was viewed as a niche market and the CANparent trial as a useful learning experience. One provider in particular believed it had afforded their organisation insights into possible ways of developing this market (which we are not reporting in order to protect this provider's potentially valuable business knowledge).

#### **4.2.2.7 Developing the market: Sustainability**

Five of the seven CANparent Bristol providers planned to continue to deliver universal parenting classes after the two year trial ended in March 2014. The remaining two thought their offer would revert to a targeted one for vulnerable families as this was a more certain income stream. Those offering online programmes would continue to do so across the country with individuals paying to access them (universal provision) or third party organisations, such as LAs, bulk buying access codes and providing it free to targeted parents.

Other sources of funding discussed were:

- commissioning through statutory organisations,
- local parents' groups clubbing together to buy a course,
- success in applying for project grant funding,
- grant funding augmented by voluntary contributions from parents,
- charity's supporter donations augmented by parents paying a small fee.

### **4.3 Chapter summary**

Interviewees believed that the trial aim of establishing a market in universal parenting provision and thus normalising and de-stigmatising attendance at parenting classes would take longer than the two year trial to achieve. By the final interviews, all providers supported the concept of normalised universal parenting classes but, despite remaining active throughout the trial, not all were wholehearted about the aim of achieving this through a market model.

In the voucher areas, the trial design was criticised as too complex and for not including the respective local authorities as strategic partners from the start. In the non-voucher area, most interviewees thought having the local authority as a strategic partner worked well. More central support to publicise and market the CANparent courses would have been appreciated there.

The voucher subsidy of £75 per parent starting, and £25 per parent completing stimulated the supply of classes in the voucher trial areas. Providers in these areas adopted different approaches to business planning but most had entered the trial expecting large scale take-up to generate revenue that would at least cover costs. Initial fears about the potential quality of CANparent classes had been assuaged completely by the end of 2013. The earliest classes started in May 2012 and by September 2012, later than initially hoped, most of the providers had classes on offer to parents. These included face-to-face groups, face-to-face one-to-one sessions, blended face-to-face with online components, pure online delivery and live online classes. In the non-voucher area, the CANparent endorsement brand and the trial itself stimulated supply of face-to-face and online classes. Local support for providers in the voucher areas would have been appreciated in the non-voucher area too.

In all four trial areas, the trial experience showed that face-to-face engagement and recruitment of parents through people they already knew and trusted was the most effective way to stimulate demand. The CANparent brand, brand marketing and promotion, and the CANparent website also played a part.

Regarding sustainability beyond the trial, interviewees indicated that there was a need to understand the existing market in parenting support (e.g. books, magazines, internet forums) and how best to identify potential demand for parenting classes. In the voucher areas, the expectation was that parents would be unlikely to pay more than small amounts. In the non-voucher area, experience showed that take-up of both priced and free offers was low. Interviewees believed that money to continue their offer would have to come from a range of sources. Possible future sources of revenue were thought to include some parents paying, public sector subsidies, and employers, schools and grant-making bodies subsidising or covering the costs involved.

## 5. The trial process: awareness, voucher receipt and usage

### Key Findings

By the autumn 2013, our Wave 2 survey showed that:

- Just over a fifth (22%) of parents in the voucher trial areas were aware of the CANparent brand. Awareness was very low in Bristol (where vouchers were not offered and there were fewer promotional activities) at only 1%.
- Just over a quarter (26%) of parents in the voucher trial areas were aware of the CANparent vouchers, this figure had increased by 7% since the Wave 1 survey.
- Awareness of both the brand and the vouchers was highest in High Peak, and in all voucher trial areas awareness was significantly higher amongst women than men.
- Awareness of the CANparent brand and vouchers was being driven most extensively by childcare settings such as children's centres, nurseries and playgroups.
- Overall, 12% of eligible households had received a CANparent voucher, which is double the proportion who had received a voucher at the Wave 1 survey (6%).
- In only 6% of households receiving a voucher had the father received a voucher and this proportion had not significantly increased since the Wave 1 survey.
- Almost a third (29%) of the vouchers received by parents had come from a children's centre, nursery or playgroup.
- Half (49%) of households that had received a voucher had already signed up to a class or were intending to sign up to a class.
- As a proportion of all eligible households in the voucher trial areas, 6% had signed up or were intending to sign up to a class, an increase from 3% at Wave 1.
- The small number of parents who had started a class were largely positive about them and the majority said they would recommend the classes to a friend.
- Parents in the trial areas suggested that the best places to advertise CANparent were: schools, children's centres, nurseries and playgroups and GP surgeries or health centres.

### 5.1 Introduction

The penetration survey was run in two waves; the first in 2012; the second in 2013. This chapter incorporates data from both waves of the survey and provides comparisons between the two where possible and where there are changes of note between the two

waves.<sup>53</sup> . The aim of this chapter is to provide evidence towards some of the broader aims of the evaluation, with a particular focus on the trial process, including:

- The take-up rate of CANparent classes amongst different types of parents
- The motivations and barriers to take-up in the trial areas
- The relative effectiveness of different means of distributing vouchers

The findings in this chapter are based on data from a sub-set of questions asked in both waves of the survey of parents living in the trial areas (Bristol, Camden, High Peak and Middlesbrough).

## 5.1.1 Methodology overview

### 5.1.1.1 Sample definition

This chapter focuses only on those parents who were eligible to take part in CANparent classes at some point during the trial<sup>54</sup>: at the time of the Wave 1 survey, this definition encompassed parents of children aged 0-5, while the definition at the time of the Wave 2 survey was broader, including parents of children aged 0-7. This was partly because the definition of parents eligible to attend classes had by then been broadened to include parents of children aged 6 in Year 1 at school and partly because, by the time that interviews for Wave 2 were conducted, the CANparent programme had been running for some time, meaning that parents who had eligible children aged 5 at the start of the trial would by then, in fact, have older children. Parents of children over 5 have therefore been included in the analysis for the Wave 2 survey because their children would have been in the eligible age range for the CANparent trial at some point during the trial. As such, findings from Wave 2 provide an overall picture of the trial since it began, while findings from Wave 1 give a snapshot of how the trial was progressing a few months after it launched.

The majority of the analysis in this chapter focuses on the voucher trial areas in which CANparent vouchers were being distributed (Camden, High Peak and Middlesbrough). However some data were also collected at the Wave 2 survey on Bristol and this has been incorporated where relevant.

Samples for both survey waves were drawn from HMRC's child benefit records. Due to a change in eligibility for child benefit after the first survey was conducted, at Wave 2 the sample was drawn from both child benefit records and from an HMRC listing of parents

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<sup>53</sup> Not all questions were asked on both waves of the survey, so it is not always possible to make comparisons

<sup>54</sup> In wave 1, interviews were also conducted with parents of children aged 6 and 7. These are not included in this chapter on trial process, as it would distort the results if metrics relating to trial process were to include parents who weren't at the time eligible to take part in the CANparent programme. However, the analysis conducted in Chapter 6, focusing on population impacts, does include these additional wave 1 parents.

who had chosen to opt out of receiving child benefit, thus ensuring that an almost universal coverage of parents was maintained across both waves.

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

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

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

#### **5.1.1.2 Survey administration**

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

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

Respondents were prompted with show cards, to help them to answer any questions in which they needed to choose from a pre-coded answer list. Additional show materials were used during the course of the interview in the trial areas, prompting respondents with copies of the CANparent vouchers and leaflets to ensure that awareness and uptake of vouchers was recorded accurately. On average, interviews took around 23 minutes to complete.

#### **5.1.1.3 Response rates and weighting**

Overall, at Wave 1 a response rate of 67% was achieved in the penetration survey. The response rate was marginally higher in Camden (68%) than in High Peak (64%) and Middlesbrough (66%). At Wave 2 a response rate of 66% was achieved and the response rate in the trial areas was marginally higher than in the comparison areas: 68% in Bristol, 66% in Camden, 73% in High Peak and 67% in Middlesbrough.

Weights were applied to the data in order to adjust for the selection of just one parent in households with two parents and to correct small skews in the number of interviews achieved in each of the trial areas (such that each area had an equal weight within the

total). Weights were also applied to correct a slight skew towards female respondents in two parent households.

A slight adjustment was made to the weighting strategy between the Wave 1 and Wave 2 surveys, and as such some of the Wave 1 figures quoted in this report may differ very slightly from those quoted in the first interim report<sup>55</sup>.

Further details of response rates and weighting can be found in Appendix 7.

#### **5.1.1.4 Fieldwork dates**

Wave 1 interviews were carried out between 2<sup>nd</sup> July and 14<sup>th</sup> October 2012, and Wave 2 interviews were carried out between 19<sup>th</sup> August and 21<sup>st</sup> November 2013.

As some measures in the penetration survey are potentially time sensitive, it is worth noting that the fieldwork mid-point (i.e. when half of all interviews in the trial areas had been completed) occurred during the week commencing 13<sup>th</sup> August 2012 at Wave 1 and the week commencing 9<sup>th</sup> September 2013 at Wave 2.

### **5.1.2 Terminology**

Throughout the chapter, we refer to respondents to the survey as ‘parents’. It should be noted that this is a slightly shorthand description which has been employed to make the report more easily readable. The total sample of 1510 trial area respondents at Wave 1 and 1603 at Wave 2 actually also includes a very small minority of people who did not have a strictly parental relationship with the children in their households. This affected only nine respondents at Wave 1 and seven at Wave 2, which equates to less than 1% of the total sample in both waves. In most cases, these were grandparents who had taken over the care of their grandchildren.

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

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

Where we make reference to the ‘voucher trial areas’, this refers to the three trial areas where CANparent vouchers were being distributed: Camden, High Peak, and

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<sup>55</sup> [CANparent 1<sup>st</sup> Interim Report](#)

Middlesbrough. Where the more general description 'trial areas' is used, this indicates that the reported data refer to both the voucher trial areas and Bristol.

### **5.1.3 Reporting of differences**

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

However, due to the small base size of certain key questions (typically caused by the relatively low levels of awareness and receipt of vouchers), we have occasionally drawn attention to differences which are not statistically significant. This has only been done in cases where the differences logically make sense and are potentially informative. In all such cases, we have highlighted that the differences are not statistically significant in the accompanying text, and also noted all cases where the base sizes are less than 100.

### **5.1.4 Chapter format**

In this chapter we present findings from the two waves grouped under the following themes:

- Awareness and sources of awareness of the CANparent brand and vouchers
- Voucher receipt
- Voucher usage
- CANparent advertising

## **5.2 Detailed findings**

### **5.2.1 Awareness and sources of awareness**

#### **5.2.1.1 CANparent brand awareness**

In the Wave 2 survey, parents in both the voucher trial areas (Camden, Middlesbrough and High Peak) and in Bristol were asked if they had heard of the brand CANparent. Interviewers showed parents a copy of the CANparent logo to ensure they were genuinely aware of the brand and also to ensure that awareness of the logo alone (even in the absence of strict brand name recognition) would be picked up.

The logo used by interviewers was as follows:



Awareness of the brand was significantly higher in the voucher trial areas than in Bristol. Just over a fifth (22%) of parents in the voucher trial areas had heard of the CANparent brand, while awareness of the brand in Bristol was very low at only 1%. Lower awareness would have been expected in Bristol (where vouchers were not being distributed and there was less marketing support for the programme), though the difference is striking nevertheless and underlines the importance of significant promotional activities to support the brand.

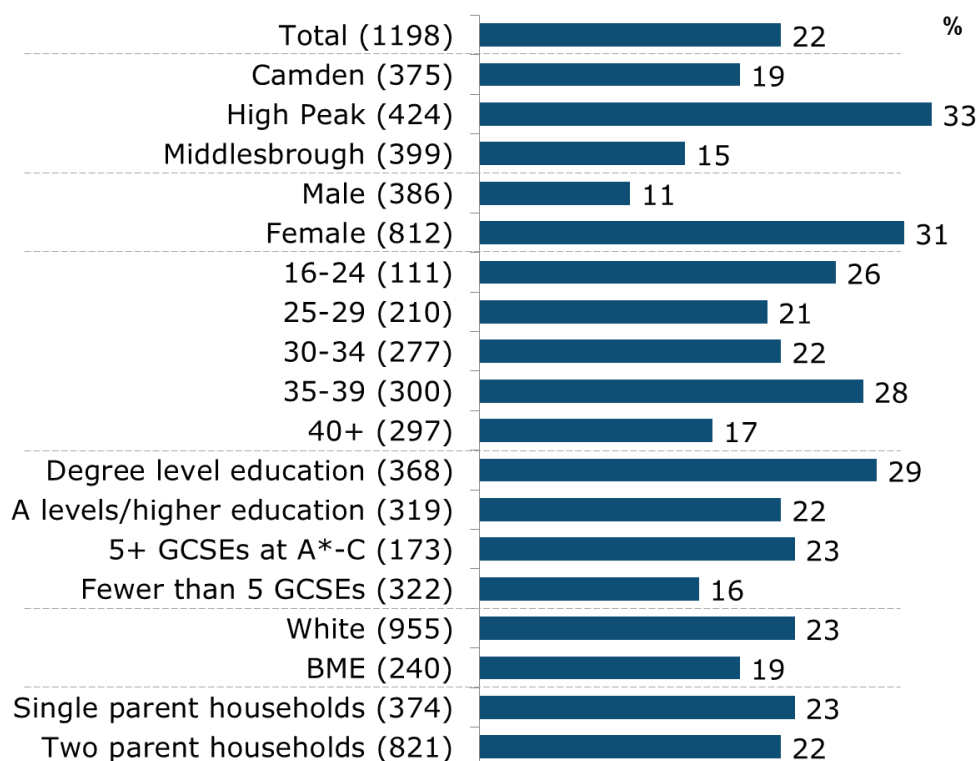
Looking at the voucher trial areas, awareness of the brand was significantly higher in High Peak, where a third of parents had heard of the brand (33%), than in both Camden (19%) and Middlesbrough (15%).

In terms of other sub-group differences there was a significant difference in the level of awareness amongst men (11%) and women (31%) in the voucher trial areas.

Parents aged 40 or over had a lower level of awareness (18%) than younger parents (23% of 16-29 year olds and 25% of 30-39 year olds), as did parents with fewer than 5 GCSEs (16%) compared to parents with higher qualifications (25%).

Elsewhere, there were no significant differences. As such, with the exception of the gender difference, the CANparent brand had achieved relatively broad based cut-through, with largely similar levels of awareness across different groups in the population, as Figure 21 shows.

**Figure 21: Awareness of CANparent by sub-group**

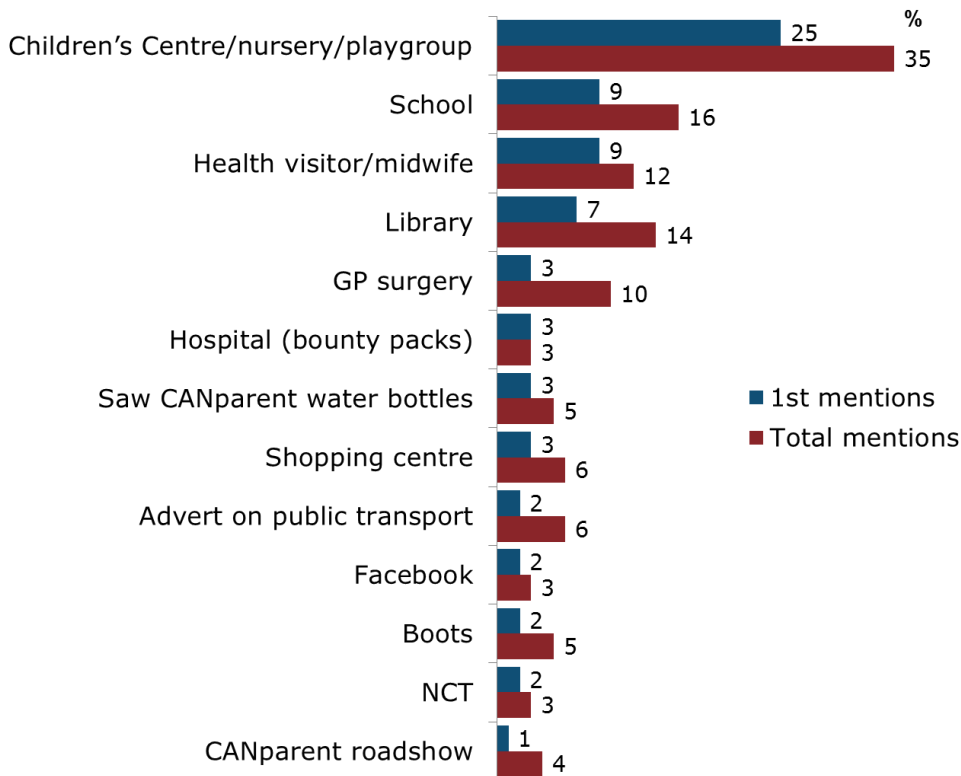


Base: All parents in voucher trial areas

### 5.2.1.2 Sources of brand awareness

All parents who had heard of the CANparent brand were asked where they *first* saw or heard about it, and were also asked whether they had seen or heard about it anywhere else. Figure 22 summarises these findings.

**Figure 22: Source of CANparent brand awareness (1st and total mentions)**



Base: All aware of the CANparent brand in voucher trial areas (285)

In the voucher trial areas, awareness of the brand was driven most strongly by Children's centres, nurseries and playgroups, which were mentioned by a quarter of parents as their original source of awareness (25%). In total, including both first and other mentions, just over a third of parents (35%) had seen or heard about the CANparent brand at children's centres, nurseries or playgroups.

In total, schools were mentioned as a source of awareness by 16% of those aware of the brand, and libraries (14%) and health visitors and midwives (12%) also seemed to play a key role. One in ten (10%) parents mentioned that they had seen or heard about CANparent at a GP surgery at some point, though surgeries did not seem to be the source that triggered initial awareness given that only 3% mentioned them as the first place they had seen or heard about the brand.

The marketing campaign and roadshows introduced in late 2012/ early 2013 seem to have had some resonance with parents. Around 1 in 20 mentioned having seen or heard about CANparent in a shopping centre (6%), from an advert on public transport (6%), through seeing the CANparent water bottles (5%), or at a CANparent roadshow (4%). However, it does appear that awareness building through childcare settings and schools was a more effective promotional mechanism and it would take very heavy spending on less targeted advertising activities to achieve a comparable impact.

In terms of differences between the trial areas, what stands out is that the marketing campaign introduced after the start of the trial seemed to have had a negligible impact in Camden. No parents in Camden mentioned seeing or hearing about the brand in shopping centres or through seeing the CANparent water bottles, and only 1% of parents in Camden mentioned seeing the adverts on public transport. On the other hand, libraries played a more important role in Camden than in the other areas. 21% of parents aware of the brand in Camden mentioned libraries as a source of awareness compared to 15% in High Peak and 7% in Middlesbrough.<sup>56</sup>

While base sizes for males aware of CANparent were small and therefore findings should be treated with caution, it is interesting to note that there was no significant difference between the proportion of aware fathers and mothers who had heard about the CANparent brand through children's centres, nurseries or playgroups. While childcare settings are therefore clearly an important means of raising awareness for both fathers and mothers, it is likely that the relatively low involvement of many fathers with such settings has contributed to the comparatively low overall level of awareness amongst men.

### 5.2.1.3 Voucher/leaflet awareness

In both waves of the survey, parents in the voucher trial areas were asked if they were aware of the CANparent vouchers or leaflets. Interviewers prompted them with copies of the relevant documents to ensure that they were genuinely aware of the CANparent vouchers rather than any other scheme. The show materials used by the interviewers were tailored to reflect the different vouchers and leaflets that were used in each of the trial areas, as follows<sup>57</sup>. Respondents in Wave 2 were also prompted with a copy of the downloadable e-voucher:

#### Middlesbrough Voucher



#### Camden/High Peak Voucher



<sup>56</sup> Base sizes for those aware of brand in Camden and Middlesbrough are less than 100. Camden = 75. Middlesbrough = 64.

<sup>57</sup> Between wave 1 and wave 2 there were some changes made to the design of the leaflets, therefore the show materials used at wave 1 were slightly different, but reflected the leaflets that were in circulation at the time of the wave 1 survey. No changes were made to the design of the vouchers themselves

# Camden Leaflet

If your voucher is missing, or to download an e-voucher for your partner, visit [www.canparent.org.uk](http://www.canparent.org.uk)

Alternatively, contact [info@canparent.org.uk](mailto:info@canparent.org.uk) or 0845 601 5833



This leaflet is about a trial designed to find out how best to make information and support available to parents. It is supported by the Department for Education.



You can now have your own e-voucher



CANparent  
Classes & Advice Network

Getting good advice and sharing great ideas

[www.canparent.org.uk](http://www.canparent.org.uk)

**What can I expect from a parenting class?**  
Parenting classes come in all different shapes and sizes and there are lots to choose from across Camden, lasting just a few sessions or up to ten weeks. You can choose to do an online course, or join a regular group class, it's up to you.

Most classes involve discussions in a group about different topics and sharing ideas with other parents. Each class is run by a trained facilitator.

"Hearing other parents' experiences, we realised we were not alone!"

**What is CANparent?**  
CANparent provides free parenting classes in Camden. Use the voucher in this leaflet to access any CANparent class in your area. The organisations that run CANparent classes are experienced in running parenting classes and have been chosen because they have a track record in delivering classes that work.

- why children behave the way they do
- how children develop at different ages and stages
- reducing family conflict
- different styles of parenting
- using experiences at home to help your child learn
- using praise and rewards
- building strong routines
- working together as a team

Visit [www.canparent.org.uk](http://www.canparent.org.uk) to book your free place now.

Being a parent can be brilliant and challenging at the same time. Children change so fast, and every family is different as well as every child. Sometimes you might find yourself unsure of how to handle an issue, and want advice to help you feel more confident.

Parents who have been to classes said:

"I can be more patient now"

"Hearing other people's stories made us feel supported and normal"

"It has helped my partner and I work together as a team"

"The best part was meeting other people, discussing our problems and finding out about the little things we can do"

"I am definitely feeling more confident"



# Middlesbrough Leaflet

If your voucher is missing, or to download an e-voucher for your partner, visit [www.canparent.org.uk](http://www.canparent.org.uk)

Alternatively, contact [info@canparent.org.uk](mailto:info@canparent.org.uk) or 0845 601 5833



This leaflet is about a trial designed to find out how best to make information and support available to parents. It is supported by the Department for Education.



You can now have your own e-voucher



CANparent  
Classes & Advice Network

Getting good advice and sharing great ideas

[www.canparent.org.uk](http://www.canparent.org.uk)

**What can I expect from a parenting class?**  
Parenting classes come in all different shapes and sizes and there are lots to choose from across Middlesbrough, lasting just a few sessions or up to ten weeks. You can choose to do an online course, or join a regular group class, it's up to you.

Most classes involve discussions in a group about different topics and sharing ideas with other parents. Each class is run by a trained facilitator.

"Hearing other parents' experiences, we realised we were not alone!"

**What is CANparent?**  
CANparent provides free parenting classes in Middlesbrough. Use the voucher in this leaflet to access any CANparent class in your area. The organisations that run CANparent classes are experienced in running parenting classes and have been chosen because they have a track record in delivering classes that work.

- why children behave the way they do
- how children develop at different ages and stages
- reducing family conflict
- different styles of parenting
- using experiences at home to help your child learn
- using praise and rewards
- building strong routines
- working together as a team

Visit [www.canparent.org.uk](http://www.canparent.org.uk) to book your free place now.

Being a parent can be brilliant and challenging at the same time. Children change so fast, and every family is different as well as every child. Sometimes you might find yourself unsure of how to handle an issue, and want advice to help you feel more confident.

Parents who have been to classes said:

"I can be more patient now"

"Hearing other people's stories made us feel supported and normal"

"It has helped my partner and I work together as a team"

"The best part was meeting other people, discussing our problems and finding out about the little things we can do"

"I am definitely feeling more confident"



# High Peak Leaflet

**What can I expect from a parenting class?**  
Parenting classes come in all different shapes and sizes and there are lots to choose from across Middlesbrough, lasting just a few sessions or up to ten weeks. You can choose to do an online course, or join a regular group class, it's up to you.

Most classes involve discussions in a group about different topics and sharing ideas with other parents. Each class is run by a trained facilitator.

"Hearing other parents' experiences, we realised we were not alone!"

CANparent classes cover many different topics. In addition to the chance to meet other parents, here are some of the things you may learn from the classes:

- why children behave the way they do
- setting firm and fair limits
- how children develop at different ages and stages
- reducing family conflict
- different styles of parenting
- using experiences at home to help your child learn
- building strong routines
- working together as a team

Visit [www.canparent.org.uk](http://www.canparent.org.uk) to book your free place now.



You can now have your own e-voucher



CANparent  
Classes & Advice Network

Getting good advice and sharing great ideas

[www.canparent.org.uk](http://www.canparent.org.uk)

**What is CANparent?**  
CANparent provides free parenting classes in High Peak. Use the voucher in this leaflet to access any CANparent class in your area. The organisations that run CANparent classes are experienced in running parenting classes and have been chosen because they have a track record in delivering classes that work.

Visit [www.canparent.org.uk](http://www.canparent.org.uk) to find out which class suits you best. You can book onto the class by contacting the provider, or through the website.

Being a parent can be brilliant and challenging at the same time. Children change so fast, and every family is different as well as every child. Sometimes you might find yourself unsure of how to handle an issue, and want advice to help you feel more confident.

Parents who have been to classes said:

"I can be more patient now"

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"The best part was meeting other people, discussing our problems and finding out about the little things we can do"

"I am definitely feeling more confident"



<p><b>Reminding, Home-Start and DailyLife</b> County Council have teamed up to work together with Home-Start to bring you quality parenting support. You can choose from:</p> <ul style="list-style-type: none"> <li>Online programme – interactive learning activities which allow you to work through the programme at home and at your own pace over 3 months.</li> <li>Group workshops – a 4 week programme which matches content to each group's concerns and intervenes with the added benefit of meeting with other parents.</li> </ul> <p>One to one sessions – up to 6 sessions in your home available to families who find it difficult to access group or online support.</p> <p><a href="http://www.dailylife.gov.uk/parent">www.dailylife.gov.uk/parent</a> 01773 571391</p>	<p><b>Strengthening Families face-to-face</b> and online courses are designed to work for all parents. The courses aim to help you:</p> <ul style="list-style-type: none"> <li>Develop confidence and new skills</li> <li>Work about how to get the most out of them</li> </ul> <p>They will also help you understand what to expect from your child, how to get the best from local support, and practical tips that will make a real difference. You will come away with real strategies to help you, from dealing with temper tantrums to handling the effects of other disruptive parents will also get to join a dedicated programme discussion on Mameet.</p> <p><a href="http://www.strengthening-families.org.uk">www.strengthening-families.org.uk</a> 0845 326 6264</p>	<p><b>Family Lives</b> Family Lives innovative online and telephone approach will offer parents in high need the opportunity to take up an interactive online parenting course with two optional Family Coach sessions before and after the online course.</p> <p>The Family Coach sessions will be delivered by telephone or online at a time that suits you. These sessions will prepare parents for the online course, allowing them to talk through any initial concerns, flag up existing family issues and reflect and build on their experiences afterwards. Each parent will have access to online peer support in a secure parenting club section of our website.</p> <p><a href="http://www.familylives.org.uk/parent-network">www.familylives.org.uk/parent-network</a></p>	<p><b>Families and Schools Together (FAST)</b> is for any parent or carer of a child between the ages of three and eight who is interested in taking part in fun activities involving the whole family, making new friends, sharing parenting experiences and getting support and information in order to be more involved in their child's education.</p> <p>During FAST, parents and their children attend eight weekly sessions where they will share a meal together and take part in activities. These sessions are opportunities to spend quality time as a family and strengthen family relationships by having fun together.</p> <p><a href="http://www.mdx.ac.uk/FAST">www.mdx.ac.uk/FAST</a> 020 8411 6072</p>	<p>Tipix 5 one of the world's best known parenting courses now available in the privacy and convenience of your home.</p> <p>With many practical ideas to help manage behaviour, set rules and raise happy, confident kids, Tipix 5 is designed for mums, dads and carers. You can work online with interactive videos, worksheets, activities, optional problem forums, telephone support and DVD resources. Alternatively take the workbook/DVD version, which will give you access to online forums and telephone support if you would like it.</p> <p>Tipix 5 is provided by the Family Matters Institute who selected the programme because of its proven effectiveness for families worldwide.</p> <p><a href="http://www.familymatters.org.uk/tipixonline">www.familymatters.org.uk/tipixonline</a></p>
<p>For everyone who wants to be the best Mum, Dad or Grandparent they can be! Understanding your child's behaviour is available as an online course or as a group. You can find out about brain development and understand more about why your child behaves a certain way when they are angry, having a temper tantrum or being inquisitive. Research shows that about 10 sessions work best, so the group is 10 sessions.</p> <p><i>'Really enjoyed this course! I feel a bit calmer and more confident!'</i> Visit our website for more information and free downloads.</p> <p><a href="http://www.selfhelpapproachparenting.com">www.selfhelpapproachparenting.com</a> 0121 329 1910</p>	<p>We are the UK's largest charity for parents, with generations of experience supporting mums, dads and carers.</p> <p>We all know parenting doesn't come with a manual and there are often lots of conflicting ideas. That's why NCT's Parent sessions provide the perfect opportunity to discuss questions or issues, share experiences and pick up some useful and trusted information.</p> <p>We offer friendly face-to-face group sessions or online sessions for everyone who has taken on a parenting role, so carers, grandparents and all parents are welcome to come along. The face-to-face sessions are developed around you and the other people in your group need.</p> <p><a href="http://www.nct.org.uk/NCTparent">www.nct.org.uk/NCTparent</a> 0200 330 0700</p>	<p>Working well as a parenting team is crucial for today's mums and dads, and is the key to bringing up a happy child.</p> <p>Our Raising Happy Children courses show you how to do this really well. These courses include a face-to-face group session plus email and online elements.</p> <ul style="list-style-type: none"> <li>Raising Happy Toddlers (up to age 1)</li> <li>Raising Happy Babies (age 1-3)</li> <li>Raising Happy Children – for supported parents</li> </ul> <p>We also offer a fully online version of Raising Happy Babies. Our courses work best if both dad and mum take part.</p> <p><a href="http://www.raising-happy-children.com">www.raising-happy-children.com</a> 0845 624 1333</p>	<p>Parents are invited to attend two interactive local workshops. These offer the chance to meet over coffee with other local parents with children under 5 and explore how to get the best out of family life, balancing the need for fun and fun.</p> <p>Parents also receive a free copy of The Parenting Puzzle handbook.</p> <p>Here's what some parents said after attending:</p> <p>"It was a relaxed happy atmosphere and I felt really at ease. It was good to talk knowing that I wasn't being judged and my opinion was valued"</p> <p>"Toddler has fewer tantrums - family more appreciative towards each other"</p> <p><a href="mailto:parentingworkshop@familylinks.org.uk">parentingworkshop@familylinks.org.uk</a> 01865 405632</p>	<p><b>Other products available:</b> (These products are not part of the voucher offer and will need to be purchased separately)</p> <p><b>The Parenting Puzzle DVD</b> An animated DVD which brings to life the story of the maze from The Parenting Puzzle book. Great fun to watch with the whole family. Price £1.50</p> <p><b>Behavior course</b> NCT Behaviour courses for seven and subsequent babies. This 8-hour course helps you to plan for your next term and for your expanding family. Price £74</p> <p><b>13 week Course</b> The 13 week Strengthening Families, Strengthening Communities course can be purchased from Amazon or available at the website. Visit us to 2015 <a href="http://www.strengtheningfamilies.org.uk">www.strengtheningfamilies.org.uk</a></p> <p><b>Baby's head who does what?</b> The 13 week Strengthening Families, Strengthening Communities course can be purchased from Amazon or available at the website. Visit us to 2015 <a href="http://www.strengtheningfamilies.org.uk">www.strengtheningfamilies.org.uk</a></p>

## E-voucher

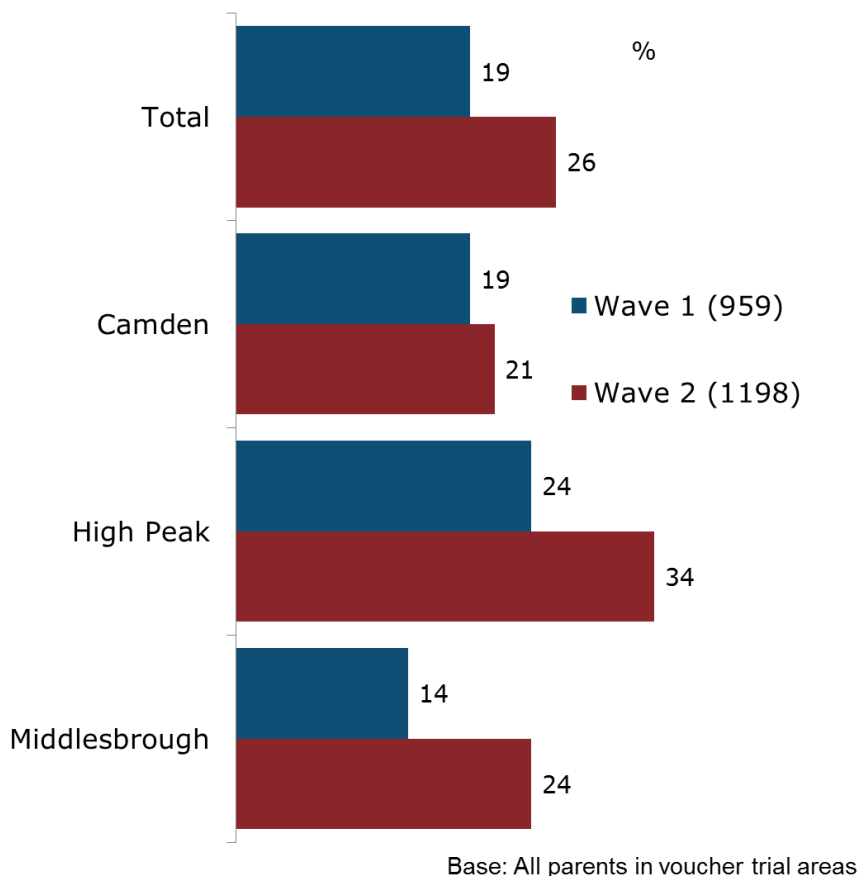
**canparent**  
Classes & Advice Network

Use this e-voucher to claim parenting classes and support worth up to:

**£100**

Overall, at Wave 2, a quarter (26%) of parents in the voucher trial areas was aware of the CANparent vouchers/leaflets. At Wave 1, 19% of parents in the same areas were aware of the vouchers so this represents an increase of 7% in awareness over the year between waves. Bearing in mind the timing of the first wave of interviewing, relatively shortly after the launch of the programme with its accompanying burst of coverage, it was by no means a given that awareness of the voucher scheme would continue to increase - awareness will naturally tend to decay over time in the absence of ongoing effective messaging. As such, it is clear that the efforts to continue to promote the vouchers between waves 1 and 2 did have some impact, though awareness levels remained below the initial estimate of capacity (which suggested that providers operating in the trial areas could cope with attendance by up to 40% of parents in the trial areas, later revised downwards to 25% of parents).

Figure 23 Awareness of vouchers/leaflets by area and survey wave



The increase in awareness only seemed to have happened in High Peak and Middlesbrough, where there had been an increase of 10% in awareness levels in both areas (from 24% to 34% and 14% to 24% respectively). In Camden however, there has been no significant increase in awareness levels, which were 21% at Wave 2 (compared to 19% at Wave 1). Figure 23 shows voucher awareness levels by area for Wave 1 and Wave 2. It seems that the increased marketing activity which had limited success in Camden (as discussed in section 5.2.1.2) may have played a significant part in the increased voucher awareness levels in the other two areas.

It is worth noting that, as well as being the area with the highest awareness, the leaflet used in High Peak had the most level of detail, as it emphasised on the front cover the possibility of booking £100 worth of free classes, as well as providing detail about the different classes available and different providers. Having said that, given that only one type of voucher and leaflet was used per area, it is impossible to disentangle any impacts of the voucher/ leaflet design from other potential area effects.

In terms of other sub-group differences, a similar pattern to that which was seen for overall brand awareness emerges when looking at voucher awareness. Males were much less likely to be aware of the vouchers than females (14% compared with 35%). There

had been no significant increase in awareness levels amongst males since Wave 1, however amongst females the awareness level had increased by 11% from 24% at Wave 1 to 35% at Wave 2. The interim report following Wave 1 previously highlighted the fact that voucher awareness amongst men was considerably lower than voucher awareness amongst women in the early stages of the CANparent programme. Efforts were subsequently be made to address this disparity (for example by including information about CANparent in football programmes), but it seems that these targeted activities had not succeeded in significantly narrowing the gap. As such, it is clear that the successful engagement of fathers in parenting class programmes is a highly challenging area and one that had not yet been resolved.

While at Wave 1 there was some indication that voucher/leaflet awareness was higher amongst younger parents, this difference had become more pronounced at Wave 2. In Wave 2, parents aged 40 or over had the lowest awareness of all age groups (17% compared with 28% of parents aged 30-39 and 33% of parents aged 16-29). However amongst other sub-groups, awareness of the vouchers/leaflets was relatively even.

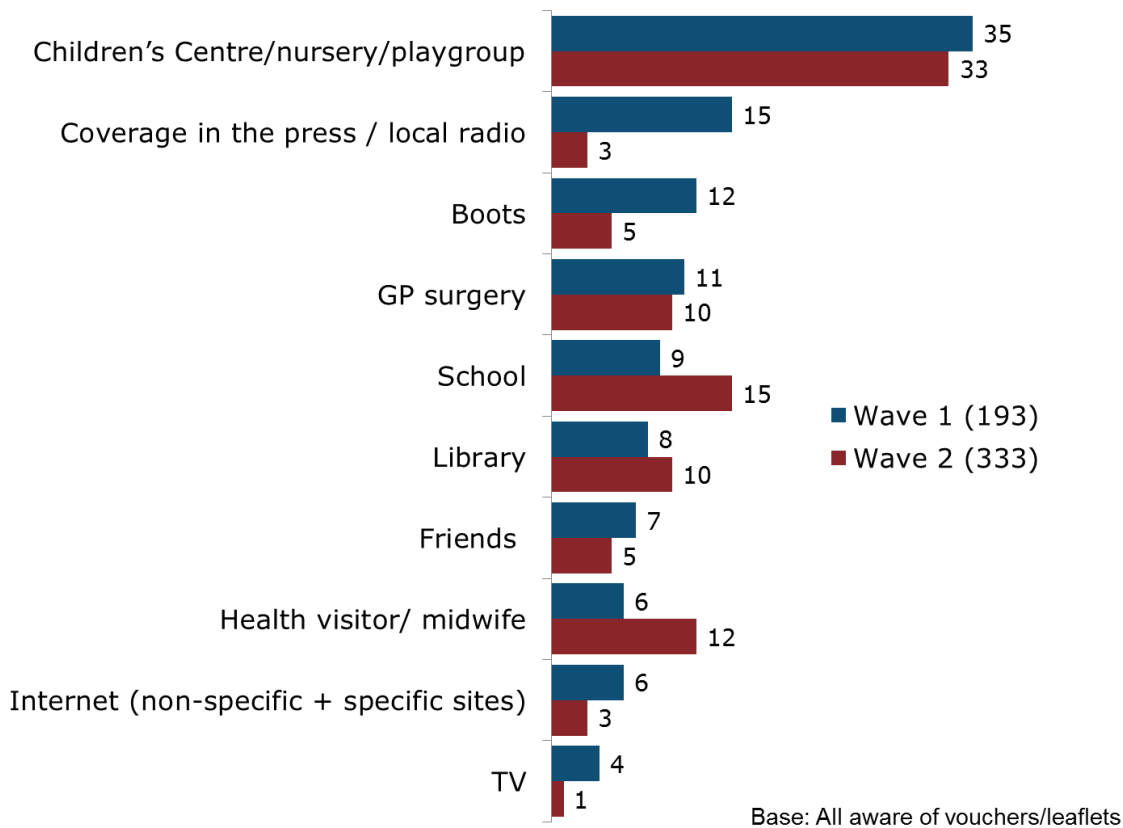
#### **5.2.1.4 Sources of voucher/leaflet awareness**

All parents who were aware of the vouchers/leaflets were asked where they had first seen or heard about them and were also asked whether they had seen or heard about them anywhere else. The findings relating to voucher/leaflet awareness support the earlier findings around the source of CANparent brand awareness, with children's centres, nurseries and playgroups coming out as the most important source of awareness, mentioned by just over a quarter of parents (27%) as their original source of awareness. Overall, including first and other mentions, a third (33%) of parents aware of the vouchers had seen or heard about them at children's centres, nurseries or playgroups. As was the case when asked about sources of brand awareness, schools, health visitors and midwives, GP surgeries and libraries all played a key role in generating awareness of the vouchers (mentioned by 15%, 12%, 10% and 10% of parents respectively).

A year on, most of the sources of awareness were at a similar level to those seen at the Wave 1 survey. There had however been a significant increase in the proportion of parents mentioning health visitors and midwives as a source of awareness (12% compared with 6% at Wave 1) and an increase in those mentioning schools as a source of awareness (15% compared with 9% at Wave 1), which may be a consequence of the change to the eligibility rules made in the second Year of the trial. This change in eligibility which allowed parents of all children in Year 1 of school to access the vouchers (regardless of their age) may have meant schools were able to facilitate more effectively the offer of classes to all parents of children in Year 1. There was a decrease in the proportion of parents mentioning Boots (5% compared with 12% at Wave 1). There had also been a decrease in the proportion hearing about the vouchers and leaflets through press coverage, which is to be expected given that press coverage was more intensive around the time of the trial launch which was close to the beginning of the Wave 1 survey. Finally it seems that the internet continued to play only a very small role in

generating awareness and, despite development work on the CANparent website at the end of 2012, less than 1% of parents mentioned the CANparent website itself as being where they heard about the vouchers. Figure 24 summarises the differences between the two surveys for the top 10 sources of awareness at Wave 1.

**Figure 24 Top ten sources of voucher/leaflet awareness mentioned at wave 1 by survey wave**



At the Wave 2 survey most of the sources of voucher/leaflet awareness seem to have cut through to a similar extent across all three areas. There were some large scale differences across areas at Wave 1 which seemed to have levelled off one year later. This is encouraging as it seems that sources that were initially slow at generating awareness in particular areas had been utilised more effectively over time. In particular mentions of schools as a source of awareness increased in both High Peak and Middlesbrough (from 5% to 12% in High Peak and 4% to 15% in Middlesbrough), as had mentions of health visitors and midwives in Camden and High Peak (from 3% to 13% in Camden and 3% to 12% in High Peak).<sup>58</sup>

<sup>58</sup> Wave 1 base sizes for those aware of the vouchers within each area are below 100. Camden = 65, High Peak = 79, Middlesbrough = 49

The one significant difference between areas that remained was the proportion of parents citing libraries as being a source of voucher awareness. Only 3% of parents in Middlesbrough said they heard about the vouchers/leaflets from a library compared with 13% in both Camden and High Peak.<sup>59</sup>

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

Parents who were aware of the vouchers/leaflets were asked whether they knew that they were offering free parenting classes. Just under a third of parents who were aware of the vouchers (32%) did not actually know what they were for. This suggests that communication of the key messages around the CANparent classes was still not getting through to all parents. Having said that, the proportion of parents who did not know what the vouchers were for has significantly fallen since the Wave 1 survey when it was 44%.

Interestingly, parents in Middlesbrough who were aware of the vouchers were much less likely to know what they were for than parents in the other trial areas. Over a half (54%) of parents aware of the vouchers in Middlesbrough were unaware of what they were for, compared to only a fifth in both Camden and High Peak (22%)<sup>60</sup>. The leaflet in circulation in Middlesbrough at the time of the Wave 2 survey was the only one that did not emphasise the possibility of booking free parenting classes on the front cover, so it is possible that the leaflet itself explains this difference to some extent. However at the Wave 1 survey, when the leaflets in circulation across all three areas had the same front cover, Middlesbrough still had the lowest levels of understanding of what the vouchers were offering, suggesting that the difference was probably more to do with the distribution methods employed in the Middlesbrough area.

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

Those who had not seen or heard about the CANparent leaflets/vouchers were asked if they were aware that there was a scheme offering free parenting classes in their area. Overall, 11% of those unaware of the vouchers/leaflets said that they had nevertheless heard about the free classes. This proportion had not changed since the Wave 1 survey and may well constitute awareness of parenting class programmes which were not a part of CANparent. Parents in Middlesbrough who were unaware of the vouchers were significantly less likely to know about a free parenting classes scheme than those in the other trial areas (6% said they were aware of parenting classes in Middlesbrough, compared to 12% in Camden and 16% in High Peak).

The only other significant sub-group difference here was that awareness of a free parenting class scheme was higher amongst women than men (14% compared to 8%).

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<sup>59</sup> Base size for those aware of the vouchers in Camden at wave 2 was 83

<sup>60</sup> As above base size for those aware of the vouchers in Camden at wave 2 was 83

The main sources of awareness amongst those who had heard about free parenting classes, but who did not know about the vouchers/leaflets were:

- Children's Centres/nurseries/playgroups: 29%
- Friends: 15%
- School: 14%
- Health visitor/midwife: 9%
- GP surgery: 6%

## **5.2.4 Voucher receipt**

### **5.2.4.1 Proportion of households receiving a voucher**

Parents were asked whether they or anyone else in their household had received a CANparent voucher. Overall, 12% of households had received a CANparent voucher. This proportion has doubled from 6% since the Wave 1 survey, but remained some way short of the estimates of the maximum attendance levels that providers in the trial areas could meet (initially estimated at 40% and later revised downwards to 25%). Reflecting the higher awareness levels discussed earlier, households in High Peak were more likely to have received a voucher than those in the other areas. Almost a fifth (17%) of eligible households had received a voucher in High Peak compared to only around 1 in 10 in Camden (10%) and Middlesbrough (9%). The proportion of households receiving a voucher has significantly increased since the Wave 1 survey across all three areas.

There was a significant difference in the levels of reported household voucher receipt between men and women (7% compared to 16%), reflecting the higher awareness levels amongst women. This difference was apparent even in two parent households, suggesting that men may be unaware of their partners having received a voucher meaning that the true level of household receipt may actually be slightly higher than the headline figure of 12%.

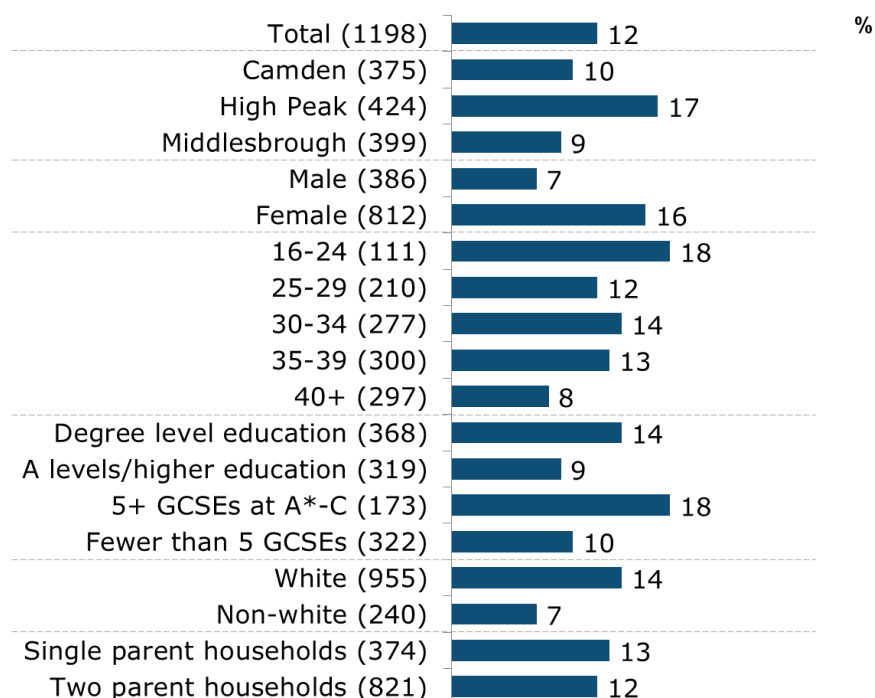
Households with older parents were less likely to have received a voucher than those with younger parents (14% of 16-39 year olds compared with 8% of those aged 40+), which was also the case at the Wave 1 survey.

The only other significant difference was that households where the respondent was from a white background were more likely to have received a voucher than households where the respondent was from a non-white background (14% compared to 7%). This difference was, however, entirely driven by the higher levels of voucher receipt in High Peak, where the population of parents was mainly white. Figure 25 shows household voucher receipt levels by different sub-groups.

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

Those respondents from households which had received a voucher were asked who specifically had received the voucher in the first place. It is striking that it was the father who had received the voucher in only 6% of such households. At Wave 1 the proportion of households where the father had received the voucher was 5%, but this does not represent a significant increase.

**Figure 25 Proportion of households that had received a voucher by sub-group**



Base: All parents in voucher trial areas

As such, despite efforts to increase voucher receipt by fathers over the course of the trial through various means such as incentivising providers for male class starts and developing father-specific marketing material, the voucher was still failing to reach most fathers.

### 5.2.4.3 Personal opportunities to receive a voucher

As well as identifying whether respondents had personally received vouchers, the survey also investigated whether parents had experienced situations in which they had had the opportunity to receive a voucher but decided that they did not want one.

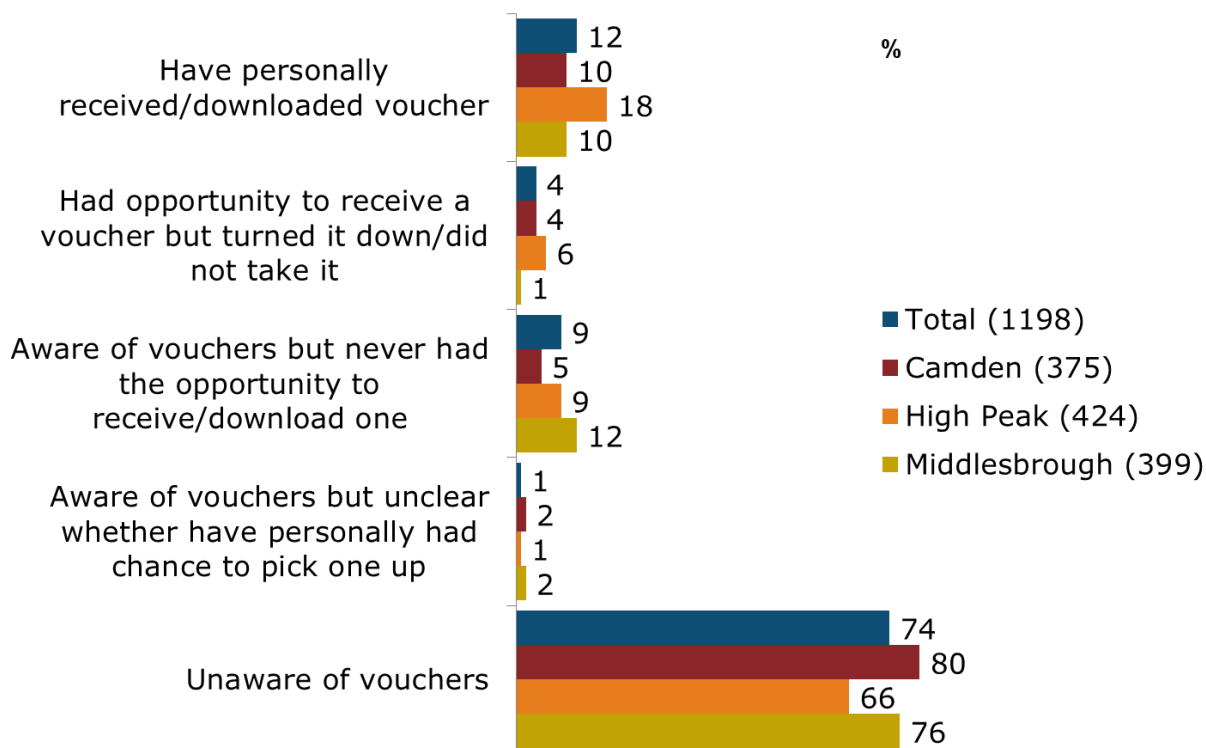
As already discussed, around three-quarters (74%) of parents were unaware of the vouchers. Just over one in ten (12%) had personally received or downloaded a voucher. A small proportion (4%) of parents had had the opportunity to receive a voucher but had

not taken it or had turned it down. Strikingly less than 1% of parents in Middlesbrough had had the opportunity to take a voucher but had turned it down; this is in comparison with 6% in High Peak and 4% in Camden. It seems that more parents in Middlesbrough had simply not been exposed to the vouchers, with 12% saying they were aware of the vouchers but had never had the opportunity to receive one, in comparison with 5% in Camden and 9% in High Peak. Overall around 1 in 10 (9%) parents said they were aware of the vouchers but had never had the opportunity to receive one.

Figure 26 summarises these findings from each of the three trial areas.

Of those who had personally received a voucher, the majority (63%) had been actively offered a voucher by someone, with only one fifth (20%) having picked it up from a pile or display. Only 1% of parents had downloaded an e-voucher from the CANparent website, though there is some evidence that distributors and providers of CANparent classes have been downloading e-vouchers on behalf of parents, so it is likely that this figure underestimates the number of parents who had technically made use of an e-voucher.

**Figure 26 Summary of whether respondent had personally had opportunity to receive a voucher by area**



Base: All parents in voucher trial areas

While the proportion of parents who turned down a voucher had not changed since the Wave 1 survey, there is some evidence that activity to improve voucher distribution arrangements through for example, introducing stalls and roadshows, did have some impact on parents. At Wave 1 the most common reason parents gave when asked why they had decided not to take a voucher or turn one down was that they didn't really understand what the voucher was offering; however at Wave 2 this was a much less frequently mentioned reason, with the main reasons being that they simply didn't need advice or support, or that they weren't interested. This suggests that communication at the point of distribution had improved between waves. Base sizes for both Wave 1 and Wave 2 were low for this question however, so this cannot be taken as a firm finding. Even when asked specifically whether a lack of understanding about what the vouchers were offering was a reason for not having taken one, around three quarters of parents (33 out of 45)<sup>61</sup> said it wasn't.

This finding is supported by another question which asked parents who had been offered a voucher how well the person offering it explained it to them. Over half of parents who had been offered a voucher said they explained it either very or fairly well (53%).<sup>62</sup>

Parents who had had the voucher explained to them by a distributor were asked what sort of things the distributor explained. Once again, base sizes are low, so findings should be treated relatively cautiously<sup>63</sup>. The main things that parents said the distributor explained to them were: information about the classes (33%); simply that the vouchers could be used for parenting classes (25%); and that they could access the CANparent website for further information (19%).

#### **5.2.4.4 Source of vouchers**

Respondents from households where someone had received a CANparent voucher were asked where they had got it from.

In line with earlier findings around sources of brand and voucher awareness, childcare settings once again came out top as the most frequently mentioned source of voucher receipt. Almost a third (32%) of parents who had received a voucher received it from a Children's centre, nursery or playgroup. The other frequently mentioned sources of voucher receipt were: Health visitors and midwives (17%); Schools (12%); and Libraries (10%).

#### **5.2.5 Voucher Usage**

Respondents whose households had received a voucher were asked about whether or not they (or their partners) actually intended to use the vouchers. Figure 27 shows these

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<sup>61</sup> Unweighted figures

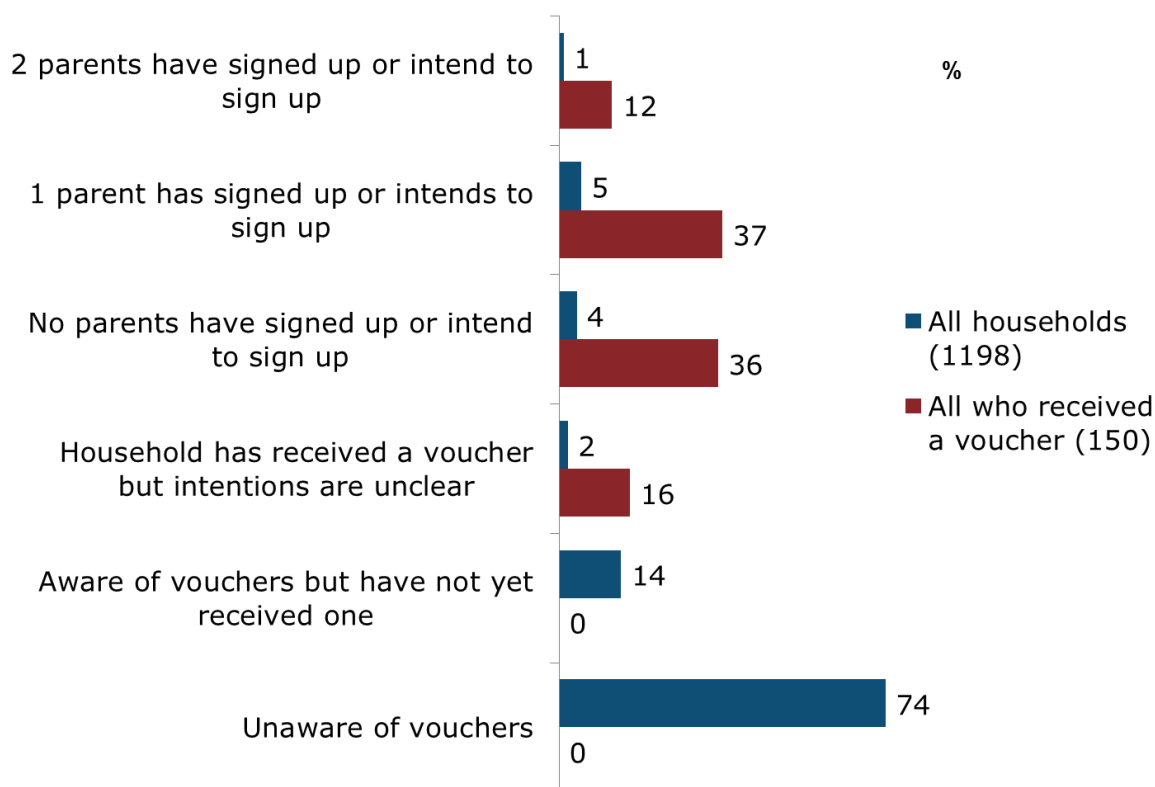
<sup>62</sup> This question was not asked at wave 1 so comparisons can not be made over time. Base size = 80

<sup>63</sup> Base size = 60

respondents as a proportion of all households and also as a proportion of those households that had received a voucher.

Firstly focusing on those households that had received a voucher, around half (49%) said that at least one parent had already signed up to a class or said they intended to do so. However, only around a quarter (24%) of those who had already signed up or intended to sign up said that both parents would participate in the classes<sup>64</sup> (37% of all receiving a voucher said that one parent would take part, while 12% said two parents would take part). Just over a third (36%) of households who had received a voucher said that nobody

**Figure 27 Intention to use vouchers**



Base: All parents in voucher trial areas / all whose household had received a voucher

in the household intended to sign up for classes, while around 1 in 6 (16%) were unclear on how the vouchers would be used.

There is some indication that intention to sign up for classes amongst those receiving a voucher had increased slightly between the Wave 1 and Wave 2 surveys, however this difference is not significant, due to low base sizes of those receiving a voucher at Wave 1.

<sup>64</sup> Base size for households intending signed up or intending to sign up = 71

Moving on to look at this data based on *all* households, here we *can* see significant changes since the Wave 1 survey. While the proportion of all households intending to participate in classes was still low, it had increased from 3% at Wave 1 to 6% at Wave 2. At Wave 2, 1% of households said that both parents had already signed up or intended to sign up, while 5% said that one parent had already signed up or intended to do so.

#### **5.2.5.1 CANparent class choice and experience**

Parents who had signed up to a CANparent class were asked a series of questions about choosing the course and their experiences. At Wave 2, only 31 parents in the survey had signed up for a CANparent class and, as such, percentages cannot be quoted reliably. The following findings should be treated as indicative only.<sup>65</sup>

The majority of parents who had signed up for a class had chosen face-to-face classes (25 out of 31), only a small number had signed up for online (5) or blended classes (1).

Encouragingly, the majority of parents said they thought finding a course at a time that was convenient for them was very or quite easy (26 out of 31). Parents were also asked what sort of things they considered when choosing a class. Again due to low base sizes no firm conclusions can be drawn from these findings, though there is some indication that practical aspects such as the location of the classes (mentioned by 18 out of 31 parents) and the times at which the classes were available (20), were more important than the subject of the classes themselves (11) or the mode of class delivery (11).

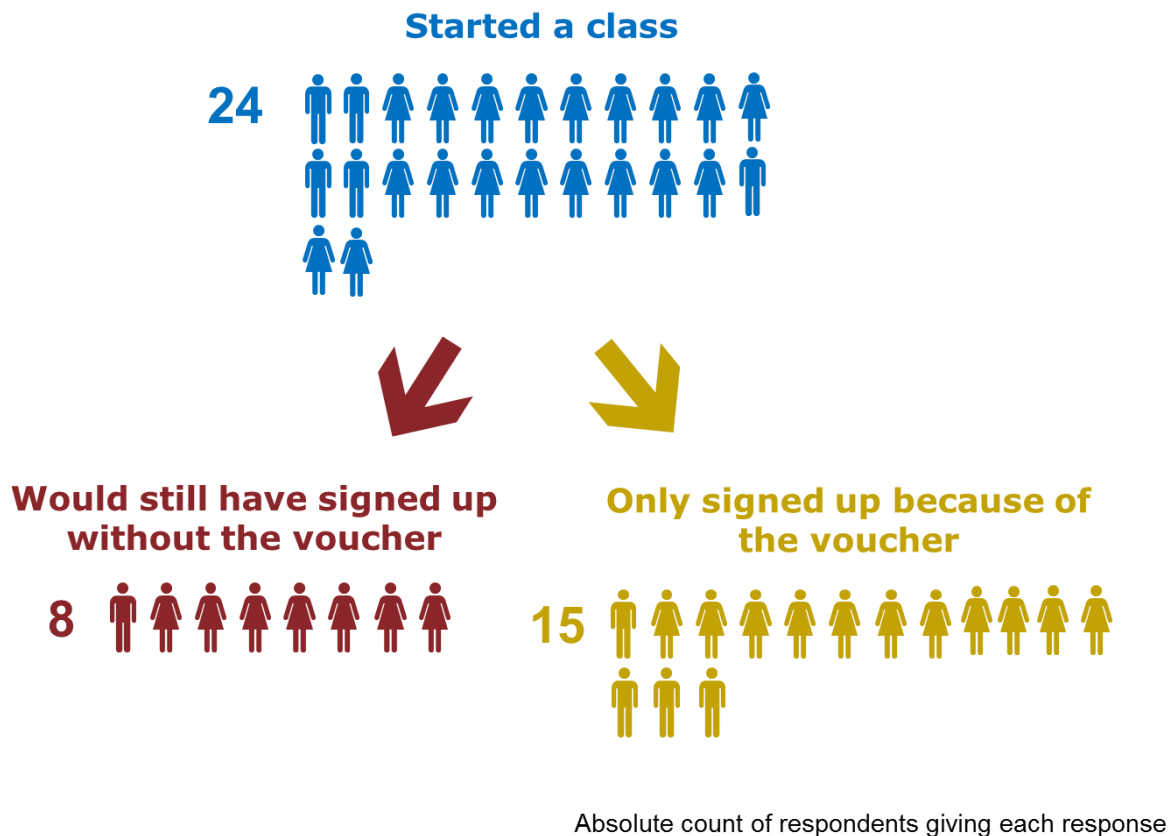
Of those parents who had started or completed a course, the majority were positive about them. Only 2 parents out of 24 who had started or completed a course said that they probably would not recommend the classes to a friend, and 15 out of 24 had already done so.

Interestingly, around a third (11 out of 31) of those parents who had signed up to a course said they would still have done so without having received the voucher, suggesting that there is some appetite for paying for the classes. However, as shown in Figure 28, it should be borne in mind that 8 of these 11 were parents who had already started a course and therefore would have had a better understanding of the value of the classes than parents who had not experienced the CANparent classes (so it was effectively a post-rationalised willingness to pay, which may not have been as strong prior to the commencement of classes).

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<sup>65</sup> All figures quoted in this section are unweighted

**Figure 28: Whether would have signed up for a class without a voucher (amongst those who had started a class - absolute numbers by gender**



### 5.2.5.2 Barriers to taking up classes

Parents who had received a voucher but indicated that they had no intention of signing up to a class were asked why. The most frequently mentioned reasons were as follows:

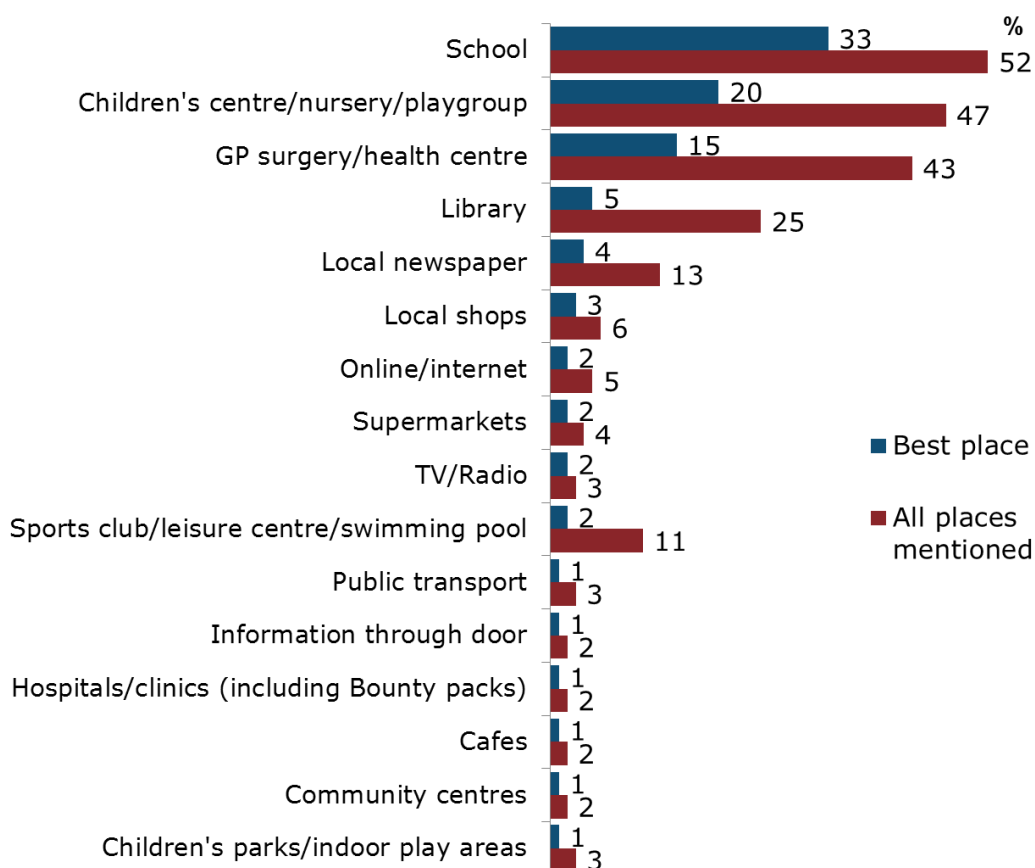
- I don't need support or advice (48%)
- Too busy/ don't have time/ work long hours (23%)
- Not interested (21%)
- Know enough people I can discuss parenting issues with (16%)<sup>66</sup>

<sup>66</sup> Base size = 62

## 5.2.6 CANparent advertising

At Wave 2, parents in all three voucher trial areas and in Bristol, regardless of whether or not they had heard of CANparent before, were asked where, in their opinion, would be the best place to advertise a scheme like this. Parents were provided with a definition of the scheme to ensure they understood exactly what it was offering. Firstly, parents were asked where the single best place would be, followed by any other places that they thought would be good places to advertise the scheme. Figure 29 summarises these findings.

**Figure 29 Suggested places to advertise CANparent (suggested best place and all places mentioned)**



Base: All parents in the trial areas (1603)

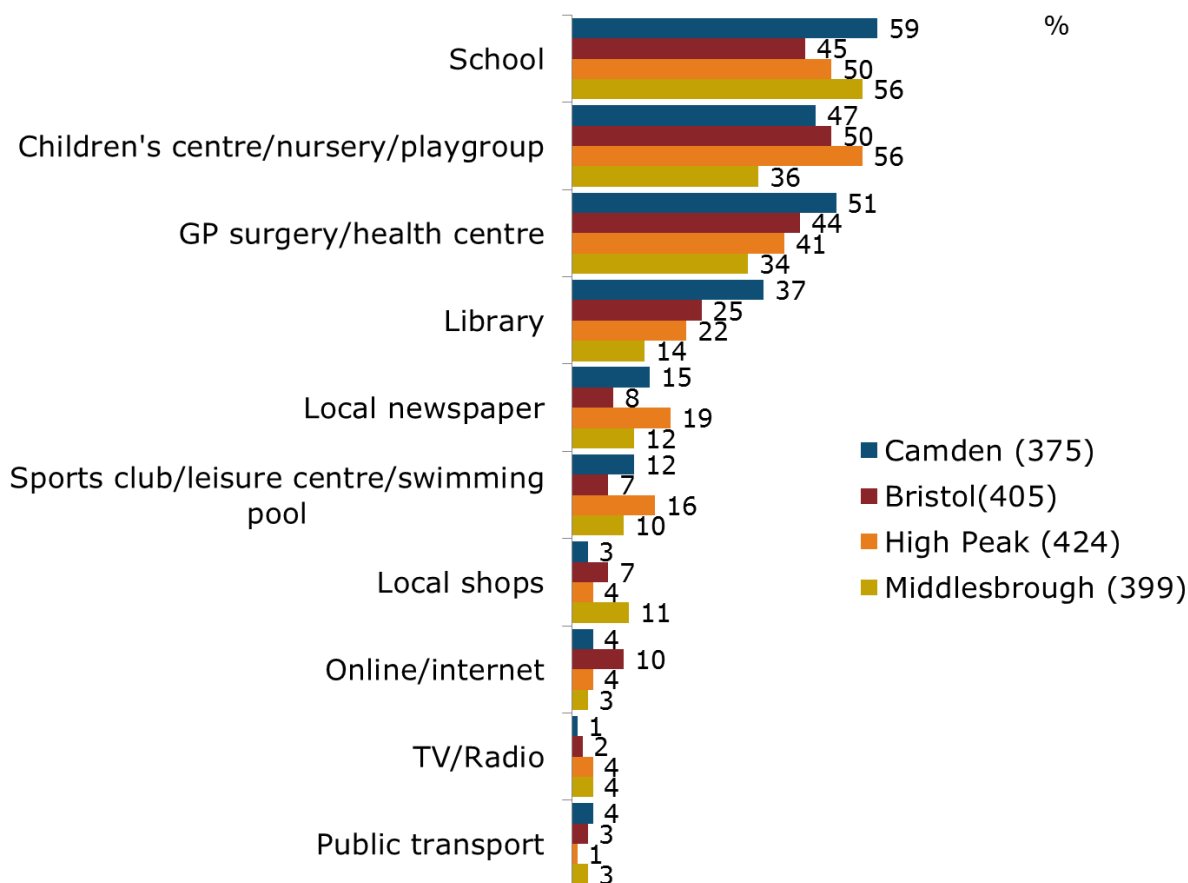
The most frequently mentioned best place for advertising was schools, mentioned by a third of parents (33%) in the trial areas. In total over half (52%) of parents mentioned schools as being a good place to advertise the scheme. Other frequently mentioned places included children's centres, nurseries and playgroups, again mentioned by almost half of parents (47%), GP surgeries and health centres (43%) and libraries (25%).

Figure 30 shows the top 10 places mentioned by parents as being good places to advertise the CANparent scheme, split out for each of the trial areas. What stands out is the level of differences between the areas. There were significant differences by area for

more or less every place mentioned by parents, and this serves to highlight that any advertising campaign may benefit from being heavily targeted and tailored to the area it is being run in. For example, while almost two-fifths (37%) of parents in Camden thought that advertising in libraries would be a good idea, fewer than half of this proportion thought that this would be a good place for advertising in Middlesbrough (14%). We saw earlier that a much smaller proportion of parents in Middlesbrough had heard about the CANparent vouchers through libraries than in other areas, and this finding may suggest that libraries are less well used in Middlesbrough than other areas.

Online advertising was more frequently mentioned in Bristol than in the other three trial areas (10% compared to 4% Camden, 4% High Peak, 3% Middlesbrough), so it may be that targeting advertising of the scheme on local websites may generate further awareness of the scheme in Bristol.

**Figure 30 Top ten suggested places to advertise the CANparent scheme by area**



Base: All in trial areas

Interestingly online advertising was also mentioned more frequently by fathers (7% compared to 4% of mothers), so this may also be an area that could be targeted to help

awareness amongst fathers. The other places that seem to be more male-orientated were: local newspapers (mentioned by 17% of fathers compared to 11% of mothers), TV and radio (4% compared to 2%), and public transport (4% compared to 2%), all of which could be more intensively targeted to increase awareness and up take by fathers. However, from the responses to the attitudinal questions discussed in Chapter 6, it appears that generating awareness amongst fathers will not in itself be sufficient to boost their attendance at classes and there needs to be more of a fundamental attitudinal shift towards acknowledging the relevance of classes for fathers. While advertising can play a part in this, it is likely that high impact face-to-face communication would also prove valuable as a means of communicating the relatively complex messages that are needed<sup>67</sup>.

Additionally, parents were asked why they thought the place they had named would be the best place to advertise a scheme such as CANparent. The main reasons given for most of the places were that they are places that parents go on a regular basis with their children.

### 5.3 Summary

It is clear from the findings around the CANparent trial process from the two penetration surveys that some positive steps forward had been made in terms of increasing awareness of the trial and take-up of vouchers and classes.

Just over a year after the launch of the trial, a quarter of eligible parents (26%) were aware of vouchers and leaflets being offered in the trial areas, just over one in ten (12%) had received a voucher and just over one in twenty (6%) had signed up or were intending to sign up for a class. For all three of these measures, significant increases can be seen between the early stages of the trial and one year on. While much of this increase (particularly when it comes to receipt of vouchers and attendance at classes) would be due to the natural bedding in of the trial, the findings do suggest that the marketing activities which evolved throughout the trial, had some positive effects.

On the other hand, the take-up had clearly been less than providers could have handled – the figure of 6% of households signing up or intending to sign up was well short of the planning assumption that providers in the trial areas could cope with demand from up to 40% of eligible parents in the trial areas (though this target was later reduced to 25% in the second year of the programme). While efforts to maintain and boost awareness levels for CANparent had some impact, with voucher awareness rising from 19% to 26% between the two survey waves, it is evident that awareness would have had to be pushed up much higher in order to have any chance of hitting the attendance targets. Indeed, if we were to apply the conversion rate from awareness to planned attendance found in our survey (which should only be taken as a broad rule of thumb), then even with an

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<sup>67</sup> [CANparent 2<sup>nd</sup> Interim Report](#)

awareness level of 100%, planned attendance would only rise to around 23%. As such, it appears that awareness building alone would not be sufficient to boost attendance – it would also be important to continue to improve understanding of CANparent’s benefits. Communicating this relatively complex message with sufficient impact would be challenging and expensive using advertising media (print / radio / TV / direct mail etc.). As such, continuing a strong brand advocacy from those in positions of influence in parents’ lives would seem to be potentially beneficial (e.g. teachers / doctors / health workers), though ensuring their full buy-in presents its own challenges in light of the other messages unrelated to CANparent that they undoubtedly also have to communicate.

One more positive thing to note when it comes to boosting future attendance is that word of mouth from the minority of parents attending classes was very positive, with most saying they had already recommended the classes to friends or family. As such, it is possible that as attendance slowly rises, a virtuous circle may form whereby more parents attend, which means that more of them are recommending courses to their friends or relatives, which in turn means that attendance rises further and so the pattern continues.

Perhaps the biggest challenge when it comes to boosting attendance at classes is the question of how to successfully engage with fathers. Awareness of and receipt of the vouchers amongst fathers remained significantly lower than amongst mothers, and there was no increase over the course of the trial in either measure amongst fathers, despite the introduction of father-specific marketing activity. While childcare settings were the most important source of awareness amongst those fathers who had heard of the CANparent brand (as was also the case with mothers), it is likely, though not explicitly proven in the dataset, that fathers have less contact points with these settings than mothers do. This, in turn, may at least partly explain why fathers were less likely to have heard of CANparent than mothers were.

Beyond simple awareness of CANparent, from the attitudinal data it can also be seen that there is generally less recognition of the potential relevance of parenting classes to fathers, which highlights the fact that a sizeable shift in attitudes will also be required in order to boost their attendance at classes. As such, this may be the kind of cultural shift that would take quite some time and consistent effort to bring about. Again, word of mouth may help to snowball engagement levels amongst fathers and it would undoubtedly be valuable to encourage early attendees at classes to spread the word to their male peer group.

## 6. Impact of the trial on parents' attitudes towards, take-up of and propensity to take up parenting classes

### Key findings

At Wave 1 (July - October 2012)

- Attitudes towards parenting classes were largely positive, e.g.
  - Only 12% disagreed with the suggestion that all parents benefit from going on a parenting class
  - 71% agreed that parenting classes were just as relevant to older parents as to teenage parents and other young parents
  - 70% disagreed that it was more useful for mothers to have parenting classes than fathers.
- However, only a quarter of parents said they were fairly likely to participate in classes and only 10% said they were very likely to.

Comparing parent views in July – October 2012 (Wave 1) with views in August – November 2013 (Wave 2):

- The evaluation has found little evidence that the trial had an impact on either parents' attitudes or their propensity to take up parenting classes in the first 18 months of the trial.
- There was very little change in parents' attitudes towards parenting classes.
  - However, there was a significant drop of five percentage points in the proportion of parents believing that parenting classes were only for parents with 'problems bringing up their children'.
- There is no evidence that the trial had an impact on parents' perceptions of the benefits of and barriers to attending parenting classes themselves.
- Likewise, the trial does not appear to have had an impact on parents' take-up of parenting classes or on their propensity to take up a course in the future.
- The pattern of results was largely similar for mothers and fathers, and across the four trial areas (both the three voucher areas and Bristol).

### 6.1 Introduction

#### 6.1.1 Aims of the population-level impact study

A key question for the evaluation of the CANparent trial was whether the trial succeeded in shifting parents' attitudes more favourably towards parenting classes and, in turn,

improved the take-up of classes. More specifically, the evaluation measured whether the trial affected:

- parents' views on whether parenting classes are universally beneficial, versus applicable only to certain 'types' of parents (Section 6.2.1);
- parents' perceived suitability of parenting classes for parents with children of different ages (Section 6.2.3);
- parents' perceptions of the potential advantages *to them* of attending parenting classes, and the personal barriers they have to going on a parenting class (Section 6.2.4);
- parents' take-up of parenting classes and their propensity to attend a class in the future (Section 6.2.5).

For each of these sets of issues, the evaluation measured the impact of the trial among the population of parents eligible for the trial (so, among parents who had a child in the eligible age group at some point during the trial period). That is, it measured the eligible **population-level impact** of the trial on parental attitudes and take-up.

### 6.1.2 Design of the population-level impact study

A representative sample of eligible parents<sup>68</sup> in the trial areas was interviewed in the Wave 1 penetration survey in the first few months of the trial (between July and October 2012). One year later, between August and November 2013, a second sample of eligible parents was interviewed in the Wave 2 survey. The evaluation looked for evidence of changes in attitudes or take-up between waves 1 and 2, so in the first 18 months of the trial. In parallel, two representative samples of parents with children in the eligible age range were interviewed in 16 matched local authorities where the trial was not being run, again in summer/autumn 2012 and 2013. These parents provided comparison groups for the Wave 1 and Wave 2 trial area parents, showing how attitudes and take-up may or may not have changed in the absence of the trial (that is, providing the counterfactual). The impact of the trial has been measured by calculating how far attitudes or take-up had changed in trial areas in the light of what would have happened in the absence of the trial (that is, the level of change in comparison areas). This 'difference in differences' approach measures the impact of the trial by subtracting the change (in percentage point terms) in comparison areas from the change in trial areas to provide a measure of the change that happened in trial areas **because of the trial** (rather than other influencing factors also identified in comparison areas).

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<sup>68</sup> When the trial was set up (and the evaluation designed), parents with children aged under six were eligible. So, by the time the wave 2 survey was fielded, parents with children aged up to seven years and 2 months would have been eligible at some point during the trial period. For this reason, the surveys included parents with children up to the age of seven years and 2 months. Although we refer to parents throughout the report (which includes birth, adoptive, foster and step-parents), in a small number of cases, a main carer who was not a parent was interviewed (e.g. grandparents).

### 6.1.3 Interpreting the results

The profile of comparison group parents reasonably closely matched the profile of parents in the trial areas in terms of their socio-economic characteristics: primarily because the comparison areas were selected because they had a very similar population profile to one of the trial areas, but also because, within the trial and comparison areas, parents were selected by an identical process from Child Benefit records. However, to ensure that the trial and comparison parents were as closely matched as possible, propensity score matching was used at the analysis stage, matching parents according to a wide range of variables available on the sample file or from the survey. This helps ensure that any differences over time, or between trial and comparison areas, are genuinely attributable to the trial and not to differences in the profile of the parents in the surveys.

When reporting (in Sections 6.2.2 to 6.2.5) on the impact of the trial, each table shows the proportion of parents – in trial areas and in comparison areas, in Wave 1 and in Wave 2 – with each outcome, along with the percentage point (*pp*) change in trial areas and the percentage point change in comparison areas. In each table, the two final columns provide the estimates of impact and their statistical significance (shown as *p*-values). The estimate of impact is the difference in differences score (that is, the percentage point change in trial areas over time, having subtracted any change over time in comparison areas<sup>69</sup>). Because the impact estimates are subject to sample variance, some apparent impacts may be due to sampling error. For this reason, all the impact estimates have been tested for ‘statistical significance’, and our main conclusions on impact are based only on significant results. Because the difference in differences estimation increases the size of the standard errors (relative to simple two-way comparisons), we have identified findings which are significant at a ten per cent level (that is, with *p*-values of .10 or less), as well as the usual five per cent level (*p*-values of .05 or less). All values are rounded to the nearest number.

### 6.1.4 Chapter format

The main focus of this chapter is the impact of the trial in the three voucher areas, where the majority of the trial activities were happening (Sections 6.2.2 to 6.2.5). We report on the impact on parents as a whole, and on any differences in levels of impact for mothers and fathers. In Section 6.6, we report on any evidence of differential impacts in each of

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<sup>69</sup> Percentage point differences were calculated using percentages to several decimal points, and are therefore sometimes slightly different to (but more accurate than) the simple subtraction of the percentages shown in the table.

the three voucher areas and in Section 6.2.7, we report briefly on the impact of the trial in Bristol<sup>70</sup>.

## 6.2 Detailed findings

### 6.2.1 Impact of the trial on parents' views on parenting classes

In the Wave 1 and Wave 2 surveys, parents were asked how much they agreed or disagreed (using a five-point scale) with a series of statements about parenting classes. Parents were given a brief definition of what constitutes a parenting class at the start of the interview: *'Parenting classes are courses where parents can learn about parenting and parenting skills. The courses can be face-to-face sessions, which parents generally attend in groups, and they can also be conducted online'*. The statements covered issues around whether parenting classes were a good thing, in general or for specific groups of parents. A mix of positively and negatively worded statements were used. An aspiration of the trial was to reduce the proportion of parents thinking that attendance at parenting classes had stigma attached and to increase the proportion of parents feeling that going on a parenting class was 'a normal thing' for parents to do.

Table 25 shows the proportion of parents who 'agreed strongly' or 'agreed' to each of the statements, split into parents in the voucher areas and comparison areas in waves 1 and 2. The first five statements are 'positive' statements about parenting classes, so a positive impact would be one with a positive percentage point difference (so, more parents saying this over time). The next five statements in the table are 'negative' statements, so a positive impact would be one with a negative percentage point difference (so fewer parents saying this over time). The final statement about the appropriateness of providing free classes is an opinion question, rather than obviously fitting the 'positive' or 'negative' statement split.

In the [CANparent first interim report](#) (Cullen et al., 2013), we reported on the fact that, across many of the statements, a majority of parents in the voucher areas held reasonably positive views about parenting classes in Wave 1, at the start of the trial period (e.g. 66 per cent agreed that 'all parents can benefit from going on a parenting course' and only nine per cent agreed that 'parents who go on a parenting course are admitting they are not doing a very good job at parenting'). The Wave 1 findings were very similar in the comparison areas. However, at that point, there was by no means universal support for parenting classes, with plenty of room for attitudes to change (e.g. only 53 per cent of parents in voucher areas said that 'going on a parenting class should be something that all parents are encouraged to do' and 36 per cent agreed that 'it's up to parents how they bring up their children and they don't need to attend classes on how to do it').

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<sup>70</sup> In each set of analysis, the comparison areas reported are those selected to match the particular trial areas.

However, overall, the trial had little impact in its first 18 months on the attitudes of eligible parents with children 0-5 years across the voucher trial areas towards parenting classes. For nearly all the statements posed to parents, there had been very little change in parents' views between Wave 1 and Wave 2 (with the difference in differences score typically no more than one or two percentage points). There is one exception: by Wave 2, more parents disagreed with the negative statement 'parents should only go on a parenting class if they've got problems bringing up their children', and this reduction is statistically significant at the 10% level. In Wave 1, 29 per cent of parents in both voucher and comparison areas agreed with this statement, while in Wave 2, 25 per cent of parents in voucher areas and 31 per cent of parents in comparison areas did so: resulting in a difference in differences percentage point change of minus five<sup>71</sup>. At the Wave 1, therefore, we found relatively little evidence of negative attitudes towards parenting classes. However, there was much scope to increase the proportion of eligible parents that would choose to undertake classes themselves.

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<sup>71</sup> Taking into account decimal point rounding.

**Table 25. Impact of the CANparent trial on parents' attitudes to parenting classes**

	Voucher areas Wave 1	Voucher areas Wave 2	Change in voucher areas	Comparison areas Wave 1	Comparison areas Wave 2	Change in comparison areas	Difference in differences	p value
<b>% parents agreeing:</b>	%	%	<i>pp</i>	%	%	<i>pp</i>	<i>pp</i>	
<b>Positive statements about the idea of universal parenting classes</b>								
Parenting classes are just as suited to older parents as they are to teenage parents and other young parents	69	68	-1	69	69	0	-1	.609
All parents can benefit from going on a parenting course	66	65	-2	64	65	1	-2	.418
Deciding to go on a parenting class shows that you're trying to do your best to parent your children well	64	62	-2	66	66	0	-1	.702
Going on parenting classes should be something that all parents should be encouraged to do	53	50	-3	50	49	-1	-2	.622
If parents have issues they want to discuss about parenting, it's better to talk to professionals rather than simply rely on talking to family or friends	39	37	-2	40	39	-1	-2	.597
<b>Negative statements about the idea of universal parenting classes</b>								
It's up to parents how they bring up their children and they don't need to attend classes on how to do it	36	38	3	35	36	1	1	.695
Parents should only go on a parenting class if they've got problems with how to bring up their children	29	25	-4	29	31	2	-5	.051*

	Voucher areas Wave 1	Voucher areas Wave 2	Change in voucher areas	Comparison areas Wave 1	Comparison areas Wave 2	Change in comparison areas	Difference in differences	p value
Parenting classes are mainly relevant for parents of new born babies	19	19	0	22	21	-1	1	.770
It's more useful for mothers to have parenting classes than fathers	15	13	-2	14	14	0	-2	.405
Parents who go on a parenting class are admitting that they're not doing a very good job at parenting	9	9	-1	9	9	-1	0	.989
Parenting classes should only be offered for free if parents can't afford to pay for them themselves	44	42	-2	45	47	2	-4	.194

\*  $p < .10$ ;  $pp$  = percentage points

Source: Penetration surveys

Broadly speaking, in Wave 1, the attitudes of mothers and fathers towards parenting classes were similar (with some indication of mothers being slightly more positive towards parenting classes than fathers) (see **Appendix 11**, Tables 45 and 46). By Wave 2, matching the overall trend above, there was little evidence of the trial having had a differential impact on the attitudes of mothers and fathers. While the reduction in the proportions perceiving that 'parents should only go on parenting classes if they've got problems with how to bring up their children' is only statistically significant among mothers and not fathers, the pattern of results is the same. (The nonsignificance among fathers may be due to the smaller sample size.)

However, there *had* been a statistically significant reduction (of five percentage points) in the proportion of mothers who agreed with the negative statement that 'it's more useful for mothers to have parenting classes than fathers', which was not replicated among fathers. (Among fathers, there had been a nonsignificant *increase* in the proportions agreeing with this statement.)

### **6.2.3 Impact of the trial on parents' views on the benefits of parenting classes during children's life stages**

Parents were asked how useful they thought parenting classes would be for parents of children of different ages, using a four-point response scale (see Table 26). In Wave 1, a large majority of parents in both voucher and comparison areas could see the potential value of classes for parents of children of all ages, although greater numbers thought they were useful for parents with younger children. For instance, in Wave 1, 92 per cent of parents in both voucher and comparison areas thought that parenting classes were 'very' or 'fairly useful' for parents with babies under one, while 71 per cent said this for parents with children aged 13 to 18.

There is no evidence that the trial had changed parents' attitudes on this issue, with either zero or one percentage point changes in views about children of different ages. This broad pattern is replicated among both mothers and fathers (see **Appendix 11** Tables 47 and 48).

**Table 26: Impact of the CANparent trial on parents' attitudes about the suitability of parenting classes for children of different ages**

	Voucher areas Wave 1	Voucher areas Wave 2	Change in voucher areas	Comparison areas Wave 1	Comparison areas Wave 2	Change in comparison areas	Difference in differences	p value
% parents thinking parenting classes useful for parents with:	%	%	pp	%	%	pp	pp	
Babies up to 12 months old	92	92	0	92	91	-2	1	.500
1 to 5 year olds	93	93	0	94	93	-1	1	.528
6 to 9 year olds	83	82	-1	83	81	-3	1	.600
10 to 12 year olds	77	77	-1	78	77	-1	0	.971
13 to 18 year olds	71	72	1	71	73	2	0	.899
<i>Unweighted bases: all respondents</i>	1124	1198		1137	1133			

**Note: All p values are nonsignificant; pp = percentage points**

Source: Penetration Surveys

## 6.2.4 Impact of the trial on the benefits and barriers parents perceive

During the survey, as well as being asked their opinion on general statements about parenting classes, parents were asked how they themselves might feel about going on a parenting class. From a list of benefits and barriers to participating in parenting classes, parents were asked to say whether they felt each of these applied to them (Table 26).

In Wave 1, around six in ten parents in voucher areas had thought that they might benefit from tips or advice available in parenting classes (62 per cent) or from talking to other parents (61 per cent). Four in 10 had thought that parenting classes could make them 'a better parent' and substantial minorities had thought parenting classes could help their relationship with their children or partners. Only minorities of parents identified with the range of barriers to attending parenting classes suggested to them. The most frequently cited barrier was that the classes would only tell them what they already knew (17 per cent) and that they would take up too much time (13 per cent). Again, the proportions of parents in the Wave 1 comparison group citing each benefit and barrier were very close to the proportions in the voucher areas.

There is very little evidence that the trial had changed the benefits and barriers that parents perceive: the difference in differences scores in Table 27 show that levels of change are usually in the region of zero to four percentage points.

Again, the pattern of results was broadly similar among mothers and fathers, albeit that mothers in Wave 1 started from a slightly more positive position than fathers about the benefits of parenting classes. One exception to this was that fathers' opinions that parenting classes could 'build my confidence as a parent' seemed to have worsened over time, with fathers significantly more likely to say this in Wave 2 (a difference in differences score of minus nine percentage points) (see **Appendix 11**, Table 49 and 50). However, this finding needs to be considered alongside the fact that it runs counter to fathers' responses to other, similar, benefits of parenting classes.

**Table 27: Impact of the CANparent trial on parents' views on the benefits of and barriers to attending parenting classes**

	Voucher areas Wave 1	Voucher areas Wave 2	Change in voucher areas	Comparison areas Wave 1	Comparison areas Wave 2	Change in comparison areas	Difference in differences	p value
<b>% parents thinking parenting classes might:</b>	%	%	<i>pp</i>	%	%	<i>pp</i>	<i>pp</i>	
<b>Positive aspects</b>								
Teach me useful new parenting skills and tips	62	63	0	66	61	-4	5	.212
Be a good chance to talk about things with other parents	61	59	-2	59	57	-2	-1	.801
Build my confidence as a parent	50	47	-3	47	45	-2	-2	.588
Make me a better parent	44	42	-2	43	42	-2	0	.897
Help my children to reach their potential	42	40	-2	42	42	0	-2	.553
Improve how well I get on with my child(ren)	38	38	-1	40	34	-6	5	.083*
Mean that my child(ren) might be better behaved	29	26	-3	30	28	-3	0	.957
Improve my relationship with my partner	19	18	-1	18	17	0	-1	.815

	Voucher areas Wave 1	Voucher areas Wave 2	Change in voucher areas	Comparison areas Wave 1	Comparison areas Wave 2	Change in comparison areas	Difference in differences	p value
% parents thinking parenting classes might:	%	%	pp	%	%	pp	pp	
<b>Negative aspects</b>								
Just tell me what I already know	17	18	1	15	17	2	-1	.649
Be too expensive for me	10	9	-1	11	10	-1	0	.864
Make other people think that I'm not a good parent	10	9	-1	10	10	-1	0	.976
Make me feel like I'd failed or got something wrong	8	7	0	10	8	-2	2	.264
Be run by people who would judge me	7	8	2	8	8	0	2	.416
<i>Unweighted bases: all respondents</i>	1124	1198		1137	1133			

\*P < .10; pp = percentage points

Source: Penetration surveys

## 6.2.5 Impact of the trial on the take-up and propensity to take up parenting classes

In the voucher areas, the parents surveyed all had the potential to take up the offer of a free parenting class from the summer of 2012. These classes were in addition to other classes offered in both trial and comparison areas. In order to measure the impact of the trial on parents' attendance at parenting classes, during the survey parents were asked about whether they had attended a parenting class – either before or after the trial began in April 2012. Class attenders were asked whether they had been told to or decided independently to attend the class (to pick up voluntary versus compulsory attendance), and whether they had paid for the class or attended for free.

As Table 28 shows, there was no evidence that the trial had significantly increased the take-up of parenting classes during the trial period to November 2013 in the voucher areas (and **Appendix 11** Table 51 and 52 demonstrates that this was the case among both mothers and fathers). Between the Wave 1 and Wave 2 fieldwork (which were around a year apart), there was a six percentage point increase (from four per cent to 10 per cent) in the proportion of parents who had attended a class since April 2012, matched with a four percentage point increase in comparison areas. Taking into account *any* parenting classes that parents had attended, prior to or during the trial period, there was no significant change in the proportion. Likewise, there was no evidence of an impact in the take-up of free parenting classes during the trial period<sup>72</sup>. However, there was a statistically significant increase in the proportion of parents *voluntarily* attending a parenting course in the voucher areas, albeit an increase of three percentage points from a very low base.

Parents who had not attended a parenting course during the trial period were asked how likely they would be to attend one before their child finished Year 2 of the trial. Table 27 shows the proportion of parents who had either attended a course during the trial period or who thought it was 'very' or 'fairly' likely that they would. There is no significant evidence to suggest that the trial had increased parents' propensity to attend a parenting class. In voucher areas, the proportion of parents who had attended during the trial or thought it likely they would attend a class increased by one percentage point from 32 per cent to 33 per cent, matched by a greater (six percentage point) increase in the comparison areas from 32 per cent to 37 per cent. However, fathers were statistically significantly less likely to report a propensity to do so (although this was due mostly to an increase in the proportions among comparison areas not mirrored within the voucher areas) (see **Appendix 11**, Table 52).

Likewise, there was no evidence to suggest that the trial had affected parents' preparedness to pay for a parenting course, with around a third of parents in voucher and

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<sup>72</sup> Among parents in voucher areas who reported in the Wave 2 survey had attended a free parenting class, 44 per cent said they would have been willing to pay for it.

comparison areas saying they definitely or probably would pay for a parenting course, in both waves 1 and 2.

When asked in Wave 2 why they would be unlikely to attend a parenting class, those parents in voucher areas who had not attended a class and felt they were unlikely to do so said it was because they did not need advice (32 per cent), they had friend or family who could help (28 per cent) or other people to talk to (20 per cent). Sixteen per cent said they were too busy, 13 per cent said they had no interest and 11 per cent said their working hours would make it difficult.

Again in Wave 2, parents in voucher areas who said they would be likely to attend a class were asked about their preference for the type of class. Half (49 per cent) said their first preference was a face-to-face class, 17 per cent would like one-to-one sessions, 12 per cent chose blended (online and face-to-face) learning and nine per cent said they would want online supported by emails and online forums.

**Table 28: Impact of the CANparent trial on the take-up of and propensity to take up parenting classes**

	Voucher areas Wave 1	Voucher areas Wave 2	Change in voucher areas	Comparison areas Wave 1	Comparison areas Wave 2	Change in comparison areas	Difference in differences	p value
<b>% parents:</b>	%	%	pp	%	%	pp	pp	
Ever attended a parenting class	16	17	0	13	15	2	-1	0.586
Attended a parenting class during the trial period	4	10	6	2	7	4	1	0.478
Attended a parenting class which started in the trial period	2	6	4	1	3	3	1	0.145
Attended a parenting class during the trial period which they chose rather than were told to attend	1	4	3	1	2	1	2	0.015**
Attended a free parenting class since the trial started	4	9	6	2	5	3	3	0.119
Been on or likely to attend a parenting class before children enter Year 2	32	33	1	32	37	6	-5	0.250
Prepared to pay for a parenting course	35	35	-1	38	36	-2	1	0.776
<i>Unweighted bases: all respondents</i>	1124	1198		1137	1133			

\*\*  $p < .05$ ; pp = percentage points

Source: Penetration surveys

## 6.2.6 Differential impacts in the three voucher areas

Tables 53 to 64 in **Appendix 11** show the results for each of the three voucher areas: Camden, High Peak and Middlesbrough. We have tested whether the pattern of results we report in Sections 6.2.2 to 6.2.5 above was replicated in each of the voucher areas. In particular, we have checked whether the statistically significant findings around a decrease in negative attitudes about parenting classes were being driven by one or more of the voucher areas. Overall, we conclude that the pattern of results is very similar across all three areas<sup>73</sup>.

## 6.2.7 Impact of the trial in Bristol

Parents in Bristol and in its three comparison areas selected to match Bristol were asked the same questions as those reported above – on their attitudes to parenting classes and their propensity to attend classes. With relatively small sample sizes in Bristol and its comparison areas, any significant differences identified in the voucher areas were unlikely to be replicated as statistically significant in Bristol. Rather, our intention was to check whether the pattern of results found in voucher areas was replicated in Bristol, despite the lower levels of trial activity and not having the free parenting class offer.

Given very little evidence of the trial having an impact in the voucher areas, we did not expect to find evidence of impact in Bristol, and this has proved to be the case. Tables 65 to 68 in **Appendix 11** document the results from Bristol, which relatively closely matched those of the voucher areas<sup>74</sup>.

## 6.3 Chapter summary

At the start of the trial there was a lack of evidence to guide estimating the number of parents of 0-5 year old children that would take up the offer of a parenting class. There was also concern that such classes might be viewed as stigmatising, partly because the main developments in this field have concerned targeted parenting support. These, by definition, are aimed at a sub-group of parents, and typically those where there are concerns about

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<sup>73</sup> Given each voucher area has only four comparison areas, there is fairly high risk that a single 'outlier' comparison area could skew the comparison group findings. Where the percentage point change in comparison areas for a particular voucher area is large, it often seems to be due to single areas (e.g. where a particular local initiative could skew the findings), rather than represent real change in the counterfactual. A better test of consistency across the trial areas is arguably just to compare change over time within the area with change for the three trial areas combined. Based on this we conclude that the pattern of change is very similar across the three voucher areas.

<sup>74</sup> Again given Bristol has only four comparison areas, there is a risk that a single 'outlier' comparison area can skew the comparison group findings. So, again, we have concentrated most attention on looking at consistency of the change within Bristol relative to the three voucher areas.

parenting attitudes, knowledge, skills and/or confidence. CANparent, by contrast, was designed as a universal offer, for parents of 0-5 year olds. A key question for the evaluation was whether the trial succeeded in shifting parents' attitudes more favourably towards parenting classes and, in turn, improved the take-up of parenting classes. The evaluation found little evidence that the trial had an impact on either parents' attitudes or their propensity to take-up parenting classes in the first 18 months of the trial. However, our population-level impact study found generally positive attitudes to parenting classes at the start of the trial (Wave 1), indicating a relatively low level of stigmatisation already existed. Furthermore, there was a significant drop, of around five percentage points, in the proportion of parents believing that parenting classes were only for parents with 'problems bringing up their children'.

There was no evidence that the trial had an impact on the perceptions of the general population of parents of 0-5 year olds of the benefits of and barriers to attending parenting classes themselves. Likewise, the trial did not appear to have had an impact on the general population of parents' take-up of parenting classes or on their propensity to take up a course in the future. The pattern of results was largely similar for mothers and fathers, and across the four trial areas (both the three voucher areas and Bristol).

This lack of impact on take-up of parenting classes in the general population of parents of 0-5 year olds must be considered in the context of the finding in the Wave 1 survey that only 10% of parents were very likely to do so. This evaluation has shown the importance of recognising the sequence of attitudes to action: a parent having a positive attitude towards parenting classes, changing this into an interest in a class, and then into *actually* taking up a class.

## 7. Cost effectiveness and willingness to pay analysis

### Key Findings

- CANparent provision was heavily concentrated amongst certain providers, with approximately **75%** of all service deliveries provided by five organisations with the remaining **25%** delivered by the remaining nine CANparent providers.
- The evaluation collected detailed information on the set-up and ongoing costs of the CANparent trial broken down according to the reason for expenditure. Reflecting the heavy delivery concentration, the information on costs accounts for approximately two-thirds of CANparent providers (9 out of a possible 14) but only **43%** of actual provision.
- For those 9 organisations providing sufficient cost information (and associated with **£41,500** of voucher redemptions out of the total of **£96,075** in the first full year of the trial), the analysis suggests that costs of provision for those same organisations stood at approximately **£477,000**.
- In aggregate, this implies that the (weighted) average cost of provision stood at **£468** per parent undertaking parenting classes in the first year. Analysis of the average value of voucher redemption suggests that the average shortfall in the value of the voucher compared to costs of provision was approximately **£374** per parent. These high average costs of provision reflect the low take up of parenting classes and would be expected to decrease significantly following even a relatively modest increase in take up. It is unclear as to whether the average cost of provision would have been lower (or higher) than the voucher value if the notional maximum capacity of parenting classes had been supplied by providers.
- Some of the costs that were incurred by providers appeared exceptional – and well above what might be necessary for the delivery of the CANparent trial. Excluding these outlying costs, the voucher value required for providers on average to break even might be considerably less (approximately **£325** per parent).
- The analysis indicates that approximately **38%** of the aggregate costs related to set up or fixed costs while the remaining **62%** related to operating or delivery costs. Considering the operating costs alone, based on the level of take-up, the voucher value required to cover operating costs alone would stand at approximately **£289** per parent.
- The lowest cost of provision stood at **£135** per parent including set up costs, and **£117** per parent excluding set up costs

- An analysis of **Willingness to pay** for parenting classes was undertaken, whereby almost 3,000 respondents were presented with a number of descriptions of parenting classes (**face-to-face**, **blended** and **pure online**) and asked to indicate whether (and how much) they would be prepared to pay for the described services.
- Approximately **43%** of those surveyed indicated that their *maximum* willingness to pay for **face-to-face** classes was **£0**. This compared to **57%** of respondents for **pure online** classes and **47%** for **blended** parenting classes.
- In contrast, in terms of **face-to-face** delivery, **25%** of respondents provided a *strictly positive* Willingness to pay estimate (i.e. they were willing to pay some positive amount for a face-to-face parenting class). For **blended** delivery, approximately **24%** had a strictly positive Willingness to pay while in the case of **pure online** provision, the proportion was lower (**15%**).
- The analysis indicates that, with very tight confidence intervals, the **average** Willingness to pay for **face-to-face** or **blended** parenting classes stood at **£36**, while the average Willingness to pay associated with **pure online** parenting classes stood at approximately **£20**.
- Amongst those who had some positive Willingness to pay only (i.e. were willing to pay an amount strictly greater than zero), the analysis indicates that the estimated willingness to pay for **face-to-face** parenting classes stood at **£63**, compared to **£67** for **blended** provision and **£49** for **pure online** provision.
- Different characteristics of respondents influenced willingness to pay. The analysis indicates that a female working part-time earning less than £10,000 per annum (i.e. the reference group) had a Willingness to pay of **£25.76** for face-to-face provision, **£9.92** for pure online provision and **£17.11** for blended provision.
  - **Men** have a higher Willingness to pay than women (**£11.72**, **£8.12** and **£10.29** more for face-to-face, pure online and blended provision respectively), holding other factors constant.
  - The **number** and **age of children** also determine Willingness to pay: an increasing number of children, as well as an increase in the age of the youngest child, have a **negative effect** on Willingness to pay.
  - In terms of **prior experience of parenting classes**, the analysis suggests that there is a higher Willingness to pay for **face-to-face** provision amongst those respondents who had previously attended a parenting class (by approximately **£7**). This suggests that parenting classes might be considered 'experience' goods (in the sense that they need to be experienced for the individual to be able to make an informed decision in relation to the value).

- The analysis suggests that **working full-time** has a *negative* effect on Willingness to pay, with individuals working full time prepared to pay approximately **£7.98 less** for **face-to-face** provision and **£7.02 less** for **blended** provision.
- By far the most important factor determining Willingness to pay was **household income**. Compared to the reference income band 9 (i.e. less than £10,000 per annum), the analysis indicates that an individual living in a household with household income of £10,000 to £20,000 would be prepared to pay **£6.57** more for a **face-to-face** parenting class, **£6.56** more for a **pure online** parenting class and **£13.39** for **blended** parenting provision.
- It might be the case that for individuals who are not accurately able to picture the parenting classes on offer (perhaps because the classes constitute an ‘experience’ good), the initial price of the parenting class acts as a signal of the quality of provision. The analysis indicates that there was a positive relationship between the initial price point and maximum Willingness to pay, with (for instance) individuals offered an initial bid of £225 for face-to-face provision providing a maximum Willingness to pay £10.76 more than an individual offered an initial price point of £75.

## 7.1 Introduction

To undertake this cost effectiveness analysis, London Economics administered an in-depth questionnaire to providers to assess the costs of provision over the first 12 months of the trial. The questionnaire was partially pre-completed to account for planned provision (information generated from administrative data collected by the Department at the outset of the trial). The questionnaire was in the form of an Excel spreadsheet, and contained options for the collection of information relating to the providers assessment of take-up of individual courses (both voucher-related provision as well as any provision that might have been provided on a paid basis); the potential benefits-in-kind that providers might have received as part of the trial (for instance, the subsidised or free use of premises to provide classes); any funding from sources other than the voucher-related funding from the Department for Education; and the costs associated with the provision of classes. These costs were broken down at a relatively disaggregated level and providers were allowed the opportunity to either insert potential costs of provision according to the categories provided, but were also allowed to enter costs that might not have fallen into any of the pre-coded categories.

The nature of the costs that were requested included salary costs (broken down by the grade or responsibility of the employee) or the sub-contracting/out-sourcing costs (for those organisations whose business model was simply to act as a lead contractor and pass

through the majority of the voucher value to a third party providing the parenting class); staff training costs; delivery costs (not otherwise included in the staffing cost, such as the potential development of online content, website maintenance, development of session content/materials, materials costs (provided to parents), printing costs, marketing costs (to parents), equipment costs, rental/ lease costs, utilities, and travel and subsistence costs).

In addition to the option of contacting the evaluators to discuss or agree the nature of the information provided, the costs template provided line-by-line information on how the costs template should be filled out. In terms of the administration of the costs template, London Economics contacted all the named providers with an initial information-only e-mail approximately 2 weeks before the questionnaire going live. The questionnaire was then sent to all providers with up to 4 follow-ups of each provider in the case of non-response. These follow-up (calls) in general provided both assistance to providers having difficulty completing the questionnaire, but also in a number of cases involved persuading providers to engage in the data collection exercise.

In total, following the close of the fieldwork window (after 4 follow-ups), we achieved responses from **9** of the **14** providers.

Of those providers that did *not* engage in the fieldwork, 2 refused to participate, and 2 did not respond to any approach made to them, while the final provider (after much negotiation) indicated that they would provide the cost information, but in the end, did not. Of those providers refusing to participate, one stated the lack of time and the administrative burden involved in the completion of the survey, while the second provider refused to participate as they believed that the provision of this cost information was irrelevant to their business model. The rationale for this suggestion was that this provider operated on a different basis to other providers in the sense that they were not profit maximising and that any resources received from other parts of the organisation to subsidise potential 'losses' were both commercial-in-confidence and had 'nothing to do with cost effectiveness'.

One important limitation of our data is that those providers that *did not* respond to the cost questionnaire were responsible for a disproportionately large volume of parenting class provision. In particular, the costs information collected:

- accounts for approximately **two-thirds** of providers (9 of 14); however,
- relates only to approximately **43%** of Year 1 provision.

## 7.2 Detailed findings

### 7.2.1 Planned and actual provision

In addition to the costs information collected as part of this analysis, we also considered both planned take-up (and associated unit costs) and actual take-up by provider. The information on planned take-up was collected from the proposal information submitted by potential providers prior to the award of contract (and not the contract itself and, as a result, may be different from the contract documentation). However, one over-riding finding is that providers were **extremely optimistic** in relation to not just the potential take-up of parenting classes, but more importantly the size of the market that might be available to them as individual providers. For instance, in a number of cases, having indicated that the number of target parents was at a certain level in a voucher trial area, some providers assumed that they might capture between **15%** and **25%** of the market (for instance) – and in some cases a significantly higher proportion. In reality, given the number of providers competing for a fixed pool of customers in a particular area, the potential pool of customers was significantly lower than that which had been expected *ex-ante*. Having undertaken an analysis of actual versus planned provision (as per proposal documents), the analysis suggests that on average, actual provision was in the region of **2.5-5.0%** of planned provision.

In conversations with providers at the time of survey completion, a number of them indicated that they were led to believe that there would be fewer alternative providers in each of the trial areas, and the lack of effective demand was the primary reason for being unable to cover costs in any meaningful way. In addition, a number of providers also suggested that the number of alternative providers resulted in further unintended consequences. Specifically, some providers indicated that other providers would be able to benefit from the first organisation's marketing activities and there was no guarantee that parents would take up that own provider's offering. Known as a 'free-rider' problem in economics, this situation undoubtedly had the effect of limiting the demand pool that would otherwise have existed in the absence of such high levels of competition. One important **recommendation** to come out of this element of the analysis is that, as with any fledgling industry, to promote a market (at least in the short run) some degree of market power could be offered to those organisations developing the market. In the same way that pharmaceutical firms (for instance) are offered a time-limited monopoly<sup>75</sup> following the patenting of a particular drug to allow them to recoup the significant research and development costs, the organisation(s) involved in the development of the parenting class market should have been provided some

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<sup>75</sup> Note that this is one potential option in relation to the granting of market power. There are other options available, such as the provision of start-up grants; however, there are a number of issues in relation to setting the optimal size of the start-up grant and the allocation of risk between the government and the potential providers.

degree of market power (although perhaps not a monopoly, but a market characterised by some degree of product differentiation such as *monopolistic competition*) to allow them to undertake the necessary tasks associated with market development.

## 7.2.2 Take-up and revenues associated with provision

### Year 1

In the first year of the trial, the management information showed that there were 1,019 starters, of which the largest provider accounted for **20%** of all provision, followed by two providers accounting for approximately **17%** of service deliveries respectively. Approximately three-quarters of all service deliveries were provided by 5 organisations. At the other end of the spectrum, one organisation had not delivered a single parenting class in the first 12 months of the trial; while a further 4 organisations had delivered less than **7%** of all classes between them. This is presented in Table 29.

**Table 29: Basic information on parenting class take-up 2012-13**

2012/13 (04/12 - 03/2013)	Planned starts	Starts	Completing		Completion rate		75% to 100% conversi on rate	Average voucher	Revenue
			75%	100%	75%	100%			
	<b>(2 years)</b>							<b>£</b>	<b>£</b>
P2	4,400	19	19	19	100%	100%	100%	£100.00	£1,900
P3	2,527	120	88	88	73%	73%	100%	£93.33	£11,200
P5		25	18	15	72%	60%	83%	£93.00	£2,325
P6		40	34	27	85%	68%	79%	£96.25	£3,850
P7		24	24	24	100%	100%	100%	£100.00	£2,400
P10	1,350	32	30	23	94%	72%	77%	£98.44	£3,150
P11		204	175	131	86%	64%	75%	£96.45	£19,675
P12	2,750	0	0	0	0%	0%	0%	£0.00	£0
P13	2,750	64	51	48	80%	75%	94%	£94.92	£6,075
P14	9,458	27	20	7	74%	26%	35%	£93.52	£2,525
P15		177	125	80	71%	45%	64%	£92.66	£16,400
P18		171	109	59	64%	35%	54%	£90.94	£15,550
P19		7	1	1	14%	14%	100%	£78.57	£550
P21	3,000	109	92	88	84%	81%	96%	£96.10	£10,475
<b>Total</b>		<b>1,019</b>	<b>786</b>	<b>610</b>	<b>77%</b>	<b>60%</b>	<b>78%</b>	<b>£94.28</b>	<b>£96,075</b>

Note: We do not attempt to order the data in any way, rather present the information received provider by provider.

Source: London Economics analysis of management information data

Again, using information on the extent to which parents who started the classes completed either 75%<sup>76</sup> of the class or 100% of the class, it is possible to see that approximately **78%** of starters had reached the 'minimum completion' (which was associated with the additional trigger payment of £25). Again, there was some degree of variation across providers, with the largest provider achieving a 'minimum completion' rate of approximately **86%**, which suggests that the provision of classes in large quantities may not be correlated with the completion indicator. As might be expected, there may be less incentive for providers to ensure that parents complete the series of parenting classes in their entirety (as 'completion' and the associated payment took place in a number of cases at the three-quarters stage); however, there appeared to be no acceleration of drop-out between the three-quarters stage and the end of the classes (with **78%** of parents who reached the 'minimum completion' stage going on to finish the full programme). Again, there was no specific trend in the data in terms of whether higher full completion rates were associated with the volume of provision, but this might suggest that the length of the programme may have acted as a disincentive towards completion, but also that there were few incentives to providers to encourage parents to complete 100% of the parenting classes.

In the first full year of the trial, approximately **£96,000** of revenues related to vouchers was redeemed by providers, implying that the average value of the parenting class voucher, accounting for non-completion, stood at **£94.28** per parent.

### **Part of Year 2 (April – October 2013)**

Comparing the information relating to 2012/13 to the outputs achieved in the second (partial) year of operation (April 2013 - October 2013), the analysis suggests that there was a marginal slowdown in the take up of parenting classes. In the first 7 months of the 2013/14 financial year, there were **413** registered starters (equivalent to **40%** of the 2012/13 full year estimates – see Table 30).

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<sup>76</sup> '75%' is here, and in Table 28, used as a shorthand for the 'minimum completion' point contractually defined for each CANparent class.

**Table 30: Basic information on parenting class take-up 2013-14 (April – October 2013)**

2013/14 (04/2013- 10/2013)	Planned starts  (2 years)	Starts	Completing		Completion rate		75% to 100% conversi on rate	Average voucher  £	Revenue  £
			75%	100%	75%	100%			
P2	4,400	13	13	13	100%	100%	100%	£100.00	£1,300
P3	2,527	31	19	18	61%	58%	95%	£90.32	£2,800
P5		10	6	4	60%	40%	67%	£90.00	£900
P6		38	22	9	58%	24%	41%	£89.47	£3,400
P7									
P10	1,350								
P11		84	60	35	71%	42%	58%	£92.86	£7,800
P12	2,750	3	0	0	0%			£75.00	£225
P13	2,750	26	11	9	42%	35%	82%	£85.58	£2,225
P14	9,458	8	4	0	50%	0%	0%	£87.50	£700
P15		64	30	15	47%	23%	50%	£86.72	£5,550
P18		34	30	14	88%	41%	47%	£97.06	£3,300
P19		9	2	1	22%	11%	50%	£80.56	£725
P21	3,000	93	77	73	83%	78%	95%	£95.70	£8,900
<b>Total</b>		<b>413</b>	<b>274</b>	<b>191</b>	<b>66%</b>	<b>46%</b>	<b>70%</b>	<b>£91.59</b>	<b>£37,825</b>

Note: We do not attempt to order the data in any way, rather present the information received provider by provider.

Source: London Economics analysis of management information data

Of these, by the time of the analysis (and perhaps reflecting the more recent start dates of some parents), approximately 66% had reached the completion mark required for the potential additional trigger payment, which as a result suggests that the average voucher payment stood at approximately £92 in the second year. In terms of which organisations were primarily responsible for the provision in the second (partial) year, the analysis suggests that there had been a limited shift in provision. Specifically, of those organisations that were the most substantive providers in the first year, all five continued to be heavy providers (77% in Year 1 and 74% in Year 2). In contrast, there were 6 providers that each supplied 10 or fewer classes to parents between April and October 2013.

Table 31: Basic information on parenting class take-up 2012-14 (April 2012 – October 2013)

2012/14 YTD 04/12-10/13	Planned starts	Starts	Completing		Completion rate		75% to 100% conversi on rate	Average voucher	Revenue
			75%	100%	75%	100%			
	(2 years)								
P2	4,400	32	32	32	100%	100%	100%	£100.00	£3,200
P3	2,527	151	107	106	71%	70%	99%	£92.72	£14,000
P5		35	24	19	69%	54%	79%	£92.14	£3,225
P6		78	56	36	72%	46%	64%	£92.95	£7,250
P7		24	24	24	100%	100%	100%	£100.00	£2,400
P10	1,350	32	30	23	94%	72%	77%	£98.44	£3,150
P11		288	235	166	82%	58%	71%	£95.40	£27,475
P12	2,750	3	0	0	0%	0%		£75.00	£225
P13	2,750	90	62	57	69%	63%	92%	£92.22	£8,300
P14	9,458	35	24	7	69%	20%	29%	£92.14	£3,225
P15		241	155	95	64%	39%	61%	£91.08	£21,950
P18		205	139	73	68%	36%	53%	£91.95	£18,850
P19		16	3	2	19%	13%	67%	£79.69	£1,275
P21	3,000	202	169	161	84%	80%	95%	£95.92	£19,375
<b>Total</b>		<b>1,432</b>	<b>1060</b>	<b>801</b>	<b>74%</b>	<b>56%</b>	<b>76%</b>	<b>£93.51</b>	<b>£133,900</b>

Note: We do not attempt to order the data in any way, rather present the information received provider by provider. Note that 2 organisations – P2 and P10 withdrew from the trial at the end of the first year.

Source: London Economics analysis of management information data.

### 7.2.3 Costs of provision

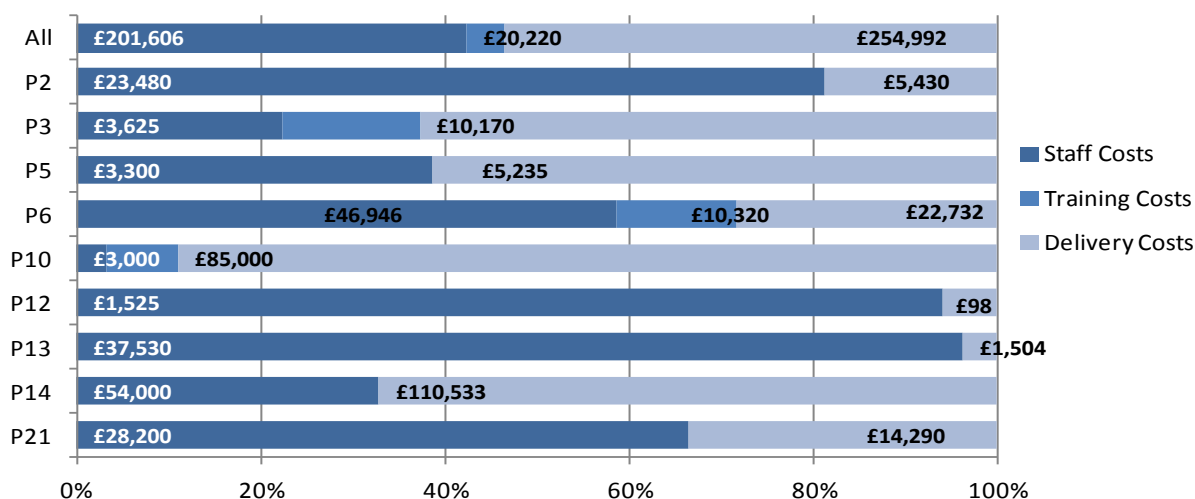
Turning to the costs of provision, for those 9 organisations (of a possible 14) providing sufficient cost information (and associated with **£41,500** of voucher redemptions out of the total of £96,075 in the first full year of the trial), the analysis suggests that associated costs of provision for those same organisations stood at approximately **£477,000** (of which we have estimated that approximately **38%** related to set up or fixed costs while the remaining **62%** related to operating costs). In aggregate, this implies that the (weighted) average cost of provision stood at **£468** per parent attending in the first year, further implying that the average shortfall in the value of the voucher compared to costs of provision was approximately **£374** per parent. Unsurprisingly, there was a significant degree of variation around this central estimate of the cost of provision; however, in each and every case, the average value of the voucher was less than the average cost of provision.

At one end of the spectrum, our analysis suggests that the lowest cost of provision stood at **£135** per parent (associated with a medium sized provider), while the largest unit cost of provision was in excess of **£6,000** per parent (though this reflects high start up costs and the exceptionally low number of deliveries by some providers).

Even removing all the set up or fixed costs from the analysis and considering the operating costs alone, based on the level of take-up, the voucher value required to cover operating costs alone would stand at approximately **£289** per parent.

Looking at the different elements of costs, there is some degree of variation in costs. Specifically, when dividing costs into three main categories (salary costs, training costs and other delivery costs), the cost information collected suggests that approximately **42%** of all costs in the first year are associated with salary costs, compared to approximately **4%** for training costs and the remaining **54%** associated with actual delivery costs (however, in a number of cases where the provider has essentially outsourced provision of parenting classes to third parties, these costs are assumed to be delivery costs (although they might in reality relate to salary costs for other providers – see Figure 31)).

**Figure 31: High level breakdown of costs of provision 2012-13**



Note: We do not attempt to order the data in any way, rather present the information received provider by provider. Source: London Economics analysis of management information data

Looking at the distribution of salary costs, a number of providers allocated more than **90%** of their costs to salary costs, while at the other extreme, one organisation allocated just **3%** of their costs to salary related costs; however, in this case, it is very important to note that this provider allocated more than **35%** of their costs to marketing and more than **50%** of their cost to the evaluation of the trial. In this specific case, these 'delivery' costs skew the overall

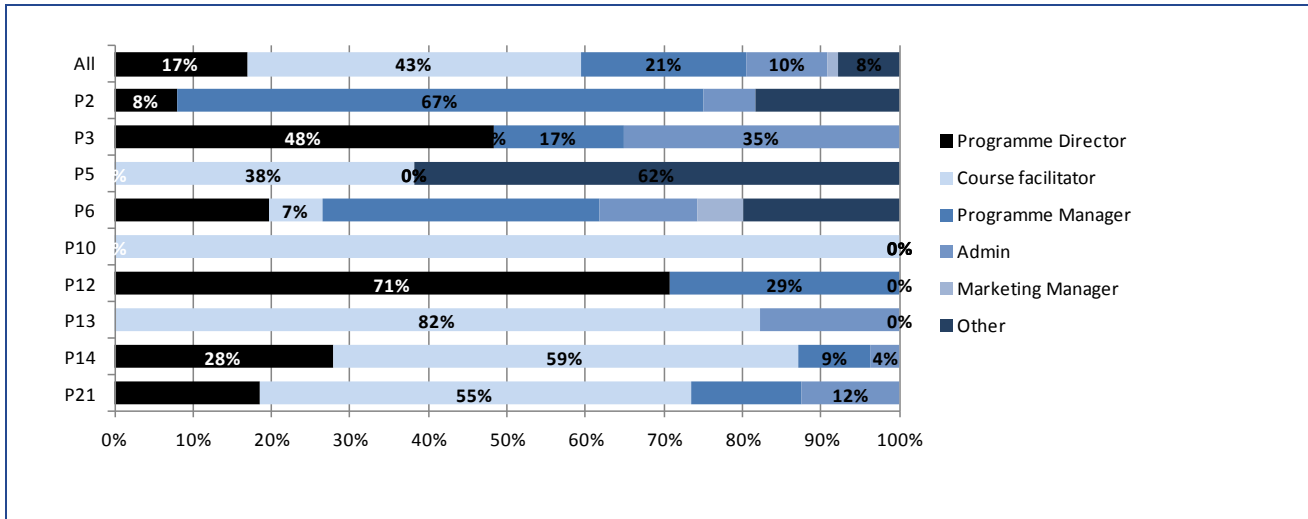
cost structure, but reflect a number of pertinent issues. In particular, from conversations with this particular provider, they incurred expenses associated with their own internal evaluation of their trial provision that were clearly disproportionate to the overall size of their delivery (either expected or actual). Although this appeared to be an isolated case, this may reflect a lack of concrete guidance from the Department for Education in relation to the suggested expenditure on the contractual obligation to conduct internal evaluations, as well as a reflection of a relatively inexperienced provider purchasing a service for which they may possess less market expertise.

### **7.2.3.1 Staffing cost breakdowns**

Considering the breakdown of salary information related to the provision of parenting classes, we asked respondents to provide an estimate of the exact nature or grades of the individuals involved in the trial (Figure 32). On average, approximately **38%** of the salary bill associated with the programme related to the costs associated with programme directors (**17%**) and programme managers (**21%**), while approximately **10%** was associated with administration of the programme. Even considering the (relatively small) costs associated with subcontracting (which are accounted for elsewhere), only **43%** of the salary costs associated with the delivery of the parenting classes was allocated to course facilitators.

The analysis again demonstrates a high degree of variation with a number of organisations allocating a significant proportion of their resources towards the direction and management of the programme; however, in part, those organisations that did allocate significant resources to direction (especially) had not actually delivered that many parenting classes and as such this might be expected (as it might be thought that this is in part a development cost as opposed to an ongoing cost). For those organisations that had been involved in higher levels of parenting class provision the proportion of salary expenditure on course delivery and facilitation was significantly higher.

**Figure 32: Breakdown of salary costs 2012-13**



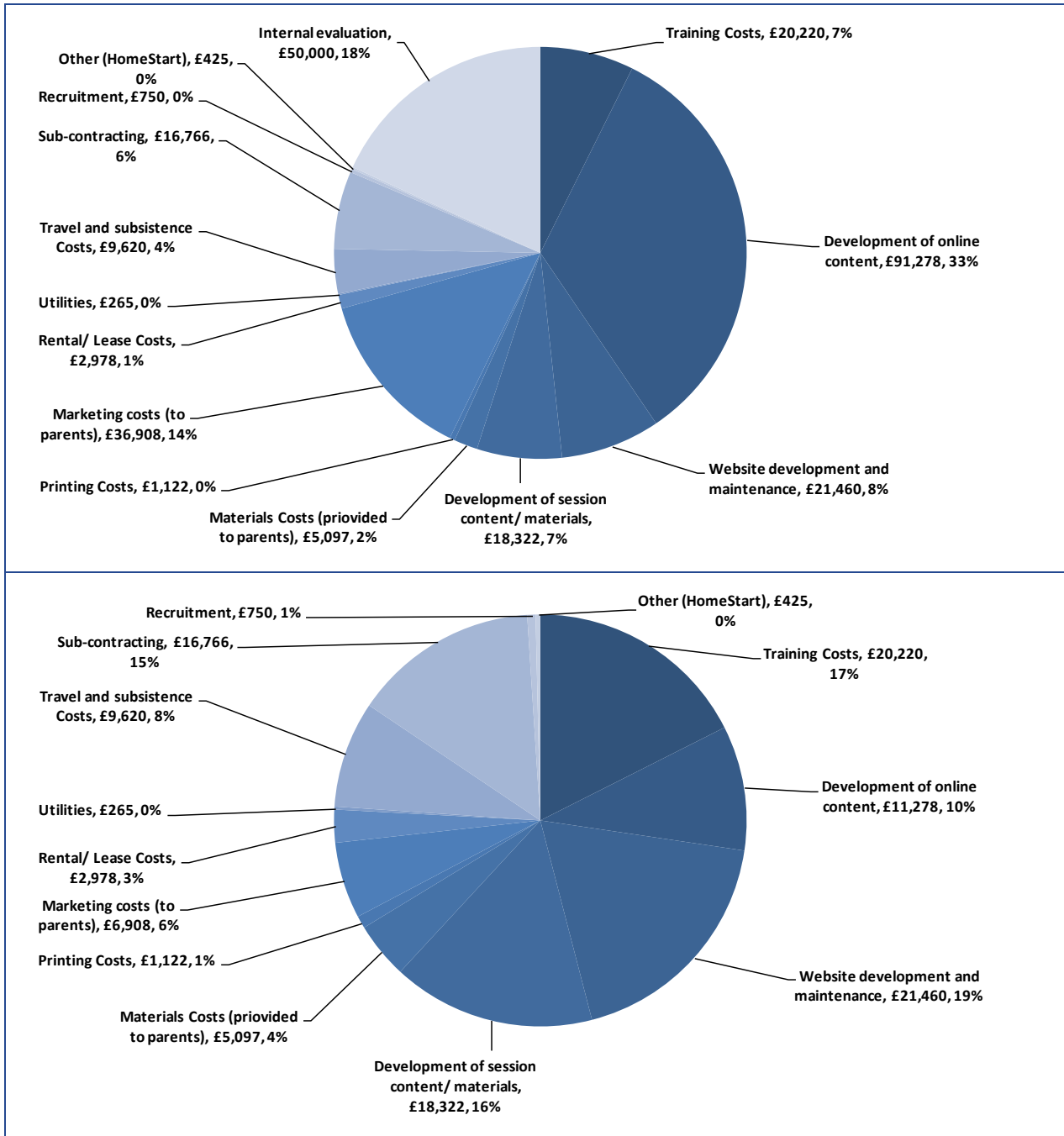
Note: We do not attempt to order the data in any way, rather present the information received provider by provider.

Source: London Economics analysis of provider information

### 7.2.3.2 Non-staffing cost breakdowns

Turning to non-staffing costs, at an aggregate level, of the **£275,000** of resources committed in the first year, approximately **33%** of the costs in the first year were related to the development of online content (although this is focused in **one particular provider** who committed approximately £80,000 of the **£91,000** spent in total), with a further **8%** associated with the development of websites and their subsequent maintenance (Figure 33). In addition to these development costs, approximately **7%** of total non-staffing related expenditure was associated with the development of session materials.

**Figure 33: Breakdown of non-salary costs 2012-13 (including and excluding exceptional items)**



Source: London Economics analysis of provider information

These development costs accounted for approximately **50%** of total non-staffing expenditure. Of the remaining non-staffing expenditure, the largest element related to internal evaluation costs (which accounted for **18%** of non-staffing expenditure (or **£50,000**) and marketing costs (which accounted for **14%** of non-staffing expenditure (or **£37,000**); however, as previously noted, these expenditures were incurred by just 1 provider (i.e. one provider incurred significant expenditure on the development of online content, another

provider incurred significant costs in relation to internal evaluation, while a third (different provider) incurred substantial expenses relating to marketing), and as such distort the picture to a significant degree. Of the remaining **20%** of costs, approximately 6% related to subcontracting costs; **4%** related to travel and subsistence and **3%** related to the provision of materials to parents as part of class participation. This is presented in Figure 33, where the top frame provides the overall costs across providers, while the lower pane presents the equivalent information excluding these high value items.

In summary, of the total costs associated with the programme, a significant proportion (approximately **38%**) was associated with the development of the programme, with approximately **62%** associated with the actual ongoing delivery (which is in part a function of the relatively modest demand for parenting classes). However, one very important point to note over and above those issues related to expenditure relating to providers' contractual obligations is that it is likely that there was some degree of duplication in the services procured. Clearly, if providers are essentially competing in a marketplace (at least in the short term), then it is likely that there will be some degree of product differentiation (and as such, necessary duplication); however, given the relatively high number of providers in the trial, it appears that some savings could have been made if *some* of the functions (i.e. marketing) that were undertaken by providers were initiated to a greater extent by the Department prior to the trial going live.

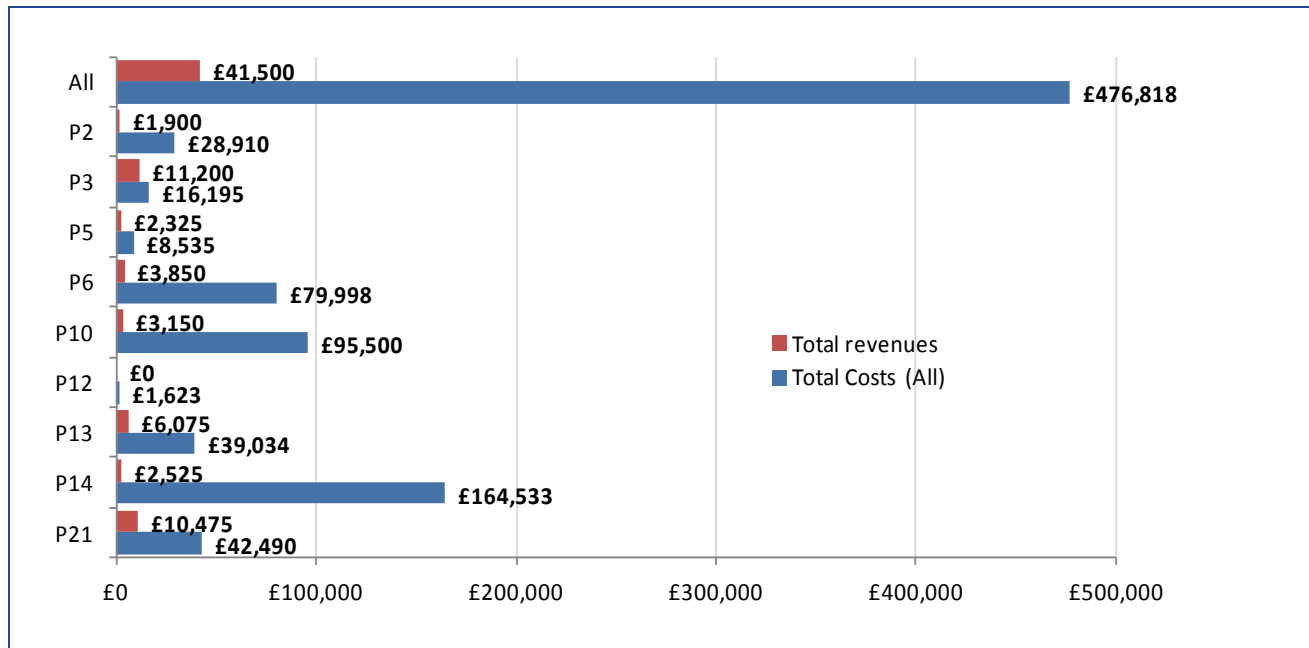
#### **7.2.4 Comparing costs versus revenues**

In Figure 34 we compare the revenues generated by providers as a result of voucher redemption with the self-reported costs incurred by providers. The **net losses** (i.e. the excess of stated expenditure over revenue) ranged from **£1,623** to **£162,000**, with the average net loss standing at approximately **£49,000**. This implies that the average voucher value required so that all providers break even is estimated to be approximately **£468** per parent; however given some of the costs that were incurred by providers might be considered over and above what might be necessary, the voucher value to achieve break even might be considerably less (for example, the voucher value would be approximately **£325** if the provider committing **£35,000** to marketing and **£50,000** to evaluation had not done so, and if the provider committing **£80,000** to website development had committed one-quarter of this amount).

Even removing all the set up or fixed costs from the analysis and considering the operating costs alone, based on the level of take-up, the voucher value required to cover operating costs alone would stand at approximately **£289** per parent. These high average costs of provision reflect the low take up of parenting classes and would be expected to decrease significantly following even a relatively modest increase in take up. It is unclear as to

whether the average cost of provision would have been lower (or higher) than the voucher value if the notional maximum capacity of parenting classes had been supplied by providers.

**Figure 34: High level comparison of costs and revenues associated with provision 2012-13**



Note: We do not attempt to order the data in any way, rather present the information received provider by provider.  
 Source: London Economics analysis of provider information

Note that the net losses incurred had relatively little to do with the extent of provision, as the organisation that made the smallest loss had not delivered any parenting classes, while the organisation incurring the largest net loss had delivered fewer than 30 parenting classes to parents in the first 12 months of the programme (and a further 8 parenting classes in the first seven months of the second year). As such, it is not possible to suggest that the provider committing very significant resources to the development of parenting classes in the first instance showed any evidence of being able to recoup those initial expenses as the trial moved forward.

However, taking the organisation with the highest level of provision in the first year for whom we have cost information, the analysis indicates that they committed approximately **£3,625** in salary costs, **£2,400** in training costs and **£10,170** in non-salary costs (although approximately half this amount was related to subcontracting for the provision of classes). Total expenditure as a result of delivering classes to 120 parents stood at **£16,195**. This compares to an average voucher value of **£93.33** (accounting for non-completion), which implies that total voucher related revenues stood at **£11,200**. In aggregate, this organisation

experienced a net loss of **£4,995**, which implies that they would have required a voucher value of **£135** per parent to break even.

## 7.2.5 Assessing fixed costs versus operating costs

In a final element to the analysis of provider costs, we also assessed the extent to which the reported costs could be defined as 'fixed' or associated with the initial development of the parenting class offer, as opposed to 'operational' or associated with the day-to-day delivery of parenting classes. In the longer term, it would be expected that providers would incur costs associated with operational costs but would no longer incur the 'fixed' or set-up costs. The analysis suggests that across all the providers giving responses, approximately **62%** of the costs incurred were operational compared to approximately **38%** that were fixed. Based on the level of take-up during Year 2 of the trial, the analysis suggests that the average voucher value required to cover the operating cost of provision (across all providers) dropped to **£289** per parent (from **£468** per parent), with the most efficient provider's required voucher value to cover operating costs dropping from **£135** per parent to **£117** per parent. (Note that providers who did *not* respond to the costs questionnaire were responsible for a disproportionately large volume of parenting class provision. This important limitation of our data needs to be borne in mind).

## 7.2.6 Willingness to pay analysis

### 7.2.6.1 Contingent Valuation approach

We adopted a *Contingent Valuation* approach to better understand the demand side characteristics of the market and assess the willingness of parents to pay for parenting classes. This approach presents descriptions of the services being provided and through a series of questions seeks to elicit the Willingness to pay for these different scenarios. Contingent valuation has been successfully applied for a significant length of time in the economic literature and has been extensively used across central government. Although there are other methodological approaches available to estimate Willingness to pay, we adopted the Contingent Valuation approach because the survey task involved is easier to complete for respondents.

### 7.2.6.2 Willingness to pay: Service Description

The first stage of the Contingent Valuation approach is to describe the service under consideration (the valuation scenario). This involved creating a relatively short precise introduction of the characteristics associated with the CANparent parenting classes (the number, frequency, content), as well as some information on the numbers of parents attending, the location of classes, and , the potential benefits or outcomes that might be associated with the parenting classes. The description of the intervention is a crucial stage

as respondents should be able to picture the service under offer before attempting to place a monetary value on it.

Survey respondents were given a short summary of parenting classes more generally, followed by short descriptions of the three alternative parenting class types on offer in the Trial (Box 1: Valuation scenario).

### Box 1: Valuation scenario

#### Willingness to pay for parenting classes

“Parenting class are put on by providers to help parents and their children get on better and improve the quality of family life. Some courses are designed for specific groups of parents, such as fathers, new parents, same sex partners, and step-parents. Most courses are suitable for all parents going through the normal ups and downs of bringing up a child. The parenting classes focus on topics that will help you understand your child’s development, behaviour typical of their age, practical tips, ideas on how to support your child’s learning and development, and dealing with any difficulties.

Parents doing courses like this enjoy discussions with other parents who are also experiencing the demands and joys of parenthood. By the end, parents say they feel more confident and that using the tips and ideas has made a noticeable, positive difference to everyday family life.

**I’m now going to read out descriptions of 3 different types of parenting class”**

*<If the respondent has attended a CANparent class before: You may have attended these types of class in the past, but please try and answer the subsequent questions based just on the descriptions I read out and not based on your own experiences of similar parenting classes.>*

*<Rotate order of all 3 scenarios (D1, D2 & D3).>*

#### **Scenario D1 – Face to Face parenting classes**

You would be part of a group of about 6 other parents, normally including at least one dad, who would meet up for around 4 sessions once a week. Each session lasts about 2 hours and takes place somewhere local to where you live (for example, school/library/community centre). Each session is led by a well-trained, experienced and friendly course facilitator.

#### **Scenario D2 – Computer based consisting of live online sessions**

You would complete this six session course online on a computer anywhere and anytime it suits you. The sessions would be provided through interactive online sessions, taking about one hour, and you’d do one a week. At a set time each week, you’d also join an online live session with other mums and dads doing the course, which is led by a well-trained, experienced and friendly course facilitator.

#### **Scenario D3 – Computer based with online discussion forums**

You can complete this eight session course online on a computer anywhere and anytime it suits you. The online sessions each take about 30 minutes and you’d do one a week. In addition, you can choose to join in on linked online forums where you can ask questions and join discussions with others doing the course and gain support from friendly, well-trained and experienced course facilitators. There’s also optional telephone support.

The three alternatives included **Scenario D1** that related to face-to-face parenting classes; **Scenario D2** which described "*blended provision*" where the parenting classes would be undertaken online by the parent but with the opportunity to join in live (remote) sessions with

other parents; while **Scenario D3** described "*pure online*" parenting classes, where parents (again) view the material online and have the opportunity to join online facilitated forums.

To avoid any bias in the way in which the information was collected, the order in which individuals were asked about the alternative parenting classes was rotated at random and parents were also asked whether they had actually attended a parenting class.

#### **7.2.6.3 Willingness to pay: the contingent valuation approach in practice**

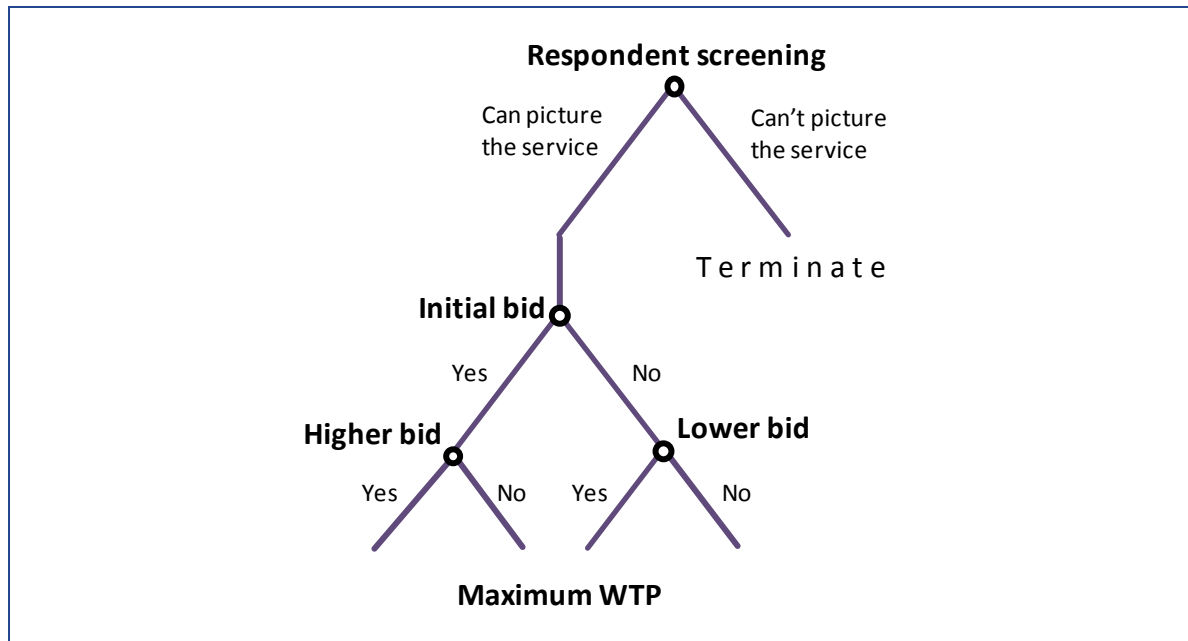
After the valuation scenario had been described, respondents were presented with a monetary figure representing the cost of participation (the 'pricing point' or 'bid') and asked to either **accept** or **decline** (*'decision question'*). The decision question, in conjunction with the valuation scenario, was used to mimic the true decision situation in which a parent thinking about undertaking parenting classes would find themselves. After the first 'yes/no' ('accept/decline') decision question, respondents were asked a second question that depended on the previous response requiring a further 'yes/no' response as follows:

- if the first response was "yes", the second bid was greater than the first bid; or
- if the first response was "no", the second bid was smaller.

Finally respondents were asked to state their maximum Willingness to pay. In academic terms, this is known as a '*double-bounded dichotomous choice*' model.

Figure 35 sets out the process by which we elicited a valuation from respondents.

**Figure 35: Willingness to pay – valuation elicitation approach**



Source: London Economics

This approach (Figure 35) allowed us to construct *intervals* around respondents' true WTP, thereby increasing the amount of information that can be used to estimate mean WTP relative to the single-bounded (only one 'yes/no' question) approach. The efficiency gains associated with the double-bounded approach (in a statistical sense) have been shown to be substantial<sup>77</sup>. As previously mentioned, in a final step, respondents were asked to state the maximum price they would be willing to pay for parenting classes (their 'maximum WTP'), thus providing an upper bound for the WTP intervals<sup>78</sup>.

#### **7.2.6.4 Willingness to pay: Pricing points ('initial bids')**

For the success of the Willingness to pay analysis, the pricing points ('initial bids') must be broadly reflective of the potential costs associated with the service. For CANparent classes, although the voucher value stood at **£100**, it was decided at an early stage to broaden the range covered by the potential price points to reflect the prices of classes in areas that were not part of the trial, as well as through consultation with the Department.

<sup>77</sup> See Hanemann et al., (1991).

<sup>78</sup> The validity of this approach depends further on the choice of the bids, which have to show enough variation – given the constraints imposed by the sample size – to allow meaningful statistical analysis; and must cover the range of WTP values across the sample.

The two issues are interrelated, as the wrong cost range will result in a low variation in responses (e.g., if the chosen bids are substantially below maximum WTP, we would expect a preponderance of "yes" responses at higher bids and thus a lower variation in observations than if the bids coincided with the true distribution of WTP). In practice, the choice of bids thus requires a good prior understanding of the likely WTP distribution, which is ensured through prior research on the cost of unsubsidised provision faced by providers as well as through extensive piloting.

Therefore, we selected four pricing-points **£75**, **£150**, **£225** and **£300** to act as initial 'bids', which were randomly allocated to respondents, further randomised by the scenario. For example, Respondent A might be presented with Scenario D1 ('face-to-face' parenting classes) and provided with an initial bid of **£225 (pricing point 3)**, while in relation to Scenario D2 ('blended' parenting classes) be offered an initial bid of **£75 (pricing point 1)**. In contrast, Respondent B might be presented with Scenario D3 ('pure online' parenting classes) and provided with an initial bid of **£300 (pricing point 4)**, while in relation to Scenario D2 ('blended' parenting classes) be offered an initial bid of **£150 (pricing point 2)**.

Depending on the response ('Accept'/'Decline'), a respondent presented with an initial bid of **£75**, would then be offered a higher bid of **£125** (on acceptance) or a lower bid of **£50** (on declining the initial bid). For a respondent offered **£150** initially, the respondent would then be offered a second round bid of either **£225 or £75** respectively, depending on the initial 'accept' or 'decline' response. Table 32 below sets out the subsequent bids (depending on the response to each of the four initial bids).

**Table 32: Willingness to Pay - pricing points (initial bids) and associated second bids**

	Initial Bid	Lower bid	Higher bid
Pricing point 1	£75	£25	£125
Pricing point 2	£150	£75	£225
Pricing point 3	£225	£125	£325
Pricing point 4	£300	£175	£425

Source: London Economics

### 7.2.6.5 Willingness to pay intervals

Given the range of pricing points used (Table 32), we were able to generate **willingness to pay intervals** between **£0** and **£425** (and potentially higher if an individual stated a higher maximum Willingness to Pay). Based on the information from 9 of the 14 providers collected as part of the cost effectiveness analysis, this range covers both the current face value of the voucher (**£100** per parent), as well as the average voucher value that was estimated to be required to ensure break-even on operating costs only (**£289** per parent) or break-even on the achieved level of take-up (once the outlier expenditure information has been removed (i.e. **£325** per parent).

Each survey respondent's WTP interval was generated based on their response to the two price specific questions on WTP (the initial bid, followed by the second higher or lower bid), and on that individual's maximum WTP. The rules used to create each respondent's WTP interval are set out in Table 33.

**Table 33: Constructing each survey respondent's WTP interval**

Response			Bounds of the WTP interval	
Initial bid	Lower bid	Higher bid	Interval lower bound	Interval upper bound
YES	-	YES	Higher bid	Maximum WTP
YES	-	NO	Initial bid	Higher bid
NO	YES	-	Lower bid	Initial bid
NO	NO	-	0	Maximum WTP*

Note: \* or lower bid, where maximum WTP is not observed.

Source: London Economics

### 7.2.6.6 Econometric analysis of willingness to pay

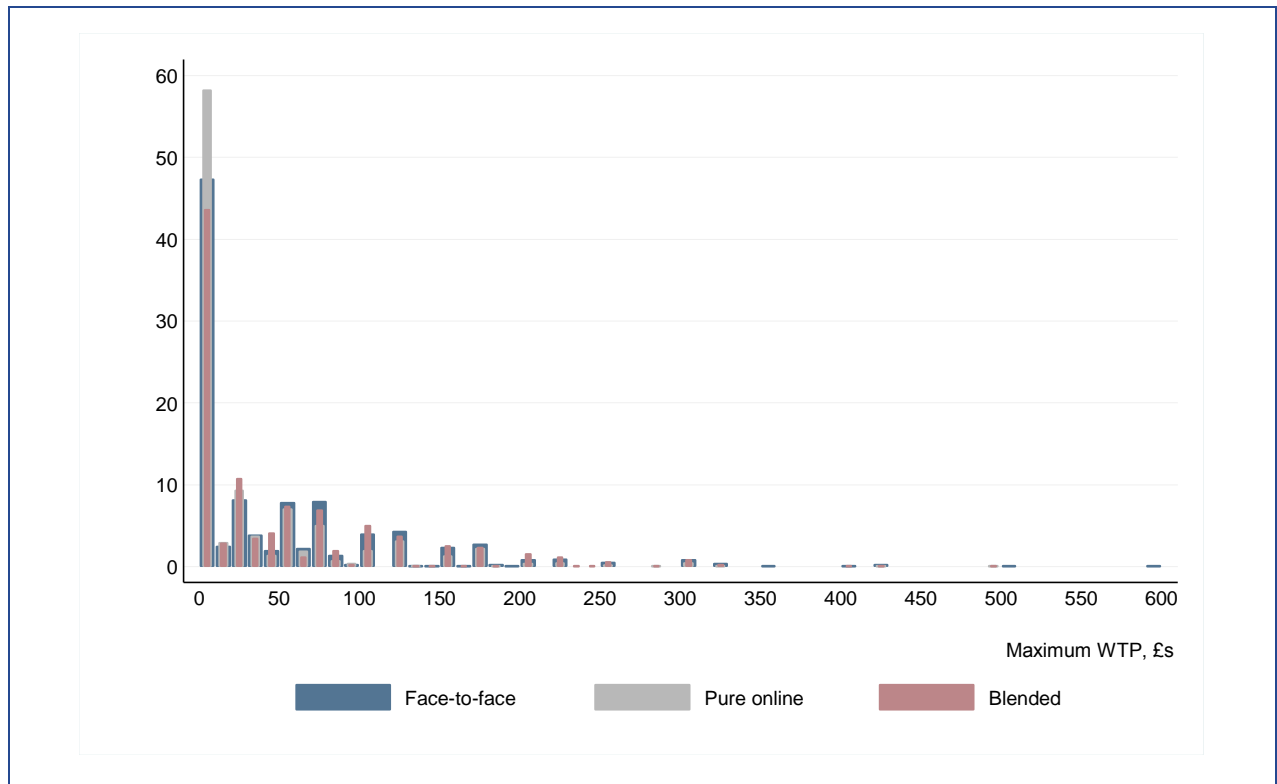
#### Maximum Willingness to pay

In Figure 36 we present the distribution of individual survey responses relating to maximum Willingness to pay. The vertical height of the graph represents the proportion of respondents indicating that they would be prepared to pay a certain monetary value to undertake the parenting classes. The horizontal axis shows the range of the amounts parents were willing to pay (between £0 and £600<sup>79</sup>). The graph demonstrates that the distribution was heavily skewed towards £0, suggesting that there was a high proportion of respondents who would not be prepared to pay anything to attend. Although heavily skewed, considering the data from an alternative viewpoint, the same data suggests that a significant proportion of respondents would be prepared to pay at least something towards the cost of attending a parenting class, with approximately **57%** of parents indicating that they would be prepared to pay something for face-to-face sessions (and the corresponding estimates for online and blended provision standing at **43%** and **53%** respectively).

Supporting the previous findings, the graph demonstrates the fact that there was a higher proportion of parents who would not be prepared to pay for participating in pure online provision relative to either face-to-face or blended provision.

<sup>79</sup> Note that technically, it is possible to have a negative willingness to pay if it were the case that individuals needed to be compensated for attending a parenting class. In this analysis, we did not consider this option but bounded willingness to pay at zero.

**Figure 36: Distribution of maximum WTP for Universal Parenting classes**



Note: The width of each bar corresponds to £10; e.g. 46% of respondents are willing to pay between £0 and £10 for face-to-face parenting classes. Inconsistent responses are excluded. Responses are unweighted. Number of eligible responses = 2,982.

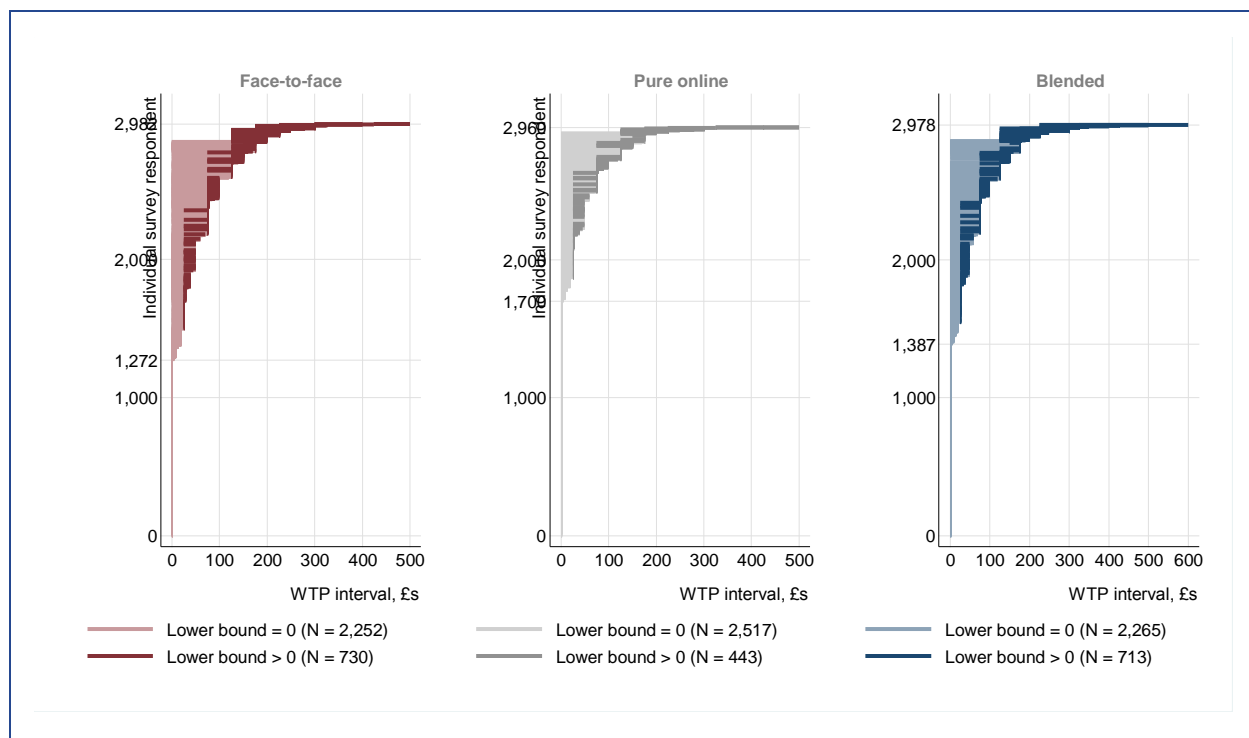
Source: London Economics

### Willingness to pay intervals

In Figure 37, rather than presenting the maximum willingness to pay, we present the Willingness to pay intervals for each respondent, which were computed using the approach set out in Table 33. In relation to **face-to-face** classes, Figure 37 shows that approximately **43%** of those surveyed (1,272 out of a total of 2,982) indicated through their responses that their willingness to pay was £0 (that is, they responded ‘no’ to the initial bid, ‘no’ to the lower follow up bid, and ‘£0’ for the maximum bid). This compares to **57%** of respondents being willing to pay £0 in relation to **pure online** classes (1,700 out of 2,960) and **47%** in relation to **blended** parenting classes (1,387 out of 2,978). However, Figure 37 also shows that there was a significant proportion of respondents who had a positive maximum willingness to pay (i.e. they were willing to pay something) but the lower bound for their Willingness to pay interval was £0 (which suggests that either they responded ‘no’ to the initial bid and ‘yes’ to the lower bid, or that they responded ‘no’ to both bids but provided a non-zero estimate for their maximum willingness to pay that was lower than the second bid. These respondents’ Willingness to pay intervals (which include £0) are presented in a lighter corresponding shade in Figure 37.

In contrast, in terms of **face-to-face** delivery, **25%** of respondents (**730** out of a total of 2,982) provided a positive response to either initial bid or the lower follow up bid, resulting in a strictly positive Willingness to pay interval (i.e. they were willing to pay some amount for a face-to-face parenting class). For **blended** delivery, a similar outcome emerged, with approximately **713** respondents (**24%**) providing a positive response to either initial bid or the follow up bid, while in the case of **pure online** provision, the number was lower at **443** (**15%**). These respondents' Willingness to pay intervals (which do not include £0) are presented by the darker shading in Figure 37.

**Figure 37: Individual WTP intervals in respondent sample**



Note: Inconsistent answers are excluded. Responses are unweighted. Number of eligible responses = 2,982.

Source: London Economics

Comparing the lighter shading (WTP intervals including £0) in Figure 37 with the darker shading (WTP intervals that do not include £0) immediately suggests that:

- the estimated aggregate Willingness to pay will be relatively low (represented by a large number of respondents with a zero maximum Willingness to pay),
- the **pure online** approach will be associated with a substantially lower Willingness to pay compared to either **blended** provision or **face-to-face** provision (represented by the fact that 1,700 individuals have a zero maximum willingness to pay for online classes compared to 1,272 for face-to-face or 1,387 for blended)

- In addition, the maximum Willingness to pay for any form of provision (across any parent) was highest for **blended** learning (£600) compared to maximums of £500 for both online and face-to-face learning.

To further understand whether there are fundamental differences in the personal characteristics of parents depending on their responses to the Willingness to pay questions, in Table 34, we have presented a crosstab of a number of personal and socioeconomic characteristics of parents depending on whether their maximum willingness to pay for **face-to-face** parenting classes was zero; greater than or equal to zero; or strictly greater than zero. The corresponding results relating to pure online or blended provision are presented Appendix 12, Tables 69 and 70.

**Table 34: Summary Statistics – WTP by socioeconomic characteristics (face-to-face)**

Demographic characteristics	£0 WTP	WTP bounded by zero	Strictly positive WTP
Past user of parenting classes (proportion)	13.5%	18.6%	22.1%
Male (proportion)	43.7%	37.9%	45.0%
Average Number of children	2.1	1.9	1.8
Average Age of youngest child	2.8	2.6	2.5
Not Married (proportion)	20.6%	16.1%	11.3%
Child living elsewhere (proportion)	5.1%	4.3%	4.5%
Disabled child (proportion)	8.1%	7.9%	7.9%
Full-time employee (proportion)	37.0%	38.3%	46.5%
Part-time employee (proportion)	16.9%	23.8%	17.9%
Self-employed (proportion)	7.8%	8.1%	9.3%
Stay-at-home parent (proportion)	24.6%	20.7%	18.6%
Unemployed (proportion)	9.0%	6.0%	3.7%
Full-time student (proportion)	1.2%	1.1%	1.6%
Retired or disabled (proportion)	2.0%	0.7%	0.8%
Other employment status (proportion)	1.5%	1.4%	1.6%
Household income: <£10,000	22.0%	11.6%	7.2%
Household income: £10,000 - £19,999	26.1%	23.3%	15.7%
Household income: £20,000 - £34,999	23.8%	23.7%	41.9%
Household income: £35,000 - £59,999	16.2%	26.3%	24.8%
Household income: £60,000 - £99,999	8.0%	11.3%	18.7%
Household income: £100,000 and over	3.9%	4.0%	14.5%
<b>Observations</b>	<b>1,272</b>	<b>980</b>	<b>730</b>

Note: Responses area weighted so as to be representative of parents in each geographic area (in terms of gender, age, number of children, etc.) Number of eligible responses = 2,982.

Source: London Economics

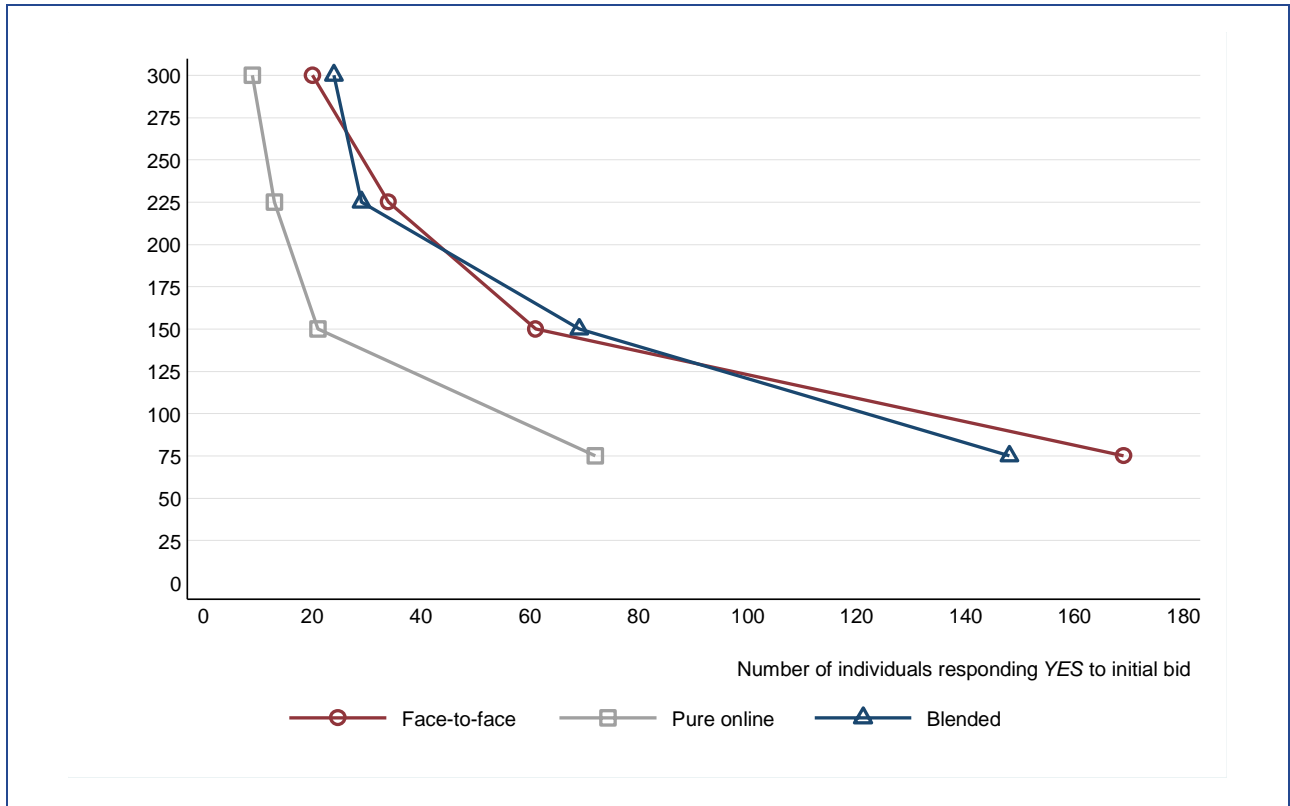
Compared to those individuals with a Willingness to pay equal to zero, the analysis indicates that respondents with a strictly positive Willingness to pay were approximately **8.6**

percentage points *more* likely to have experienced parenting classes previously (though not necessarily having paid for them); 1.3 percentage points *more* likely to be male; *more* likely to have fewer and younger children; 9.3 percentage points *less* likely to be not married; approximately 9.5 percentage points *more* likely to be in full-time employment; 1 percentage point *more* likely to be in part-time employment; 5.3 percentage points *less* likely to be unemployed; and 6 percentage points *less* likely to be a stay-at-home parent. In addition, the information in Table 34 also demonstrates that for those respondents with a strictly positive Willingness to pay were more likely to be resident in higher income households.

### **What is the relationship between price and demand?**

The next question involves understanding whether the essential negative relationship between price and quantity demanded holds. In more general terms, as the price of a particular service increases, economic theory suggests that individuals should be less likely to purchase that service (i.e. the demand for the product or service declines). Specifically, if the Willingness to pay data are internally consistent, we would expect a higher number of individuals to respond positively to a lower price-point (irrespective of the means of delivery) and a lower number to respond positively at higher price-points. Mapping the number of positive responses to different prices offered to respondents, the analysis illustrated in Figure 38 confirms the consistent negative relationship between price and quantity demanded. Figure 38 also demonstrates that there is a much smaller number of respondents indicating that they would be prepared to pay the various price points for **pure online** provision compared to the face-to-face or blended provision.

**Figure 38: Quantity demanded and WTP for parenting classes**



Note: Inconsistent responses are excluded. Responses are unweighted. Number of eligible responses = 2,982.  
Source: London Economics

### 7.2.7 Willingness to pay estimation

In Table 35 we present the findings of the econometric modelling that was used to estimate the Willingness to pay for parenting classes. The analysis indicates that, with very tight confidence intervals (95%), the **average** Willingness to pay for **face-to-face** or **blended** parenting classes stood at **£36**, while the Willingness to pay associated with **pure online** parenting classes stood at approximately **£20**. These estimates are significantly below the value of the voucher offered in the trial, and to the **£135** cost of provision posted by the most cost effective provider in our sample of 9 (of a possible 14).

**Table 35: Econometric estimates of Willingness to Pay**

Type of parenting class	Coefficient	[95% Confidence Interval]	
	Mean £ WTP	Lower bound (£s)	Upper bound (£s)
<i>Face-to-face (Scenario 1)</i>	£36	£34	£38
<i>Pure Online (Scenario 2)</i>	£20	£18	£22
<i>Blended (Scenario 3)</i>	£36	£34	£39

Note: The model estimation was based on a constant only interval regression model, where responses area weighted so as to be representative of parents in each geographic area (in terms of gender, age, number of children, etc.) Number of eligible responses = 2,982.

Source: London Economics

To place these estimates in further context, in the non-voucher trial area where parenting classes were provided without voucher availability, one of the providers involved in the CANparent trial offered blended parenting classes (*Strengthening Families Strengthening Communities*) for £100 (six 30 minute online sessions and six directed interactive online classes), while a second provider offered Triple P online for £130 (consisting of eight sessions online with the option to join moderated forums with other parents)<sup>80</sup>. (See Chapter 4, Figure 20).

Note that in the analysis presented in Table 35, we included all responses in the analysis to provide a realistic estimate of the Willingness to pay for parenting classes. However, given the high proportion of individuals who indicated that their maximum willingness to pay was zero, we re-ran the analysis to assess what the willingness to pay was for those who had some positive Willingness to pay (i.e. were willing to pay an amount strictly greater than zero). The analysis presented in Table 36 indicates that, after the removal of these survey responses, the estimated willingness to pay for **face-to-face** parenting classes stood at **£63**, compared to **£67** for **blended** provision (reflecting the higher incidence of £0 willingness to pay responses associated with blended provision), and **£49** for **pure online** provision. Again, these estimates are below the voucher value in the trial and our estimated (operating) cost of provision, but also (in the case of **face-to-face** or **blended** provision) below the charges levied in Bristol where parenting classes were provided in the absence of the voucher.

<sup>80</sup> Note also that Hand in Hand Learning offered a pure online version of How Babies Learn consisting of either a disc or six online sessions for £30.

**Table 36: Econometric estimates of WTP: respondents with *positive* maximum WTP only**

Type of parenting class	Coefficient	[95% Confidence Interval]	
	Mean £ WTP	Lower bound (£s)	Upper bound (£s)
<i>Face-to-face (Scenario 1)</i>	£63	£60	£67
<i>Pure Online (Scenario 2)</i>	£49	£45	£52
<i>Blended (Scenario 3)</i>	£67	£64	£71

Note: The model estimation was based on a constant only interval regression model, where responses are weighted so as to be representative of parents in each geographic area (in terms of gender, age, number of children, etc.). Number of eligible responses = 2,982.

Source: London Economics

## 7.2.8 Determinants of Willingness to pay

Given the estimates of Willingness to pay across the entire sample, we undertook a detailed analysis of the different characteristics of respondents that might influence willingness to pay (presented in Table 37). To do this, we created a **baseline respondent category** or **reference group** based on gender, employment status and income levels:

- a female (gender) working part-time (employment status) earning less than £10,000 per annum (income).

The analysis in Table 37 suggests that the Willingness to pay for this reference group of respondents stands at **£25.76** for face-to-face provision, **£9.92** for pure online provision and **£17.11** for blended provision. The various coefficients presented in Table 37 indicate either how much more or less that category of respondent would be willing to pay compared to the reference group, holding all other factors constant.

The analysis suggests that **gender** is a factor in determining Willingness to pay: **men** have a higher Willingness to pay than women (**£11.72**, **£8.12** and **£10.29** more for face-to-face, pure online and blended provision respectively), holding other factors constant<sup>81</sup>. In addition, the **number** and **age of children** are also factors in determining Willingness to pay: an increasing number of children, as well as an increase in the age of the youngest child, have a negative effect on Willingness to pay.

<sup>81</sup> However, the fact that men have a higher willingness to pay does not provide any information on why in particular they have a lower likelihood of attending a parenting class. To draw any conclusions in this matter, further consideration of the qualitative research needs to be undertaken.

In terms of **prior experience of parenting classes**, the analysis in Table 37 suggests that there is a higher Willingness to pay for **face-to-face** provision amongst those respondents who had previously attended a parenting class (by approximately **£7**). This suggests that parenting classes might be considered 'experience' goods (in the sense that they need to be experienced for the individual to be able to make an informed decision in relation to the value).

In addition, the analysis suggests that **working full time** has a *negative* effect on Willingness to pay. Specifically, the analysis estimates that individuals working full time are prepared to pay approximately **£7.98 less** for **face-to-face** provision. These findings might reflect the significant opportunity costs associated with attendance for those engaged in full time employment.

By far the most important factor determining Willingness to pay was **household income**. Compared to the baseline respondent category (less than £10,000 per annum), the analysis indicates that an individual living in a household with household income of £10,000 to £20,000 would be prepared to pay **£6.57<sup>82</sup>** more for a **face-to-face** parenting class, **£6.56** more for a **pure online** parenting class and **£13.39** for **blended** parenting provision.

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<sup>82</sup> Though this is only statistically significant at the 10% level

**Table 37: Determinants of Willingness to Pay (£s)**

Impact of different personal characteristics on Willingness to pay estimates (relative to reference category measure in £s)			
	Face-to-face	Pure online	Blended
Constant (i.e. Reference Group - female, working PT earning <£10k)	25.76*** (4.379)	9.92** (3.166)	17.11*** (3.707)
Past user of parenting classes	6.95* (3.296)	-2.06 (2.274)	1.38 (3.228)
Male	11.72*** (3.204)	8.12** (2.585)	10.29** (3.373)
Number of children	-4.21** (1.307)	-0.88 (1.011)	-4.05** (1.309)
Age of youngest child	-1.32* (0.625)	0.31 (0.492)	-0.37 (0.643)
Not Married	4.77 (3.092)	0.59 (2.140)	5.71* (2.799)
Child living elsewhere	8.15 (7.942)	10.02 (7.569)	12.74 (8.991)
Disabled child	4.42 (4.488)	6.33 (4.453)	7.08 (5.319)
Full-time employee	-7.98* (3.342)	-1.76 (2.669)	-7.02 (3.789)
Unemployed	-2.20 (4.364)	-1.19 (3.368)	-6.13 (3.605)
Full-time student	9.24 (14.523)	5.94 (8.276)	2.12 (9.732)
Retired or disabled	6.59 (14.388)	-6.56 (7.885)	-2.73 (12.163)
Other employment status	10.28 (13.051)	9.82 (11.952)	17.37 (14.206)
Household income: £10,000 - £19,999	6.57 (3.437)	6.56* (2.575)	13.39*** (2.660)
Household income: £20,000 - £34,999	16.72*** (4.076)	7.70** (2.863)	24.76*** (3.332)
Household income: £35,000 - £59,999	27.51*** (4.676)	15.56*** (3.502)	38.71*** (4.288)
Household income: £60,000 - £99,999	54.91*** (6.304)	24.02*** (4.423)	51.14*** (5.121)
Household income: £100,000 and over	70.58*** (7.981)	31.75*** (6.235)	82.56*** (9.280)
<b>Observations (number of respondents)</b>	<b>2,659</b>	<b>2,615</b>	<b>2,643</b>

Note: Responses area weighted so as to be representative of parents in each geographic area (in terms of gender, age, number of children, etc.). Standard errors in parentheses; \*\*\* Significant at 0.1% level, \*\* Significant at 1% level, \* Significant at 5% level

Source: London Economics

Although this is to be expected, the impact of household income has serious implications in relation to voucher value and market viability. Even in households with incomes in excess of £100,000 per annum, the estimated willingness to pay for face-to-face parenting classes was approximately **£96**, compared to **£41** for online provision and **£100** for blended provision, which (with the exception of pure online) are broadly comparable to the current voucher value. Given the rarity of these households more generally, the current 'price' charged for attendance is significantly beyond an overwhelming proportion of households in these trial areas and nationally.

However, more generally, the increase in Willingness to pay as household income increases clearly suggests that in the longer term a targeted and tapered pricing structure might be preferable to charging a flat rate for provision.

### **7.2.8.1 Price anchoring**

Given the nature of the Contingent Valuation approach we adopted, there is an issue in relation to whether the presentation of the initial bids influenced the respondents stated Willingness to pay. Specifically, it might be the case that for individuals who are not accurately able to picture the parenting classes on offer (perhaps because the classes constitute an experience good), the initial pricing point acts as a signal of the quality of provision. As such, we undertook an analysis to assess the extent to which respondents' maximum Willingness to pay was affected by the initial price point offered to them. This is presented in Table 38.

The analysis indicates that there was a positive relationship between the initial price point and maximum Willingness to pay, with (for instance) individuals offered an initial bid of **£225** for face-to-face provision providing a maximum willingness to pay **£10.76** more than an individual offered an initial price point of **£75**. A similar phenomenon is identified for both pure online and blended learning and indicates that, to at least a small extent, there was some degree of price anchoring, which reflected an inability of respondents to exactly visualise the parenting classes potentially on offer. This is not unexpected given the relative newness of parenting classes and the fact that relatively few parents might have experienced them to date.

**Table 38: Price anchoring tests**

Face-to-face		Pure online		Blended	
Initial bid (£s)	Max WTP (£s)	Initial bid (£s)	Max WTP (£s)	Initial bid (£s)	Max WTP (£s)
£75	(base)	£75	(base)	£75	(base)
£150	2.39 (3.070)	£150	3.03 (2.508)	£150	9.86** (3.258)
£225	10.76*** (3.115)	£225	7.91** (2.515)	£225	11.69*** (3.334)
£300	12.06*** (3.079)	£300	8.48*** (2.522)	£300	15.33*** (3.295)
Constant	34.19*** (2.184)	Constant	19.30*** (1.778)	Constant	30.30*** (2.295)
Number of respondents	2,921	Number of respondents	2,869	Number of respondents	2,881
R-squared	0.008	R-squared	0.005	R-squared	0.008

Note: Responses are unweighted. Standard errors in parentheses; \*\* Significant at 1% level, \*Significant at 5% level

Source: London Economics

## 7.2.9 Comparing costs versus willingness to pay for parenting classes and market viability

There was a significant gap in the estimated Willingness to pay and the costs of provision. The cost effectiveness analysis suggests that the required revenue per parent to ensure that all providers break even is estimated to be approximately **£468** per parent. Even accounting for some of the expenditure that might not be strictly necessary (and which might have been removed as the experience of providers increased), the revenue per parent to achieve break-even was estimated to be approximately **£325** per parent. Alternatively, in the longer term, removing those costs that are predominantly related to the set up of the parenting classes, might provide an indication of the actual operational costs of delivery and the associated voucher need to break even (**£289** per parent based on current demand). Even the provider that managed to satisfy reasonable parental demand for parenting classes whilst also constraining costs would have required revenues of approximately **£135** per parent to break even.

The Willingness to pay analysis estimated that across the entire sample of parents, willingness to pay for **face-to-face** and **blended** parenting classes stood at **£36**, while the willingness to pay associated with **pure online** parenting classes stood at approximately **£20**. Focusing on the **half of the market** where individuals place any positive monetary

value on parenting classes, the estimated willingness to pay for **face-to-face** parenting classes stood at **£63**, compared to **£67** for **blended** provision, and **£49** for **pure online** provision.

### 7.3 Chapter Summary

The analysis presented above outlines the findings generated from the cost effectiveness and willingness to pay analysis relating to the CANparent trial (predominantly in the first year). The cost effectiveness study revealed that over the first year of the trial the average costs of parenting classes was substantially greater than the nominal voucher value of £100 per parent<sup>83</sup>.

The analysis demonstrated that across the providers participating in the evaluation, the average cost of provision stood at £325 per parent (including set-up costs) and £289 per parent (excluding set-up costs). However, there was also a significant degree of variation in costs across providers, with the lowest cost of provision being £135 per parent (including set up costs) and £117 per parent (excluding set up costs).

However, it is important to take three other factors into account. First, our analysis is based on nine of the 14 providers, and the five providers that did not engage with this study were responsible for a disproportionately large volume of parenting class provision. In particular, the costs information collected accounts for approximately two thirds of providers but only to 43% of provision. Second, the study was based on the first full year of the Trial. At this point in the trial, the set up or fixed costs accounted for approximately 38% of the total costs incurred, while approximately 62% related to operating or delivery costs. Over time, we would expect the set-up or fixed costs to decline significantly, leaving only the day-to-day operating costs required for parenting class provision.

Third, these high average costs of provision reflect the low take up of parenting classes and would be expected to decrease significantly following even a relatively modest increase in take up. It is unclear as to whether the average cost of provision would have been lower (or higher) than the voucher value if the notional maximum capacity of parenting classes had been supplied by providers.

Based on a survey of almost 3,000 respondents, in the second strand of this chapter we have shown that parents varied greatly in their willingness to pay for a parenting class. Approximately half of the parents interviewed were unwilling to pay anything to attend a parenting class. However, one quarter of respondents were *potentially* willing to pay some

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<sup>83</sup> Although given that some parents did not complete their courses, resulting in a reduced income of £75 for such parents, the average income per parent was marginally less than £100

positive amount, and the remaining one quarter of respondents were *definitely* willing to pay some positive amount towards classes. The analysis also demonstrated that the willingness of parents to pay for parenting classes was also related to a number of other factors, including gender, type of class delivery (face-to-face, online, blended) and previous experience of parenting classes although the most important factor determining willingness to pay was household income.

## 8. Conclusions

### 8.1 Introduction

The aim of our study of the CANparent trial was to evaluate whether the free provision of parenting classes in Middlesbrough, High Peak in Derbyshire, and Camden in London would provide sufficient incentive to providers to start offering additional universal classes nationally, including for parents beyond the foundation stage, and whether a universal approach can normalise and de-stigmatise parenting classes.

### 8.2 The trial stimulated supply in the market

The trial successfully increased the supply of universal parenting classes in the three voucher areas (Middlesbrough, High Peak and Camden) and also in the non-voucher area (Bristol). In the trial areas, supply was stimulated by the voucher subsidy: in Bristol, supply was stimulated by the CANparent endorsement brand and website and associated supportive activities.

In the trial areas, the focus remained on provision for parents of children aged 0-6 to fit with the criteria for voucher eligibility. In Bristol, where vouchers were not offered, provision included courses advertised as suitable for parents of older children too. Within the two-year trial, there was (more than) enough supply to meet the numbers of parents taking up the offer. Furthermore, providers' delivery models allowed for rising demand over time: all stated that they had the capacity to increase the numbers trained to deliver universal programmes face-to-face and through blended and online with support options. In the early stage, most providers had taken few steps to prepare for offering parenting classes within a market model but over time learned about operating in a market. Most took up the opportunity, offered through a separate but related scheme, of a market development mentor.

The original DfE planning assumption for take-up was about 40% of eligible parents (about 20,000 parents) over the trial and providers took this into account in their planning. In practice, take-up was substantially lower (2956 by the end of the trial), about 4% of eligible parents. Consequently the providers' capacity requirements during the trial were much lower than expected, and they were able to meet these.

Across the trial, providers offered a range of delivery modes for parenting classes providing parents with choice: face-to-face delivery remained the most popular amongst parents, with options that blended face-to-face and online components the second most popular form. Some providers marketed newly developed online versions of their existing programmes (e.g. Solihull Approach, Hand in Hand Learning, Race Equality Foundation/Strengthening

Families, Strengthening Communities, Family Lives). Providers varied in the criteria they set for selecting people to train as course facilitators. We did not collect data on the facilitators as part of this evaluation but, from provider interviews, we know that the range of people delivering parenting courses increased because some (e.g. Parent Gym, Care for the Family) trained volunteers from a wide range of backgrounds.

The trial stimulated some providers to develop new parenting courses suited to a universal audience (e.g. NCT) and others to offer shorter adapted forms of their well-established longer programmes (e.g. Family Links and Race Equality Foundation). During the trial, further changes to their offer were made by some providers (e.g. in Year 2, Family Matters Institute increased its delivery options for the Triple P programme).

## **8.3 The trial stimulated some demand**

### **8.3.1 Overall demand**

The trial has shown that there is some demand for universal parenting classes: 2956 parents participated, most of whom were mothers (91%). The trial was successful in generating demand. After a slow start, take-up of parenting classes was accelerating towards the end of the trial. So, although the overall take-up was substantially lower than the initial DfE planning assumption, our first Penetration Survey of the three voucher trial areas demonstrated that the pre-trial estimate was over-optimistic: only one in ten parents said they were very likely to participate in parenting classes while their children were aged five or under, with a further quarter saying they were fairly likely to do so. The DfE responded to our findings and put in place a number of initiatives to increase publicity and stimulate the market.

Evidence from the evaluation suggests that although demand was relatively low during the trial there were indicators that demand was increasing as availability and awareness of the classes and their quality became known; and that demand was likely to grow over time (so long as an affordable and quality supply of classes continues). One strand of this evidence is that high percentages of participating parents recommended the courses to their friends and family, some of whom are likely to attend and, in turn, to recommend the courses to others, thus building demand. Another strand of evidence is that voucher distributors from a wide range of jobs involving interaction with parents believed that there would always be demand from parents, especially at key developmental ages/stages. They also argued that a positive experience of one parenting class increased the likelihood that that parent would want to attend another class at some point during the process of their child/ren growing up. Among the parents we interviewed, there were examples of this: having enjoyed one parenting course, some of our interviewees went on to attend another.

From the Penetration Survey, we know that half of those who received a CANparent voucher had registered or intended to register for a class. However, we know from our interviews with parents that without the voucher, which offered the classes free to parents, some of them would not have registered, although our Willingness to pay study suggests that there are parents who would be willing to pay for a product which was of good quality and met their needs, both in terms of parenting and practical aspects, e.g. timing and access. What we do not yet know is how far demand will hold up, and expand, without the voucher subsidy. This will be tested during the one year extension of the trial, minus the voucher subsidy (2014-15).

### **8.3.2 Increasing demand**

The Penetration Survey also showed that making people aware of the CANparent brand and the range of classes it endorses is vital to driving up demand. In the voucher trial areas, just over a fifth of parents were aware of CANparent and 6% had registered or intended to register for a class. In Bristol, the non-voucher area, awareness was very low at only 1%. From interviews with the CANparent Bristol providers, we know that this very low awareness translated into negligible demand. In the market, parent awareness of the different parenting programmes and delivery modes on offer is vital, as is parents' understanding of the benefits of taking part.

The development of the CANparent Quality Mark scheme, launched in January 2014, is a positive scheme that has been welcomed by providers and parent organisations. As the trial proceeds during 2014-15, promotion of the CANparent Quality Mark and local advocacy by influential organisations and individuals will provide an increasingly strong base to increase parent engagement. Our study shows that, potentially, demand could grow substantially: the Penetration Survey found that a large majority of parents in both voucher and comparison areas could see the potential value of classes for parents of children of all ages, with greater numbers thinking they were useful for parents of younger children and about a third agreeing that they had or were likely to attend a parenting class before their children entered Year 2 at school. However, unlike antenatal classes, parenting classes are not part of current cultural expectations. A cultural shift, therefore, is needed and this will take time.

### **8.3.3 Diversity of take-up**

The parents who took part in the trial came from a wide range of ethnic groups and from across the spectrum of levels of education. They were reasonably representative of parents with young children in the trial areas except that most were women (91%). However, mothers interviewed who lived with a male partner described discussing the decision to attend and the content of the course with their partner and agreeing together what resulting

changes they would implement at home. This indicates two positive aspects that the preponderantly female take-up statistic disguises. First, more fathers and male partners had an involvement with the learning, even if vicariously, than is apparent from attendance at a class; second, parents were engaging in discussions about parenting stimulated by the classes.

### **8.3.4 Parent motivation**

Parents interviewed described a range of individual motivations for attending including a desire for parenting advice and guidance, an interest in learning more about child development and previous positive experiences of similar courses. Although the parenting classes were universal, i.e. designed to be relevant to and benefit all parents, overall, compared to national averages, CANparent participants who joined a class were generally experiencing higher levels of parenting stress, more parenting difficulties and lower mental wellbeing.

Parents also described being attracted by specific features related to the course and to the hosting arrangements for its delivery. Free courses were attractive to parents. Nevertheless, the Willingness to pay strand of the evaluation found that about half of parents were willing to pay at least something for a parenting course: in this half of the potential market, estimated willingness to pay for face-to-face parenting classes was £63, for blended £67 and for pure online it was £49. If the whole of the parent market is taken into account, including the half who were not willing to pay for parenting classes, these amounts reduce to £36 for face-to-face or blended and £20 for pure online. Although these amounts are well below the £100 voucher value, which itself was well below cost of delivery, the finding that half of parents would be willing to pay towards the cost of a parenting class is important. It indicates that, while other income streams will certainly be necessary to fund continued delivery, the potential income from parents who can afford to pay something should not be ignored.

### **8.3.5 Barriers to take-up**

The main barriers to participation, in addition to financial constraints, were a lack of knowledge of the positive outcomes from parenting programmes (38% could not see that they might benefit from more advice or support) and time constraints (16% said they did not have time to attend a class).

## **8.4 Parents' awareness of, and attitudes towards, parenting classes**

### **8.4.1 Attitudes towards parenting classes**

At the start of the trial the attitudes of parents of children aged 0-5 years in the three voucher trial areas were largely positive. For example, only 12% disagreed with the suggestion that all parents can benefit from going on a parenting class; and 71% agreed that parenting classes were as relevant to older parents as to teenage parents and other younger parents. Furthermore, 70% disagreed that it was more useful for mothers to have parenting classes than fathers.

When we surveyed parents in both the three voucher trial areas and Bristol a year later (around 18 months into the trial) we found that there had been little change in parents' attitudes towards parenting classes, with similar patterns for mothers and fathers. There was no evidence that the trial had had an impact on parents' perceptions of the benefits of and barriers to attending parenting classes themselves. Similarly, the trial does not appear to have had an impact on parents' take-up of parenting classes or their propensity to take up a course in the future. There was, however, a significant drop of five percentage points, in the proportion of parents believing that parenting classes were only for parents with 'problems bringing up their children' suggesting a reduction in stigma.

In summary, we found little evidence that many parents regarded attending parenting classes as stigmatising at the start of the trial. Attitudes were similarly positive a year later, but some suggestion of a reduction in stigma. This lack of increased positivity is likely to be related to the relatively low take-up of parenting classes and also underlines the difficulty in communicating the benefits of parenting classes through promotional activities. As more parents do undertake parenting classes, enjoy and find them beneficial, they are likely to inform their family and friends, so leading to increased awareness and positive attitudes among parents in general.

### **8.4.2 Parents' awareness of the CANparent brand**

Awareness of the CANparent brand had increased and was significantly and substantially higher at Wave 2 in the three voucher trial areas (22%) than in Bristol (just 1%), where no vouchers had been distributed. Furthermore, just over a quarter (26%) of parents in the voucher areas were aware of the CANparent vouchers, an increase of 7% since Wave 1.

We were unable to examine the relative benefits of the three voucher designs as each design was restricted to one trial area. There was substantial variation in awareness of CANparent by trial area (Middlesbrough 15% of parents, Camden 19% and High Peak 33%)

but as the voucher design and area characteristics were confounded we were unable to disentangle the extent to which these differences were associated with voucher designs or other effects relating to the areas themselves.

On the other hand we have clear evidence for the benefits of different sources of brand awareness. At Wave 2 over a third (35%) of parents mentioned children's centre/nursery/playgroup as a source of awareness, followed by school (16%), library (14%), health visitor/midwife (12%), and GP surgery (10%). By contrast only 6% of parents who had heard about the CANparent trial saw or heard about it through an advert on public transport, at Boots (the retailer that made vouchers available) (5%), the CANparent roadshow (4%), Facebook (3%), or through the NCT (3%). This pattern was replicated when we asked parents who had received a voucher for its source: almost a third (32%) had received their voucher from a children's centre, nursery or playgroup.

## **8.5 Parents' experience of the parenting class offer**

Parents that responded to our survey and those we interviewed in depth were generally positive or very positive about their experiences of attending a parenting class. For example, 94% were satisfied or very satisfied with their parenting class and 94% would recommend it to other parents. Furthermore, over 91% of parents completed their class. A non-completion rate of just 8.5% is very low.

When interviewed some months after completing their parenting classes, parents told us they welcomed the principle of universal parenting classes and that their experiences of their parenting classes were largely positive: they found the classes were facilitated well, had useful content, engendered helpful discussion and offered positive peer support. Indeed, even those who had not completed their course (typically because of family or work circumstances) described lasting positive changes to family dynamics as a result of implementing the learning from their CANparent class.

Dissatisfaction, very much a minority response, was linked to very short or very discursive courses – the provider offering the shortest course (one face-to-face session followed by email contact) withdrew from the trial at the end of Year 1.

The principle of paying for parenting classes was accepted by most parents we interviewed, even though some said they would not have been able to do so, indicating the need for a subsidy. A minority argued that the Government should provide free universal parenting classes because of potential benefits to society.

## **8.6 Impact on parents' perceptions of skills and confidence in parenting**

### **8.6.1 Overall impact**

Overall, parents who had attended parenting classes had significant gains on our measures of their sense of satisfaction with being a parent and of their sense of efficacy at being a parent. Furthermore, these parents also had significantly improved levels of mental well-being. By contrast, there was nonsignificant improvement in the parents' views of either the frequency or intensity of normal difficulties that parents have with young children ('daily hassles'). The parents were also very positive about the learning from their courses, e.g. 91% said they had learnt new parenting skills.

### **8.6.2 Variations in impact**

We found substantial variations in the impact of parenting classes between the three trial areas. Short duration courses were not associated with improvements on our measures, and even a small negative impact on parenting interest. By contrast, medium-length and longer courses were associated with larger, significant gains. There was no evidence of differential impact, depending on the level of previously published evidence base supporting the content of a parenting class. These last two findings suggest that the quality principles used to select CANparent classes were effective but that a minimum length of at least three sessions is necessary.

With respect to parent characteristics there was no evidence of differential impact of the parenting classes with respect to whether the parent was a sole carer or shared care, parent ethnicity (white British versus all other minority ethnic groups) or number of children (having one child versus more than one children).

## **8.7 Overall conclusions**

In summary, the trial:

- was successful in stimulating a supply of providers of parenting classes financed by fixed price vouchers; and some demand from parents who were offered classes that were free.
- demonstrated that more time is necessary to increase the awareness of all parents to the benefits of quality universal parenting classes and thereby generate a culture whereby universal parenting classes are seen by most parents as a normal part of becoming a parent, similar to the culture of attending antenatal classes.

- created the incentive for some providers to start offering online versions of their classes accessible to any parent nationally and, in the non-voucher area, to offer classes to parents of older children too.
- led to a significant drop in the proportion of parents believing that parenting classes were only for parents with 'problems bringing up their children' i.e. it reduced stigma around parenting classes.
- indicated that, at this stage of market development, parents paying for classes are likely to form only one of a number of income streams necessary to sustain supply of universal parenting classes.

### **The future**

The DfE-funded CANparent trial ended on 31<sup>st</sup> March 2014 as planned. The Department of Health took over responsibility on 1<sup>st</sup> April when a modified version of the CANparent trial commenced building upon the evidence from the CANparent trial 2012-2014 reported here.

## 9. Recommendations

Our recommendations are structured under sub-headings of recommendations designed:

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

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

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

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

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

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

**Providers** should take note of the evidence about the importance of course duration, perhaps using very short courses as ‘tasters’ to encourage take-up of longer, more effective 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 maintain their engagement with local CANparent advocates, 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.

## 9.2 To increase take-up

**Policy-makers** and **providers** need to allow time for take-up to build. It is likely to require sustained and focused effort for some time.

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

**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.

**Providers** who charge a price per parent should consider offering free taster sessions and money-back guarantees as proof to parents of the quality of the classes.

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

**Providers** should address other predictable barriers to attendance – for example, making every effort to hold face-to-face sessions in convenient and comfortable of venues, seeking out affordable options for those who require childcare to attend, and building relationships

with parents and family professionals in the communities in each trial area so that cultural and contextual issues are recognised and integrated into delivery.

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

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

**Providers** should where possible build on the evidence that partners (usually fathers) are involved at home in discussions about the parenting class attended by the other parent (usually mothers) by ensuring that material to support such discussions are provided to take home.

**Providers** should routinely seek to engage fathers as well as mothers in whatever level of involvement with the class is supportive of that family. Male attendees should be encouraged to spread the word about the relevance of parenting classes to fathers to their male peer group.

### **9.3 To increase supply and support sustainability**

The **Department for Education**, the **Department of Health**, the **trial management consortium**, and **providers** should continue to work together to build and protect the quality assurance processes (Quality Mark) around the CANparent brand.

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

supervise their workforce to deliver the vision of a nationwide market in quality-assured, evidence-based parenting support.

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.

Learning from CANparent for future government pump priming of new markets in products with a societal benefit (social goods), the **Department for Education** 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, the **Department for Education** should note the importance of ensuring that providers understand the potential financial risks involved if desired results are not achieved to scale.

To promote a new market in the future, the **Department for Education** should offer some degree of market power to those organisations developing the market such as monopolistic competition (i.e. each provider offering a very different product).

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# Appendix 1: Aims and objectives

## Aim

The main aim of the study was to evaluate whether the free provision of parenting classes in Middlesbrough, High Peak in Derbyshire, and Camden in London will provide sufficient incentive to providers to start offering additional universal classes nationally, including for parents beyond the foundation stage, and that a universal approach can normalise and de-stigmatise parenting classes.

## Objectives

Our evaluation had seven groups of objectives:

### 1. The market for universal parenting classes

We will investigate the extent to which a new market for the provision of universal parenting classes has been created by the trial and how successfully this can be sustained with or without subsidy (given the proliferation of other help with parenting – e.g. books and magazines for which parents are willing to pay). This will include an investigation into the necessary market conditions for a competitive market to work and the extent to which these conditions exist in England.

#### *Supply side*

- 1.1 Has the provision of classes increased inside and outside of the trial areas?
- 1.2 Has the provision of classes increased for parents with children aged 0 to 5 years and for parents of older children?
- 1.3 Is there sufficient capacity for all parents who want to take up the offer?
- 1.4 How has the supply side adapted to potentially meet increased demand – e.g. expansion of existing providers; sufficient numbers of skilled practitioners or need to recruit and train new staff?
- 1.5 What is the range of parenting classes available – e.g. mode of delivery (face-to-face, online), style of delivery, type of professional delivering the class?
- 1.6 What changes have providers implemented over the course of the evaluation, including modifications to existing programmes and the development of new programmes or variants of delivery?
- 1.7 Whether/how the market for universal parenting classes can be sustained without subsidy?

### *Demand side*

- 1.8 What is the demand for parenting classes and what types of classes?
- 1.9 What is the take up rate and who is most/least likely to take up the offer e.g. working parents, mothers, fathers, BME groups, parents with younger/older children?
- 1.10 What motivates parents to attend a parenting class, e.g. because it was free, perception of a parenting problem, meeting local parents?
- 1.11 What are the barriers to take up – e.g. timing, childcare issues, location?
- 1.12 Are parents willing to pay for classes in the absence of vouchers?

## **2. The relative effectiveness of different voucher distributors**

- 2.1 What are parents' experiences of the distribution of vouchers (i.e. through foundation years professionals versus a high street retailer)?

## **3. The relative effectiveness of different types of vouchers and information provided to parents**

Specifically to compare the effectiveness of the following combinations of voucher design and information for parents:

- 3.1. Trial area 1: voucher with monetary value/premium design and basic leaflet with contact details for providers.
- 3.2 Trial area 2: voucher with monetary value/premium design and enhanced leaflet with more information on parenting support and the cost of additional products.
- 3.3 Trial area 3: voucher with no monetary value/basic design and basic leaflet with contact details for providers.

## **4. Parents' awareness of, and attitudes towards, parenting classes**

- 4.1 To what extent are parents aware of parenting classes and has this changed as a result of the trial?
- 4.2 What are parents' attitudes towards parenting classes?
- 4.3 The extent to which parenting classes are a preferred method for parents to access support – including those we might expect to be the hardest to reach?
- 4.4 To what extent has attending a parenting class been de-stigmatised and normalised (like antenatal classes)?
- 4.5 Has the trial increased parental awareness of the availability of parenting support?
- 4.6 Are parents more likely to seek support with parenting issues as a result of the trial?

## **5. Parents' experiences of the parenting class offer**

- 5.1 How useful did parents find the parenting class?
- 5.2 How likely are parents to use the strategies covered in the class?
- 5.3 What was the most/least useful element of the class?
- 5.4 What types of classes did parents find most useful?
- 5.5 What are parents' preferences on mode of delivery e.g. a parenting class, advice on the Internet, versus other means of support?

## **6. Impact on parents' perceptions of skills/confidence in parenting**

- 6.1 Has attending a parenting class changed parents' perceptions of their confidence in their own parenting?
- 6.2 Has attending a parenting class changed parents' perspectives of their parenting skills?
- 6.3 Has attending a parenting class changed parents' perceptions of the parent-child relationship?
- 6.4 Has attending a parenting class increased parents' awareness about what constitutes 'good' parenting?
- 6.5 Has attending a parenting class had any impact on parents' perceptions of their own well-being?
- 6.6 Has attending a parenting class had an impact on parents' perspectives of their child's behaviour?

## **7. Development of universal parenting classes outside the trial areas**

- 7.1 Have providers started to offer universal parenting classes in other areas, without the availability of the vouchers?
- 7.2 What was the relative effectiveness of the vouchers compared with no vouchers in developing the market?
- 7.3 How does this development fit developers' business development plans?
- 7.4 What are the characteristics of providers that have successfully undertaken this expansion?

## Appendix 2: Agreed changes to the trial

### Changes after the 6-month review

The delivery of CANparent trial was reviewed by the Department for Education after six months and a number of important changes agreed, all designed to support increased take-up of the classes. 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](#) was reconfigured to enable parents:
  - 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.

### Changes after the Year 1 review

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 could include those who worked in the trial areas (or had a partner who did), were undertaking an accredited programme of study at an FE or HE institution in the trial areas or whose children attended school or nursery in the trial areas. From 15 May 2013, parents of all Year 1 children in the trial areas were 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 was 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 suited them.
  - Distributor ambassadors in each voucher trial area were 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 distributors were required to routinely hand out two vouchers to encourage parents to attend with a partner or friend.
  - Every parent attending a class was given five vouchers to give to their friends.
  - Parent ambassadors were recruited.
- Further website enhancements
  - Work undertaken to ensure that when parents search online for parenting classes, CANparent is one of the first sites they see.
  - Enhancements to 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 were run between May and September 2013; providers received financial compensation for attending these.
  - Continuation of the Facebook adverts targeted at relevant parents.
  - Schools, nurseries and health visitors were 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 was used on the CANparent website, and by providers and partners. A digital agency also delivered 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 was 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') received £1,000.
    - 150 class starts received a further bonus of £1,500.
    - 400 class starts in Camden received £4,000, 500 class starts in Middlesbrough received £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 were worth £125.
- Payment to recognise demands of participating in the trial evaluation and attendance at local roadshows to communicate the CANparent offer
  - Each provider was paid up to £1,550 for their participation

## **Appendix 3: The CANparent classes – summary details**

### **Contents**

#### **A3.1 Introduction**

#### **A3.2 The CANparent classes in the three voucher areas**

**A3.2.1 Those with publicly available evidence of effectiveness**

**A3.2.2 Those based on programmes with publicly available evidence of effectiveness**

**A3.2.3 Those with no prior publicly available evidence of effectiveness**

#### **A3.3 The CANparent classes in the non-voucher area (Bristol)**

**A3.3.1 Those with publicly available evidence of effectiveness**

**A3.3.2 Those with no prior publicly available evidence of effectiveness**

## A3.1 Introduction

Information on the CANparent classes included in this Appendix has been drawn from the provider bids, the provider interviews from the three stages of the evaluation, plus subsequent e-mails and telephone calls, the CANparent website, provider websites, the National Academy of Parenting Research Commissioning Toolkit and academic literature. Under the 'Research Evidence' section we include publicly available evidence on effectiveness.

We stress that, as quality assurance, **all** the CANparent providers had to show how the classes they would offer met core evidenced based principles derived from research into what works to improve parenting skills. These principles relate to content, delivery approach, workforce training and supervision, and evaluation of impact and are reproduced in full in **Appendix 4**.

In the sense that these principles are based on research evidence of what makes for effective parenting programmes, **all** the CANparent offers can be regarded as 'evidence-based'. On the other hand, the phrase 'evidence-based parenting programmes' is usually reserved for specific parenting programmes that have research evidence of effectiveness of the content and delivery method and that require those trained in that programme to deliver it with fidelity. This understanding of 'evidence-based parenting programmes' has been reinforced by work undertaken by [the National Academy of Parenting Research](#) (NAPR) and consolidated in its Parenting Programmes Evaluation Tool and its associated Commissioning Toolkit, as well as in the Graham Allen Report (Allen, 2011) and the United Nations Office on Drugs and Crime's compilation of parenting programmes (UNODC,2010).

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

improving outcomes for parents – rather, such provision was, in effect, being trialled during CANparent. The variation in the evidence base of the CANparent classes had the potential to become problematic if strongly evidence-based providers (in the NAPR, Allen, UNODC sense) felt that the brand of CANparent was undermining their position, or if the effectiveness of individual offers was called into question in any local area. For this reason, we grouped the CANparent classes in the three trial area into three categories:

- Those with publicly available evidence of effectiveness
- Those based on programmes with publicly available evidence of effectiveness
- Those without prior publicly available evidence of effectiveness.

We used these categories to test out whether or not there was any difference in effectiveness (see Chapter 3, Section 3.2.1.5 and Figure 8) and found that there was **no significant difference**.

The CANparent classes in the non-voucher area (Bristol) (Section A3.3) have also been categorised in this way but, as we had no parent outcome data from these, these classes were not included in the analysis in Chapter 3.

Our categorisation is very broad with, for example, ‘publicly available evidence’ including any such data on effectiveness. To provide another angle on ‘evidence-base’, we also provide the **NAPR star ratings** for those CANparent class programmes, and for those programmes on which CANparent classes are based, that are included in that source. The NAPR star system rates the evidence of effectiveness as follows:

- |         |                              |
|---------|------------------------------|
| 4 stars | strong                       |
| 3 stars | promising                    |
| 2 stars | preliminary                  |
| 1 star  | requires further development |

These ratings are based on tightly defined gradings of published research evidence of effectiveness. We stress that the assessments for inclusion in the NAPR Parenting Programmes Evaluation Tool and its associated Commissioning Toolkit were all carried out **prior to 1 April 2012**, after which no further entries have been made. Thus some CANparent classes with research evidence do not appear in the NAPR listing.

## A3.2 The CANparent classes in the three voucher areas

### A3.2.1 Those with publicly available evidence of effectiveness

**Provider:** Barnardos

Programme Details: 1-2-3 Magic!

**Aims:**

to support effective (non-coercive) discipline through practical strategies

to improve parent-child relationships

to improve child behaviour

**Scientific basis for the content:** Developed by Thomas Phelan, a clinical psychologist, the theory base is drawn from behaviour management, cognitive restructuring and family systems.

(Source: <http://www.123magic.com/Resources/Research>)

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

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

**Changes made in Year 2:** None.

**Minimum completion point:** Session 2 completed.

**Research Evidence:**

**Study 1.** Bradley, S.J., Jadaa, D-A, Brody, J., Landy, S., Tallet, S., Watson, W., Shea, B. and Stephens, D. (2003). Brief psychoeducational parenting program [1-2-3 Magic]: an evaluation and 1-year follow-up, *Journal of the American Academy of Child and Adolescent Psychiatry*, 42, 10, 1171-1178.

*Abstract. Objective:* Despite recognition of the need for parenting interventions to prevent childhood behavioural problems, few community programs have been evaluated. This report

describes the randomised controlled evaluation of a four-session psychoeducational group for parents of preschoolers with behaviour problems, delivered in community agencies.

*Method:* In 1998, 222 primary caregivers, recruited through community ads, filled out questionnaires on parenting practice and child behaviour. Parents were randomly assigned to immediate intervention or a wait-list control. The intervention comprised three weekly group sessions and a 1-month booster, the focus being to support effective discipline (using the video *1-2-3 Magic*) and to reduce parent-child conflict. *Results:* Using an intent-to-treat analysis, repeated measures analyses of variance indicated that the parents who received the intervention reported significantly greater improvement in parenting practices and a significantly greater reduction in child problem behaviour than the control group.

*Conclusions:* This brief intervention program may be a useful first intervention for parents of young children with behaviour problems, as it seems both acceptable and reasonably effective.

**Other studies are cited on the programme website**

(<http://www.123magic.com/Resources/Research>). These include the Summary of Toronto Hospital for Sick Children Study, the Mooseheart Child City and School Study and the Medicine Hat Study.

**Provider: Family Matters Institute**

Programme Details: Triple P Online

**Aims:**

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

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

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

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

It is also expected that parents will:

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

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

**Delivery details:** Triple P Online is delivered in 8 sessions and requires parent input of 30 minutes per session (week/fortnight).

**Course content:** 17 core child management strategies. Ten of the strategies are designed to promote children's competence and development (including the use of praise and play), while seven of the strategies aim to decrease negative or unwanted child behaviour (including time-out, logical consequences).

**Changes made in Year 2:**

Courses offered in all three trial areas

Seminar followed by Triple P Online course delivered in 8 sessions

Self-Directed Triple P course using work book and CD/DVD delivered in 10 sessions

Seminar followed by self-directed Triple P course using work book and CD/DVD.

**Minimum completion point:**

For Triple P Online course delivered in 4 sessions, minimum completion point is Module 6 completed.

For Seminar followed by Triple P online course delivered in 8 sessions, minimum completion point is Seminar and Module 6 completed.

For Self-Directed Triple P course using workbook and CD/DVD delivered in 10 sessions, minimum completion point is Module 7 completed.

For Seminar followed by self-directed Triple P course using workbook and CD/DVD, minimum completion point is Seminar and Module 7 completed.

**Research Evidence:**

**Study 1. Sanders, M.R., Baker, S., & Turner, K.M.T. (2012). A randomized controlled trial evaluating the efficacy of Triple P Online with parents of children with early-onset conduct problems. *Behaviour Research and Therapy, Vol. 50, 675-684.***

Objective: This study examined the efficacy of Triple P Online (TPOL), an eight-module intensive online positive parenting program for parents of children with early-onset disruptive behaviour problems. Method: One hundred and sixteen parents with 2-9-year-old children displaying early-onset disruptive behaviour difficulties were randomly assigned to either the intervention condition (N = 60) or an internet use-as-usual control group (N = 56). Results: At post-intervention assessment, parents receiving the internet intervention TPOL had significantly better outcomes on measures of problem child behaviour, dysfunctional parenting styles, parents' confidence in their parenting role, and parental anger. At 6-month follow-up assessment intervention gains were generally maintained, and in some cases enhanced. Consumer satisfaction ratings for the program were high. Conclusions: Internet-delivered self-help parenting programs appear to make a valuable contribution to a comprehensive public health approach to parenting support.

**Study 2. Sanders, M.R., Prior, J., & Ralph, A. (2009). An evaluation of a brief universal seminar series on positive parenting: a feasibility study. *Journal of Children's Services, Vol. 4 (1), 4-20.***

This study examined the impact of a brief seminar series on positive parenting (Selected Triple P) on behavioural and emotional problems in pre-adolescent children and on inter-parental conflict, parenting style, relationship quality, parental adjustment and parental confidence. Two hundred and forty-four parents with children aged four to seven years were assigned to one of three conditions: (a) partial exposure condition involving attendance at a single introductory seminar; (b) full exposure (attendance at all three seminars); or (c) a waitlist control group. Analyses were completed for the 109 participants for whom full data were obtained. There was a significant reduction in parental reports of problem child behaviour and dysfunctional parenting styles with the introductory seminar alone. However, exposure to all three seminars was associated with significant improvements in all dysfunctional parenting styles and in the level of inter-parental conflict. There were no significant differences between conditions at post-intervention on parental reports of depression, anxiety, stress, relationship quality or parental confidence. This study provides preliminary support for the efficacy of a brief universal parenting intervention in improving child behaviour and parenting variables associated with the development and maintenance of child conduct problems. The findings also offer preliminary support for the notion that positive outcomes for both parents and children can be achieved through the delivery of brief preventive parenting interventions that require minimal time commitments from parents.

**Study 3. Markie-Dadds, C. & Sanders, M.R. (2006). Self-Directed Triple P (Positive Parenting Program) for Mothers with Children at-Risk of Developing Conduct Problems. *Behavioural & Cognitive Psychotherapy, Vol. 34 (3), 259-275.***

A self-directed variant of the Positive Parenting Program (Triple P) was evaluated using 63 preschool-age children at-risk of developing conduct problems. Families were randomly assigned to either Self-directed Triple P (SD), a self-administered behavioural family intervention program, or a waitlist group (WL). The 10-unit SD program teaches parents 17 parenting skills to increase pro-social child behaviours and decrease problem behaviours in home and community settings. Using mothers' reports of child behaviour and parenting practices, mothers in the SD group reported significantly less child behaviour problems, less use of dysfunctional discipline strategies, and greater parenting competence than mothers in the WL group. On measures of parental adjustment, there was no significant difference in conditions at post-intervention based on mothers' reports of depression, anxiety, stress and conflict with partners over parenting issues. Mothers' reports at 6-month follow-up indicated that gains in child behaviour and parenting practices achieved at post-intervention were maintained.

**Study 4. Sanders, M.R., Dittman, C.K., Farruggia, S.P., & Kewon, L.J. (2014). 'Do it yourself' parenting interventions: A comparison of online versus workbook delivery of a self-help positive parenting program. *The Journal of Primary Prevention*, in press.**

The present study employed a noninferiority randomized trial design to compare the efficacy of two self-help variants of the Triple P-Positive Parenting Program: an online version and a self-help workbook. Families of 193 children displaying early onset disruptive behaviour difficulties were randomly assigned to the online (N = 97) or workbook (N = 96) interventions. Parents completed questionnaire measures of child behaviour, parenting, child maltreatment risk, personal adjustment and relationship quality at pre- and post-intervention and 6-month follow up. The new Triple P Online program was not inferior in its short-term intervention effects to the workbook on the primary intervention outcomes of disruptive child behaviour and dysfunctional parenting as reported by both mothers and fathers. Furthermore, both interventions were associated with significant and clinically meaningful declines from pre- to post intervention in levels of disruptive child behaviour, dysfunctional parenting styles, risk of child maltreatment, and inter-parental conflict on both mother and father report measures. Moreover, mothers and fathers in both interventions reported significant improvements in parenting confidence, the quality of the parent-child relationship, and parental adjustment. These intervention effects were largely maintained at 6-month follow up. These findings support the use of parenting self-help programs within a comprehensive population-based system of parenting support to reduce child maltreatment and behavioural problems in children.

**Provider: Mind Gym/Parent Gym**

Programme Details: Parent Gym

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

Scientific basis for the content: None offered in the bid.

Delivery details:

9-week course: Group face to face sessions.

5-week course: Group face to face sessions.

Live-virtual 5 week course: A series of five live, interactive sessions led by a coach in a virtual classroom.

Access to online portal available for all above options

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

Changes made in Year 2: None.

Minimum Completion Point:

For the face to face 9 week course, minimum completion point is Session 7 completed.

For the face to face 5 week course, minimum completion point is Session 4 completed.

For the live-virtual 5 week course, minimum completion point is Online Session 4 completed.

## Research Evidence:

Research evidence for the 9-weeks course is based on two reports which are available on the provider's website (<http://www.parentgym.com/history>).

Report 1. Thomae, M. & Driscoll, P. (2012). *Evaluation of the Parent Gym Programme - Final Report 2*. Report to funders, Canterbury Christ Church University, Canterbury, UK.

Report 2. Driscoll, P., Tupling, C., Summerson, M. & Thomae, M. (2012). *Evaluation of the Parent Gym Programme - Final Report 1*. Report to funders, Canterbury Christ Church University, Canterbury, UK.

The following percentages of parents demonstrated a statistically significant increase in their self-efficacy in undertaking the following parenting skills, as measured by Tool to Measure Parenting Self-Efficacy, TOPSE (Bloomfield & Kendall, 2007) compared to a control group:

97% of parents reported an increase in their self-acceptance.

60% reported an increase in their play and enjoyment with their child.

63% reported an increase in their empathy and understanding with their child.

66% reported an increase in their control.

When measuring actual parental behaviour changes using the Alabama Parenting Questionnaire (Frick, 1991) it was found that compared to the control group:

100% reported statistically significant decrease in inconsistent discipline.

70% showed a statistically significant increase in involvement with their child.

Research evidence for the 5-weeks course is based on two research reports:

Report 3. Strand, S. (2012). Parent Gym – CANparent Classes May – July 2012. University of Warwick, UK.

Data were supplied from eight classes that ran between May and July 2012. The classes ran in school buildings in one of the trial areas and each consisted of five weekly sessions. 60 parents with valid voucher numbers completed pre-course questionnaires and 32 of these subsequently completed post-course questionnaires. The evidence suggests that parents

who attended the Parent Gym CANparent classes and completed both pre-course and post-course questionnaires showed a significant improvement in their sense of satisfaction and self-efficacy in their role as parents, and a reduction in the frequency of commonly reported parenting daily hassles and in the intensity of these hassles.

Report 4. Bloomfield, I. (2014). Summary of Parent Gym TOPSE data. Report to funders, University of Hertfordshire, UK.

Data were collected over summer and autumn terms in 2013 from 44 Parent Gym parenting classes from 240 parents who completed both pre and post measures. TOPSE for parents with learning disabilities was used as a pre and post measure of parenting self-efficacy. There mean difference in the pre and post measures ranged from 0.75 to 3.06.

No other statistical analysis was offered in the report.

**Provider:** Save the Children

Programme Details: Families and Schools Together (FAST)

**Aims:**

Short terms aims include improvements in:

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

Long term aims include:

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

**Scientific basis for the content:** Piaget's theories of cognitive development and recent evidence about children's brain development; Ecological theory; Social capital theory; Family stress theory; Family systems theory.

**Delivery details:** Eight weekly face-to-face sessions followed by a monthly parent-led support group. Sessions last for two and a half hours.

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

**Changes made in Year 2:** None.

**Minimum Completion Point:** Session 6 completed.

## Research Evidence:

**Study 1. Kratochwill, T.R., McDonald, L, Levin, J.R., Scalia, P.A., Coover, G. (2009). Families and schools together: An experimental study of multi-family support groups for children at risk. *Journal of School Psychology, 47, 245 – 265.***

Sixty-seven matched pairs of children in grades K through three were randomly assigned to FAST or an on-going school programme as a control group. Both groups' parents completed standardised measures of parent and child behaviours before and after participating in the programme and at a one year follow-up assessment. Children assigned to the FAST programme were significantly less aggressive than those in the control group, immediately after attending the programme and at the one-year follow-up.

**Study 2. Kratochwill, T.R., McDonald, L, Levin, J.R., Young Bear-Tibbets, H., Demaray, M.K. (2004). Families and schools together: an experimental analysis of a parent-mediated multi-family group programme for American Indian children. *Journal of School Psychology, 42, 359 – 383.***

Fifty pairs of American Indian students between the ages of four and nine were randomly assigned to FAST and a non-FAST control condition. Researchers, teachers and parents assessed the behaviour and academic skills of the children from both groups with standardised measures before the start of the programme, immediately afterwards and at nine and 12-month follow-up assessments. The FAST children demonstrated significant reductions in their aggressive behaviour in comparison to the control group immediately after completing the FAST programme. The FAST parents also reported that their children were significantly less withdrawn at the post intervention assessment. At the one-year follow-up, the FAST children were still significantly less withdrawn than those in the control group and their teachers reported greater improvements in their academic skills.

**Study 3. Crozier, M., Rokutani, L., Russett, J.L., Godwin, E., and Banks, G.E. (2010). A multi-site programme evaluation of families and schools together (FAST): Continued evidence of a successful multi-family community-based prevention programme. *The School Community Journal, 20, 187 – 207.***

This study involves the aggregated results from the on-going evaluation of FAST implemented in two primary schools in the US state of Virginia over a 35-month period. One hundred and sixty-seven parents completed standardised measures of parent and child behaviour before participating in the FAST programme and then again after completing it as part of FAST's standard evaluation procedures. Schoolteachers also completed standardised measures on each FAST child. Parents reported significant improvements in their family functioning, perceived self-efficacy, social connectedness and knowledge of

substance misuse issues. FAST parents also reported greater involvement in their child's school and significant decreases in their child's emotional problems. The FAST children's teachers reported significant improvements in children's pro-social behaviour.

**NAPR star rating** 4

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

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

**Aims:**

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

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

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

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

**Changes made in Year 2:** Online classes offered in all three trial areas.

**Minimum completion point:**

For the face to face group sessions, minimum completion point is Session 7 completed.

For the online version, minimum completion point is Session 7 completed.

## Research Evidence:

**Study 1.** Bateson, K., Delaney, J., Pybus, R. (2008). Meeting expectations: the pilot evaluation of the Solihull Approach Parenting Group, *Community Practitioner*, 81, 5, 28-31.

*Abstract.* We have developed a new parenting group based on National Institute for Health and Clinical Excellence guidelines for parenting groups for conduct disorder and the Solihull Approach, a multi-agency approach to improve the parent-child relationship and behaviour management. Our aims were to create a parenting group that was theoretically coherent, of proven effectiveness, time efficient, for universal through to more complex problems, for parents from birth to 18 years, accessible to parents with literacy difficulties, able to be run by community practitioners such as health visitors and school nurses, and supported by a cost-effective and uncomplicated staff training model. This article describes the development of the Solihull Approach Parenting Group and the results of its first large-scale pilot evaluation. The results show an improvement in child behaviour and reductions in parental anxiety. [Data: 72 pre-post data sets. Measures: Becks Anxiety Inventory, Child Behaviour Checklist; Strengths and Difficulties Questionnaire.]

**Study 2.** Johnson, R., Wilson, H. (2012). Parents' evaluation of 'Understanding your child's behaviour', a parenting group based on the Solihull Approach. *Community Practitioner*, 85, 5, 29-33.

*Abstract.* Understanding Your Child's Behaviour (UYCB) is a 10-week parenting programme based on the Solihull Approach model, which has [previously been shown to reduce problematic behaviour in children. This study examined the views of 236 parents of all literacy levels who attended 37 UYCB programmes provided by the Solihull Borough's children's workforce between 2005 and 2010. Simple weekly evaluation forms were used to gather both quantitative and qualitative data. Ninety-five per cent of parents reported that they found the group relaxing, 89% found it very effective at helping them make changes to their parenting and 88% found it very helpful for understanding their children. Qualitative themes demonstrate that the group enables parents to implement the three cornerstone theories of the Solihull Approach: containment, reciprocity and (sensitive) behaviour management in their parenting. The study also supports the National Institute for Health and Clinical Excellence (NICE) guidelines that parenting programmes should be eight to 12 sessions long.

**Study 3.** Cabral, C. (2013). The value of evaluating parenting groups: a new researcher's perspective on methods and results. *Community Practitioner*, 86, 6, 30-33.

*Abstract:* The aim of this research project was to evaluate the impact of the Solihull Approach understanding Your Child's Behaviour (UYCB) parenting groups on the

participants' parenting practice and their reported behaviour of their children. Validated tools that met both the Solihull Child and Adolescent Mental Health Service (CAMHS) and academic requirements were used to establish what changes, if any, in parenting practice and children's behaviour (as perceived by the parent) occur following attendance of a UYCB parenting group. Independent evidence of the efficacy of the Solihull Approach UYCB programme was collated. Results indicated significant increases in self-esteem and parenting sense of competence; improvement in the parental locus of control; a decrease in hyperactivity and conduct problems and an increase in pro-social behaviour, as measured by the 'Strength and Difficulties' questionnaire. The qualitative and quantitative findings corroborated each other, demonstrating the impact and effectiveness of the programme and supporting anecdotal feedback on the success of UYCB parenting groups.

NAPR star rating 2 (face-to-face Group version)

### **A3.2.2 Those based on programmes with publicly available evidence of effectiveness**

**Provider:** Coram

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

**Aims:**

**Short-term aims include:**

- Improved knowledge of child development and more realistic expectations of age appropriate child development
- Increased awareness of the child’s unique strengths and potential developmental delays
- Increase use of age-appropriate methods for responding to child’s needs
- Increased age-appropriate discipline strategies and increased confidence to set limits
- Increased involvement in the child’s care and education
- A better home learning environment
- A better awareness of when to seek help for child’s vision, hearing and health issues
- A better awareness of community health and educational resources.

**Long-term aims include:**

- Child will demonstrate improved:
  - language and literacy skills
  - Intellectual problem solving skills
  - Social and emotional development
  - Motor development
  - Physical wellbeing
  - Motivation to learn

Parents will:

- Be more involved in their child’s school life
- Be more involved in their community
- Provide a more enriching home environment throughout their child’s development
- Be less likely to abuse or neglect their child

**Scientific basis for the content:** PAFT is based upon many scientifically proven theories of child development, including attachment theory, social learning theory, ecological theory and recent neuro-scientific evidence about early brain development.

**Delivery details:** An adapted model based upon PAFT will be delivered in two group sessions of 2 hours (over one or two days) and four sessions twice a year for parents with learning difficulties.

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

**Changes made in Year 2:** None.

**Minimum completion point:** Session 2 completed.

**Research Evidence:**

None found. The research evidence described below is for the course upon which the CANparent version was based.

**Study 1. Drotar, D., Robinson, J., Jeavons, L., & Lester-Kirchner, H. (2009). A randomised, controlled evaluation of early intervention: The Born to Learn curriculum. *Child: Care, health and development*, 35, 643 – 649.**

Five hundred and twenty-seven parents were randomly assigned to the PAFT programme or to a general parent education programme involving handouts and various parent/child activities. Children's intellectual functioning, adaptive skills and mastery motivation (including task competence) were assessed at 12, 14 and 36 months. Children's security of attachment was also assessed at 18 months. Child language skills, concept development, pre-reading skills and social competence were assessed at 36 months. All assessments involved the use of standardised measures. Children from low-income families demonstrated increased task competence and intellectual functioning at 24 months. Improved task competence continued to be observed at 36 months.

**Study 2. Wagner, M., Spiker, D., and Inman Linn, M. (2002). The effectiveness of the Parents as Teachers Program with low-income parents and children. *Topics in Early Childhood Special Education*, 22, 67 – 81.**

Six hundred and sixty-five families with children under eight months were randomly assigned to the PAFT programme or the control group, involving no home visiting intervention. Eighty per cent of the participants were assessed as having poverty level incomes. Parents and children were assessed at the child's first birthday and children were assessed at the child's

second birthday. All assessments involved the use of standardised measures. Parents with a moderate income were significantly more likely to accept their child's behaviour and report happiness in caring for their child at the two-year assessment. Very low income parents were more likely to tell nursery rhymes to their child at two years. No differences in child outcomes were observed.

**Study 3. Wagner, M., and Clayton, S. (1999). The Parents as Teachers Program: Results from two demonstrations. *The Future of Children*, 9, 91 – 115.**

This evaluation involved two separate populations: 1) Latino families living in California's Monterey County and 2) Teen parents living in Southern California. Four hundred and ninety-seven parents from the Latino sample were randomly assigned to PAFT or a control group, who received new toys on a regular basis. Three hundred and sixty-three teen parents were randomly assigned to one of four conditions: PAFT, a control group, case management and PAFT combined with case management. Parents' knowledge, attitudes and behaviours and children's development were assessed at the child's third birthday. All assessments involved the use of standardised measures. Children from the Latino speaking families demonstrated significant gains in their intellectual, communication, self-help and social development. Children whose parents received a combination of Teen PAT and intensive case management also demonstrated significant improvements in their health and intellectual skills. The study additionally found that children benefited more when their families received more services.

**Study 4. Huntington, C. (2011). An evaluation of Parents as First Teachers from stakeholders' perspectives: Demonstrating outcomes and process.**

(The report is available for the programme funders only and conducted by charity 'The Children's Society'. Information below is presented as accessed at the PAFT website)

Parents enjoyed the programme and believe that it increased their self-confidence as parents. These studies have not made use of standardised measures and therefore it is difficult to determine whether parents' perceptions are consistent with their everyday behaviour. No information about the cost-effectiveness of this programme.

**NAPR star rating 2**

**Provider: Derbyshire County Council**

Programme Details: High Peak Parenting (developed for CANparent trial)

**Aims:**

**A) Short-term aims include:**

Parents will learn to:

- Praise their children more
- Use less harsh and ineffective discipline
- Use effective coaching skills to promote their children's ability to solve problems on their own

Children will have improved:

- Social skills and appropriate play skills (e.g. turn taking, waiting, asking, sharing, helping, complimenting)
- Problem solving skills
- Emotional awareness – children should be able to appropriately label their feelings, and understand the difference between their perspective and the perspective of others
- School achievement
- Behaviour, including less aggression, noncompliance, bullying
- Ability to manage conflict
- Self-esteem and self-confidence
- Be less fearful

**B) Long-term aims include:**

Children will have:

- fewer behavioural problems
- increased emotional regulation and social competence

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

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

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

**Changes made in Year 2:** None.

**Minimum completion point:**

For the four group sessions, minimum completion point is Session 3 completed.

For the online courses, minimum completion point is 15<sup>th</sup> Topic completed.

For the 1:1 sessions, minimum completion point is engagement with 3<sup>rd</sup> visit.

**Research Evidence:** None found for the programme being trialled in CANparent.

**Research evidence for the programme from which the CANparent offer is derived:** The programme is based on the principles of *The Incredible Years*, which has strong research evidence (NAPR star rating: 4). Some examples are:

**Study 1. Webster-Stratton, C. (1984). Randomised trial of two parent-training programmes for families with conduct-disordered children. *Journal of Consulting and Clinical Psychology*, 52, 666 – 678.**

The mothers of 35 three to eight year old children with a diagnosed behavioural problem were randomly assigned to one of three groups: an early version of Incredible Years Early Years (IYEEY BASIC), individual therapy and a wait list control group. Mothers from all three groups completed standardised measures of their parenting skills and their child's behaviour before and after the programme and at a 12-month follow-up assessment. Mothers participating in IYEEY and individual therapy reported significant improvements in their child's behaviour and their own parenting skills, at both the one-month and 12-month follow-ups. While the outcomes for the IY group were not superior to individual therapy, the study concluded they were more cost-effective.

**Study 2. Hutchings, J., Bywater, T., Daley, D., Gardner, F., Whitaker, C., Jones, K., Eames, C., and Edwards, R.T., (2007). Parenting intervention in Sure Start services for children at risk of developing conduct disorder: pragmatic randomised controlled trial. *British Medical Journal*, 334, 678.**

This study involved 11 Sure Start areas in north and mid Wales. One hundred and fifty-three parents with a child between the ages of three and eight with a clinically relevant conduct problem were randomly assigned to IYEBY BASIC or a wait list control group through a pragmatic block design. Both groups completed standardised measures of parent and child behaviour and were videotaped for coded observations. These measures were administered before the start of the programme and six months thereafter. The parents participating in the IY programme reported significant improvements in their child's behaviour and their parenting behaviours. These findings were upheld in the videotaped observations.

**Study 3. Scott S, Spender Q, Doolan M, Jacobs B and Aspland H. (2001) Multicentre controlled trial of parenting groups for child antisocial behaviour in clinical practice. *British Medical Journal*, 323, 194 – 197.**

This study involved families living in south London. A permeated block design was used to assign the parents of 141 children (aged three to eight) with behavioural problems to a 16 week version of IY BASIC and ADVANCE or a wait list control group. Parents from both groups participated in an 18-minute structured play task before the intervention and then five to seven months thereafter. Parenting behaviours, including inappropriate commands and use of praise was coded by trained researchers at both assessment points. Both groups also completed a series of standardised measures of parent and child behaviours at the home visit. Child outcomes were assessed through the Child Behaviour Checklist. There were significant improvements in the behaviour of the children in the IY group in comparison to the control group. The behaviour of the parents also improved, suggesting that those attending IYEBY were significantly more likely to praise their children and use fewer inappropriate commands.

**Provider: Family Links**

Programme Details: The Nurturing Programme – abridged version for CANparent

**Aims:**

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

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

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

**Course content:** 1. Getting the Best: praise, encouragement, listening, reinforcing positive behaviours, and paying positive attention to the child. Includes discussion of self-esteem and self-awareness and touches on the importance of parents looking after themselves. 2. Boundaries: discussion of praise and criticism, of criticism versus guidance, using 'dos instead of 'don'ts, using time out to calm down, and choices and consequences.

Changes made in Year 2: None.

Minimum completion point: Session 2 completed.

**Research Evidence:** None (newly developed abridged version for the CANparent trial.)

Research evidence for Family Links' **The Nurturing Programme** from which the CANparent version is derived (NAPR star rating: 2):

**Study 1a.** Simkiss, D.E., Snooks, H.A., Stallard, N., Davies, S., Thomas, M., Anthony, B., Winstanley, S., Wilson, L. and Stewart-Brown, S. (2010). Measuring the impact and costs of a universal group based parenting programme: protocol and implementation of a trial, *BMC Public Health*, 10, 364 (11 pages). doi10.1186/1471-2458-10-364

Describes the Family Links Nurturing Programme as 'effective in before/after and qualitative studies'. Describes the random controlled trial protocol with quantitative and qualitative outcome measures and an economic evaluation and the challenges to implementing these. No results included in this paper.

**Study 1b.** Simkiss, D.E., Snooks, H.A., Stallard, N., Kimani, P., Sewell, B., Fitzsimmons, D., Anthony, B., Winstanley, S., Wilson, L., Phillips, C.J. and Stewart-Brown, S. (2013) Effectiveness and cost-effectiveness of a universal parenting skills programme in deprived communities: multicentre randomised controlled trial. *British Medical Journal*, Vol. 3 (8) e002851. doi:10.1136/bmjopen-2013-002851.

A randomised controlled trial of the Family Links Nurturing Programme involving 143 families in deprived areas of South Wales. The families were randomly allocated and recruited to each of the intervention and wait-list control groups. Primary outcome measures were of negative parenting and supportive parenting. Secondary outcome measures were of parenting, child wellbeing, and parental wellbeing. There were improvements in all outcomes in both the Family Links group and the control group. There were no significant differences at 3 or 9 months between the Family Links Nurturing Programme group and the control group. The programme was found to be cost effective when offered on a universal basis to improve wellbeing and parenting in deprived areas.

**Other studies** can be found at <http://familylinks.org.uk/nurturing-programme/nurturing-programme-evaluation-parents.html>

**Provider: Fatherhood Institute**

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

**Aims:**

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

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

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

**Course content:** Session 1 (Introductions; our family values; how relationships change after birth; speaking, listening and mirroring; the circle of security) and Session 2 (managing routines and establishing boundaries; division of labour; supporting each other's parenting; arguing better and resolving differences; the circle of repair; the importance of fun and affection).

The online RHC course covers: Your child's temperament; Managing routines and establishing boundaries; The importance of fun and affection; Arguing better and resolving differences; Supporting each other's parenting; Relaxing with your child; The circle of security and the circle of repair; Your child's learning.

**Changes made in Year 2:** The provider withdrew from the CANparent trial.

**Minimum completion point:** Completion of follow up exercises and survey.

**Research Evidence:** None found for the programme being trialled in CANparent.

Research evidence for the programme from which the CANparent offer is derived.

The programmes are based on **Family Foundations**, an American programme, developed by Mark Feinberg (NAPR star rating: 3).

**Study 1. Feinberg, M.E. & Kan, M.L. (2008). Establishing Family Foundations: intervention effects on co-parenting, parent/infant well-being, and parent-child relations. *Journal of Family Psychology*, 22, 253-263.**

A sample of 169 heterosexual, adult couples expecting their first child was randomised to intervention and control conditions. Intent-to-treat analyses indicated significant programme effects on Coparental support, maternal depression and anxiety, distress in the parent-child relationship, and several indicators of infant regulation. Greater positive impact of the programme was found for families with lower-educated parents or a father reporting emotional insecurity in close relationships.

**Study 2. Feinberg, M.E., Kan, M.L. and Goslin, M.C. (2009). Family Foundations at child age one year: effects on observed co-parenting, parenting and child self-regulation. *Prevention Science*, 10, 276-285.**

169 couples, randomised to intervention and control conditions, participated in video-taped family observation tasks at pre-test (during pregnancy) and at child age one year. Intent-to-treat analyses of programme effects controlled for age, education, and social desirability. Evidence of significant ( $p < .05$ ) programme effects at follow-up emerged in all domains: couple relations, parent mental well-being, parenting quality, and child outcomes. Intervention effects on mother's parenting were mediated by co-parenting quality, and effects on child self-regulation were mediated by a combination of co-parenting quality and parenting quality. *Conclusion:* Targeting the co-parenting relationship at the transition to parenthood represents an effective, non-stigmatising means of promoting parenting quality and child adjustment.

**Study 3. Feinberg, M.E., Jones, D.E., Kan, M.L. and Goslin, M. (2010). Effects of a transition to parenthood program on parents, parenting and children: 3.5 years after baseline. *Journal of Family Psychology*, 24 (5), 532-542.**

Intent-to-treat analyses utilising data collected from child age 6 months through 3 years, indicated significant programme effects on parental stress and depression, co-parenting, and harsh parenting for all families. Among families of boys, programme effects were found for child behaviour problems and couple relationship quality. These results indicate that a universal prevention approach at the transition to parenthood focused on enhancing family relationships can have a significant and substantial positive impact on parent and child well-being.

## **Provider: Race Equality Foundation**

Programme Details: Strengthening Families Strengthening Communities (SFSC) – abridged version for CANparent.

### **Aims:**

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

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

### **Delivery details:**

**Online Programme:** Six self-completed interactive sessions, each taking 25-30 minutes, to be completed over a six week period. Each session is followed by a group-based online discussion facilitated by a trained SFSC facilitator lasting for one hour. The sessions are structured into five SFSC components detailed below.

**Face to Face Programme:** Four two-hour facilitated sessions over a four-week period, structured into the five SFSC components detailed below.

**Blended Programme:** Consists of an introductory face-to-face session, four online-only sessions and a concluding face-to-face session, structured into five SFSC components detailed below.

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

**Changes made in Year 2:** None.

### **Minimum completion point:**

For the online programme, minimum completion point is Online Session 4 completed.

For the face to face programme, minimum completion point is Session 2 completed.

For the blended programme, minimum completion point is Session 4 completed.

**Research Evidence:** Newly developed for CANparent.

The research evidence below is for the standard Strengthening Families Strengthening Communities course upon which the CANparent version is based (NAPR star rating: 2).

**Study 1.** Lindsay, G., Strand, S., & Davis, H. (2011). A comparison of the effectiveness of three parenting programmes in improving parenting skills, parent mental wellbeing and children's behaviour when implemented on a large scale in community settings in 18 English local authorities: The Parenting Early Intervention Pathfinder (PEIP), *BMC Public Health*, 11.

This study involved findings from the Parenting Early Intervention Pathfinder Programme (PEIP) evaluation in the UK. This study considered the feasibility of evidence based parenting interventions in the UK and compared the efficacy of three well-established programmes: Standard Triple P, The Incredible Years and SFSC. Six hundred and forty-six parents participating in SFSC with children between the ages of eight and 13 completed standardised measures of parent and child behaviour before attending the programme and then immediately thereafter. SFSC parents reported significant improvements in their own wellbeing and their child's behaviour.

**Study 2.** Matthew R. F., Wang M. Q., Bellamy N., Copeland E. (2005). Test of efficacy of model family strengthening programs. *American Journal of Health Studies*. 20, 164 – 170.

This study considered the efficacy of four parenting interventions offered through the Family Strengthening Initiative in the USA: Parenting Wisely, The Nurturing Programme, Strengthening Families and SFSC. Six hundred and ninety-nine of parents participating in SFSC with children with an average age of 11 completed standardised measures of family cohesion, family attachment, family resilience and family conflict. These measures were completed before the families attended the programme and then immediately thereafter. SFSC parents reported significant improvements on all family measures. In addition, the scores of SFSC parents for family resilience and family conflict were significantly higher than the parents' scores for the other three programmes. For family attachment and family cohesion, SFSC scored significantly than the Nurturing Programme.

### **Study 3 and Study 4.**

Two studies were commissioned by the Race Equality Foundation and undertaken by Research Plus+. The first one evaluated the SFSC parenting courses held between January 2004 and March 2005 and the second evaluated the SFSC parenting courses held between April 2005 and March 2007.

### **A3.2.3 Those with no prior publicly available evidence of effectiveness**

**Provider** Barnardos

Programme Details: Caring Start (High Scope) – 3 session version

**Aims:**

to support parents to support their children's learning at home

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

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

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

**Changes made in Year 2:** None

**Minimum completion point:** Session 2 completed.

**Research Evidence:**

Caring Start High Scope has not been evaluated on its own but links to the longitudinal research that has been done the last 40 years. For more details refer to:

<http://www.highscope.org/Content.asp?ContentId=219>

**Provider:** Barnardos

Programme Details: Comfortzone

**Aims:**

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

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

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

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

**Changes made in Year 2:** None.

**Minimum completion point:** Session 2 completed.

**Research Evidence:**

**Study 1:** McLackland, B., Channon, S., Fowles, K., & Jones, A. L. (2013). An intervention aimed at helping parents with their emotional attunement to their child. *Community Practitioner*, 86, 4, 24-27.

*Abstract:* Comfort Zone for Children is an intervention that practitioners in a range of settings can use in their work with parents, with the aim of enhancing parental emotional attunement to their child. This article describes the development and evaluation of the intervention using preliminary outcomes, focus groups and interviews with staff and parents. The ongoing development of the intervention in the light of the feedback and future development is discussed.

**Provider: Barnardos**

Programme Details: Playgroup Network sessions

**Aims:**

See course content

**Scientific basis for the content:** Not covered in bid or during interview. The course was developed 'in-house' in response to local demand from parents. From the content, it is assumed by the researcher that early learning theory, behaviour management and parenting styles theory have been influential.

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

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

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

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

**Aims:**

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

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

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

**Aims:**

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

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

Uses reflection on individual parenting styles as a framework for improving parenting skills and making family life more positive and enjoyable for children and parents. The sessions are based on aspects of behaviour management – what discipline is and isn't, the value of appropriate praise and the use of family rules, the rewards and consequences of these. Parents are encouraged to try out the techniques and activities at home.

**Aims:**

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

**Changes made in Year 2:** None

**Minimum completion point:** Session 2 completed.

**Research Evidence:** None found.

**Provider: City Lit**

City Lit leads a consortium of six different delivery partners.

**Delivery partners are:** a) parenting organisation Triple P<sup>84</sup>; b) national charity Grandparents' Association; c) private sector organisation Ampersand Learning; d) charity Elfrida Rathbone Camden which provides a range of services to people with learning difficulties, disabilities and families under stress; e) Camden Council and f) Working Men's College.

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

Scientific evidence for the content: None offered in the provider's bid.

**Delivery details:** Face to face group classes, 2 mandatory sessions plus 2 optional sessions.

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

*Core Units:* Parenting Styles; Communication, relationships and behaviour; Play, Learning and development; Routine and Stability.

*Optional Unit Choices:* Parenting in the first year; Parenting your 2 year old; Children with disabilities; Challenges for young parents; Blended families; Grandparents as primary carers; Your second child; Managing multiple under 5s; Challenges of lone parenting; Preparing for nursery; Preparing for school; Preparing for childcare.

**Changes made in Year 2:** None.

**Minimum completion point:** 2 mandatory sessions completed.

**Research Evidence:** None found (courses developed for the CANparent trial).

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<sup>84</sup> Seminar Triple P and Discussion Groups were delivered first through 'Real Nappies for London' and 'Back to Basics', and in Year 2, directly by Triple P. In Year 2, delivery happened in Holloway Prison and in workplace contexts. Research evidence for Triple P is given under Family Matters Institute, Section A3.2.1.

**Provider: Family Lives**

Programme Details: Parents Together Online Course

Aims:

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

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

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

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

**Changes made in Year 2:** The online course was offered in Camden in addition to High Peak.

**Minimum completion point:** 4 modules completed.

**Research Evidence:** None found [but drawn from the Parents Together course which has been run for 30 years, first through Parent Network which then merged into Family Lives.]

**Provider: Montessori**

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

Aims:

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

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

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

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

**Changes made in Year 2:** The provider has withdrawn from the CANparent trial.

**Minimum completion point:** Session 4 completed.

**Research Evidence:** None found (adapted from existing Montessori courses for the CANparent trial).

**Provider: NCT**

Programme Details: NCT CANparent

**Aims:** To change an influence parenting behaviour so as to help create well-developed citizens of tomorrow.

**Scientific basis for the content:** None offered in the bid.

**Delivery details:**

**Face to Face Intensive Parenting Course:** Six two-hour face to face sessions spread over 6-12 weeks. Parents will be given access to printed and online information relevant to their needs.

**Face to Face Low Intensity Parenting Course:** Eight to ten face to face sessions lasting 2-3 hours spread over 8 to 20 weeks.

**Face to Face – New Baby Specific Parenting Course:** First session held prior to the birth of the baby and the remaining five postnatally. Six two-hour face to face sessions spread over 6 months, approximately one per month.

**Online:** Course equivalent of 12 hours face to face course content ongoing evidence based information and support accessed via [www.nct.org.uk](http://www.nct.org.uk) and access to moderated e-groups available the child is 5.

**Parenting Information Programme:** Both members of the couple could choose this option or one could choose a face to face course and the other the Information Programme only option.

**Course content:** Communication and Listening Skills: 'How to talk to your child so they want to talk back'; Getting on: Managing the parent/parent and parent/child relationship 'How to get what you need and still get on with each other'; Understanding play and learning: 'Please play with me'; Ourselves as parents: 'What kind of parent am I/what kind of parents are we?'; Who's in charge: 'What to do when a child says NO'; A supportive home: 'Creating a family that works for everyone in it'.

**Changes made in Year 2:**

The online course was offered in all three trial areas.

Enhanced online course which includes an introductory face to face session and a final 'wash-up' face to face session.

**Minimum completion point:**

For the face to face intensive parenting course, minimum completion point is Session 4 completed.

For the face to face low intensity parenting course, minimum completion point is Session 7 completed.

For the face to face new baby specific parenting course, minimum completion point is Session 4 completed.

For the parenting information programme, minimum completion point is Session 4 completed.

For the blended face to face course, minimum completion point is Session 6 completed.

**Research Evidence:** None found (newly developed for the trial)

## A3.3 The CANparent classes in the non-voucher area (Bristol)

### A3.3.1 Those with publicly available evidence of effectiveness

**Provider:** Bristol City Council

Programme Details: The Nurturing Programme

**Aims:**

To enable parents to be 'firm and fair, kind and consistent', using a balance of 'love and limits'.

To increase enjoyment of family life.

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

**Delivery details:** Face to face in a group in 10 sessions. 4 introductory workshops also available.

**Course content:**

The 10 sessions cover the following main topics:

- The four constructs: self-awareness and self-esteem; appropriate expectations; empathy; positive discipline. Giving praise.
- The question of discipline. Time out...to calm down.
- Family rules. Rewards and penalties.
- Personal power. Self-esteem. Choices and consequences.
- Feelings and what we do with them. Communicating clearly: using 'I' statements.
- Kinds of touch. Nurturing ourselves.
- Ages and stages in children's development. Helping children grow up.
- Issues around sex. Helping children stay safe.
- Behaviour to ignore. Problem-solving and negotiating.
- Continuing the family journey.

## Research Evidence:

Research evidence for the 10-week programme:

**Study 1a.** Simkiss, D.E., Snooks, H.A., Stallard, N., Davies, S., Thomas, M., Anthony, B., Winstanley, S., Wilson, L. and Stewart-Brown, S. (2010). Measuring the impact and costs of a universal group based parenting programme: protocol and implementation of a trial, *BMC Public Health*, 10, 364 (11 pages). doi10.1186/1471-2458-10-364

Describes the Family Links Nurturing Programme as 'effective in before/after and qualitative studies'. Describes the random controlled trial protocol with quantitative and qualitative outcome measures and an economic evaluation and the challenges to implementing these. No results included in this paper.

**Study 1b.** Simkiss, D.E., Snooks, H.A., Stallard, N., Kimani, P., Sewell, B., Fitzsimmons, D., Anthony, B., Winstanley, S., Wilson, L., Phillips, C.J. and Stewart-Brown, S. (2013) Effectiveness and cost-effectiveness of a universal parenting skills programme in deprived communities: multicentre randomised controlled trial. *British Medical Journal*, Vol. 3 (8) e002851. doi:10.1136/bmjopen-2013-002851.

A randomised controlled trial of the Family Links Nurturing Programme involving 143 families in deprived areas of South Wales. The families were randomly allocated and recruited to each of the intervention and wait-list control groups. Primary outcome measures were of negative parenting and supportive parenting. Secondary outcome measures were of parenting, child wellbeing, and parental wellbeing. There were improvements in all outcomes in both the Family Links group and the control group. There were no significant differences at 3 or 9 months between the Family Links Nurturing Programme group and the control group. The programme was found to be cost effective when offered on a universal basis to improve wellbeing and parenting in deprived areas.

**Other studies** can be found at <http://familylinks.org.uk/nurturing-programme/nurturing-programme-evaluation-parents.html>

**NAPR star rating** 2.

**Provider: Family Matters Institute**

Programme Details: Triple P (Self-directed or Online)

**Aims:**

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

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

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

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

It is also expected that parents will:

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

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

**Delivery details:**

Self-directed (book or DVD)

Online with telephone support in 8 sessions

**Course content:** 17 core child management strategies. Ten of the strategies are designed to promote children's competence and development (including the use of praise and play), while seven of the strategies aim to decrease negative or unwanted child behaviour (including time-out, logical consequences).

### **Research Evidence:**

**Study 1. Sanders, M.R, Joachim, S., Turner, KMT. (2011a). A randomised controlled trial evaluation of the effects of Triple P Online for parents of children with conduct problems. Manuscript in preparation.**

The Triple P Online trial was the first randomised controlled trial to demonstrate benefits of providing online parenting support to parents of 3-8 year old children with disruptive behaviour problems. The trial randomly assigned 122 parents to a no-treatment control group or the intervention condition. Compared to the control group, parents who completed Triple P Online reported lower levels of child behaviour problems, less frequent use of ineffective discipline techniques, greater confidence managing children's problem behaviours, less parental stress, less conflict over parenting (in two-parent households). In addition, short term gains were generally maintained, and in some cases enhanced, at a six-month follow-up, 91% of parents rated the quality of the service as "good" or better, 88% were satisfied with the programme, feedback on content, design, activities, videos and workbooks was positive – delivering mean scores of 4 out of 5.

**Study 2. Sanders, M.R., Baker, S., & Turner, K.M.T. (2012). A randomized controlled trial evaluating the efficacy of Triple P Online with parents of children with early-onset conduct problems. *Behaviour Research and Therapy*, Vol. 50, 675-684.**

Objective: This study examined the efficacy of Triple P Online (TPOL), an eight-module intensive online positive parenting program for parents of children with early-onset disruptive behaviour problems. Method: One hundred and sixteen parents with 2e9-year-old children displaying early-onset disruptive behaviour difficulties were randomly assigned to either the intervention condition (N ¼ 60) or an internet use-as-usual control group (N ¼ 56). Results: At post-intervention assessment, parents receiving the internet intervention TPOL had significantly better outcomes on measures of problem child behaviour, dysfunctional parenting styles, parents' confidence in their parenting role, and parental anger. At 6-month follow-up assessment intervention gains were generally maintained, and in some cases enhanced. Consumer satisfaction ratings for the program were high. Conclusions: Internet-delivered self-help parenting programs appear to make a valuable contribution to a comprehensive public health approach to parenting support.

**Study 3. Sanders, M.R., Prior, J., & Ralph, A. (2009). An evaluation of a brief universal seminar series on positive parenting: a feasibility study. *Journal of Children's Services, Vol. 4 (1), 4-20.***

This study examined the impact of a brief seminar series on positive parenting (Selected Triple P) on behavioural and emotional problems in pre-adolescent children and on inter-parental conflict, parenting style, relationship quality, parental adjustment and parental confidence. Two hundred and forty-four parents with children aged four to seven years were assigned to one of three conditions: (a) partial exposure condition involving attendance at a single introductory seminar; (b) full exposure (attendance at all three seminars); or (c) a waitlist control group. Analyses were completed for the 109 participants for whom full data were obtained. There was a significant reduction in parental reports of problem child behaviour and dysfunctional parenting styles with the introductory seminar alone. However, exposure to all three seminars was associated with significant improvements in all dysfunctional parenting styles and in the level of inter-parental conflict. There were no significant differences between conditions at post-intervention on parental reports of depression, anxiety, stress, relationship quality or parental confidence. This study provides preliminary support for the efficacy of a brief universal parenting intervention in improving child behaviour and parenting variables associated with the development and maintenance of child conduct problems. The findings also offer preliminary support for the notion that positive outcomes for both parents and children can be achieved through the delivery of brief preventive parenting interventions that require minimal time commitments from parents.

**Study 4. Markie-Dadds, C. & Sanders, M.R. (2006). Self-Directed Triple P (Positive Parenting Program) for Mothers with Children at-Risk of Developing Conduct Problems. *Behavioural & Cognitive Psychotherapy, Vol. 34 (3), 259-275.***

A self-directed variant of the Positive Parenting Program (Triple P) was evaluated using 63 preschool-age children at-risk of developing conduct problems. Families were randomly assigned to either Self-directed Triple P (SD), a self-administered behavioural family intervention program, or a waitlist group (WL). The 10-unit SD program teaches parents 17 parenting skills to increase pro-social child behaviours and decrease problem behaviours in home and community settings. Using mothers' reports of child behaviour and parenting practices, mothers in the SD group reported significantly less child behaviour problems, less use of dysfunctional discipline strategies, and greater parenting competence than mothers in the WL group. On measures of parental adjustment, there was no significant difference in conditions at post-intervention based on mothers' reports of depression, anxiety, stress and conflict with partners over parenting issues. Mothers' reports at 6-month follow-up indicated that gains in child behaviour and parenting practices achieved at post-intervention were maintained.

**Study 5. Sanders, M.R., Dittman, C.K., Farruggia, S.P., & Kewon, L.J. ( ). 'Do it yourself' parenting interventions: A comparison of online versus workbook delivery of a self-help positive parenting program. The Journal of Primary Prevention. Manuscript in preparation.**

The present study employed a noninferiority randomized trial design to compare the efficacy of two self-help variants of the Triple P-Positive Parenting Program: an online version and a self-help workbook. Families of 193 children displaying early onset disruptive behaviour difficulties were randomly assigned to the online (N = 97) or workbook (N = 96) interventions. Parents completed questionnaire measures of child behaviour, parenting, child maltreatment risk, personal adjustment and relationship quality at pre- and post-intervention and 6-month follow up. The new Triple P Online program was not inferior in its short-term intervention effects to the workbook on the primary intervention outcomes of disruptive child behaviour and dysfunctional parenting as reported by both mothers and fathers. Furthermore, both interventions were associated with significant and clinically meaningful declines from pre- to post intervention in levels of disruptive child behaviour, dysfunctional parenting styles, risk of child maltreatment, and inter-parental conflict on both mother and father report measures. Moreover, mothers and fathers in both interventions reported significant improvements in parenting confidence, the quality of the parent-child relationship, and parental adjustment. These intervention effects were largely maintained at 6-month follow up. These findings support the use of parenting self-help programs within a comprehensive population-based system of parenting support to reduce child maltreatment and behavioural problems in children.

**Provider: Race Equality Foundation**

Programme Details: Strengthening Families Strengthening Communities - online version

**Aims:**

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

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

**Delivery details:** Online in 12 sessions plus facilitated online discussions

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

**Research Evidence:** Newly developed for CANparent.

The research evidence below is for the standard **Strengthening Families Strengthening Communities** course upon which the CANparent version is based (NAPR star rating: 2).

**Study 1. Lindsay, G., Strand, S., & Davis, H. (2011). A comparison of the effectiveness of three parenting programmes in improving parenting skills, parent mental wellbeing and children's behaviour when implemented on a large scale in community settings in 18 English local authorities: The Parenting Early Intervention Pathfinder (PEIP), *BMC Public Health*, 11.**

This study involved findings from the Parenting Early Intervention Pathfinders Programme (PEIP) evaluation in the UK. This study considered the feasibility of evidence based parenting interventions in the UK and compared the efficacy of three well-established programmes: Standard Triple P, The Incredible Years and SFSC. Six hundred and forty-six parents participating in SFSC with children between the ages of eight and 13 completed

standardised measures of parent and child behaviour before attending the programme and then immediately thereafter. SFSC parents reported significant improvements in their own wellbeing and their child's behaviour. It should be noted, however, that these improvements were significantly lower than those observed by The Incredible Years and Standard Triple P, which were implemented through the PEIPs initiatives.

**Study 2. Matthew R. F., Wang M. Q., Bellamy N., Copeland E. (2005). Test of efficacy of model family strengthening programs. *American Journal of Health Studies*. 20, 164 – 170.**

This study considered the efficacy of four parenting interventions offered through the Family Strengthening Initiative in the USA: Parenting Wisely, The Nurturing Programme, Strengthening Families and SFSC. Six hundred and ninety-nine of parents participating in SFSC with children with an average age of 11 completed standardised measures of family cohesion, family attachment, family resilience and family conflict. These measures were completed before the families attended the programme and then immediately thereafter. SFSC parents reported significant improvements on all family measures. In addition, the scores of SFSC parents for family resilience and family conflict were significantly higher than the parents' scores for the other three programmes. For family attachment and family cohesion, SFSC scored significantly than the Nurturing Programme.

### **Study 3 and Study 4.**

Two studies were commissioned by the Race Equality Foundation and undertaken by Research Plus+. The first one evaluated the SFSC parenting courses held between January 2004 and March 2005 and the second evaluated the SFSC parenting courses held between April 2005 and March 2007.

**Provider: National Deaf Children's Society (NCDS)**

Programme Details: Parenting a Deaf Child

**Aims:**

- To support parents:
- To have realistic expectations of themselves as parents.
- To raise awareness of the importance of praise and encouragement.
- To accept and acknowledge feelings – both their children's and their own.
- To raise awareness of their child's communication strengths and needs and how they can communicate effectively with their deaf child.
- To develop practical strategies and skills to support their deaf child.
- To develop strategies and skills to manage behaviour effectively.
- To explore the effect of having a deaf child on siblings and family dynamics.

**Scientific basis for the content:** [no details provided] (The programme was developed following research by NCDS exploring how far mainstream parenting support suited the needs of parents of a deaf child. Feedback suggested that a specific course targeting this group of parents would be valued.)

**Delivery details:** Face to face group in 10 sessions, 2 hours a week.

**Course content**<sup>85</sup>: Seven main topics covered: daily communication, self-esteem, improving child self-esteem by giving praise, dealing with emotions, play, behaviour management, the wider family.

**Research Evidence:** Internally, evaluation data is collected and collated. One article has been published on the [NDCS website](#) but is based on a very small sample of nine parents.

**Evaluation of Parenting Course for Black and Minority Ethnic Families. Report Commissioned by NDCS (February 2013).**

Two groups of parents (9 in total) who attended the Parenting A Deaf Child course in two different locations, supported by different facilitators, were evaluated. The course was delivered in 10 two-hour sessions from April to July 2012. The Strengths and Difficulties Questionnaire (SDQ), the Parenting Stress Index – Short Form, the Home Observation Measurement of Environment Assessment (HOME), a questionnaire for parents and a

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<sup>85</sup> The programme content was being reviewed at time of publication.

questionnaire for facilitators were used to examine the impact of the course. Some participants had experienced a significant improvement in family life. The biggest improvements were found in families with younger children, i.e. up to six years of age. For parents with children aged 6-10 years old, more improvements were made in the child's home environment.

**Provider: Restorative Thinking**

Programme Details: Restorative Thinking Parenting Programme (Parenting Without Conflict)

**Aims:**

- To help parents/carers understand their child's behaviour and the reasons underpinning the challenges a child may present.
- To encourage parents/carers to think about their responses to their child's behaviour, what their child's behaviour is communicating and ultimately to think about responses which meet their child/ren's needs.

**Scientific basis for the content:** no details provided

**Delivery details:** The programme is delivered over four 2.5 hour sessions within a group.

**Course content:** The programme covers the following topics:

- communicating and staying calm
- engaging restorative approaches
- coping with difficult behaviour
- parents working together as a team
- understanding different stages of your child's development
- managing conflict
- the psychology behind behaviour and conflict

**Research Evidence:**

Delivery of the *Restorative Thinking Parenting Programme (Parenting without Conflict)* at children's centres in Skelmersdale in March 2013 has shown that:

- 90% of parents feel they understand their child's development after attending the classes
- 91% feel they understand their child's needs after taking part in the classes
- 83% feel they understand their child's behaviour following the classes

### **A3.3.2 Those with no prior publicly available evidence of effectiveness**

**Provider:** Care For the Family

Programme Details: Time Out for Parents

**Aims:**

- To help parents build strong relationships using good parenting principles to nurture their children from an early age;
- To increase confidence to parent and nurture their child as they develop.

**Scientific basis for the content:** no details provided

**Delivery details:** Five sessions face to face in a group.

**Course content:**

- Session 1 - What children really need
- Session 2 - Developing emotional safety
- Session 3 - Setting loving limits
- Session 4 - Keeping safe
- Session 5 - Problem solving

**Research Evidence:** None found

**Provider:** Hand in Hand Learning

Programme Details: How Babies Learn

**Aims:**

- To learn the essential basics of how the adult brain works and how the baby's brain grows and develops.

**Scientific basis for the content:** (no details provided)

**Delivery details:** Online with telephone support and a DVD in 6 sessions

**Course content:**

- What is the baby telling his/her parents when he/she cries?
- Why it is impossible to 'spoil' a newborn baby?
- How parents/carers can help their baby learn when it's time to sleep
- How by calming their baby parents/carers help set the emotional regulator in their brain on 'calm' for now and for the future
- What parents can do to keep their baby happy
- How to play with their baby
- How quickly their baby will recognise and understand them
- How easily parents/carers can help their baby learn to talk
- How to trust their instincts and to be confident about the kind of parent that they want to be

**Research Evidence:** None found

## Appendix 4: Quality principles used in selection of the CANparent classes<sup>86</sup>

### A4.1 Content themes

#### A4.1.1 Communication and listening

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

#### A4.1.2 Managing relationships (parent/child & parent/parent)

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

#### A4.1.3 Play/explore/learning

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

#### A4.1.4 Parenting styles/behaviour

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

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<sup>86</sup> Source: Invitation to Tender for Parenting Classes trial project in Middlesbrough, High Peak and Camden, Department for Education, 12 November 2011

### **A4.1.5 Rules and routines**

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

### **A4.1.6 Creating a supportive and nurturing home environment**

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

## **A4.2. Delivery approach**

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

## **A4.3 Workforce training and supervision**

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

## **A4.4 Evaluation by the providers of the classes**

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

## Appendix 5: Parent registration questionnaire



### Parent Questionnaire

In order to register on a CANparent course, please complete the short questionnaire below.

All responses are confidential and your personal data will not be shared with third parties outside of the partners involved in the scheme.

Voucher Booking Number (this is the 13 digit number underneath the barcode on the reverse of your voucher): \_\_\_\_\_

#### Section One: About you

**First Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Gender:**

Male

Female

**Age:**

Under 16

36-45

16-19

46-55

20-25

56 or above

26-35

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Main contact telephone number:** \_\_\_\_\_

**Mobile number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Ethnicity:**

- |                      |                          |                         |                          |
|----------------------|--------------------------|-------------------------|--------------------------|
| White British        | <input type="checkbox"/> | Chinese                 | <input type="checkbox"/> |
| White Other Group    | <input type="checkbox"/> | Other Ethnic Group      | <input type="checkbox"/> |
| Mixed Heritage       | <input type="checkbox"/> | (please specify): _____ |                          |
| Asian/ Asian British | <input type="checkbox"/> | Prefer not to say       | <input type="checkbox"/> |
| Black/ Black British | <input type="checkbox"/> |                         |                          |

**What is your highest educational qualification? Please tick one box**

- |   |                          |
|---|--------------------------|
| No qualifications   | <input type="checkbox"/> |
| Some GCSEs passes or equivalent                             | <input type="checkbox"/> |
| 5 or more GCSEs passes at A*-C or equivalent                | <input type="checkbox"/> |
| A/AS levels or equivalent                                   | <input type="checkbox"/> |
| Higher Education but below degree level (e.g. HND, HNC etc) | <input type="checkbox"/> |
| Degree (e.g. BA, BSc, MA)                                   | <input type="checkbox"/> |

**Do you consider yourself to be disabled?**

- |     |                          |    |                          |                   |                          |
|-----|--------------------------|----|--------------------------|-------------------|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|-------------------|--------------------------|

**Section Two: About your family**

**What is your family status?**

- |   |                          |
|---|--------------------------|
| Married/ Civil partnership and living with husband/wife   | <input type="checkbox"/> |
| Married/civil partnership and separated from husband/wife | <input type="checkbox"/> |
| Living with a partner                                     | <input type="checkbox"/> |
| Divorced  | <input type="checkbox"/> |
| Widowed   | <input type="checkbox"/> |
| Single (never married/civil partnership)                  | <input type="checkbox"/> |
| Prefer not to say   | <input type="checkbox"/> |

**If you are a single parent, do you live:**

As a single parent

Sharing the care of the child/ren with another adult in the home?

Prefer not to say

**How many children (16 yrs or under) are there in your household? \_\_\_\_\_**

**What is the age of the youngest child in your household (complete years old):**

Less than 1  3

1  4

2  5 or more

**Is the youngest child in the household your first child?**

Yes  No

**For the children you have who are 0 - 5, how many are:**

Boy  Girl

**- How many are aged? *Complete years old***

Less than 1  3

1  4

2  5

**- What is your relationship to them (tick all that apply)?**

Birth mother  Grandmother

Birth Father  Grandfather

Adoptive/Foster mother  Other

Adoptive/Foster father  Prefer not to say

**- In your view, how many, if any, have any special needs or a disability?**

Prefer not to say

The CAN Parent programme is being monitored for performance purposes. Upon registration your monitoring details will be held securely by Ecorys UK and shared only with the Department of Education's independent evaluation team at the University of Warwick. You will be given an Information Sheet about the evaluation. Ecorys UK is a registered data controller with the UK Information Commissioners Office (number Z5564761). The University of Warwick is also a registered data controller (number Z5856740). Ecorys may contact you for quality assurance purposes.

**I do *not* wish to be e-mailed the short two question tick box survey afterwards.**

Signature:

---

*Thank you for taking the time to complete this questionnaire*

For Office Use only:

Voucher Number: \_\_\_\_\_ Course Code: \_\_\_\_\_

Date first session attended (DD/MM/YY):     /     /

Standardised measure(s) completed:

## Appendix 6: Brief literature review of the effectiveness of online parenting courses

There has been an increase in the range of parenting interventions available to communities for the prevention and management of difficulties with parenting. Despite the range and the demonstrated effectiveness of some of these interventions, however, the proportion of parents actually participating in evidence-based parenting programmes is small (Sanders, Markie-Dadds, Rinaldis, Firman & Baig, 2007). Completing a parenting programme is still not socially normative and numerous barriers can hinder parental involvement and programme completion. The primary reasons for families' lack of participation include logistical problems (e.g. transportation difficulties, work-schedule conflicts, availability and affordability of childcare), mistrust in providers due to negative prior experiences, perceived ethnic and cultural barriers, perceived stigma (Prinz & Sanders, 2007) and limited access particularly in rural areas (Radey & Randolph, 2009).

The use of the internet has been proposed as an alternative way for delivering parenting programmes. By overcoming barriers common to face-to-face services, normalising parenting support and using the power of video-based modelling, interactivity and personalisation (Self-Brown & Whitaker, 2008), the internet could bring parenting programmes to a much broader range of parents. Internet delivery is considered a cost-efficient way that has the potential to tailor programme content to the needs and interest of parents. As Metzler, Sanders, Rusby & Crowley found (2012), it is also an increasingly popular method of accessing parenting information and advice in comparison to traditional approaches such as home visits, therapy and parenting groups.

In terms of parent characteristics, several studies show interest in and widespread use of the internet by disadvantaged parents including young, single parents (Radey & Randolph, 2009) and among ethnically diverse families (Metzler et al., 2012). A meta-analysis conducted by Barak and colleagues (2007) provided strong support for the adoption of online psychological interventions with effect sizes comparable to face-to-face delivery.

Online parenting training has been applied in different groups of parents, including caregivers of foster-care children (Pacifici et al., 2006), parents of children with head trauma (Wade et al., 2009) as well as for parents of children with Foetal Alcohol Spectrum Disorders (Kable et al., 2012), parents of children with ASD (Wainer & Ingersoll, 2013) and parents with mental illness (Van der Zanden et al., 2010).

However, there is very little controlled evidence attesting to the efficacy of the use of internet as the main approach for parenting interventions. There is some evidence of positive outcomes following online interventions for parents of infants (Baggett et al., 2010; Hudson, Campell-Grossman, Fleck, Elek, & Shipman, 2003), and an online variant of the Incredible Years programme successfully engaged parents but yielded modest outcomes (Taylor et al., 2008).

Two studies have provided empirical support of online positive parenting programmes for parents of children with early onset conduct problems. Sanders, Baker and Turner (2012) examined the efficacy of Triple P Online in the first randomized controlled trial that has demonstrated sustained improvements in child and family outcomes from a completely self-directed online parenting intervention (use of TPOL was associated with significantly lower levels of parent-reported child conduct problems; less use of ineffective discipline; greater parental confidence in managing children's behaviours; less stress, anger and conflict over parenting). Their findings are consistent with Enebrink et al., (2012) the only other internet-based RCT reporting improvements in conduct problems in children.

There is still no indication from research about potential moderators of intervention effects such as child characteristics (e.g. age, gender, severity of pre-intervention problem), parental characteristics (e.g. adjustment, internet self-efficacy) and familial conditions (e.g. family composition, socio economic disadvantage) that could show for whom an online parenting intervention is most effective. However, Nieuwboer et al.'s (2013) systematic review of empirical studies in this domain showed that interventions were targeted at specific groups of parents and/or children. The largest proportion of web based interventions concern child health topics and are designed to support pregnant parents or first time parents. A number of online interventions aims at parents with low income or low social support, and the majority of the online parenting programmes are aimed at parents with preschool children.

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# Appendix 7: Penetration survey - Unweighted sample profile for eligible parents in trial areas<sup>87</sup>

## A7.1 Respondent profile

Figure 39: Gender of respondent

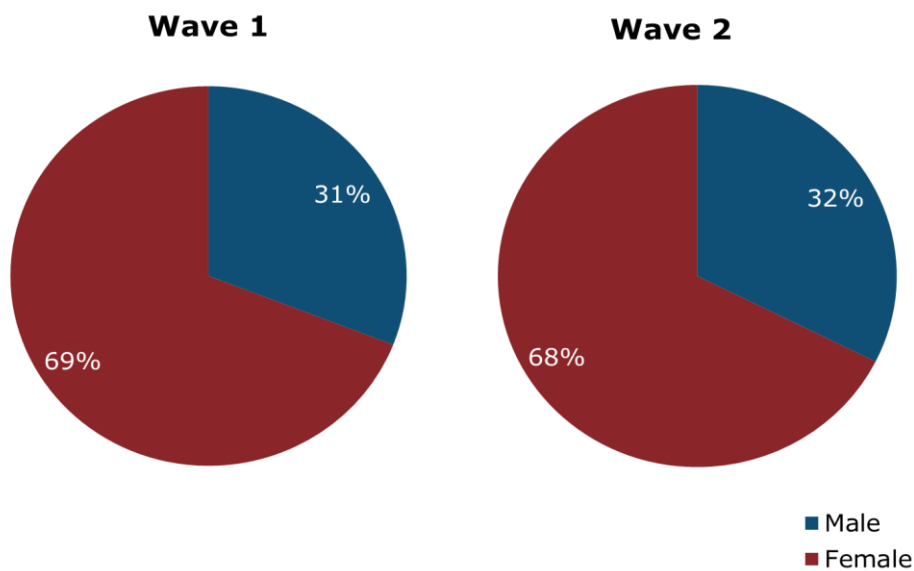
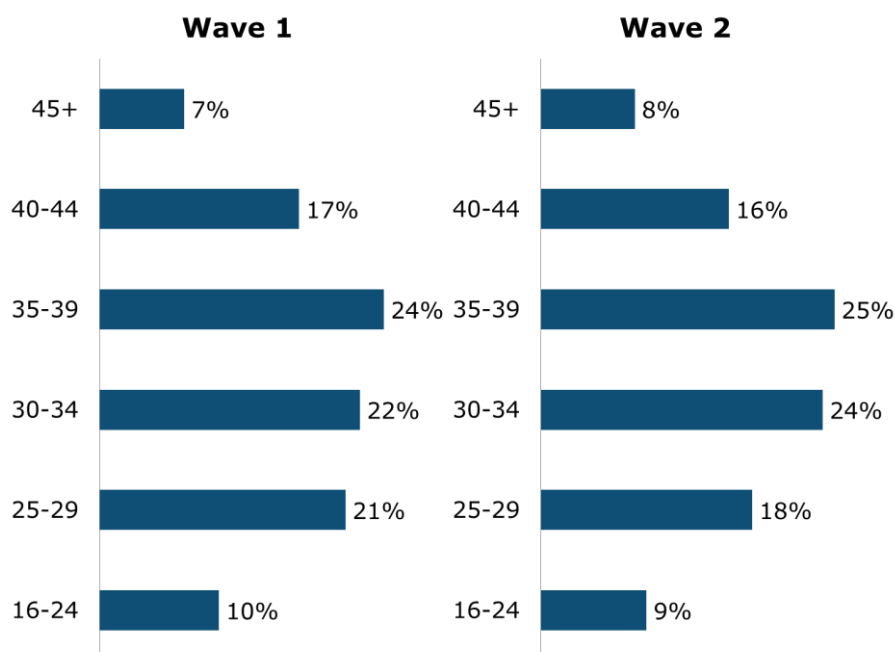
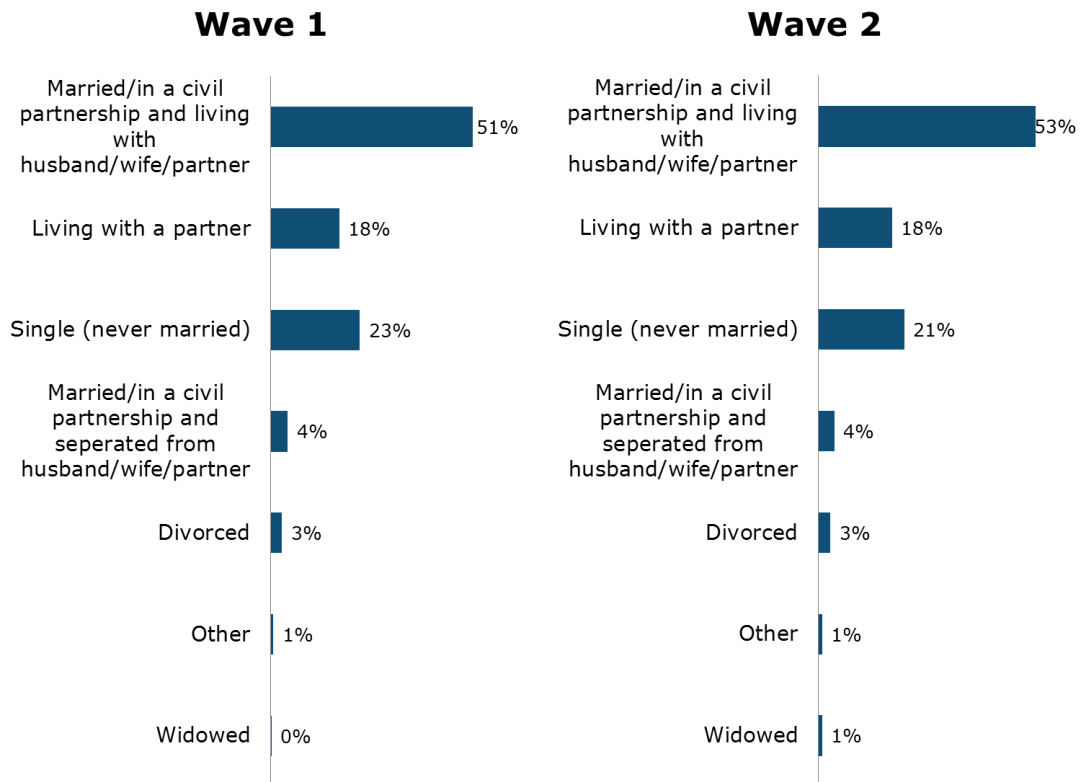


Figure 40: Age of respondent

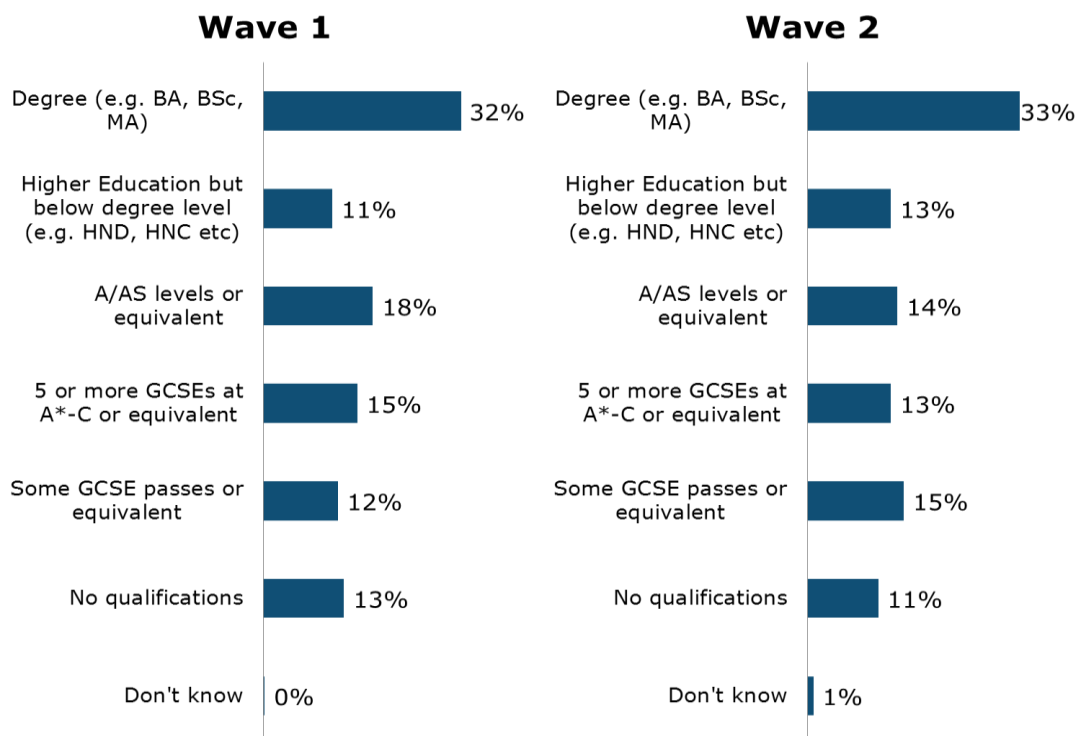


<sup>87</sup> Profiling information for wave 1 relates to parents of children aged 0-5 in the three voucher trial areas, and profiling information for wave 2 relates to parents of children aged 0-7 in the four trial areas

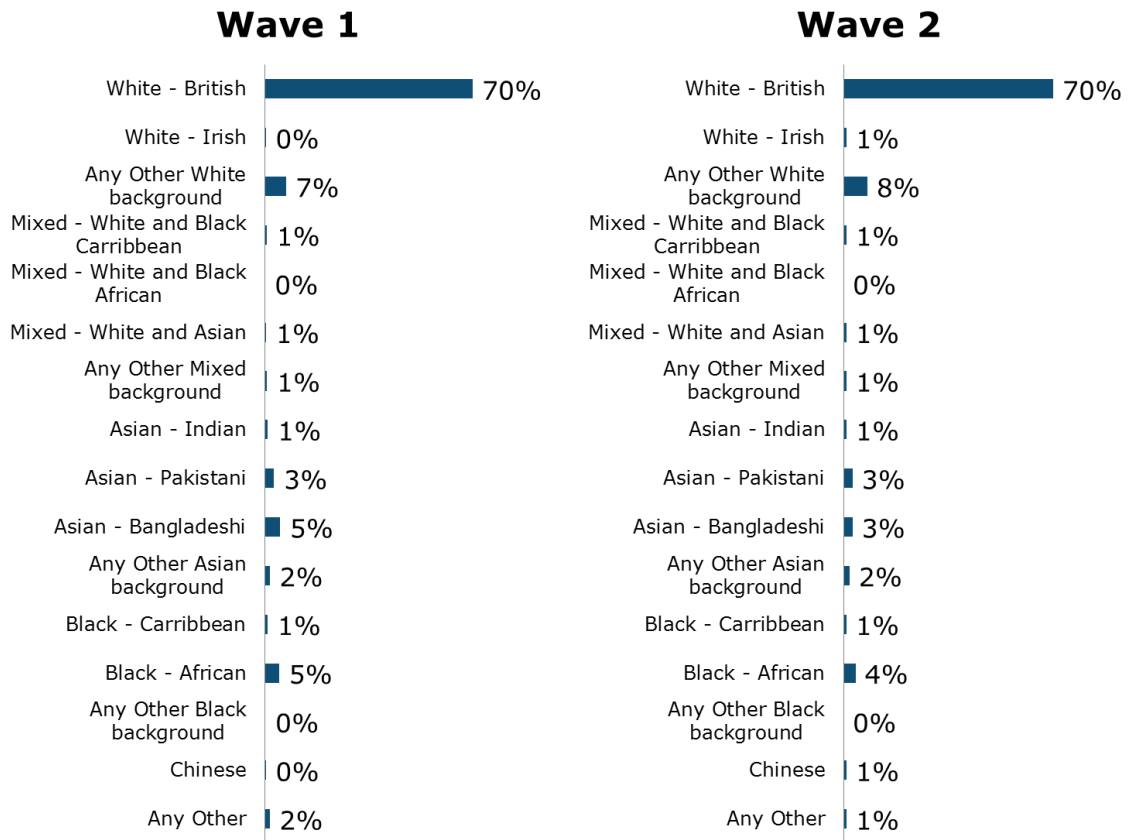
**Figure 41: Relationship status**



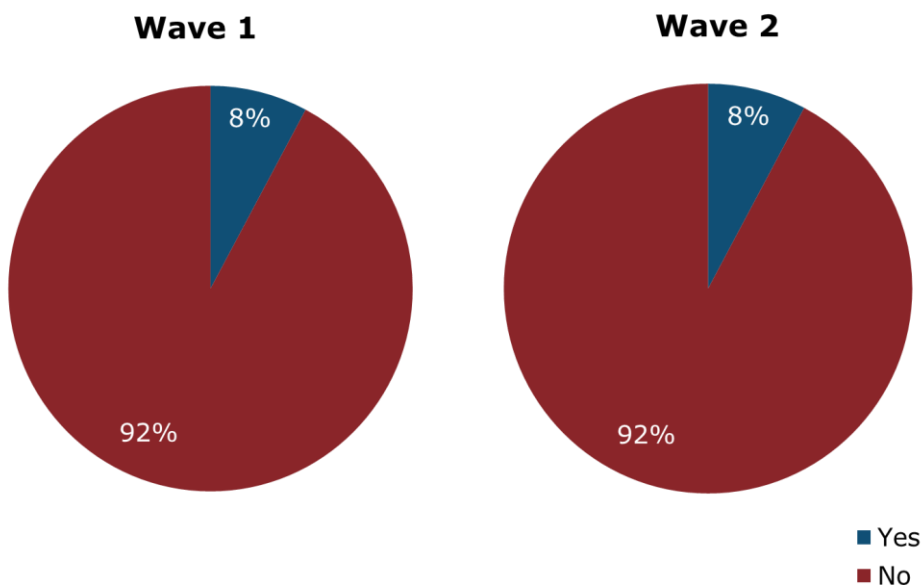
**Figure 42: Highest qualification held by respondent**



**Figure 43: Ethnicity of respondent**



**Figure 44: Whether respondent has any longstanding illness, disability or infirmity**



## A7.2 Household profile

Figure 45: Employment status of respondent and partner

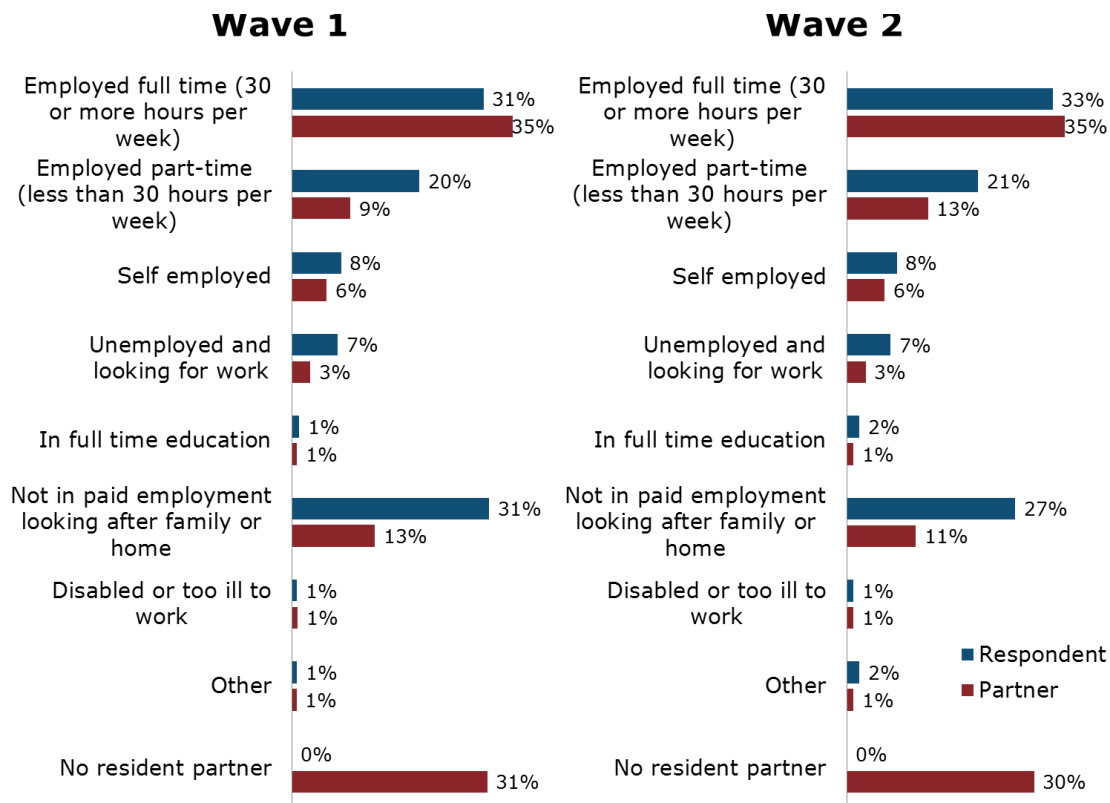
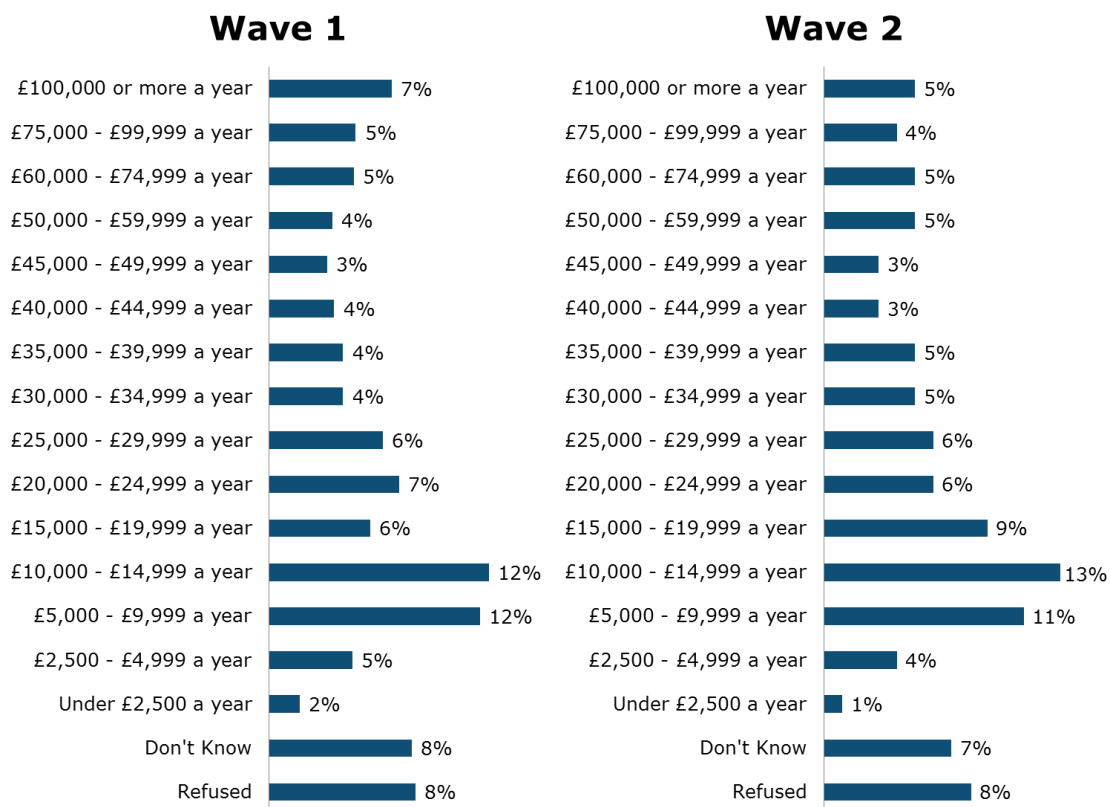
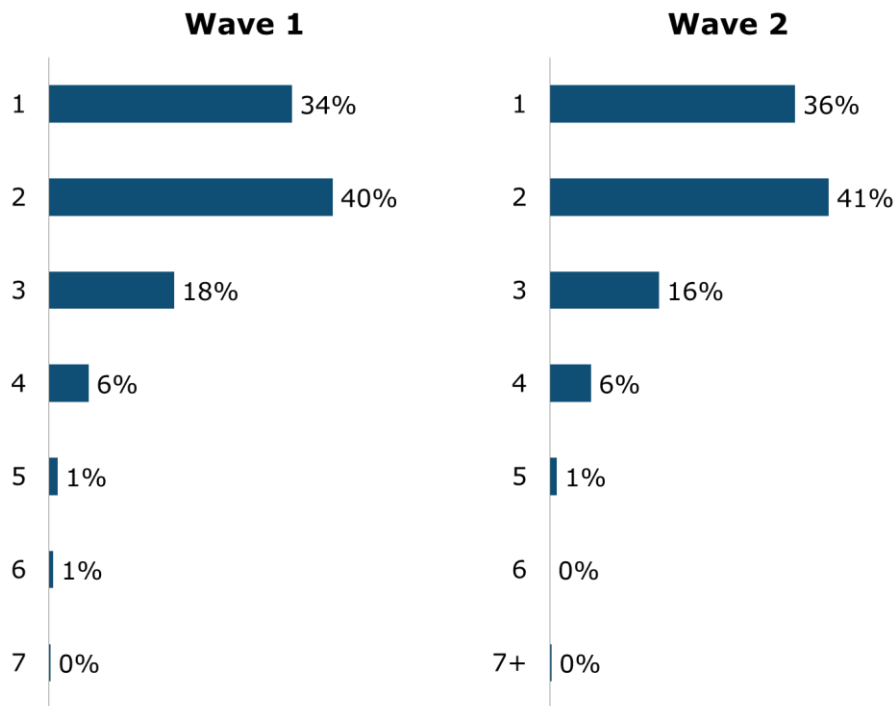


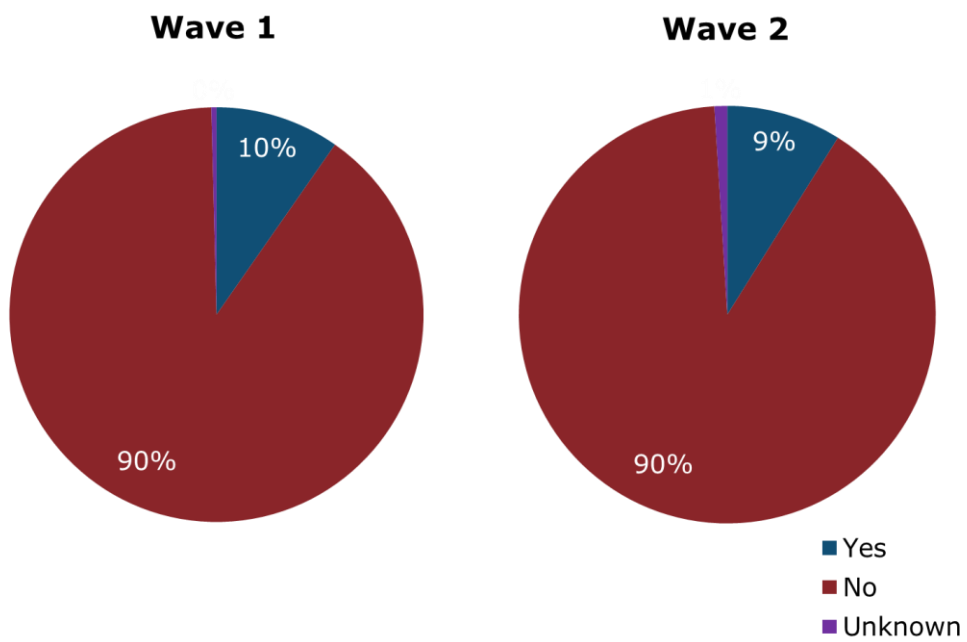
Figure 46: Gross annual household income



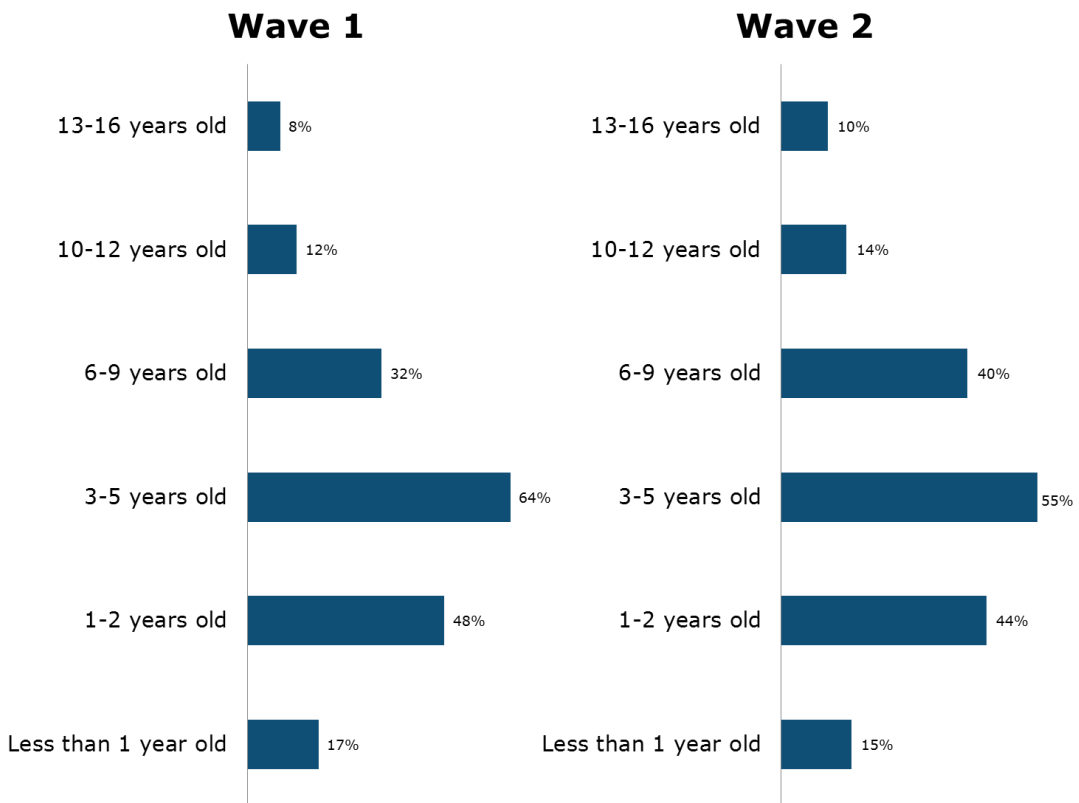
**Figure 47 Number of children aged 16 or under in the household**



**Figure 48 Presence of children with special educational needs or disabilities in the household**



**Figure 49: Age of children in the household**



## Appendix 8: Penetration survey – Methodology details for the population surveys

### A8.1 Selection of comparison areas

The population surveys involved two surveys (Wave 1 and Wave 2) in trial areas, and two parallel surveys in a set of comparison areas. Four comparison areas were selected per trial area (so 16 comparison areas in total, as shown below:

<b>Trial area</b>	<b>Comparison areas</b>
Camden	Wandsworth; Hammersmith & Fulham; Kensington & Chelsea; Southwark
High Peak	Kettering, Northants; Amber Valley, Derbyshire; Lichfield, Staffs; South Staffordshire, Staffs.
Middlesbrough	Kingston-Upon-Hull; Sandwell; Stoke-on-Trent; Wolverhampton
Bristol	Plymouth; Coventry; Derby; Newcastle Upon Tyne

The four comparison areas per trial area were selected from an initial ‘long-list’ of 15 LAs per trial area, these being [CIPFA’s 15 ‘nearest neighbours’](#). This automatically reduces the possible matches to those local authorities that have a similar demographic and economic profile to the trial area.

Within the long-lists any LAs were removed that shared a boundary with any one of the trial areas. This was on the grounds that parents in geographically neighbouring LAs *could* pick up a voucher and hear about the trial. If this was to change the attitudes of those parents it would bias the evaluation.

From the remaining LAs in each long-list, the CEDAR team identified the four LAs that were the best match to each trial area in terms of their recent history of providing parenting classes. This was based on evidence collected through the PEIP evaluation, plus a search of the web-site of each LA in the long-list to establish current provision. LAs were considered good matches to a trial area if they had a similar range and number of classes, and if the level of co-ordination appeared to be similar. Where there were more than four

LAs that could potentially be chosen for a trial area, preference was given to the areas towards the top of the long-list, because these are (according to the CIPFA model) better socio-economic matches.

## **A8.2 Selection of the samples within trial and comparison areas**

Per area, and per wave, a random sample of families with children within the eligible age-range for the trial was selected. The sampling frame each time was HMRC's Child Benefit records. Due to the change in eligibility for child benefit after the first survey was conducted, at Wave 2 the sample was drawn from both child benefit records and from an HMRC listing of parents who had chosen to opt out of receiving child benefit. This helped ensure an almost universal coverage of parents across both waves.

In two trial areas (High Peak and Middlesbrough) where the population is small relative to the sample size, the sample was selected as a single stage equal probability sample, stratified by postcode area. In all other areas the samples were selected as two-stage samples, postcode sectors being selected at stage 1 and addresses within sectors at stage 2<sup>88</sup>. Equal sample sizes were selected per trial area irrespective of population size, the intention being to give equal weight in the impact study to each trial area (680 per area per wave). Similarly, equal sample sizes were selected per comparison area, with the sample size per comparison area being one quarter of the sample size in each trial area (170 per area per wave).

Families with children aged up to seven years and two months were eligible for the survey at each wave, these being the families who, by summer 2014 would have been eligible for the trial for either some or all of the trial period. The same definition of eligibility was used at Waves 1 and 2 and in both trial and comparison areas. In Chapter 5 of the report the Wave 1 sample is reduced just to those parents who were eligible for CANparent classes at that point in time – that is, those parents with a child under six.

## **A8.3 Selection of parents within households, and weighting for the unequal probabilities of selection**

A Child Benefit based sample only names one parent and that is almost always the mother. To ensure that the population surveys included a representative sample of resident fathers, all eligible parents within the household were enumerated and one selected at random. 'Eligible parents' were defined as including birth parents, step parents, foster parents and legal guardians living in the household. Interviewers were briefed that

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<sup>88</sup> Twenty sectors were selected per trial area; four per comparison area, with the probability of selection set to be proportional to the number of eligible claimants. The sample size per sector was 34 throughout. The same sectors were used in Waves 1 and 2. Families selected at Wave 1 were removed from the sampling frame at Wave 2 to avoid any families being selected twice.

step parents didn't necessarily have to be married to the birth parent of the children in the household to be eligible for the survey – if a new partner had joined a family group they were included in the selection, regardless of whether they were married or not.

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

The selection of one parent at random per household gives a lower probability of selection to parents in two-parent households than for lone parents. To correct for the bias this would cause, the survey data has been weighted by the inverse of the selection probability (so that parents from two-parent households were given a weight of two).

In addition to the selection weights, further weights were applied to deal with an under-representation of men in the two-parent households, which we assume was caused by a higher survey refusal rate amongst fathers. A final small adjustment was made to equalise the weighted sample size per trial area. Tables 39 to 42 show the unweighted and weighted distributions by area and gender.

**Table 39: Weights applied to correct for differences in sample size by area at Wave 1**

Area	Unweighted base	Unweighted % of total	Weighted base	Weighted % of total
TOTAL	3,045	100%	3,064	100%
Camden	371	12.2%	371	12.1%
High Peak	377	12.4%	371	12.1%
Middlesbrough	376	12.3%	371	12.1%
Bristol	386	12.7%	415	13.6%
Comparison areas	1,535	50.4%	1,523	49.9%

**Table 40: Weights applied to correct for differences in sample size by area at Wave 2**

Area	Unweighted base	Unweighted % of total	Weighted base	Weighted % of total
TOTAL	3,123	100%	3,064	100%
Camden	375	12%	371	12.1%
High Peak	424	13.6%	371	12.1%
Middlesbrough	399	12.8%	371	12.1%
Bristol	405	13%	415	13.6%
Comparison areas	1,520	48.7%	1,523	49.9%

**Table 41: Weights applied to correct skews by gender at Wave 1**

Area	Unweighted base	Unweighted % of total	Weighted base	Weighted % of total
TOTAL	3,045	100%	3,064	100%
Females from married or civil partnered couples living together	898	29.5%	997	32.5%
Males from married or civil partnered couples living together	749	24.6%	957	31.2%

**Table 42: Weights applied to correct skews by gender at Wave 2**

Area	Unweighted base	Unweighted % of total	Weighted base	Weighted % of total
TOTAL	3,123	100%	3,064	100%
Females from married or civil partnered couples living together	912	29.2%	980	32%
Males from married or civil partnered couples living together	768	24.6%	984	32.1%

## A8.4 Response rates

Overall, 3,045 interviews were completed at Wave 1 from the issued sample of 5,440 addresses, and at Wave 2 a total of 3,123 interviews were completed from the issued sample of 5,440 addresses. Table 43 summarises how response rates varied across each of the trial areas and the comparison areas as a whole for Wave 1, and Table 44 summarises the same information for Wave 2.

**Table 43: Response rates by area at Wave 1**

Area	Issued sample	Deadwood/ ineligible <sup>89</sup>	Opt outs <sup>90</sup>	Complete interviews	Response rate from in-scope sample <sup>91</sup>
TOTAL	5,440	696	212	3,045	67.2%
Camden	680	103	32	371	68.1%
High Peak	680	77	18	377	64.4%
Middlesbrough	680	86	24	376	66.0%
Bristol	680	101	21	386	69.2%
Comparison areas	2,720	329	117	1,535	67.5%

**Table 44: Response rates by area at Wave 2**

Area	Issued sample	Deadwood/ ineligible	Opt outs	Complete interviews	Response rate from in-scope sample
TOTAL	5,440	565	174	3,123	66.4%
Camden	680	103	11	375	66.3%
High Peak	680	60	35	424	72.5%
Middlesbrough	680	67	19	399	67.2%
Bristol	680	68	14	405	67.7%
Comparison areas	2,720	267	95	1,520	64.5%

<sup>89</sup> Deadwood/ineligible consists of cases where the selected address was empty/non-residential/inaccessible/impossible to locate, addresses where the named family had moved away and no eligible family had moved in, and addresses where the eligibility criteria were not met (i.e. no in-scope children lived in the household).

<sup>90</sup> Opt outs were cases where respondents called the survey helpline to indicate that they did not wish to take part, and could not therefore be contacted by interviewers.

<sup>91</sup> In-scope sample was defined as (Issued sample)-(Deadwood/ineligible)-(Opt outs).

## A8.5 Matching of the four survey datasets

For the analysis of impact (Chapter 6), the four groups of survey respondents, Waves 1 and 2 in trial areas, and Waves 1 and 2 in comparison areas, have been matched so as to minimise any observable differences in the profiles of the four groups. This helps to ensure that any observed change over time in trial areas or comparison areas is genuinely attributable to change in attitudes or behaviours of parents, rather than change because the sets of survey respondents are not strictly comparable. The matching method used was 'propensity score matching', with the matching being carried out so that the Wave 1 trial area group, and the two comparison areas groups, are each matched to the profile of the Wave 2 trial area respondent group. The matching was carried out for each of the three 'other' groups in turn as follows (i.e. the three 'other' groups being: the Wave 1 trial area group; the Wave 1 comparison area group; and the Wave 2 comparison area group)

- The probability (or propensity) of an individual being in the Wave 2 trial area survey (rather than in the 'other' group) was estimated from a logistic regression model of the data. The binary outcome variable in the model is the group (1 = W2 trial area; 0 = 'other' group), and the predictors are all the variables for which matching is required.
- Each W2 trial area respondent was then matched to the set of 'other' group respondents with a similar propensity score. The 'matched *other* group members' per W2 trial respondent are given weights that sum to one, those with propensity scores closest to the propensity score for the W2 trial respondent being given the largest weight.
- Repeating this process for each W2 trial respondent generates a weighted comparison sample, which should broadly match the W2 trial sample across all the matching variables.

The technical details of the matching undertaken are as follows:

- The logistic regression models were fitted within SPSS with forward stepwise selection of variables; the p-value for inclusion was 0.1; the p-value for exclusion was 0.2. No account was taken of the clustering of the samples within areas in the calculation of these p-values.
- The matching used a kernel weighting algorithm, with a bandwidth of 0.6 (the default within the Stata `psmatch` macro).

The matching was repeated for all sub-groups reported on in Chapter 6. That is, three new logistic regressions were run, and the four groups matched on the propensity scores for the sub-group.

The matching variables included in the propensity score models were:

- Parent characteristics: gender, age, marital status; employment status; qualifications; ethnicity; whether has long-standing illness or disability
- Number, age and gender of children: number of children; age of youngest child; age of oldest child; whether there are any boys; whether any child has an SEN or disability
- For children for which respondent has parental responsibility: oldest, and youngest age; whether any are boys
- Household characteristics: number of parents in full-time work; household income (banded)
- Geographical variables: urban/rural; index of multiple deprivation.

## **A8.6 Significance tests**

The p-values presented for the difference-in-differences estimates of Chapter 6 have been calculated using the SPSS complex samples module. All tests are chi-squared tests, and are essentially a test of whether the average of the Wave 2 trial area and Wave 1 comparison area percentage per outcome variable is significantly different to the average for the Wave 1 trial area and Wave 2 comparison area percentage. (That is, a test of the positives in the difference in differences calculation against the negatives).

The tests take into account the selection and propensity score weights. Each of the trial areas, together with their four matched comparison areas have been defined as separate strata. The tests take into account between-comparison-area variance, with the four comparison LAs per trial area being treated as the primary sampling unit within each stratum. The tests we have used seek to identify a trial effect over and above normal between-area variation in change over time scores.

## Appendix 9: Penetration survey – Wave 1 questionnaire

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

---

Q1. CODE GENDER OF RESPONDENT

Male 1

Female 2

---

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

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

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

**ENTER AGE IN YEARS \_ \_**

**SCRIPTER – FLAG CHECK QUESTION FOR INTERVIEWER IF AGE > 50**

---

**ASK ALL**

Q3. And how many children aged 16 or under live in the household?

**ENTER NUMBER OF CHILDREN \_ \_**

**SCRIPTER – FLAG CHECK QUESTION FOR INTERVIEWER IF VALUE > 6 IS ENTERED**

**SCRIPTER – IF RESPONDENT SAYS 0, VERIFY THIS ANSWER THEN GO TO THANK AND CLOSE SCREEN**

---

**ASK ALL**

Q3A. How old is the [**TEXT FILL IF 2 OR MORE CHILDREN IN HOUSEHOLD: youngest / next youngest**] child living in the household?

**SCRIPTER – SHOW UP TO MAX 10 ITERATIONS OF THIS QUESTION IF Q3 = 2 OR MORE. SHOW SECOND ITERATION AFTER RESPONDENT HAS COMPLETED 1<sup>ST</sup> ITERATION OF Q3A-Q3E (AND 3<sup>RD</sup> ITERATION AFTER 2<sup>ND</sup> IS TOTALLY COMPLETE....AND SO ON)**

**ENTER AGE OF CHILD \_ \_**

**SCRIPTER – FLAG CHECK QUESTION FOR INTERVIEWER IF VALUE > 16 IS ENTERED**

**INTERVIEWER: IF CHILD IS LESS THAN A YEAR OLD, ENTER '0'.**

Don't know	11
Refused	12

---

**IF CHILD IS LESS THAN 1 YEAR OLD (Q3A = 0)**

Q3B. And can I check how many months old they are?

**PROBE TO CODES AS NECESSARY. SINGLE CODE.**

0-3 months	1
4-6 months	2
7-11 months	3
Don't know	4
Refused	5

---

**ASK ALL**

Q3C. And [TEXT FILL IF 1 CHILD AT Q3A: are they] [TEXT FILL IF 2 OR MORE CHILDREN AT Q3A: is that child] a boy or a girl?

**SCRIPTER – SHOW UP TO MAX 10 ITERATIONS OF THIS QUESTION IF Q3A = 2 OR MORE.**

Boy	1
Girl	2
Refused	3

---

**ASK ALL**

Q3D. And what your relationship with that child?

**SCRIPTER – SHOW UP TO MAX 10 ITERATIONS OF THIS QUESTION IF Q3A = 2 OR MORE.**

**SHOW CARD A. SINGLE CODE**

Birth parent	1
Adoptive/foster parent	2
Step parent	3
Grandparent	4
Other	5
Refused	6

---

**ASK ALL**

Q3E. In your view, does that child have any special needs or a disability?

- Yes 1
- No 2
- Don't Know 3
- Refused 4

---

**[Q4 NUMBERING NOT USED]**

---

**ASK ALL**

Q5. **INTERVIEWER, READ OUT:** This next part of the interview involves me giving you the computer so that you can read and answer the questions by yourself without anyone seeing or hearing your answers. When you have finished, your answers will be automatically locked up in the computer so I cannot look at them. The questions are about your views on various things to do with parenting classes. When you have read each statement, please select the answer which shows what you think by touching the screen and then press the CONTINUE button

(INTERVIEWER DEMONSTRATE. ALSO SHOW HOW TO USE SCROLL BAR).

The next question will then appear on the screen automatically. If you're unsure about anything at all, then do ask me.

**INTERVIEWER: CODE WHETHER RESPONDENT WILLING TO DO SELF-COMPLETION**

- Willing to do self-completion independently 1 [CONTINUE]
- Willing to do self-completion with interviewer help 2 [CONTINUE]

**SCRIPTER - Don't Know and Refused are not allowed**

---

**ASK ALL**

Q6. Parenting classes are face-to-face sessions or online courses where parents can learn about parenting and parenting skills.

To what extent do you agree or disagree with the following statement about parenting classes?

**[SCRIPTER – DISPLAY ONE STATEMENT PER SCREEN]**

**[SCRIPTER: RANDOMISE ORDER OF STATEMENTS. SINGLE CODE PER STATEMENT]**

Parents should only go on a parenting class if they've got problems with how to bring up their children 1

Parents who go on a parenting class are admitting that they're not

doing a very good job at parenting	2
It's more useful for mothers to have parenting classes than fathers	3
It's up to parents how they bring up their children and they don't need to attend classes on how to do it	4
Going on parenting classes should be something that all parents should be encouraged to do	5
Deciding to go on a parenting class shows that you're trying to do your best to parent your children well	6
All parents can benefit from going on a parenting course	7
Parenting classes are just as suited to older parents as they are to teenage parents and other young parents	8
Parenting classes are mainly relevant for parents of new born babies	9
If parents have issues they want to discuss about parenting, it's better to talk to professionals rather than simply rely on talking to family or friends	10
Parenting classes should only be offered for free if parents can't afford to pay for them themselves	11
Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5
Don't know	6
Don't want to answer	7

---

**ASK ALL**

Q6A Parents may have lots of different views about parenting classes, and whether or not they would go to one. Which of these things might *you* feel about going to parenting classes?

**FOR THIS QUESTION, PLEASE HIGHLIGHT ALL OF THE THINGS THAT YOU THINK YOU MIGHT FEEL.**

[SCRIPTER: RANDOMISE ORDER OF STATEMENTS]

I think that parenting classes might...

Build my confidence as a parent	1
Make me feel like I'd failed or got something wrong	2

Be run by people who would judge me	3
Be a good chance to talk about things with other parents	4
Teach me useful new parenting skills and tips	5
Just tell me what I already know	6
Make me feel like I'm being tested	7
Make me a better parent	8
Improve how I well I get on with my child(ren)	9
Mean that my child(ren) might be better behaved	10
Improve my relationship with my partner	11
Be too expensive for me	12
Make other people think that I'm not a good parent	13
Take up too much time	14
Help my children to reach their potential	15
None of these	16

---

**ASK ALL WHO GAVE A RATING FROM 1-5 FOR THE STATEMENT 'ALL PARENTS COULD BENEFIT FROM ATTENDING A PARENTING CLASS' AT Q6**

Q6B. You said that you [TEXT SUBSTITUTION: ENTER RESPONSE FROM Q6 ] that all parents could benefit from attending a parenting class. To check, is this what you would have said a year or so ago, or has your opinion about this changed?

**SINGLE CODE ONLY.**

Stayed same	1
Changed	2
Don't know	3
Don't want to answer	4

---

**IF HAD CHANGED OPINION ABOUT BENEFITS OF PARENTING CLASS (Q6B = 2)**

Q6C. A year or so ago, to what extent would you have agreed or disagreed with this statement: All parents can benefit from going on a parenting course

Would you have.....

Agreed strongly	1
Agreed slightly	2
Neither agreed nor disagreed	3

Disagreed slightly	4
Disagreed strongly	5
Don't know	6
Don't want to answer	7

---

**ASK ALL**

Q6d How useful or otherwise do you think parenting classes are for...

**PLEASE SELECT ONE ANSWER PER ROW**

**[SCRIPTER: SINGLE CODE PER STATEMENT. DISPLAY ALL STATEMENTS ON SAME SCREEN. DISPLAY ANSWER CODES ACROSS TOP OF SCREEN]**

Parents with babies up to 12 months old	1
Parents with children between 1 and 5 years old	2
Parents with children between 6 and 9 years old	3
Parents with children between 10 and 12 years old	4
Parents with children between 13 and 18 years old	5

**ANSWER CODES:**

Very useful	1
Fairly useful	2
Not very useful	3
Not at all useful	4
Don't know	5
Don't want to answer	6

---

**ASK ALL**

Q6 Outro Thank you very much for answering these questions. Your answers will be completely confidential. Please press 'LOCK ANSWERS' to lock-up your answers, then press continue.

Lock answers 1

---

Q6 Finish NOW PLEASE HAND THE COMPUTER BACK TO THE INTERVIEWER.

**SCRIPTER - Back option not allowed**

---

**ASK ALL**

Q7. The next few question are about parenting classes aimed at parents with children aged 5 and under. We'll then move on to ask about parenting classes aimed at parents with children older than 5.

To start with, since the 30<sup>th</sup> of April this year, have you taken part in a class or course about parenting or parenting skills, for parents with children AGED 5 AND UNDER? This might include going along to a parenting class in person or taking part in an online or internet based class. This wouldn't include post-natal classes or parent and toddler groups.

**INTERVIEWER: IT IS ONLY THE RESPONDENT WE ARE INTERESTED IN HERE. IF ONLY THEIR PARTNER ATTENDED, CODE AS 'NO'.**

**IF THEY SAY THE COURSE WASN'T AGE SPECIFIC (OR IT COVERED BOTH PARENTS OF CHILDREN AGED 0-5 AND PARENTS OF OLDER CHILDREN) CODE AS 'YES'.**

Yes	1
No	2
Don't know	3
Refused	4

---

**IF TAKEN PART IN PARENTING CLASS FOR 0-5s (YES AT Q7)**

Q7A. And was that part of a course of classes that had actually started BEFORE the 30<sup>th</sup> of April?

Yes	1
No	2
Don't know	3
Refused	4

---

**IF ATTENDED A PARENTING CLASS FOR 0-5s (YES AT Q7)**

Q8. And what was this parenting class or course about? **PROMPT:** What did you learn? **PROBE:** What else?

**SHOW CARD B. CODE ALL THAT APPLY.**

Caring for young babies	1
Dealing with children's behaviour issues	2
Supporting children's learning	3
Helping my child with school issues/starting school	4
Family relationships	5
Safety inside or outside the home	6
Food/diet/healthy living/exercise	7

A general course on parenting	8
Other (please specify)	9
Don't know	10
Refused	11

---

**IF ATTENDED A PARENTING CLASS FOR 0-5s (YES AT Q7)**

Q9. Was it your own choice to do the course or did someone else advise you in their professional capacity that you should?

**DO NOT READ OUT. CODE ONE ONLY**

It was their own choice	1
They were advised/told to go	2
Advised to go on class (but specified that it was their decision in the end)	3
Don't know	4
Refused	5

---

**IF ADVISED / TOLD TO GO (CODES 2 OR 3 AT Q9)**

Q10. Who advised you, or told you, to go on the parenting class?

**SHOW CARD C. CODE ALL THAT APPLY.**

Health visitor/midwife	1
GP/Doctor	2
Children's Centre/nursery staff/childcare provider	3
School	4
Social worker/social services	5
Other (specify)	6
Don't know	7
Refused	8

---

**IF ATTENDED A PARENTING CLASS FOR 0-5s (YES AT Q7)**

Q10A. Can I check, did you pay to go on the parenting classes or were they free?

**INTERVIEWER – IF RESPONDENT SAYS THEY USED A VOUCHER, CODE AS 'FREE'. SINGLE CODE.**

---

Paid for it	1
Free	2
Don't know	3
Refused	4

---

**IF ATTENDED A FREE CLASS (Q10A = 2)**

Q10B. And would you have been prepared to pay for those parenting classes?

IF QUERIED HOW MUCH THEY WOULD HAVE TO PAY, EXPLAIN: We don't have a fixed amount in mind – it's whatever you think parents might be charged for the classes.

**SHOW CARD D. SINGLE CODE ONLY.**

Would definitely have paid for them	1
Would probably have paid for them	2
Would probably not have paid for them	3
Would definitely not have paid for them	4
Don't know	5
Refused	6

---

**ASK ALL**

Q11. Now I am going to ask about parenting classes aimed at parents with children AGED 6 AND OVER. Since the 30<sup>th</sup> of April this year, have you taken part in a class or course about parenting and parenting skills for parents with children **AGED 6 AND OVER**? This might include going along to a parenting class in person or taking part in an online or internet based parenting class.

Yes – and it was a different course to the one for children aged 5 and under	1
Yes – but it was the same course as the one for children aged 5 and under	2
No	3
Don't know	4
Refused	5

---

**[Q12-Q15 NUMBERING NOT USED]**

---

**ASK ALL**

Q16. If you had an issue about parenting, how likely do you think you would be to ask for advice or support from someone other than family or friends?

**SHOW CARD E AND CODE ONE ONLY.**

Very likely	1
Fairly likely	2
Neither likely nor unlikely	3
Fairly unlikely	4
Very unlikely	5
Don't know	6
Refused	7

---

**IF LIKELY TO SEEK ADVICE (Q16 = 1 OR 2)**

Q17. Other than family or friends, where would you go for this advice or support? PROMPT: Where else?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

A parenting class	1
Health visitor/midwife	2
GP/Doctor	3
Children's Centre/nursery staff/childcare provider	4
School	5
Social worker/social services	6
A website offering parenting advice (e.g. Mumsnet / Family Lives etc.)	7
The internet (non-specific)	8
Telephone helpline (e.g. Family Lives/ Parentline etc.)	9
Books / Library	10
Colleagues	11
Other (specify)	12
Don't know	13
Refused	13

---

**IF UNLIKELY TO SEEK ADVICE (Q16 = 4 OR 5)**

Q18. Why wouldn't you seek advice or support from somebody other than family and friends?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

Does not interest me	1
----------------------	---

I do not/will never need support / advice	2
I know enough people I can discuss parenting issues with	3
I would not know where to go / how to get advice or support	4
Too busy / don't have time	5
Work demands (e.g. long hours, being away with work)	6
My partner would do it (not me)	7
I'd be embarrassed	8
I'd feel like I'd failed as a parent	9
My partner wouldn't let me	10
I couldn't afford it	11
My family and friends give me all the support that I need	12
Other (specify)	13
Don't know	14
Refused	15

---

**ASK ALL**

Q19. How likely or unlikely do you think it is that you'll take part in [TEXT FILL: IF ATTENDED A CLASS FOR 0-5s (Q7 = 1) insert 'other'] parenting classes while you've got a child aged 5 or under?

**SHOW CARD E AND CODE ONE ONLY.**

Very likely	1
Fairly likely	2
Neither likely nor unlikely	3
Fairly unlikely	4
Very unlikely	5
[DO NOT INCLUDE ON SHOW CARD] Already attend a parenting class	6
Don't know	7
Refused	8

---

**[Q20-Q21 NUMBERING NOT USED]**

---

**IF UNLIKELY TO ATTEND (Q19 = 4 or 5)**

Q22. Why do you say that?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

Does not interest me	1
I would not need support / advice	2
I know enough people I can discuss parenting issues with	3
Too busy /Don't have time	4
Work demands (e.g. long hours, being away with work)	5
Would not have anybody to look after the children / too busy with children	6
My partner would do it (not me)	7
I'd be embarrassed	8
I'd feel like I'd failed as a parent	9
My partner wouldn't let me	10
There aren't any parenting courses around/ wouldn't know where to find one	11
I couldn't afford it	12
My family and friends give me all the support that I need	13
Other (specify)	14
Don't know	15
Refused	16

---

**ASK ALL**

Q22A. If you did think about taking part in parenting classes, would you be prepared to pay for them, or would you only think about taking part if it was free?

IF QUERIED HOW MUCH THEY WOULD HAVE TO PAY, EXPLAIN: We don't have a fixed amount in mind – it's whatever you think a short course of classes might cost

**SHOW CARD F. CODE ONE ONLY.**

Would definitely pay for them	1
Would probably pay for them	2
Would probably not pay for them	3
Would definitely not pay and would only go if they were free	4
DO NOT INCLUDE ON SHOW CARD: Would never go on a parenting class, even if it was free	5
Don't know	6
Refused	7

**SCRIPTER - Q24A AND Q25 ARE EACH PRE-ASSIGNED TO 33% OF ISSUED COMPARISON AREA ADDRESSES. LOOKUP SAMPLE VARIABLE TO DETERMINE WHO ANSWERS THESE QUESTIONS. IF NOT FLAGGED FOR EITHER Q24A OR Q25, THEN SKIP STRAIGHT TO LOGIC BEFORE Q34.**

Q23. **INTERVIEWER, READ OUT:** Now we're going to do a few more questions where you can enter the answers yourself. A few different questions will appear on the screen at a time. When you have read the questions, please select the answers you want to give by touching the screen and then press the CONTINUE button, like before (INTERVIEWER DEMONSTRATE). If you're unsure about anything at all, then do ask me. **INTERVIEWER: CODE WHETHER RESPONDENT WILLING TO DO SELF-COMPLETION**

- |   |                 |
|---|-----------------|
| Willing to do self-completion independently         | 1 [CONTINUE]    |
| Willing to do self-completion with interviewer help | 2 [CONTINUE]    |
| Refused to do self-completion                       | 3 [SKIP TO Q26] |

**SCRIPTER - Don't Know and Refused are not allowed**

**SCRIPTER - AS ABOVE, Q24A&B ARE PRE-ASSIGNED TO A THIRD OF ISSUED COMPARISON AREA ADDRESSES. LOOKUP SAMPLE VARIABLE TO DETERMINE WHO ANSWERS THIS QUESTION**

Q24A/B. The statements below describe a lot of events that routinely occur in families with young children. These events sometimes make life difficult. Please read each item and indicate how often it happens to you (never, rarely, sometimes, a lot, or constantly) AND how much of a 'hassle' you feel it has been for you, for the past few weeks.

If you have more than one child, these events can include any or all of your children.

If a question does not apply because your child is too young, then please leave the question blank.

**SCRIPTER: SHOW 5 STATEMENTS PER SCREEN. KEEP THEM IN THE ORDER SHOWN (DO NOT RANDOMISE). DISPLAY BOTH THE FOLLOWING 5 POINT SCALES ACROSS THE TOP OF THE SCREEN, WITH A VERTICAL DIVIDING LINE BETWEEN THE TWO, AND WITH THE STATEMENTS ON THE SIDE, IN A GRID. IF RESPONDENT DOESN'T ANSWER FOR A GIVEN STATEMENT, DISPLAY A MESSAGE CHECKING IF THEY DELIBERATELY LEFT IT BLANK OR IF THEY WANT TO RETURN AND INPUT AN ANSWER**

(Q24A)

Please indicate how often this happens to you

Never	Rarely	Sometimes	A lot	Constantly
1	2	3	4	5

(Q24B)

Please indicate how much of a hassle it has been to you

Low hassle				High hassle
1	2	3	4	5

**STATEMENT LIST:**

Continually cleaning up messes of toys or food	1
Being nagged, whined at, complained to	2
Mealtime difficulties (picky eaters, complaining etc.)	3
The kids don't listen - won't do what they are asked without being nagged	4
Babysitters are difficult to find	5
The kids' schedules (like preschool or other activities) interfere with meeting your own or household needs	6
Sibling arguments or fights which require a 'referee'	7
The kids demand that you entertain or play with them	8
The kids resist or struggle over bedtime with you	9
The kids are constantly underfoot, interfering with other chores	10
The need to keep a constant eye on where the kids are and what they are doing	11
The kids interrupt adult conversations or interactions	12
Having to change your plans because of an unpredicted child need	13
The kids get dirty several times a day requiring changes of clothes	14
Difficulties getting privacy (e.g. like in the bathroom)	15
The kids are hard to manage in public (e.g. supermarket, shopping centre, restaurant)	16
Difficulties in getting kids ready for outings and leaving on time	17
Difficulties in leaving kids for a night out or at school or child care	18
The kids have difficulties with friends (e.g. fighting, trouble getting along, or no friends)	19
Having to run extra errands to meet kids' needs	20

---

**IF ASKED Q24A**

Q24 Outro Thank you very much for answering these questions. Your answers will be completely confidential. Please press 'LOCK ANSWERS' to lock-up your answers, then press continue.

Lock answers 1

---

**IF ASKED Q24A**

Q24 Finish NOW PLEASE HAND THE COMPUTER BACK TO THE INTERVIEWER.

**SCRIPTER - Back option not allowed**

---

**SCRIPTER – AS ABOVE, Q25 IS PRE-ASSIGNED TO A THIRD OF ISSUED COMPARISON AREA ADDRESSES WITH CHILDREN AGED 0-5 IN THEM. LOOKUP SAMPLE VARIABLE TO DETERMINE WHO ANSWERS THIS QUESTION**

Q25. Below are some questions relating to your feelings about being a parent. Please read each question carefully and rate whether you feel it applies to you by selecting a number from 1 (strongly agree) to 6 (strongly disagree)

**SCRIPTER: SHOW 5 STATEMENTS PER SCREEN. KEEP THEM IN THE ORDER SHOWN (DO NOT RANDOMISE)**

**SCRIPTER: SINGLE CODE PER STATEMENT. IF RESPONDENT DOESN'T ANSWER FOR A GIVEN STATEMENT, DISPLAY A MESSAGE CHECKING IF THEY DELIBERATELY LEFT IT BLANK OR IF THEY WANT TO RETURN AND INPUT AN ANSWER**

**SCRIPTER: RATING TO APPLY TO EACH STATEMENT IS AS FOLLOWS:**

Strongly agree	Agree	Mildly agree	Mildly disagree	Disagree	Strongly disagree
1	2	3	4	5	6

**SCRIPTER: THE STATEMENTS TO BE DISPLAYED ARE AS FOLLOWS**

The problems of taking care of a child are easy to solve once you know how your actions affect your child.	1
Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age.	2
I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.	3
I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.	4
My mother/father was better prepared to be a good mother/father than I am.	5
I would make a good role model for a new mother/father to follow in order to learn what she/he needs to know to be a good parent.	6
Being a parent is manageable and any problems are easily solved.	7
A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.	8
Sometimes I feel like I'm not getting anything done.	9
I meet my own personal expectations for expertise in caring for my child.	10
If anyone can find the answer to what is troubling my child, I am the one.	11
My talents and interests are in other areas, not in being a parent.	12
Considering how long I've been a mother/father, I feel thoroughly familiar with this role.	13
If being a mother/father were only more interesting, I would be motivated to do a better job as a parent.	14
I honestly believe that I have all the skills necessary to be a good	

mother/father to my child.	15
Being a parent makes me tense and anxious.	16
Being a good mother/father is reward in itself.	17

---

**IF ASKED Q25**

Q25 Outro Thank you very much for answering these questions. Your answers will be completely confidential. Please press 'LOCK ANSWERS' to lock-up your answers, then press continue.

Lock answers 1

Q25 Finish NOW PLEASE HAND THE COMPUTER BACK TO THE INTERVIEWER.

**SCRIPTER - Back option not allowed**

---

**[Q26-Q33 NUMBERING NOT USED]**

---

**IF DIDN'T ATTEND A COURSE THAT STARTED PRIOR TO 30<sup>th</sup> APRIL (ASK ALL APART FROM THOSE SAYING 'YES' AT Q7A)**

Q34. I asked you earlier about parenting classes you may have attended **SINCE** the 30<sup>th</sup> of April this year. Now I'd like you to think a little further back. Can I just check, **BEFORE** the 30<sup>th</sup> April of this year, had you ever taken part in any classes or courses about parenting and parenting skills for parents of children AGED 5 AND UNDER?

This might include going along to a parenting class in person or taking part in an online or internet based parenting class. This wouldn't include post-natal classes or parent and toddler groups.

**INTERVIEWER: IF THEY SAY THE COURSE WASN'T AGE SPECIFIC (OR IT COVERED BOTH PARENTS OF CHILDREN AGED 0-5 AND PARENTS OF OLDER CHILDREN) CODE AS 'YES'.**

- Yes 1
  - No 2
  - Don't know 3
  - Refused 4
- 

**IF ATTENDED A CLASS BEFORE APRIL (YES AT Q34)**

Q35. Was it your own choice to do the course or did someone else advise you in their professional capacity that you should?

**IF NECESSARY:** This is the course that happened BEFORE 30<sup>th</sup> April this year that we're talking about

**DO NOT READ OUT. CODE ONE ONLY**

It was their own choice	1
They were advised/told to go	2
Advised to go on class (but specified that it was their decision in the end)	3
Don't know	4
Refused	5

---

**IF ADVISED / TOLD TO GO (CODES 2 OR 3 AT Q35)**

Q36. Who advised you, or told you, to go on the parenting class?

**IF NECESSARY:** This is the course that happened BEFORE 30<sup>th</sup> April this year that we're talking about

**SHOW CARD G. CODE ALL THAT APPLY.**

Health visitor/midwife	1
GP/Doctor	2
Children's Centre/nursery staff/childcare provider	3
School	4
Social worker/social services	5
Other (specify)	6
Don't know	7
Refused	8

---

**ASK ALL**

Q37. And now thinking about classes for parents of older children, **BEFORE** the 30<sup>th</sup> of April this year, did you take part in any classes or courses on parenting or parenting skills for parents of children **AGED 6 AND OVER**? This might include going along to a parenting class in person or taking part in an online or internet based parenting class.

Yes – and it was a different course to the one for children aged 5 and under	1
Yes – but it was the same course as the one for children aged 5 and under	2
No	3
Don't know	4
Refused	5

---

**[Q38-Q41 NUMBERING NOT CURRENTLY USED]**

---

**ASK ALL**

Q42. Apart from the types of parenting classes or courses I've already asked about, do you attend, or have you ever attended, any parenting events for children aged 5 and under, such as post-natal classes, parent and toddler groups, music or activity groups etc?

**INTERVIEWER: IT IS ONLY EVENTS THAT THE PARENT ATTENDS THAT WE ARE INTERESTED IN, EVENTS WHERE THE CHILD ATTENDS ON THEIR OWN SHOULD BE CODED AS 'NO'. CODE ONE ONLY**

Yes	1
No	2
Don't know	3
Refused	4

---

**ASK ALL**

Q44A. Which of these best describes your current situation?

**SHOW CARD H. CODE ONE ONLY.**

Married/ in a civil partnership and living with husband/wife/partner	1
Living with a partner	2
Married/in a civil partnership and separated from husband/wife/partner	3
Divorced	4
Widowed	5
Single (never married)	6
Other	7
Don't know	8
Refused	9

---

**IF SAMPLE AREA = HIGH PEAK, CAMDEN OR MIDDLESBROUGH AND AGE OF YOUNGEST CHILD = 0-5, ASK Q45. OTHERWISE SKIP TO Q56.**

Q45. And now moving on to the final few questions, have you ever seen or heard about these vouchers or leaflets for free parenting classes?

**INTERVIEWER: SHOW BOTH THE VOUCHER AND THE LEAFLET**

Yes	1
No	2
Don't know	3
Refused	4

**IF AWARE OF VOUCHERS (Q45 = 1)**

Q.46. Where did you first see or hear about these leaflets or vouchers?

Q46A And, since then, have you seen or heard about them anywhere else?

**INTERVIEWER RECORD FIRST MENTION ON FIRST SCREEN. ALL OTHER MENTIONS ON SECOND SCREEN. DO NOT READ OUT.**

**SINGLE CODE ON FIRST SCREEN. MULTI-CODE ON SECOND SCREEN**

Health visitor/midwife	1
GP surgery	2
Boots	3
A shop (non-specific)	4
Children's Centre/nursery/playgroup	5
School	6
My partner	7
Some other family member	8
Friends	9
A website offering parenting advice (e.g. Mumsnet / Family Lives etc.)	10
Facebook	11
Internet (non-specific mention)	12
Posters	13
Coverage in the press / local radio	14
Other (specify)	15
Don't know	16
Refused	17

---

**IF AWARE OF VOUCHERS (Q45 = 1)**

Q46B. Before this interview, were you aware that these vouchers and leaflets were offering free parenting classes?

Yes	1
No	2
Don't know	3
Refused	4

---

**IF UNAWARE OF VOUCHERS (Q45 = 2-4)**

Q46C. Before this interview, were you aware that there is a scheme offering free parenting classes in your area?

Yes	1
No	2
Don't know	3
Refused	4

---

**IF HAVE HEARD ABOUT PARENTING CLASSES BUT NOT SEEN VOUCHERS (Q46C = 1)**

Q.46D. Where did you hear about the free parenting classes?

**CODE ALL THAT APPLY. DO NOT READ OUT.**

Health visitor/midwife	1
GP surgery	2
Boots	3
A shop (non-specific)	4
Children's Centre/nursery/playgroup	5
School	6
My partner	7
Some other family member	8
Friends	9
A website offering parenting advice (e.g. Mumsnet / Family Lives etc.)	10
Facebook	11
Internet (non-specific mention)	12
Posters	13
Coverage in the press / local radio	14
Other (specify)	15
Don't know	16
Refused	17

---

**IF AWARE OF VOUCHERS (Q45 = 1)**

Q47. And have you or has anybody else in the household received one of these vouchers for free parenting classes? The voucher usually comes inside a leaflet like this one.

**INTERVIEWER: SHOW BOTH THE VOUCHER AND THE LEAFLET**

- Yes 1
- No 2
- Don't know 3
- Refused 4

---

**IF HOUSEHOLD HAVE RECEIVED A VOUCHER (Q47 = 1)**

Q48. Has your household received only one of these vouchers, or have you received more than one of them?

- Only one voucher 1
- More than one voucher 2
- Don't know 3
- Refused 4

---

**IF HAVE RECEIVED MORE THAN ONE VOUCHER (Q48 = 2)**

Q48A. Was there ever an occasion where you or someone in your household was given, or took, two or more vouchers at the same time? PROMPT IF NECESSARY 'For example, you may have been given one for you and one for your partner'

SINGLE CODE. PROMPT WITH CODES IF NECESSARY

- Yes - did receive more than one at the same time 1
- No - received them one at a time 2
- Don't know 3
- Refused 4

---

**IF HOUSEHOLD HAVE RECEIVED A VOUCHER (Q47 = 1)**

Q49. In a moment I'll be asking about who in the household intends to use the [**TEXT SUBSTITUTION:** If Q47 = 1/DK/Ref: 'voucher'. If Q47 = 2 'vouchers']. However, first I'd like to know who has actually received [**TEXT SUBSTITUTION:** If Q47 = 1/DK/Ref: 'a voucher'. If Q47 = 2 'vouchers'] in the first place. **PROBE:** Anyone else?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

- The respondent 1
- Their partner 2
- Other household member 3

Somebody who doesn't live in the household	4
Don't know	5
Refused	6

---

**IF AWARE OF VOUCHERS BUT DIDN'T PERSONALLY RECEIVE THEM (Q45 = 1 AND NOT Q49 = 1)**

Q50. And which of these best describes whether you, personally, have had an opportunity to receive a leaflet and voucher?

**SHOW CARD I. SINGLE CODE**

I was offered a leaflet and voucher by somebody, but turned it down	1
I could have picked a leaflet and voucher up from a display/pile but decided	
I didn't want one	2
I have never actually had an opportunity to receive a leaflet and voucher	3
None of these	4
Don't know	5
Refused	6

---

**IF DECIDED AGAINST TAKING A VOUCHER (Q50 = 1 or 2)**

Q51. Why did you decide not to take a leaflet and voucher?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

Not interested	1
Don't need support / advice	2
Somebody else in household had already got one	3
Know enough people who can discuss parenting issues with	4
Too busy / don't have time / long work hours	5
Would not want to discuss things in front of other parents/embarrassed	6
I'd feel like I'd failed as a parent	7
My partner wouldn't let me	8
My partner didn't think it was useful / worth it	9
I couldn't afford it	10
Didn't really understand what they were offering/wasn't sure what the voucher was offering	11

Wasn't sure if it was a genuine offer	12
Other (specify)	13
Don't know	14

---

**IF HAVE PERSONALLY RECEIVED A VOUCHER (Q49 = 1)**

Q52. Thinking about the voucher or vouchers that you personally received [**TEXT SUBSTITUTION IF PARTNER OR OTHER HOUSEHOLD MEMBER RECEIVED TOO (Q48 = 2 AND Q49 = 2 OR 3)**: not the one your partner or other household member received], where did you get it from?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

Boots	1
A shop (non-specific)	2
Health visitor/midwife	3
GP surgery	4
Children's Centre/ nursery/playgroup	5
School	6
My partner	7
Some other family member	8
A friend	8
Other (specify)	11
Don't know	12
Refused	13

---

**IF HAVE PERSONALLY RECEIVED A VOUCHER (Q49 = 1)**

Q52A. And was the voucher offered to you by somebody, or did you pick it up from a pile or a display stand?

**DO NOT READ OUT. SINGLE CODE.**

Was offered it	1
Picked it up	2
None of these	3
Don't know	4
Refused	5

---

**IF HOUSEHOLD HAVE RECEIVED A VOUCHER (Q47 = 1)**

Q53. And which of these best describes what **you** have done with the voucher(s) your household received? I'll ask whether anybody else is planning to use the voucher(s) in a moment.

**INTERVIEWER SHOW CARD J. SINGLE CODE.**

I have signed up and have already started (or completed) the classes	1
I have signed up and I will be starting the classes soon	2
I have signed up, but I'm still waiting for a place to become available	3
I haven't tried to sign up yet, but I am still planning to	4
I haven't tried to sign up yet and I don't intend to	5
None of these	6
Don't know	7
Refused	8

---

**IF SIGNED UP (Q53 = 1 OR 2 OR 3)**

Q53A. And which of these best describes the type of classes you chose?

**SHOW CARD K. SINGLE CODE**

Face-to-face classes	1
Online/internet classes	2
A mixture of face-to-face and online classes	3
Don't know	4
Refused	5

---

**IF SIGNED UP (Q53 = 1 OR 2 OR 3)**

Q53B. How easy was it for you to find a class at a time that was convenient for you?.

**SHOW CARD L. CODE ONE ONLY.**

Very easy	1
Quite easy	2
Not very easy	3
Not at all easy	4
Don't know	5
Refused	6

---

**IF PARTNER RECEIVED A SEPARATE VOUCHER TO RESPONDENT (Q48 = 1 and Q49 SINGLE CODED AS 2) OR (Q48 = 2 AND Q49 = 2)**

Q.53C. And do you know where your partner got their voucher from?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

Boots	1
A shop (non-specific)	2
Health visitor/midwife	3
GP surgery	4
Children's Centre/ nursery/playgroup	5
School	6
Me	7
Some other family member	8
A friend	8
Other (specify)	11
Don't know	12
Refused	13

---

**IF LIVING WITH PARTNER (Q44A = 1 OR 2)**

Q54. And which of these best describes what **your partner** has done with the voucher(s) your household received? ?

**INTERVIEWER SHOW CARD M. SINGLE CODE.**

They have signed up and have already started (or completed) the classes	1
They have signed up and will be starting the classes soon	2
They have signed up, but are still waiting for a place to become available	3
They haven't tried to sign up yet, but are still planning to	4
They haven't tried to sign up yet and don't intend to	5
None of these	6
Don't know	7
Refused	8

---

**IF PARTNER SIGNED UP (Q54 = 1 OR 2 OR 3)**

Q54A. And which of these best describes the type of classes your partner chose?

**SHOW CARD N. SINGLE CODE**

Face-to-face classes	1
Online/internet classes	2
A mixture of face-to-face and online classes	3
Don't know	4
Refused	5

---

**IF PARTNER SIGNED UP (Q54 = 1 OR 2 OR 3)**

Q54B. How easy was it for your partner to find a class at a time that was convenient for them?. **SHOW CARD O. CODE ONE ONLY.**

Very easy	1
Quite easy	2
Not very easy	3
Not at all easy	4
Don't know	5
Refused	6

**IF BOTH RESPONDENT AND PARTNER HAVE ALREADY ATTENDED (Q53 = 1 AND Q54 = 1) OR WILL BE ATTENDING ((Q53 = 2 OR 3) AND (Q54 = 2 OR 3)) OR PLANNING TO SIGN UP (Q53 = 4 AND Q54 = 4)**

Q55. And [TEXT SUBSTITUTION: did you attend / do you intend to attend] the classes with your partner, or [TEXT SUBSTITUTION did you/will you] go along at different times?

Attend together	1
Attend separately	2
Don't know	3
Refused	4

---

**ASK ALL**

Q56. Now, to finish with, I'm just going to ask a few questions about your household. Looking at this card, which of these best describes what you are you doing at the moment?

**SHOW CARD P. CODE ONE ONLY.**

Employed full-time (30 or more hours per week)	1
Employed part-time (less than 30 hours per week)	2
Self employed	3
Unemployed and looking for work	4
In full time education	5
Not in paid employment, looking after family or home	6

Retired	7
Disabled or too ill to work	8
Other	9
Don't know	10
Refused	11

**ASK IF LIVING WITH PARTNER (Q44A = 1 OR 2)**

Q57. And which of these best describes what your partner is doing at the moment?

**SHOW CARD P CODE ONE ONLY.**

Employed full-time (30 or more hours per week)	1
Employed part-time (less than 30 hours per week)	2
Self employed	3
Unemployed and looking for work	4
In full time education	5
Not in paid employment looking after family or home	6
Retired	7
Disabled or too ill to work	8
Other	9
Don't know	10
Refused	11

**ASK ALL**

Q58. Starting from the top of this list, please look down the list of qualifications and tell me the number of the first qualification you come to that you've got?

**INTERVIEWER: O-LEVELS CAN BE CONSIDERED EQUIVALENT TO GCSEs. IF RESPONDENT IS UNCERTAIN, ASK FOR THEIR BEST ESTIMATE OF WHAT THEIR HIGHEST QUALIFICATION IS EQUIVALENT TO.**

**SHOW CARD Q. CODE ONE ONLY.**

Degree (e.g. BA, BSc, MA)	1
Higher Education but below degree level (e.g. HND, HNC etc)	2
A/AS levels or equivalent	3
5 or more GCSEs at A*-C or equivalent	4
Some GCSE passes or equivalent	5
No qualifications	6
Don't know	7
Refused	8

**ASK ALL**

Q59. What is your ethnic group? Please choose one section from A to E, then select the appropriate option to indicate your ethnic group.

**SHOW CARD R. SINGLE CODE ONLY**

White – British	1
White – Irish	2
Any Other White background	3
Mixed - White and Black Caribbean	4
Mixed - White and Black African	5

Mixed - White and Asian	6
Any Other Mixed background	7
Asian – Indian	8
Asian – Pakistani	9
Asian – Bangladeshi	10
Any Other Asian background	11
Black – Caribbean	12
Black – African	13
Any Other Black background	14
Chinese	15
Any Other	16
Don't Know	17
Refused	18

---

**NOTE: THE CODES ON THE SHOWCARD ARE LAID OUT AS FOLLOWS:**

A. White

1. British
2. Irish
3. Any Other White background

B. Mixed

4. White and Black Caribbean
5. White and Black African
6. White and Asian
7. Any Other Mixed background

C. Asian or Asian British

8. Indian
9. Pakistani
10. Bangladeshi
11. Any Other Asian background

D. Black or Black British

12. Caribbean
13. African
14. Any Other Black background

E. Chinese or other ethnic group

15. Chinese
  16. Any Other
- 

**ASK ALL**

Q60. Do you have any children aged 16 or under who don't live at this address?

- |            |   |
|------------|---|
| Yes        | 1 |
| No         | 2 |
| Don't Know | 3 |
| Refused    | 4 |

---

**ASK ALL**

Q61. Do you have any long-standing illness, disability or infirmity that limits your activities in any way? By long-standing I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time?

Yes 1  
No 2  
Don't Know 3  
Refused 4

---

**ASK ALL**

Q62. I am now going to ask you about your income. I only need to know an approximate amount. Please can you tell me your overall HOUSEHOLD income from all sources in the last year?

Please look at this card and tell me which letter represents your TOTAL HOUSEHOLD INCOME in the last year from all sources BEFORE tax and other deductions.

IF NECESSARY: This includes earnings from employment or self-employment, income from benefits and pensions, and income from other sources such as interest and savings.

**SHOW CARD S. SINGLE CODE.**

A 1  
B 2  
C 3  
D 4  
E 5  
F 6  
G 7  
H 8  
I 9  
J 10  
K 11  
L 12  
M 13  
N 14  
O 15  
Don't know 16  
Refused 17

---

**NOTE: THE CODES ON THE SHOWCARD ARE LAID OUT AS FOLLOWS:**

Annual	Weekly	Monthly
H. Under £2,500	Under £50	Under £200
B. £2,500 - £4,999	£50 - £99	£200 - £399
J. £5,000 - £9,999	£100 - £199	£400 - £829
F. £10,000 - £14,999	£200 - £289	£830 - £1,249

N. £15,000 - £19,999	£290 - £389	£1,250 - £1,649
A. £20,000 - £24,999	£390 - £489	£1,650 - £2,099
G. £25,000 - £29,999	£490 - £579	£2,100 - £2,499
O. £30,000 - £34,999	£580 - £679	£2,500 - £2,899
D. £35,000 - £39,999	£680 - £769	£2,900 - £3,349
L. £40,000 - £44,999	£770 - £869	£3,350 - £3,749
M. £45,000 - £49,999	£870 - £969	£3,750 - £4,149
I. 50,000 -£59,999	£970 - £1,149	£4,150 - £4,999
C. £60,000 - £74,999	£1,150 - £1,449	£5,000 - £6249
E. £75,000 - £99,999	£1,450 - £1,919	£6,250 - £8,299
K. £100,000 or more	£1,920 or more	£8,300 or more

---

**ASK ALL**

Q63. Would you be willing for the Department for Education, or someone working on behalf of the Department, to contact you again in the future for a follow-up survey or to collect additional information?

Yes 1

No 2

---

**ASK ALL**

Q64 DO NOT READ OUT - WAS A TRANSLATOR USED DURING THE INTERVIEW?

No 1

Yes – throughout the whole interview 2

Yes – only for the self-completion sections 3

Yes – only for the parts of the interview that I administered 4

---

**ASK ALL**

SCRIPTER – GO TO STANDARD THANK AND CLOSE SCREENS

---

**INTERVIEW ENDS**

## Appendix 10: Penetration survey – Wave 2 questionnaire

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

### Q1. CODE GENDER OF RESPONDENT

Male            1  
Female         2

---

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

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

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

**ENTER AGE IN YEARS \_ \_**

**SCRIPTER – FLAG CHECK QUESTION FOR INTERVIEWER IF AGE > 50**

---

### ASK ALL

Q3. And how many children aged 16 or under live in the household?

**ENTER NUMBER OF CHILDREN \_ \_**

**SCRIPTER – FLAG CHECK QUESTION FOR INTERVIEWER IF VALUE > 6 IS ENTERED**

**SCRIPTER – IF RESPONDENT SAYS 0, VERIFY THIS ANSWER THEN GO TO THANK AND CLOSE SCREEN**

---

### ASK ALL

Q3A. How old is the [TEXT FILL IF 2 OR MORE CHILDREN IN HOUSEHOLD: youngest / next youngest] child living in the household?

**SCRIPTER – SHOW UP TO MAX 10 ITERATIONS OF THIS QUESTION IF Q3 = 2 OR MORE. SHOW SECOND ITERATION AFTER RESPONDENT HAS COMPLETED 1<sup>ST</sup> ITERATION OF Q3A-Q3E (AND 3<sup>RD</sup> ITERATION AFTER 2<sup>ND</sup> IS TOTALLY COMPLETE....AND SO ON)**

**ENTER AGE OF CHILD \_ \_**

**SCRIPTER – FLAG CHECK QUESTION FOR INTERVIEWER IF VALUE > 16 IS ENTERED**

**INTERVIEWER: IF CHILD IS LESS THAN A YEAR OLD, ENTER '0'.**

Don't know	11
Refused	12

---

**IF CHILD IS LESS THAN 1 YEAR OLD (Q3A = 0)**

Q3B. And can I check how many months old they are?

**PROBE TO CODES AS NECESSARY. SINGLE CODE.**

0-3 months	1
4-6 months	2
7-11 months	3
Don't know	4
Refused	5

---

**ASK ALL**

Q3C. And [TEXT FILL IF 1 CHILD AT Q3A: are they] [TEXT FILL IF 2 OR MORE CHILDREN AT Q3A: is that child] a boy or a girl?

**SCRIPTER – SHOW UP TO MAX 10 ITERATIONS OF THIS QUESTION IF Q3A = 2 OR MORE.**

Boy	1
Girl	2
Refused	3

---

**ASK ALL**

Q3D. And what is your relationship with that child?

**SCRIPTER – SHOW UP TO MAX 10 ITERATIONS OF THIS QUESTION IF Q3A = 2 OR MORE.**

**SHOW CARD A. SINGLE CODE**

Birth parent	1
Adoptive/foster parent	2
Step parent	3
Grandparent	4
Other	5
Refused	6

---

**ASK ALL**

Q3E. In your view, does that child have any special needs or a disability?

- Yes 1
- No 2
- Don't Know 3
- Refused 4

---

**[Q4 NOT CURRENTLY USED]**

---

**ASK ALL**

Q5. **INTERVIEWER, READ OUT:** This next part of the interview involves me giving you the computer so that you can read and answer the questions by yourself without anyone seeing or hearing your answers. When you have finished, your answers will be automatically locked up in the computer so I cannot look at them. The questions are about your views on various things to do with parenting classes. When you have read each statement, please select the answer which shows what you think by touching the screen and then press the CONTINUE button

(INTERVIEWER DEMONSTRATE. ALSO SHOW HOW TO USE SCROLL BAR).

The next question will then appear on the screen automatically. If you're unsure about anything at all, then do ask me. **INTERVIEWER: CODE WHETHER RESPONDENT WILLING TO DO SELF-COMPLETION**

- Willing to do self-completion independently 1 [CONTINUE]
- Willing to do self-completion with interviewer help 2 [CONTINUE]

**SCRIPTER - Don't Know and Refused are not allowed**

---

**ASK ALL**

**ANALYSIS NOTE: AS WELL AS BEING USED AS INDIVIDUAL ITEMS, THE RESPONSES TO Q6 WILL BE USED TO FORM A COMPOSITE OUTCOME MEASURE – OR MEASURES – OF NORMALISATION. WE WILL USE THE BASELINE DATA TO DECIDE ON THE STRUCTURE OF THE COMPOSITE OUTCOME MEASURE(S), WHICH WILL BE REPLICATED IN THE LATER SURVEY WHEN WE WILL MEASURE THE IMPACT OF THE TRIAL.**

Q6. Parenting classes are face-to-face sessions or online courses where parents can learn about parenting and parenting skills.

To what extent do you agree or disagree with the following statement about parenting classes?

**[SCRIPTER – DISPLAY ONE STATEMENT PER SCREEN]**

**[SCRIPTER: RANDOMISE ORDER OF STATEMENTS. SINGLE CODE PER STATEMENT]**

Parents should only go on a parenting class if they've got problems with how to bring up their children	1
Parents who go on a parenting class are admitting that they're not doing a very good job at parenting	2
It's more useful for mothers to have parenting classes than fathers	3
It's up to parents how they bring up their children and they don't need to attend classes on how to do it	4
Going on parenting classes should be something that all parents should be encouraged to do	5
Deciding to go on a parenting class shows that you're trying to do your best to parent your children well	6
All parents can benefit from going on a parenting course	7
Parenting classes are just as suited to older parents as they are to teenage parents and other young parents	8
Parenting classes are mainly relevant for parents of new born babies	9
If parents have issues they want to discuss about parenting, it's better to talk to professionals rather than simply rely on talking to family or friends	10
Parenting classes should only be offered for free if parents can't afford to pay for them themselves	11

Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5
Don't know	6
Don't want to answer	7

**ASK ALL**

Q6A Parents may have lots of different views about parenting classes, and whether or not they would go to one. Which of these things might *you* feel about going to parenting classes?

**FOR THIS QUESTION, PLEASE HIGHLIGHT ALL OF THE THINGS THAT YOU THINK YOU MIGHT FEEL.**

[SCRIPTER: RANDOMISE ORDER OF STATEMENTS]

I think that parenting classes might...

Build my confidence as a parent	1
Make me feel like I'd failed or got something wrong	2
Be run by people who would judge me	3
Be a good chance to talk about things with other parents	4
Teach me useful new parenting skills and tips	5
Just tell me what I already know	6
Make me feel like I'm being tested	7
Make me a better parent	8
Improve how well I get on with my child(ren)	9
Mean that my child(ren) might be better behaved	10
Improve my relationship with my partner	11
Be too expensive for me	12
Make other people think that I'm not a good parent	13
Take up too much time	14
Help my children to reach their potential	15
None of these	16

---

**ASK ALL WHO GAVE A RATING FROM 1-5 FOR THE STATEMENT 'ALL PARENTS COULD BENEFIT FROM ATTENDING A PARENTING CLASS' AT Q6**

Q6B. You said that you [TEXT SUBSTITUTION: ENTER RESPONSE FROM Q6 ] that all parents could benefit from attending a parenting class. To check, is this what you would have said a year or so ago, or has your opinion about this changed?

**SINGLE CODE ONLY.**

Stayed same	1
Changed	2
Don't know	3

Don't want to answer 4

---

**IF HAD CHANGED OPINION ABOUT BENEFITS OF PARENTING CLASS (Q6B = 2)**

Q6C. A year or so ago, to what extent would you have agreed or disagreed with this statement: All parents can benefit from going on a parenting course

Would you have.....

Agreed strongly 1

Agreed slightly 2

Neither agreed nor disagreed 3

Disagreed slightly 4

Disagreed strongly 5

Don't know 6

Don't want to answer 7

---

**ASK ALL**

Q6d How useful or otherwise do you think parenting classes are for...

**PLEASE SELECT ONE ANSWER PER ROW**

**[SCRIPTER: SINGLE CODE PER STATEMENT. DISPLAY ALL STATEMENTS ON SAME SCREEN. DISPLAY ANSWER CODES ACROSS TOP OF SCREEN]**

Parents with babies up to 12 months old 1

Parents with children between 1 and 5 years old 2

Parents with children between 6 and 9 years old 3

Parents with children between 10 and 12 years old 4

Parents with children between 13 and 18 years old 5

**ANSWER CODES:**

Very useful 1

Fairly useful 2

Not very useful 3

Not at all useful 4

Don't know 5

Don't want to answer 6

---

**ASK ALL**

Q6 Outro Thank you very much for answering these questions. Your answers will be completely confidential. Please press 'LOCK ANSWERS' to lock-up your answers, then press continue.

Lock answers 1

---

Q6 Finish NOW PLEASE HAND THE COMPUTER BACK TO THE INTERVIEWER.

**SCRIPTER - Back option not allowed**

---

**ASK ALL**

Q7. The next few questions are about parenting classes aimed at parents with babies, or young children, including children up to the end of Year 1 at school. We'll then move on to ask about parenting classes aimed at parents with older children.

To start with, since the 30<sup>th</sup> of April 2012, have you taken part in a class or course about parenting or parenting skills, for parents with **babies or young children, including children up to the end of Year 1 at school?** This might include going along to a parenting class in person or taking part in an online or internet based class. This wouldn't include post-natal classes or parent and toddler groups.

**INTERVIEWER: IT IS ONLY THE RESPONDENT WE ARE INTERESTED IN HERE. IF ONLY THEIR PARTNER ATTENDED, CODE AS 'NO'.**

**IF THEY SAY THE COURSE WASN'T AGE SPECIFIC (OR IT COVERED BOTH PARENTS OF CHILDREN IN YEAR 1 OR YOUNGER AND PARENTS OF OLDER CHILDREN) CODE AS 'YES'. YEAR 1 IS THE SCHOOL YEAR IN WHICH CHILDREN TURN 6.**

Yes 1  
No 2  
Don't know 3  
Refused 4

---

**IF TAKEN PART IN PARENTING CLASS FOR YEAR 1 CHILDREN OR YOUNGER (YES AT Q7)**

Q7A. And was that part of a course of classes that had actually started BEFORE the 30<sup>th</sup> of April 2012?

Yes 1  
No 2  
Don't know 3  
Refused 4

---

**IF ATTENDED A PARENTING CLASS FOR YEAR 1 CHILDREN OR YOUNGER (YES AT Q7)**

Q8. And what was this parenting class or course about? **PROMPT:** What did you learn? **PROBE:** What else?

**SHOW CARD B. CODE ALL THAT APPLY.**

Caring for young babies	1
Dealing with children's behaviour issues	2
Supporting children's learning	3
Helping my child with school issues/starting school	4
Family relationships	5
Safety inside or outside the home	6
Food/diet/healthy living/exercise	7
A general course on parenting	8
Other (please specify)	9
Don't know	10
Refused	11

---

**IF ATTENDED A PARENTING CLASS FOR YEAR 1 CHILDREN OR YOUNGER (YES AT Q7)**

Q9. Was it your own choice to do the course or did someone else advise you in their professional capacity that you should?

**DO NOT READ OUT. CODE ONE ONLY**

It was their own choice	1
They were advised/told to go	2
Advised to go on class (but specified that it was their decision in the end)	3
Don't know	4
Refused	5

---

**IF ADVISED / TOLD TO GO (CODES 2 OR 3 AT Q9)**

Q10. Who advised you, or told you, to go on the parenting class?

**SHOW CARD C. CODE ALL THAT APPLY.**

Health visitor/midwife	1
GP/Doctor	2

Children's Centre/nursery staff/childcare provider	3
School	4
Social worker/social services	5
Other (specify)	6
Don't know	7
Refused	8

**IF ATTENDED A PARENTING CLASS FOR YEAR 1 CHILDREN OR YOUNGER (YES AT Q7)**

Q10A. Can I check, did you pay to go on the parenting classes or were they free?

**INTERVIEWER – IF RESPONDENT SAYS THEY USED A VOUCHER, CODE AS 'FREE'. SINGLE CODE.**

Paid for it	1
Free	2
Don't know	3
Refused	4

**IF ATTENDED A FREE CLASS (Q10A = 2)**

Q10B. And would you have been prepared to pay for those parenting classes?

IF QUERIED HOW MUCH THEY WOULD HAVE TO PAY, EXPLAIN: We don't have a fixed amount in mind – it's whatever you think parents might be charged for the classes.

**SHOW CARD D. SINGLE CODE ONLY.**

Would definitely have paid for them	1
Would probably have paid for them	2
Would probably not have paid for them	3
Would definitely not have paid for them	4
Don't know	5
Refused	6

**ASK ALL**

Q11. Now I am going to ask about parenting classes aimed at parents with children **in Year 2 at school or older**. Since the 30<sup>th</sup> of April 2012, have you taken part in a class or course about parenting and parenting skills for parents with children **in Year 2 at school or older**? This might include going along to a parenting class in person or taking part in an online or internet based parenting class.

Yes – and it was a different course to the one for younger children	1
Yes – but it was the same course as the one for younger children	2
No	3
Don't know	4
Refused	5

---

**[Q12-Q15 NUMBERING NOT CURRENTLY USED]**

---

**ASK ALL**

Q16. If you had an issue about parenting, how likely do you think you would be to ask for advice or support from someone other than family or friends?

**SHOW CARD E AND CODE ONE ONLY.**

Very likely	1
Fairly likely	2
Neither likely nor unlikely	3
Fairly unlikely	4
Very unlikely	5
Don't know	6
Refused	7

---

**IF LIKELY TO SEEK ADVICE (Q16 = 1 OR 2)**

Q17. Other than family or friends, where would you go for this advice or support? PROMPT: Where else?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

A parenting class	1
Health visitor/midwife	2
GP/Doctor	3
Children's Centre/nursery staff/childcare provider	4
School	5
Social worker/social services	6
A website offering parenting advice (e.g. Mumsnet / Family Lives etc.)	7
The internet (non-specific)	8

Telephone helpline (e.g. Family Lives/ Parentline etc.)	9
Books / Library	10
Colleagues	11
Other (specify)	12
Don't know	13
Refused	14

---

**IF UNLIKELY TO SEEK ADVICE (Q16 = 4 OR 5)**

Q18. Why wouldn't you seek advice or support from somebody other than family and friends?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

Does not interest me	1
I do not/will never need support / advice	2
I know enough people I can discuss parenting issues with	3
I would not know where to go / how to get advice or support	4
Too busy / don't have time	5
Work demands (e.g. long hours, being away with work)	6
My partner would do it (not me)	7
I'd be embarrassed	8
I'd feel like I'd failed as a parent	9
My partner wouldn't let me	10
I couldn't afford it	11
My family and friends give me all the support that I need	12
Other (specify)	13
Don't know	14
Refused	15

---

**ASK ALL**

Q19. How likely or unlikely do you think it is that you'll take part in [TEXT FILL: IF ATTENDED A CLASS FOR 0-5s (Q7 = 1) insert 'other'] parenting classes while you've got a baby or young child up to the end of Year 1 at school?

**SHOW CARD E AND CODE ONE ONLY.**

**INTERVIEWER: YEAR 1 IS THE SCHOOL YEAR IN WHICH CHILDREN TURN 6.**

Very likely	1
Fairly likely	2
Neither likely nor unlikely	3
Fairly unlikely	4
Very unlikely	5
[DO NOT INCLUDE ON SHOW CARD] Already attend a parenting class	6
Don't know	7
Refused	8

---

**[Q20-Q21 NUMBERING NOT CURRENTLY USED]**

---

**IF UNLIKELY TO ATTEND (Q19 = 4 or 5)**

Q22. Why do you say that?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

Does not interest me	1
I would not need support / advice	2
I know enough people I can discuss parenting issues with	3
Too busy /Don't have time	4
Work demands (e.g. long hours, being away with work)	5
Would not have anybody to look after the children / too busy with children	6
My partner would do it (not me)	7
I'd be embarrassed	8
I'd feel like I'd failed as a parent	9
My partner wouldn't let me	10
There aren't any parenting courses around/ wouldn't know where to find one	11
I couldn't afford it	12
My family and friends give me all the support that I need	13
Other (specify)	14
Don't know	15
Refused	16

**ASK ALL**

Q22A. If you did think about taking part in parenting classes, would you be prepared to pay for them, or would you only think about taking part if it was free?

IF QUERIED HOW MUCH THEY WOULD HAVE TO PAY, EXPLAIN: We don't have a fixed amount in mind – it's whatever you think a short course of classes might cost

**SHOW CARD F. CODE ONE ONLY.**

Would definitely pay for them	1
Would probably pay for them	2
Would probably not pay for them	3
Would definitely not pay and would only go if they were free	4
DO NOT INCLUDE ON SHOW CARD: Would never go on a parenting class, even if it was free	5
Don't know	6
Refused	7

---

**ASK ALL**

Q22B. And if you did take part in a parenting class, which of the types of class on this card would you be most interested in?

SCRIPTER: ONLY ASK FOLLOW UP QUESTIONS IF ANSWER (1-6) GIVEN AT Q22B

Q22C. And which would you be second most interested in?

Q22D. And which would you be third most interested in?

**INTERVIEWER CODE ONE ONLY.**

**SHOW CARD G**

Face-to-face classes involving a group of other parents	1
One-to-one classes with a teacher/facilitator	2
Online classes with support by email and online forums	3
A mixture of group-based face-to-face classes and online classes	4
A mixture of one-to-one classes and online classes	5
Classes that are completed using a mobile telephone app	6
DO NOT INCLUDE ON CARD: None of these - wouldn't go to a class	7
Don't know	8
Refused	9

---

**ASK ALL WHO ANSWER Q22B SPECIFICALLY (Q22B = 1-6)**

Q22E And why would you be most interested in [TEXT SUBSTITUTION: Type of class mentioned at Q22B]?

SPECIFY \_\_\_\_\_

Don't know

Refused

**ASK ALL**

Q22F. Which of the following, if any, would be absolutely essential for you to be able to attend a parenting class in the future?

**[SCRIPTER: RANDOMISE ORDER OF CODES]**

**INTERVIEWER: READ OUT CODES, ONE AT A TIME**

**CODE ALL THAT APPLY**

Childcare facilities being made available	1
The course taking place at the weekend rather than on weekdays	2
The course taking place during nursery or school hours	3
The course taking place in the evening	4
The course being available online	5
Other (specify)	6
None of these	7
Don't know	8
Refused	9

---

**IF DIDN'T ATTEND A COURSE THAT STARTED PRIOR TO 30<sup>th</sup> APRIL 2012 (ASK ALL APART FROM THOSE SAYING 'YES' AT Q7A)**

Q34. I asked you earlier about parenting classes you may have attended **SINCE** the 30<sup>th</sup> of April 2012. Now I'd like you to think a little further back. Can I just check, **BEFORE** the 30<sup>th</sup> April 2012, had you ever taken part in any classes or courses about parenting and parenting skills for parents of **babies or young children, including children up to the end of Year 1 at school?**

This might include going along to a parenting class in person or taking part in an online or internet based parenting class. This wouldn't include post-natal classes or parent and toddler groups.

**INTERVIEWER: IF THEY SAY THE COURSE WASN'T AGE SPECIFIC (OR IT COVERED BOTH PARENTS OF CHILDREN YEAR 1 CHILDREN OR YOUNGER AND PARENTS OF OLDER CHILDREN) CODE AS 'YES'.**

**YEAR 1 IS THE SCHOOL YEAR IN WHICH CHILDREN TURN 6.**

Yes	1
No	2
Don't know	3
Refused	4

**IF ATTENDED A CLASS BEFORE APRIL 2012 (YES AT Q34)**

Q35. Was it your own choice to do the course or did someone else advise you in their professional capacity that you should?

**IF NECESSARY:** This is the course that happened BEFORE 30<sup>th</sup> April 2012 that we're talking about.

**DO NOT READ OUT. CODE ONE ONLY**

It was their own choice	1
They were advised/told to go	2
Advised to go on class (but specified that it was their decision in the end)	3
Don't know	4
Refused	5

**IF ADVISED / TOLD TO GO (CODES 2 OR 3 AT Q35)**

Q36. Who advised you, or told you, to go on the parenting class?

**IF NECESSARY:** This is the course that happened BEFORE 30<sup>th</sup> April 2012 that we're talking about.

**SHOW CARD H. CODE ALL THAT APPLY.**

Health visitor/midwife	1
GP/Doctor	2
Children's Centre/nursery staff/childcare provider	3
School	4
Social worker/social services	5
Other (specify)	6
Don't know	7
Refused	8

**ASK ALL**

Q37. And now thinking about classes for parents of older children, **BEFORE** the 30<sup>th</sup> of April 2012, did you take part in any classes or courses on parenting or parenting skills for parents of children **in Year 2**

**at school or older?** This might include going along to a parenting class in person or taking part in an online or internet based parenting class.

Yes – and it was a different course to the one for younger children	1
Yes – but it was the same course as the one for younger children	2
No	3
Don't know	4
Refused	5

---

**[Q38-Q41 NUMBERING NOT CURRENTLY USED]**

---

**ASK ALL**

Q42. Apart from the types of parenting classes or courses I've already asked about, do you attend, or have you ever attended, any parenting events for babies or young children, including children up to the end of Year 1 at school, such as post-natal classes, parent and toddler groups, music or activity groups etc?

**INTERVIEWER: IT IS ONLY EVENTS THAT THE PARENT ATTENDS THAT WE ARE INTERESTED IN, EVENTS WHERE THE CHILD ATTENDS ON THEIR OWN SHOULD BE CODED AS 'NO'. CODE ONE ONLY**

**YEAR 1 IS THE SCHOOL YEAR IN WHICH CHILDREN TURN 6.**

Yes	1
No	2
Don't know	3
Refused	4

---

**ASK ALL**

Q44A. Which of these best describes your current situation?

**SHOW CARD I. CODE ONE ONLY.**

Married/ in a civil partnership and living with husband/wife/partner	1
Living with a partner	2
Married/in a civil partnership and separated from husband/wife/partner	3
Divorced	4
Widowed	5
Single (never married)	6
Other	7
Don't know	8
Refused	9

**ASK ALL**

Q44XAINTRO. The next few questions are about different types of parenting classes. Some courses are designed for specific groups of parents, such as fathers, new parents, same sex partners, and step-parents. Most courses are suitable for all parents going through the normal ups and downs of bringing up a child. They focus on topics that will help you understand your child’s development and behaviour typical of their age, and give practical tips on how to support your child’s learning and development, and on dealing with any difficulties.

Q44XAINTRO2 [SCRIPTER – USE THIS TEXT FOR THE INTRO TO THE FIRST ITERATION OF Q44XA]

I’m now going to show you a description of a specific type of parenting class.

**[IF Q7 = 1 OR Q11 = 1 OR Q34 = 1 OR Q37 = 1]** If you have attended parenting classes in the past, please try and answer the subsequent questions based just on this description and not based on your own experiences of similar parenting classes.

---

Q44XAINTRO3 [SCRIPTER – USE THIS TEXT FOR THE INTRO TO THE 2<sup>nd</sup> AND 3<sup>rd</sup> ITERATIONS OF Q44XA]

Now I’m going to show you a description of a different type of parenting class. Again, please try and answer the following questions based just on the description.

---

**SCRIPTER NOTE: RESPONDENTS WILL BE ASKED ALL 3 SCENARIOS IN TURN. RANDOMISE ORDER OF THE 3 SCENARIOS. ASK QUESTIONS Q44XA-Q44XC FOR THE FIRST ITERATION, THEN LOOP BACK AND ASK THE SAME SET OF QUESTIONS FOR THE 2<sup>ND</sup> AND THEN FOR THE 3<sup>RD</sup> ITERATIONS.**

---

**SCRIPTER NOTE: FOR EACH SCENARIO RESPONDENTS WILL BE RANDOMLY ASSIGNED ONE OF FOUR TREATMENT GROUPS AS SHOWN IN TABLE 1 BELOW. THE QUESTION WILL BE REPEATED WITH THE LOWER BID IF THE RESPONDENT SAID NO TO THE INITIAL BID AND REPEATED WITH THE HIGHER BID IF THE RESPONDENT SAID YES TO THE INITIAL BID. THE RANDOMISATION SHOULD OCCUR SEPARATELY FOR EACH OF THE 3 SCENARIOS (I.E. ANY GIVEN RESPONDENT IS LIKELY TO BE PROMPTED WITH A VARIETY OF DIFFERENT INITIAL BIDS ACROSS THE 3 SCENARIOS)**

---

Q44XA.

SHOW SCENARIO CARD AND READ OUT DESCRIPTION BELOW.

IF RESPONDENT MAKES IT CLEAR THAT THEY WOULD RATHER YOU DON'T READ OUT THE DESCRIPTION / THEY FIND IT DISCTRACTING, YOU MAY USE YOUR DISCRETION AND ALLOW THEM TO READ THE SCENARIO CARD WITHOUT ALSO READING IT OUT LOUD.

[TEXT SUBSTITUTION: DESCRIPTION OF SCENARIO 1, 2 OR 3 – SEE BELOW].

Thinking about this specific type of parenting class, would you be willing to pay [TEXT SUBSTITUTION: AMOUNT – SEE BELOW] to take part in it? Before answering please consider what you can afford.

- |     |   |                |
|-----|---|----------------|
| Yes | 1 | [GO TO Q44XA2] |
| No  | 2 | [GO TO Q44XA3] |

**IF WILLING TO PAY INITIAL BID (Q44XA = 1)**

Q44XA2 And would you be willing to pay [TEXT SUBSTITUTION HIGHER BID] to take part in that type of class?

INTERVIEWER: IF NECESSARY PROMPT RESPONDENT WITH DESCRIPTION OF CLASSES: [TEXT SUBSTITUTION: DESCRIPTION OF SAME SCENARIO AS IN Q44XA]

Yes 1

No 2

---

**IF UNWILLING TO PAY INITIAL BID (Q44XA = 2)**

Q44XA3 And would you be willing to pay [TEXT SUBSTITUTION LOWER BID] to take part in that type of class?

INTERVIEWER: IF NECESSARY PROMPT RESPONDENT WITH DESCRIPTION OF CLASSES: [TEXT SUBSTITUTION: DESCRIPTION OF SAME SCENARIO AS IN CORRESPONDING ITERATION OF Q44XA]

Yes 1

No 2

---

**Scenario 1 – Face-to-face parenting classes**

You would be part of a group of about 10-15 other parents, mums and dads, who would meet up once a week. There would be around **4 sessions** in total, each lasting about 2 hours and taking place somewhere local to where you live, for example in a school, library, community centre or at an employer’s premises. Each session would cover a different topic area such as managing relationships, rules and routines and would be led by a well-trained, experienced and friendly course facilitator.

**Scenario 2 – Online classes with optional opportunities for online/ phone discussion**

You would complete this **six session** course online on a computer anywhere you like. Each online session would take around an hour to complete and would cover a different topic such as managing relationships and rules and routines. You would do one a week at whatever time suited you best. You would also have the opportunity of joining a weekly **live online discussion forum** with other parents who were doing the same course, led by a well-trained, experienced and friendly course facilitator. Or you could join in an **online forum** where you could ask questions and communicate with other parents as well as gaining support from one of the facilitators.

**Scenario 3 – Blended classes i.e. a combination of face-to-face and online classes**

You would complete a **six session** course, the first and last of which would be two hour face-to-face group sessions and the four in between online modules for you to work through wherever you choose. Each session, face-to-face and online, would cover a different topic such as managing relationships and rules and routines. The face-to-face sessions would be led by well-trained, experienced and friendly course facilitators.

SCRIPTER NOTE: FOR EACH SCENARIO RESPONDENTS WILL BE RANDOMLY ASSIGNED ONE OF FOUR TREATMENT GROUPS AS SHOWN BELOW. THE RANDOMISATION SHOULD OCCUR SEPARATELY FOR EACH OF THE 3 SCENARIOS (I.E. ANY GIVEN RESPONDENT IS LIKELY TO BE PROMPTED WITH A VARIETY OF DIFFERENT INITIAL BIDS ACROSS THE 3 SCENARIOS)

**Table 1: Bid groups**

<i>Group</i>	<i>Initial bid</i>	<i>Lower bid</i>	<i>Higher bid</i>
1	75	25	125
2	150	75	225
3	225	125	325
4	300	175	425

---

**IF ANSWERED WILLINGNESS TO PAY QUESTIONS (Q44XA = 1 OR 2) – 3 ITERATIONS IN TOTAL**

Q44XB. What would be the maximum amount you would be willing to pay to take part in a parenting class of this type?

INTERVIEWER: IF NECESSARY PROMPT RESPONDENT WITH DESCRIPTION OF CLASSES: [TEXT SUBSTITUTION: DESCRIPTION OF SAME SCENARIO AS IN CORRESPONDING ITERATION OF Q44XA]

**ENTER AMOUNT TO THE NEAREST POUND. ENTER '0' IF UNWILLING TO PAY ANYTHING.**

RANGE 0-9999

Don't know

Refused

---

**ASK IF NOT WILLING TO PAY ANYTHING FOR THAT PARTICULAR COURSE (Q44BX = 0) – UP 3 ITERATIONS IN TOTAL**

Q44XB2. And is this because...

**[SCRIPTER: RANDOMISE ORDER OF STATEMENTS]. INTERVIEWER: READ OUT. CODE ONE ONLY**

You can't afford to pay anything 1

You don't think this type of parenting class is worth spending money on 2

You think the government should provide this type of parenting class for free 3

Another reason (please specify) 4

Don't know

Refused

---



**ASK IF ALL 3 ITERATIONS OF Q44XB = 0**

Q44XB3 Would you be any more willing to pay for a class if you knew that an organisation such as a charity, business or school was contributing towards to the total cost, meaning that you would effectively be getting it at a reduced price?

**INTERVIEWER: PROBE WITH SPECIFIC CODES IF 'MORE WILLING' TO PAY**

Yes, would be much more willing to pay	1
Yes, would be slightly more willing to pay	2
No, would not be any more willing to pay	3
Don't know	3
Refused	4

---

**IF SAMPLE AREA = HIGH PEAK, CAMDEN, MIDDLESBROUGH OR BRISTOL, ASK Q44B. OTHERWISE SKIP TO Q56.**

Q44B. And now moving on to a different subject. Before today had you heard of this brand?

SHOW CARD J

SHOWCARD TO SHOW CANPARENT IN LOGO FORMAT

Yes	1
No	2
Don't know	3
Refused	4

---

**IF HEARD OF CANPARENT BRAND (Q44B = 1)**

Q44C. Where did you first hear about or see the CANparent brand?

Q44D And, since then, have you seen or heard about it anywhere else?

**INTERVIEWER RECORD FIRST MENTION ON FIRST SCREEN. ALL OTHER MENTIONS ON SECOND SCREEN. DO NOT READ OUT.**

**SINGLE CODE ON FIRST SCREEN. MULTI-CODE ON SECOND SCREEN**

Health visitor/midwife	1
GP surgery	2
Boots	3
Shopping centre	4
A shop (non-specific)	5
Saw CANparent water bottles	6

Saw CANparent height charts	7
Saw CANparent vouchers	8
Children’s Centre/nursery/playgroup	9
School	10
Library	11
CANparent Roadshow	12
Sports club/leisure centre	13
Friends	14
The CANparent website	15
Facebook	16
Coverage in the press / local radio	17
Advert on public transport	18
Other (specify)	19
Don’t know	20
Refused	21

---

**IF SAMPLE AREA = HIGH PEAK, CAMDEN OR MIDDLESBROUGH ASK Q45. OTHERWISE SKIP TO Q53**

Q45. Have you ever seen or heard about these vouchers or leaflets for free parenting classes?

**INTERVIEWER: SHOW BOTH THE VOUCHER/eVOUCHER AND LEAFLET**

Yes	1
No	2
Don’t know	3
Refused	4

---

**IF AWARE OF VOUCHERS (Q45 = 1)**

Q.46. Where did you first see or hear about these leaflets or vouchers?

Q46A And, since then, have you seen or heard about them anywhere else?

**INTERVIEWER RECORD FIRST MENTION ON FIRST SCREEN. ALL OTHER MENTIONS ON SECOND SCREEN. DO NOT READ OUT.**

**SINGLE CODE ON FIRST SCREEN. MULTI-CODE ON SECOND SCREEN**

Health visitor/midwife	1
------------------------	---

GP surgery	2
Boots	3
Shopping centre	4
A shop (non-specific)	5
Children's Centre/nursery/playgroup	6
School	7
Library	8
CANparent Roadshow	9
Sports club/leisure centre	10
Friends	11
The CANparent website	12
Facebook	13
Coverage in the press / local radio	14
Advert on public transport	15
Other (specify)	16
Q46A ONLY: No, have not heard of them anywhere else	
Don't know	17
Refused	18

---

**IF AWARE OF VOUCHERS (Q45 = 1)**

Q46B. Before this interview, were you aware that these vouchers and leaflets were offering free parenting classes?

Yes	1
No	2
Don't know	3
Refused	4

---

**IF UNAWARE OF VOUCHERS (Q45 = 2-4)**

Q46C. Before this interview, were you aware that there is a scheme offering free parenting classes in your area?

Yes	1
No	2

Don't know	3
Refused	4

---

**IF HAVE HEARD ABOUT PARENTING CLASSES BUT NOT SEEN VOUCHERS (Q46C = 1)**

Q.46D. Where did you hear about the free parenting classes?

**CODE ALL THAT APPLY. DO NOT READ OUT.**

Health visitor/midwife	1
GP surgery	2
Boots	3
Shopping centre	4
A shop (non-specific)	5
Saw CANparent water bottles	6
Saw CANparent height charts	7
Children's Centre/nursery/playgroup	8
School	9
Library	10
CANparent Roadshow	11
Sports club/ leisure centre	12
Friends	13
The CANparent website	14
Facebook	15
Coverage in the press / local radio	16
Advert on public transport	17
Other (specify)	18
Don't know	19
Refused	20

---

**IF AWARE OF VOUCHERS (Q45 = 1)**

Q47. And have you or has anybody else in the household received one of these vouchers for free parenting classes? The voucher usually comes inside a leaflet like this one or it might have been downloaded directly from the CANparent website.

**INTERVIEWER: SHOW BOTH THE VOUCHER/eVoucher AND THE LEAFLET**

- Yes 1
- No 2
- Don't know 3
- Refused 4

---

**IF HOUSEHOLD HAVE RECEIVED A VOUCHER (Q47 = 1)**

Q49. In a moment I'll be asking about who in the household intends to use the voucher or vouchers. However, first I'd like to know who actually received or downloaded the voucher or vouchers in the first place. **PROBE:** Anyone else?

INTERVIEWER: This refers to who was the FIRST person that received or downloaded the voucher. For example if the respondent's parent received the voucher and then gave it to the respondent, this should be coded as 'Somebody who doesn't live in the household'.

**DO NOT READ OUT. CODE ALL THAT APPLY.**

- The respondent 1
- Their partner 2
- Other household member 3
- Somebody who doesn't live in the household 4
- Don't know 5
- Refused 6

---

**IF AWARE OF VOUCHERS BUT DIDN'T PERSONALLY RECEIVE THEM (Q45 = 1 AND NOT Q49 = 1)**

Q50. And which of these most applies to you?

**SHOW CARD K. SINGLE CODE**

- I did have an opportunity to receive or download a voucher/leaflet but I didn't want one/turned it down 1
- I've never personally had the chance to receive or download a voucher/leaflet 2
- I have actually received or downloaded a voucher/leaflet myself 3
- Don't know 4
- Refused 5

**IF DECIDED AGAINST TAKING A VOUCHER (Q50 = 1)**

Q51. Why did you decide not to take or download a leaflet and voucher?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

Not interested	1
Don't need support / advice	2
Somebody else in household had already got one	3
Know enough people who can discuss parenting issues with	4
Too busy / don't have time / long work hours	5
Would not want to discuss things in front of other parents/embarrassed	6
I'd feel like I'd failed as a parent	7
My partner wouldn't let me	8
My partner didn't think it was useful / worth it	9
Didn't think the classes/vouchers were relevant to fathers [SHOW ONLY IF RESPONDENT IS MALE]	10
I couldn't afford it	11
Didn't really understand what they were offering/wasn't sure what the voucher was offering	12
Wasn't sure if it was a genuine offer	13
Other (specify)	14
Don't know	15

---

**IF DECIDED AGAINST TAKING A VOUCHER (Q50 = 1)**

Q51A. I'm going to read out some reasons other people have given for not wanting a leaflet and voucher. Please tell me whether or not each one applies to you.

**[SCRIPTER: RANDOMISE ORDER OF STATEMENTS]**

**INTERVIEWER READ OUT.**

**GRID YES/NO/DK FOR EACH**

I don't feel that I need any support or advice about parenting issues	1
I already get all the parenting support I need from people I know	2
I don't have the time to attend parenting classes	3
I didn't really understand what the vouchers and leaflets were offering	4
I'd be embarrassed to discuss parenting issues with people I don't know	5

I don't think parenting classes would be relevant to fathers

[SHOW ONLY IF RESPONDENT IS MALE]

6

---

**IF HAVE PERSONALLY RECEIVED A VOUCHER (Q49 = 1)**

Q52. Thinking about the voucher or vouchers that you personally received or downloaded [**TEXT SUBSTITUTION IF PARTNER OR OTHER HOUSEHOLD MEMBER RECEIVED TOO (Q49=1 AND Q49 = 2 OR 3):** not the one your partner or other household member received or downloaded], where did you get it from?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

Boots	1
CANparent website	2
Shopping centre	3
A shop (non-specific)	4
Health visitor/midwife	5
GP surgery	6
Children's Centre/ nursery/playgroup	7
School	8
Library	9
CANparent Roadshow	10
Sports club/leisure centre	11
A friend	12
Other (specify)	13
Don't know	14
Refused	15

---

**IF HAVE PERSONALLY RECEIVED A VOUCHER (Q49 = 1)**

Q52A. And was the voucher offered to you by somebody, did you pick it up from a pile or a display stand, or did you download it from the CANparent website?

**DO NOT READ OUT. SINGLE CODE.**

Was offered it	1
Picked it up	2
Downloaded it	3
None of these	4

Don't know	5
Refused	6

**IF DOWNLOADED A VOUCHER (Q52A = 3)**

Q52B. And how easy did you find the process of downloading a voucher from the CANparent website?

**SHOW CARD L. SINGLE CODE**

Very easy	1
Quite easy	2
Not very easy	3
Not at all easy	4
Don't know	5
Refused	6

**IF WAS OFFERED A VOUCHER (Q52A = 1)**

Q52C. How well did the person who offered you the voucher explain what it was for and how to access the classes?

**SHOW CARD M. SINGLE CODE**

Very well	1
Fairly well	2
Not very well	3
Not at all well	4
They just handed it over and did not explain anything at all	5
Don't know	6
Refused	7

**IF HAD VOUCHER EXPLAINED TO THEM (Q52C = 1-4)**

Q52C. What kind of things did they explain to you?

OPEN ENDED

Don't know

Refused

**IF HOUSEHOLD HAS RECEIVED A VOUCHER OR HEARD ABOUT CANPARENT IN BRISTOL (Q47 = 1) OR (Q44B = 1 AND SAMPAREA = BRISTOL)**

Q53. And which of these best describes [TEXT SUBSTITUTION IF RECEIVED A VOUCHER (Q47 = 1): what **you** personally have done or intend to do with the voucher(s) your household received or downloaded?]

[TEXT SUBSTITUTION IF HEARD ABOUT CANPARENT IN BRISTOL (Q44B = 1 AND SAMPAREA = BRISTOL): whether or not **you** are planning to attend a CANparent parenting class?].

I'll ask whether anybody else from your household is planning to [TEXT SUBSTITUTION: use the voucher(s)/attend] in a moment.

**INTERVIEWER SHOW CARD N. SINGLE CODE.**

I have signed up and have already started (or completed) the classes	1
I have signed up and I will be starting the classes soon	2
I have signed up, but I'm still waiting for a place to become available	3
I tried to sign up, but didn't manage to get on a course	4
I haven't tried to sign up yet, but I am still planning to	5
I haven't tried to sign up yet and I don't intend to	6
Other (specify)	7
Don't know	8
Refused	9

---

**IF SIGNED UP (Q53 = 1 OR 2 OR 3)**

Q53A. And which of these best describes the type of classes you chose?

**SHOW CARD O. SINGLE CODE**

Face-to-face classes	1
Online/internet classes	2
A mixture of face-to-face and online classes	3
Don't know	4
Refused	5

---

**IF SIGNED UP (Q53 = 1 OR 2 OR 3)**

Q53B. How easy was it for you to find a class at a time that was convenient for you?.

**SHOW CARD P. CODE ONE ONLY.**

Very easy	1
Quite easy	2
Not very easy	3
Not at all easy	4
Don't know	5
Refused	6

---

**IF SIGNED UP (Q53 = 1 OR 2 OR 3)**

Q53Bi, Which of the following things did you consider when you were choosing which of the various classes on offer you wanted to take part in?

**[SCRIPTER: RANDOMISE ORDER]**

**INTERVIEWER READ OUT. CODE ALL THAT APPLY.**

The times at which classes were available	1
The location of the classes	2
The specific subjects that were going to be covered by the classes	3
The average class size	4
The way that the class would be delivered – for example whether it was face-to-face or online	5
And was there anything else that influenced your decision on which class to choose?	
(Specify)_____	6
None of these	7
Don't know	8
Refused	9

---

**IF COMPLETED OR STARTED A COURSE (Q53 = 1)**

Q53Bii. Would you recommend the parenting classes you attended to a friend or relative?

**IF YES/ NO: PROBE FOR DETAIL. CODE ONE ONLY**

Yes, definitely	1
Yes, probably	2
No, probably not	3
No, definitely not	4

Don't know	5
Refused	6

---

**IF COMPLETED OR STARTED A COURSE (Q53 = 1)**

Q53Biii And have you already recommended them to anybody else?

Yes	1
No	2
Don't know	3
Refused	4

---

**IF SIGNED UP TO A COURSE IN CAMDEN, MIDDLESBOROUGH OR HIGH PEAK (Q53 = 1-3 AND SAMPAREA = CAMDEN, MIDDLESBOROUGH OR HIGH PEAK)**

Q53Biv. Do you think you would still have signed up for a parenting class if you had not received or downloaded a voucher?

**CODE ONE ONLY**

Yes, would still have signed up	1
No, only signed up because I had the voucher	2
Don't know	3
Refused	4

---

**IF NOT INTENDING TO SIGN UP (Q53 =6)**

Q53Bv. Why are you not intending to sign up to a class?

**DO NOT READ OUT. CODE ALL THAT APPLY**

Not interested	1
Don't need support / advice	2
Know enough people who can discuss parenting issues with	3
Too busy / don't have time / long work hours	4
Would not want to discuss things in front of other parents/embarrassed	5
I'd feel like I'd failed as a parent	6
My partner wouldn't let me	7
My partner didn't think it was useful / worth it	8

Didn't think the classes/vouchers were relevant to fathers	
[SHOW ONLY IF RESPONDENT IS MALE]	9
I couldn't afford it	10
Didn't really understand what they were offering/wasn't sure	
what the voucher was offering [SHOW ONLY IN HIGH PEAK, CAMDEN & MIDDLESBROUGH]	11
Wasn't sure if it was a genuine offer	12
Other (specify)	13
Don't know	14

**IF NOT INTENDING TO SIGN UP (Q53 = 6)**

Q53Bvi. I'm going to read out some reasons other people have given for not signing up to a parenting class. Please tell me whether or not each one applies to you.

**[SCRIPTER: RANDOMISE ORDER OF STATEMENTS]**

**INTERVIEWER READ OUT.**

**GRID YES/NO/DK FOR EACH**

I didn't feel that I needed any support or advice about parenting issues	1
I already get all the parenting support I need from people I know	2
I don't have the time to attend parenting classes	3
I didn't really understand what the vouchers and leaflets were offering [DO NOT SHOW IN BRISTOL]	4
I'd be embarrassed to discuss parenting issues with people I don't know	5
I didn't think the classes would be relevant to fathers [SHOW ONLY IF RESPONDENT IS MALE]	6

**IF PARTNER RECEIVED A VOUCHER (Q49 = 2)**

Q.53C. And do you know where your partner got their voucher from?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

Boots	1
CANparent website	2
Shopping centre	3
A shop (non-specific)	4
Health visitor/midwife	5

GP surgery	6
Children's Centre/ nursery/playgroup	7
School	8
Library	9
CANparent Roadshow	10
Sports club/leisure centre	11
A friend	12
Other (specify)	13
Don't know	14
Refused	15

---

**IF LIVING WITH PARTNER AND HOUSEHOLD HAS RECEIVED A VOUCHER OR HEARD ABOUT CANPARENT IN BRISTOL (Q44A = 1 OR 2) AND ((Q47 = 1) OR (Q44B = 1 AND SAMPAREA = BRISTOL))**

Q54. And which of these best describes [TEXT SUBSTITUTION IF IN VOUCHER AREA: what **your partner** has done or intends to do with the voucher(s) your household received or downloaded?] [TEXT SUBSTITUTION IN BRISTOL: whether **your partner** is planning to attend a CANparent parenting class?]

**INTERVIEWER SHOW CARD Q. SINGLE CODE.**

They have signed up and have already started (or completed) the classes	1
They have signed up and will be starting the classes soon	2
They have signed up, but are still waiting for a place to become available	3
They tried to sign up, but didn't manage to get on a course	4
They haven't tried to sign up yet, but are still planning to	5
They haven't tried to sign up yet and don't intend to	6
Other (specify) _____	7
Don't know	8
Refused	9

---

**IF PARTNER SIGNED UP (Q54 = 1 OR 2 OR 3)**

Q54A. And which of these best describes the type of classes your partner chose?

**SHOW CARD R. SINGLE CODE**

Face-to-face classes	1
----------------------	---

Online/internet classes	2
A mixture of face-to-face and online classes	3
Don't know	4
Refused	5

---

**IF PARTNER SIGNED UP (Q54 = 1 OR 2 OR 3)**

Q54B. How easy was it for your partner to find a class at a time that was convenient for them? **SHOW CARD S. CODE ONE ONLY.**

Very easy	1
Quite easy	2
Not very easy	3
Not at all easy	4
Don't know	5
Refused	6

---

**IF BOTH RESPONDENT AND PARTNER HAVE ALREADY ATTENDED (Q53 = 1 AND Q54 = 1) OR WILL BE ATTENDING ((Q53 = 2 OR 3) AND (Q54 = 2 OR 3)) OR PLANNING TO SIGN UP (Q53 = 5 AND Q54 = 5)**

Q55. And [TEXT SUBSTITUTION: did you attend / do you intend to attend] the classes with your partner, or [TEXT SUBSTITUTION did you/will you] go along at different times?

Attend together	1
Attend separately	2
Don't know	3
Refused	4

---

**IF SAMPLE AREA = HIGH PEAK, CAMDEN, MIDDLESBROUGH OR BRISTOL, ASK Q55X1.**

Q55X1. [TEXT SUBSTITUTION IF HEARD OF CANPARENT BRAND (Q44B = 1): As you may know,] CANparent is a scheme providing parenting classes in your area to parents of babies or young children, including children up to the end of Year 1 at school. In your opinion where would be the best place to advertise this scheme to make it appealing to somebody like you?

**INTERVIEWER: IF RESPONDENT GIVES MORE THAN ONE ANSWER, PROBE TO IDENTIFY WHAT THEY THINK IS THE SINGLE BEST PLACE.**

**INTERVIEWER: YEAR 1 IS THE SCHOOL YEAR IN WHICH CHILDREN TURN 6.**

**SINGLE CODE**

School

GP surgery / health centre

Library

Nursery / playgroup / children's centre

Local newspaper

Sports club / leisure centre / swimming pool

Other (please specify) \_\_\_\_\_

Don't know

Refused

---

**IF AN ANSWER GIVEN AT Q55X1, ASK Q55X1A.**

Q55X1A And are there any other places where it would be good to advertise the scheme?

**CODE ALL THAT APPLY**

School

GP surgery / health centre

Library

Nursery / playgroup / children's centre

Local newspaper

Sports club / leisure centre / swimming pool

Other (please specify) \_\_\_\_\_

Don't know

Refused

---

**IF AN ANSWER GIVEN AT Q55X1, ASK Q55X2.**

Q55X2. Why do you say that a [INSERT RESPONSE FROM Q55X1] is the best place to advertise this scheme?

OPEN ENDED

Don't know

Refused

---

**ASK ALL**

Q56. Now, to finish with, I'm just going to ask a few questions about your household. Looking at this card, which of these best describes what you are you doing at the moment?

**SHOW CARD T. CODE ONE ONLY.**

Employed full-time (30 or more hours per week)	1
Employed part-time (less than 30 hours per week)	2
Self employed	3
Unemployed and looking for work	4
In full time education	5
Not in paid employment, looking after family or home	6
Retired	7
Disabled or too ill to work	8
Other	9
Don't know	10
Refused	11

---

**ASK IF LIVING WITH PARTNER (Q44A = 1 OR 2)**

Q57. And which of these best describes what your partner is doing at the moment?

**SHOW CARD T CODE ONE ONLY.**

Employed full-time (30 or more hours per week)	1
Employed part-time (less than 30 hours per week)	2
Self employed	3
Unemployed and looking for work	4
In full time education	5
Not in paid employment looking after family or home	6
Retired	7
Disabled or too ill to work	8
Other	9
Don't know	10
Refused	11

---

**ASK ALL**

Q58. Starting from the top of this list, please look down the list of qualifications and tell me the number of the first qualification you come to that you've got?

**INTERVIEWER: O-LEVELS CAN BE CONSIDERED EQUIVALENT TO GCSEs. IF RESPONDENT IS UNCERTAIN, ASK FOR THEIR BEST ESTIMATE OF WHAT THEIR HIGHEST QUALIFICATION IS EQUIVALENT TO.**

**SHOW CARD U. CODE ONE ONLY.**

Degree (e.g. BA, BSc, MA)	1
Higher Education but below degree level (e.g. HND, HNC etc)	2
A/AS levels or equivalent	3
5 or more GCSEs at A*-C or equivalent	4
Some GCSE passes or equivalent	5
No qualifications	6
Don't know	7
Refused	8

**ASK ALL**

Q59. What is your ethnic group? Please choose one section from A to E, then select the appropriate option to indicate your ethnic group.

**SHOW CARD V. SINGLE CODE ONLY**

White – British	1
White – Irish	2
Any Other White background	3
Mixed - White and Black Caribbean	4
Mixed - White and Black African	5
Mixed - White and Asian	6
Any Other Mixed background	7
Asian – Indian	8
Asian – Pakistani	9
Asian – Bangladeshi	10
Any Other Asian background	11
Black – Caribbean	12
Black – African	13
Any Other Black background	14
Chinese	15
Any Other	16
Don't Know	17
Refused	18

---

**NOTE: THE CODES ON THE SHOWCARD ARE LAID OUT AS FOLLOWS:****A. White**

1. British
2. Irish
3. Any Other White background

**B. Mixed**

4. White and Black Caribbean
5. White and Black African
6. White and Asian
7. Any Other Mixed background

**C. Asian or Asian British**

8. Indian
9. Pakistani
10. Bangladeshi
11. Any Other Asian background

**D. Black or Black British**

12. Caribbean
13. African
14. Any Other Black background

**E. Chinese or other ethnic group**

15. Chinese
  16. Any Other
-

**ASK ALL**

Q60. Do you have any children aged 16 or under who don't live at this address?

- Yes 1
- No 2
- Don't Know 3
- Refused 4

---

**ASK ALL**

Q61. Do you have any long-standing illness, disability or infirmity that limits your activities in any way? By long-standing I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time?

- Yes 1
- No 2
- Don't Know 3
- Refused 4

---

**ASK ALL**

Q62. I am now going to ask you about your income. I only need to know an approximate amount. Please can you tell me your overall HOUSEHOLD income from all sources in the last year?

Please look at this card and tell me which letter represents your TOTAL HOUSEHOLD INCOME in the last year from all sources BEFORE tax and other deductions.

IF NECESSARY: This includes earnings from employment or self-employment, income from benefits and pensions, and income from other sources such as interest and savings.

**SHOW CARD W. SINGLE CODE.**

- A 1
- B 2
- C 3
- D 4
- E 5
- F 6
- G 7
- H 8
- I 9
- J 10
- K 11
- L 12
- M 13
- N 14
- O 15
- Don't know 16
- Refused 17

---

**NOTE: THE CODES ON THE SHOWCARD ARE LAID OUT AS FOLLOWS:**

Annual	Weekly	Monthly
H. Under £2,500	Under £50	Under £200
B. £2,500 - £4,999	£50 - £99	£200 - £399
J. £5,000 - £9,999	£100 - £199	£400 - £829
F. £10,000 - £14,999	£200 - £289	£830 - £1,249
N. £15,000 - £19,999	£290 - £389	£1,250 - £1,649
A. £20,000 - £24,999	£390 - £489	£1,650 - £2,099
G. £25,000 - £29,999	£490 - £579	£2,100 - £2,499
O. £30,000 - £34,999	£580 - £679	£2,500 - £2,899
D. £35,000 - £39,999	£680 - £769	£2,900 - £3,349
L. £40,000 - £44,999	£770 - £869	£3,350 - £3,749
M. £45,000 - £49,999	£870 - £969	£3,750 - £4,149
I. £50,000 - £59,999	£970 - £1,149	£4,150 - £4,999
C. £60,000 - £74,999	£1,150 - £1,449	£5,000 - £6,249
E. £75,000 - £99,999	£1,450 - £1,919	£6,250 - £8,299
K. £100,000 or more	£1,920 or more	£8,300 or more

---

**ASK ALL**

Q63. Would you be willing for the Department for Education, or someone working on behalf of the Department, to contact you again in the future for a follow-up survey or to collect additional information?

Yes 1

No 2

---

**ASK ALL**

Q64 DO NOT READ OUT - WAS A TRANSLATOR USED DURING THE INTERVIEW?

No 1

Yes – throughout the whole interview 2

Yes – only for the self-completion sections 3

Yes – only for the parts of the interview that I administered 4

---

**ASK ALL**

SCRIPTER – GO TO STANDARD THANK AND CLOSE SCREENS

---

**INTERVIEW ENDS**

## Appendix 11: Further information on population level impact of the trial

Table 45: Impact of the CANparent trial on parents' attitudes to parenting classes: mothers

	Mothers in voucher areas Wave 1	Mothers in voucher areas Wave 2	Change among mothers in voucher areas	Mothers in comparison areas Wave 1	Mothers in comparison areas Wave 2	Change among mothers in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% mothers agreeing:</b>								
<b>Positive statements about the idea of universal parenting classes</b>								
Parenting classes are just as suited to older parents as they are to teenage parents and other young parents	72	72	0	70	70	-1	1	.870
All parents can benefit from going on a parenting course	69	69	0	66	67	1	-1	.735
Deciding to go on a parenting class shows that you're trying to do your best to parent your children well	66	63	-3	68	67	-1	-2	.604
Going on parenting classes should be something that all parents should be encouraged to do	57	53	-4	52	51	-1	-4	.393
If parents have issues they want to discuss about parenting, it's better to talk to professionals rather than simply rely on talking to family or friends	37	34	-2	41	38	-3	1	.804
<b>Negative statements about the idea of universal parenting classes</b>								
It's up to parents how they bring up their children and they don't need to attend classes on how to do it	34	36	1	33	33	0	1	.715

Parents should only go on a parenting class if they've got problems with how to bring up their children	26	23	-4	27	30	3	-7	.040**
Parenting classes are mainly relevant for parents of new born babies	17	15	-2	19	18	0	-2	.512
It's more useful for mothers to have parenting classes than fathers	15	11	-4	13	14	1	-5	.085*
Parents who go on a parenting class are admitting that they're not doing a very good job at parenting	8	9	0	8	8	-1	1	.667
Parenting classes should only be offered for free if parents can't afford to pay for them themselves	44	41	-3	42	45	2	-6	0.134
<i>Unweighted bases: all mothers</i>	<i>777</i>	<i>812</i>		<i>752</i>	<i>731</i>			

\*  $p < .10$

\*\*  $p < .05$

Source: Penetration surveys

Table 46: Impact of the CANparent trial on parents' attitudes to parenting classes: fathers

	Fathers in voucher areas Wave 1	Fathers in voucher areas Wave 2	Change among fathers in voucher areas	Fathers in comparison areas Wave 1	Fathers in comparison areas Wave 2	Change among fathers in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% fathers agreeing:</b>								
<b>Positive statements about the idea of universal parenting classes</b>								
Parenting classes are just as suited to older parents as they are to teenage parents and other young parents	67	62	-4	68	70	1	-6	.262
All parents can benefit from going on a parenting course	61	58	-3	60	61	1	-4	.442
Deciding to go on a parenting class shows that you're trying to do your best to parent your children well	61	61	0	65	65	0	0	.987
Going on parenting classes should be something that all parents should be encouraged to do	48	47	-1	48	48	1	-2	.802
If parents have issues they want to discuss about parenting, it's better to talk to professionals rather than simply rely on talking to family or friends	42	40	-2	39	42	3	-5	.353
<b>Negative statements about the idea of universal parenting classes</b>								
It's up to parents how they bring up their children and they don't need to attend classes on how to do it	38	42	4	35	39	4	0	.935
Parents should only go on a parenting class if they've got problems with how to bring up their children	33	29	-4	31	32	0	-4	.377

Parenting classes are mainly relevant for parents of new born babies	21	25	3	26	25	-1	<b>4</b>	.427
It's more useful for mothers to have parenting classes than fathers	13	16	3	15	13	-2	<b>4</b>	.244
Parents who go on a parenting class are admitting that they're not doing a very good job at parenting	10	9	-2	11	9	-2	<b>1</b>	.864
Parenting classes should only be offered for free if parents can't afford to pay for them themselves	43	43	0	48	48	0	<b>0</b>	.980
<i>Unweighted bases: all fathers</i>	<i>347</i>	<i>386</i>		<i>385</i>	<i>402</i>			

**All p values are nonsignificant**

Source: Penetration surveys

**Table 47: Impact of the CANparent trial on parents' attitudes about the suitability of parenting classes for children of different ages: mothers**

	Mothers in voucher areas Wave 1	Mothers in voucher areas Wave 2	Change among mothers in voucher areas	Mothers in comparison areas Wave 1	Mothers in comparison areas Wave 2	Change among mothers in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% mothers thinking parenting classes useful for parents with:</b>								
Babies up to 12 months old	93	92	-1	92	93	1	-2	.362
1 to 5 year olds	94	94	0	94	95	0	0	.824
6 to 9 year olds	86	85	-1	86	85	-1	0	.812
10 to 12 year olds	80	82	2	80	82	1	1	.816
13 to 18 year olds	76	78	2	76	79	3	-1	.823
<i>Unweighted bases: all mothers</i>	777	812		752	731			

**All p values are nonsignificant**

Source: Penetration surveys

Table 48: Impact of the CANparent trial on parents' attitudes about the suitability of parenting classes for children of different ages: fathers

	Fathers in voucher areas Wave 1	Fathers in voucher areas Wave 2	Change among fathers in voucher areas	Fathers in comparison areas Wave 1	Fathers in comparison areas Wave 2	Change among fathers in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% fathers thinking parenting classes useful for parents with:</b>								
Babies up to 12 months old	92	91	-1	92	89	-3	<b>2</b>	.432
1 to 5 year olds	92	91	-1	92	90	-2	<b>1</b>	.780
6 to 9 year olds	79	77	-2	80	78	-2	<b>0</b>	.893
10 to 12 year olds	73	69	-4	73	73	1	<b>-5</b>	.281
13 to 18 year olds	64	64	0	65	69	4	<b>-4</b>	.487
<i>Unweighted bases: all fathers</i>	347	386		385	402			

All p values are nonsignificant

Source: Penetration surveys

Table 49: Impact of the CANparent trial on parents' views on the benefits of and barriers to attending parenting classes: mothers

	Mothers in voucher areas Wave 1	Mothers in voucher areas Wave 2	Change among mothers in voucher areas	Mothers in comparison areas Wave 1	Mothers in comparison areas Wave 2	Change among mothers in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% mothers thinking parenting classes might:</b>								
<b>Positive aspects</b>								
Teach me useful new parenting skills and tips	65	66	1	64	65	0	1	.849
Be a good chance to talk about things with other parents	63	63	0	62	60	-2	2	.678
Build my confidence as a parent	53	52	-1	49	48	-2	0	.947
Make me a better parent	44	40	-5	41	40	-2	-3	.384
Help my children to reach their potential	44	41	-3	45	45	0	-3	.524
Improve how well I get on with my child(ren)	40	37	-3	39	35	-4	1	.854
Mean that my child(ren) might be better behaved	29	26	-3	29	27	-3	-1	.813
Improve my relationship with my partner	16	16	-1	16	15	-1	0	.925
<b>Negative aspects</b>								
Just tell me what I already know	15	17	1	13	15	2	-1	.808
Take up too much time	11	10	-1	9	8	-1	0	.879

Make me feel like I'm being tested	11	10	-1	14	11	-3	<b>2</b>	.467
Be too expensive for me	10	8	-2	11	9	-2	<b>0</b>	.922
Make other people think that I'm not a good parent	9	8	0	8	8	-1	<b>1</b>	.726
Make me feel like I'd failed or got something wrong	9	7	-2	11	7	-4	<b>2</b>	.451
Be run by people who would judge me	6	6	0	7	6	-1	<b>0</b>	.777
<i>Unweighted bases: all mothers</i>	<i>777</i>	<i>812</i>		<i>752</i>	<i>731</i>			

**All p values are nonsignificant**

Source: Penetration surveys

Table 50: Impact of the CANparent trial on parents' views on the benefits of and barriers to attending parenting classes: fathers

	Fathers in voucher areas Wave 1	Fathers in voucher areas Wave 2	Change among fathers in voucher areas	Fathers in comparison areas Wave 1	Fathers in comparison areas Wave 2	Change among fathers in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% fathers thinking parenting classes might:</b>								
<b>Positive aspects</b>								
Teach me useful new parenting skills and tips	59	58	-1	67	61	-7	5	.391
Be a good chance to talk about things with other parents	58	52	-6	55	56	1	-7	.230
Build my confidence as a parent	47	40	-6	42	45	3	-9	.065*
Make me a better parent	44	46	2	45	47	2	0	.954
Help my children to reach their potential	39	39	0	39	41	3	-2	.674
Improve how well I get on with my child(ren)	35	38	3	42	37	-5	7	.157
Mean that my child(ren) might be better behaved	29	26	-2	31	31	0	-3	.585
Improve my relationship with my partner	23	22	-1	19	22	3	-4	.375
<b>Negative aspects</b>								
Just tell me what I already know	19	19	0	17	17	1	-1	.917
Take up too much time	16	17	1	12	14	2	-1	.784
Make me feel like I'm being tested	14	13	-1	15	11	-4	3	.359
Be too expensive for me	10	10	1	11	11	0	1	.787

Make other people think that I'm not a good parent	10	10	0	12	11	-1	<b>1</b>	.822
Make me feel like I'd failed or got something wrong	5	8	3	10	8	-2	<b>5</b>	.116
Be run by people who would judge me	7	11	4	10	9	0	<b>5</b>	.194
<i>Unweighted bases: all fathers</i>	<i>347</i>	<i>386</i>		<i>385</i>	<i>402</i>			

\*  $p < .10$

Source: Penetration surveys

**Table 51: Impact of the CANparent trial on the take-up of and propensity to take-up parenting classes: mothers**

	Mothers in voucher areas Wave 1	Mothers in voucher areas Wave 2	Change among mothers in voucher areas	Mothers in comparison areas Wave 1	Mothers in comparison areas Wave 2	Change among mothers in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% mothers:</b>								
Ever attended a parenting class	20	22	2	15	20	5	-3	.399
Attended a parenting class during the trial period	5	13	8	3	9	6	2	.518
Attended a parenting class which started in the trial period	2	7	5	1	5	4	1	.301
Attended a parenting class during the trial period which they chose rather than were told to attend	1	6	5	1	3	2	2	.084*
Attended a free parenting class since the trial started	5	13	7	3	7	4	3	.137
Been on or likely to attend a parenting class before children enter Year 2	37	40	4	37	42	5	-2	.688
Prepared to pay for a parenting course	34	34	0	35	37	2	-3	.555
<i>Unweighted bases: all mothers</i>	<i>777</i>	<i>812</i>		<i>752</i>	<i>731</i>			

Source: Penetration surveys

Table 52: Impact of the CANparent trial on the take-up of and propensity to take up parenting classes: fathers

	Fathers in voucher areas Wave 1	Fathers in voucher areas Wave 2	Change among fathers in voucher areas	Fathers in comparison areas Wave 1	Fathers in comparison areas Wave 2	Change among fathers in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% fathers:</b>								
Ever attended a parenting class	10	9	-2	10	8	-2	<b>0</b>	.944
Attended a parenting class during the trial period	2	5	3	1	4	3	<b>0</b>	.940
Attended a parenting class which started in the trial period	1	3	2	0	1	1	<b>1</b>	.484
Attended a parenting class during the trial period which they chose rather than were told to attend	1	2	2	0	0	0	<b>2</b>	.159
Attended a free parenting class since the trial started	2	4	2	1	3	2	<b>1</b>	.739
Been on or likely to attend a parenting class before children enter Year 2	26	23	-3	24	33	9	<b>-12</b>	.037**
Prepared to pay for a parenting course	38	36	-2	45	36	-9	<b>7</b>	.277
<i>Unweighted bases: all fathers</i>	347	386		385	402			

\*\*  $p < .05$

Source: Penetration surveys

Table 53: Impact of the CANparent trial on parents' attitudes to parenting classes: Camden

	Camden Wave 1	Camden Wave 2	Change in Camden	Comparison areas Wave 1	Comparison areas Wave 2	Change in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% parents agreeing:</b>								
<b>Positive statements about the idea of universal parenting classes</b>								
Parenting classes are just as suited to older parents as they are to teenage parents and other young parents	71	63	-9	68	66	-2	-7	.333
All parents can benefit from going on a parenting course	73	68	-5	75	70	-5	0	.951
Deciding to go on a parenting class shows that you're trying to do your best to parent your children well	69	69	0	78	70	-8	8	.121
Going on parenting classes should be something that all parents should be encouraged to do	64	60	-4	66	52	-14	9	.111
If parents have issues they want to discuss about parenting, it's better to talk to professionals rather than simply rely on talking to family or friends	45	42	-2	50	45	-5	2	.756
<b>Negative statements about the idea of universal parenting classes</b>								
It's up to parents how they bring up their children and they don't need to attend classes on how to do it	31	37	6	33	38	5	1	.844
Parents should only go on a parenting class if they've got problems with how to bring up their children	28	24	-4	28	37	8	-12	.028**
Parenting classes are mainly relevant for parents of new born babies	23	23	0	30	29	0	1	.924

It's more useful for mothers to have parenting classes than fathers	21	20	-1	23	22	-1	<b>1</b>	.913
Parents who go on a parenting class are admitting that they're not doing a very good job at parenting	11	11	0	12	12	1	<b>-1</b>	.936
Parenting classes should only be offered for free if parents can't afford to pay for them themselves	51	49	-2	59	52	-7	<b>5</b>	.385
<i>Unweighted bases: all respondents in Camden and Camden's comparison areas</i>	371	375		358	351			

\*\*  $p < .05$

Source: Penetration surveys

**Table 54: Impact of the CANparent trial on parents' attitudes about the suitability of parenting classes for children of different ages: Camden**

	<b>Camden Wave 1</b>	<b>Camden Wave 2</b>	<b>Change in Camden</b>	<b>Comparison areas Wave 1</b>	<b>Comparison areas Wave 2</b>	<b>Change in comparison areas</b>	<b>Difference in differences</b>	<b>p value</b>
	%	%	pp	%	%	pp	pp	
<b>% parents thinking parenting classes useful for parents with:</b>								
Babies up to 12 months old	91	87	-4	88	87	-1	-2	.548
1 to 5 year olds	93	91	-2	96	87	-8	7	.053*
6 to 9 year olds	86	83	-4	84	79	-6	2	.716
10 to 12 year olds	80	80	0	83	77	-6	6	.174
13 to 18 year olds	77	77	0	77	77	0	0	.969
<i>Unweighted bases: all respondents in Camden and Camden's comparison areas</i>	371	375		358	351			

\*  $p < .10$

Source: Penetration surveys

**Table 55: Impact of the CANparent trial on parents' views on the benefits of and barriers to attending parenting classes: Camden**

	Camden Wave 1	Camden Wave 2	Change in Camden	Comparison areas Wave 1	Comparison areas Wave 2	Change in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% parents thinking parenting classes might:</b>								
<b>Positive aspects</b>								
Teach me useful new parenting skills and tips	64	61	-3	69	63	-6	<b>3</b>	.772
Be a good chance to talk about things with other parents	60	58	-2	56	56	0	<b>-1</b>	.807
Build my confidence as a parent	54	49	-5	58	49	-8	<b>3</b>	.575
Make me a better parent	50	46	-4	57	53	-4	<b>0</b>	.995
Help my children to reach their potential	44	41	-3	40	46	6	<b>-9</b>	.087*
Improve how well I get on with my child(ren)	45	42	-3	52	38	-13	<b>11</b>	.096*
Mean that my child(ren) might be better behaved	34	30	-5	30	31	0	<b>-5</b>	.536
Improve my relationship with my partner	24	25	2	25	21	-4	<b>6</b>	.170
<b>Negative aspects</b>								
Just tell me what I already know	18	20	2	14	18	4	<b>-2</b>	.648
Take up too much time	15	16	1	11	13	2	<b>-1</b>	.722
Make me feel like I'm being tested	9	8	-1	11	9	-2	<b>1</b>	.754
Be too expensive for me	12	10	-2	10	8	-2	<b>1</b>	.946
Make other people think that I'm not a good parent	6	7	1	8	6	-2	<b>3</b>	.367

Make me feel like I'd failed or got something wrong	5	7	2	9	7	-3	<b>5</b>	.339
Be run by people who would judge me	5	8	3	8	6	-2	<b>5</b>	.228
<i>Unweighted bases: all respondents in Camden and Camden's comparison areas</i>	371	375		358	351			

\*  $p < .10$

Source: Penetration surveys

**Table 56: Impact of the CANparent trial on the take-up of and propensity to take up parenting classes: Camden**

	Camden Wave 1	Camden Wave 2	Change in Camden	Comparison areas Wave 1	Comparison areas Wave 2	Change in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% parents:</b>								
Ever attended a parenting class	21	20	-1	16	22	6	-7	.054*
Attended a parenting class during the trial period	6	11	5	4	12	8	-4	.412
Attended a parenting class which started in the trial period	3	6	3	1	4	3	0	.987
Attended a parenting class during the trial period which they chose rather than were told to attend	2	5	2	1	3	2	1	.760
Attended a free parenting class since the trial started	5	10	5	2	8	5	0	.937
Been on or likely to attend a parenting class before children enter Year 2	40	39	-2	40	45	5	-6	.300
Prepared to pay for a parenting course	40	38	-2	39	36	-3	1	.931
<i>Unweighted bases: all respondents in Camden and Camden's comparison areas</i>	371	375		358	351			

\*  $p < .10$

Source: Penetration survey

**Table 57: Impact of the CANparent trial on parents' attitudes to parenting classes: High Peak**

	High Peak Wave 1	High Peak Wave 2	Change in High Peak	Comparison areas Wave 1	Comparison areas Wave 2	Change in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% parents agreeing:</b>								
<b>Positive statements about the idea of universal parenting classes</b>								
Parenting classes are just as suited to older parents as they are to teenage parents and other young parents	70	72	3	69	70	1	2	.706
All parents can benefit from going on a parenting course	58	59	1	54	60	7	-6	.240
Deciding to go on a parenting class shows that you're trying to do your best to parent your children well	59	55	-4	61	62	1	-5	.391
Going on parenting classes should be something that all parents should be encouraged to do	45	41	-4	44	47	2	-7	.148
If parents have issues they want to discuss about parenting, it's better to talk to professionals rather than simply rely on talking to family or friends	27	29	2	34	34	-1	2	.619
<b>Negative statements about the idea of universal parenting classes</b>								
It's up to parents how they bring up their children and they don't need to attend classes on how to do it	31	35	3	26	33	7	-3	.513
Parents should only go on a parenting class if they've got problems with how to bring up their children	24	20	-3	26	24	-2	-2	.667
Parenting classes are mainly relevant for parents of new born babies	9	13	4	17	12	-5	9	.053*

It's more useful for mothers to have parenting classes than fathers	7	6	-1	10	6	-4	<b>3</b>	.300
Parents who go on a parenting class are admitting that they're not doing a very good job at parenting	5	5	0	6	5	0	<b>0</b>	.957
Parenting classes should only be offered for free if parents can't afford to pay for them themselves	36	34	-2	36	42	6	<b>-8</b>	.227
<i>Unweighted bases: all respondents in High Peak and High Peak's comparison areas</i>	<i>377</i>	<i>424</i>		<i>399</i>	<i>408</i>			

\*  $p < .10$

Source: Penetration surveys

**Table 58: Impact of the CANparent trial on parents' attitudes about the suitability of parenting classes for children of different ages: High Peak**

	High Peak Wave 1	High Peak Wave 2	Change in High Peak	Comparison areas Wave 1	Comparison areas Wave 2	Change in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% parents thinking parenting classes useful for parents with:</b>								
Babies up to 12 months old	94	94	0	95	95	0	0	.897
1 to 5 year olds	95	94	-1	94	96	3	-4	.042**
6 to 9 year olds	86	84	-2	81	85	3	-5	.148
10 to 12 year olds	80	76	-3	73	79	6	-9	.009**
13 to 18 year olds	74	73	-1	71	73	3	-4	.498
<i>Unweighted bases: all respondents in High Peak and High Peak's comparison areas</i>	377	424		399	408			

\*\*  $p < .05$

Source: Penetration surveys

**Table 59: Impact of the CANparent trial on parents' views on the benefits of and barriers to attending parenting classes: High Peak**

	High Peak Wave 1	High Peak Wave 2	Change in High Peak	Comparison areas Wave 1	Comparison areas Wave 2	Change in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% parents thinking parenting classes might:</b>								
<b>Positive aspects</b>								
Teach me useful new parenting skills and tips	70	69	-1	69	66	-3	<b>2</b>	.665
Be a good chance to talk about things with other parents	67	64	-2	60	60	0	<b>-3</b>	.669
Build my confidence as a parent	54	52	-2	49	45	-4	<b>2</b>	.703
Make me a better parent	42	43	0	44	42	-2	<b>2</b>	.609
Help my children to reach their potential	39	41	2	43	44	1	<b>1</b>	.762
Improve how well I get on with my child(ren)	38	39	1	39	33	-5	<b>7</b>	.186
Mean that my child(ren) might be better behaved	30	27	-3	32	26	-6	<b>3</b>	.487
Improve my relationship with my partner	18	18	0	19	18	-1	<b>1</b>	.791
<b>Negative aspects</b>								
Just tell me what I already know	18	17	-1	13	16	3	<b>-3</b>	.388
Take up too much time	13	13	0	10	13	3	<b>-2</b>	.554
Make me feel like I'm being tested	13	11	-2	19	14	-5	<b>3</b>	.494
Be too expensive for me	8	8	0	13	11	-2	<b>3</b>	.337

Make other people think that I'm not a good parent	12	9	-3	12	12	-1	<b>-2</b>	.515
Make me feel like I'd failed or got something wrong	9	8	-1	9	9	0	<b>0</b>	.966
Be run by people who would judge me	7	7	0	11	9	-2	<b>2</b>	.527
<i>Unweighted bases: all respondents in High Peak and High Peak's comparison areas</i>	<i>377</i>	<i>424</i>		<i>399</i>	<i>408</i>			

**All p values are nonsignificant**

Source: Penetration surveys

**Table 60: Impact of the CANparent trial on the take-up and propensity to take up parenting classes: High Peak**

	High Peak Wave 1	High Peak Wave 2	Change in High Peak	Comparison areas Wave 1	Comparison areas Wave 2	Change in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% parents:</b>								
Ever attended a parenting class	16	15	-1	15	11	-4	<b>3</b>	.409
Attended a parenting class during the trial period	3	8	5	3	5	1	<b>4</b>	.149
Attended a parenting class which started in the trial period	1	5	4	2	4	2	<b>2</b>	.227
Attended a parenting class during the trial period which they chose rather than were told to attend	1	5	4	1	2	0	<b>4</b>	.010**
Attended a free parenting class since the trial started	3	7	4	3	4	1	<b>3</b>	.140
Been on or likely to attend a parenting class before children enter Year 2	28	29	1	28	34	6	<b>-5</b>	.316
Prepared to pay for a parenting course	35	39	3	43	42	-1	<b>4</b>	.491
<i>Unweighted bases: all respondents in High Peak and High Peak's comparison areas</i>	377	424		399	408			

\*\*  $p < .05$

Source: Penetration surveys

Table 61: Impact of the CANparent trial on parents' attitudes to parenting classes: Middlesbrough

	M'brough Wave 1	M'brough Wave 2	Change in M'brough	Comparison areas Wave 1	Comparison areas Wave 2	Change in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% parents agreeing:</b>								
<b>Positive statements about the idea of universal parenting classes</b>								
Parenting classes are just as suited to older parents as they are to teenage parents and other young parents	67	69	2	75	70	-4	<b>6</b>	.203
All parents can benefit from going on a parenting course	67	67	0	71	66	-4	<b>4</b>	.437
Deciding to go on a parenting class shows that you're trying to do your best to parent your children well	63	64	1	67	64	-2	<b>3</b>	.462
Going on parenting classes should be something that all parents should be encouraged to do	50	50	0	49	45	-4	<b>4</b>	.650
If parents have issues they want to discuss about parenting, it's better to talk to professionals rather than simply rely on talking to family or friends	43	39	-4	42	37	-5	<b>1</b>	.843
<b>Negative statements about the idea of universal parenting classes</b>								
It's up to parents how they bring up their children and they don't need to attend classes on how to do it	45	44	-1	45	40	-5	<b>5</b>	.490
Parents should only go on a parenting class if they've got problems with how to bring up their children	35	31	-4	34	33	-1	<b>-2</b>	.611
Parenting classes are mainly relevant for parents of new born babies	24	21	-2	26	27	1	<b>-4</b>	.458

It's more useful for mothers to have parenting classes than fathers	15	12	-3	15	15	0	<b>-2</b>	.626
Parents who go on a parenting class are admitting that they're not doing a very good job at parenting	11	10	-2	13	8	-5	<b>3</b>	.378
Parenting classes should only be offered for free if parents can't afford to pay for them themselves	43	43	1	43	45	3	<b>-2</b>	.819
<i>Unweighted bases: all respondents in Middlesbrough and Middlesbrough's comparison areas</i>	376	399		380	374			

**All p values are nonsignificant**

Source: Penetration surveys

**Table 62: Impact of the CANparent trial on parents' attitudes about the suitability of parenting classes for children of different ages: Middlesbrough**

	<b>M'brough Wave 1</b>	<b>M'brough Wave 2</b>	<b>Change in M'brough</b>	<b>Comparison areas Wave 1</b>	<b>Comparison areas Wave 2</b>	<b>Change in comparison areas</b>	<b>Difference in differences</b>	<b>p value</b>
	%	%	<i>pp</i>	%	%	<i>pp</i>	<i>pp</i>	
<b>% parents thinking parenting classes useful for parents with:</b>								
Babies up to 12 months old	92	94	2	91	94	3	<b>-1</b>	.766
1 to 5 year olds	91	93	2	93	94	1	<b>1</b>	.650
6 to 9 year olds	78	80	1	84	80	-4	<b>5</b>	.218
10 to 12 year olds	72	73	1	77	79	2	<b>-1</b>	.795
13 to 18 year olds	62	67	5	66	74	9	<b>-4</b>	.514
<i>Unweighted bases: all respondents in Middlesbrough and Middlesbrough's comparison areas</i>	376	399		380	374			

**All p values are nonsignificant**

Source: Penetration surveys

**Table 63: Impact of the CANparent trial on parents' views on the benefits of and barriers to attending parenting classes: Middlesbrough**

	M'brough Wave 1	M'brough Wave 2	Change in M'brough	Comparison areas Wave 1	Comparison areas Wave 2	Change in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% parents thinking parenting classes might:</b>								
<b>Positive aspects</b>								
Teach me useful new parenting skills and tips	53	57	5	62	63	1	4	.575
Be a good chance to talk about things with other parents	58	53	-4	57	49	-7	3	.621
Build my confidence as a parent	44	41	-3	44	42	-2	-1	.932
Make me a better parent	39	38	-1	35	33	-2	1	.851
Help my children to reach their potential	41	38	-4	46	36	-10	7	.423
Improve how well I get on with my child(ren)	30	31	1	35	31	-3	5	.376
Mean that my child(ren) might be better behaved	24	22	-2	27	26	0	-2	.728
Improve my relationship with my partner	15	12	-3	14	16	2	-5	.464
<b>Negative aspects</b>								
Just tell me what I already know	16	15	0	13	17	4	-4	.362
Take up too much time	11	9	-3	11	10	-1	-2	.689
Make me feel like I'm being tested	15	14	-1	12	13	1	-1	.795
Be too expensive for me	10	7	-3	9	14	5	-8	.142

Make other people think that I'm not a good parent	11	10	-1	9	9	0	-1	.757
Make me feel like I'd failed or got something wrong	10	7	-3	14	10	-4	1	.868
Be run by people who would judge me	9	9	1	5	10	5	-4	.186
<i>Unweighted bases: all respondents in Middlesbrough and Middlesbrough's comparison areas</i>	376	399		380	374			

**All p values are nonsignificant**

Source: Penetration surveys

**Table 64: Impact of the CANparent trial on the take-up of and propensity to take up parenting classes: Middlesbrough**

	M'brough Wave 1	M'brough Wave 2	Change in M'brough	Comparison areas Wave 1	Comparison areas Wave 2	Change in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% parents:</b>								
Ever attended a parenting class	13	15	2	9	11	2	1	.836
Attended a parenting class during the trial period	4	10	7	2	5	3	4	.237
Attended a parenting class which started in the trial period	1	6	5	1	3	2	3	.116
Attended a parenting class during the trial period which they chose rather than were told to attend	0	4	4	0	1	1	3	.047*
Attended a free parenting class since the trial started	4	10	7	2	5	3	4	.218
Been on or likely to attend a parenting class before children enter Year 2	30	31	2	35	32	-3	5	.669
Prepared to pay for a parenting course	26	27	1	40	25	-16	17	.028**
<i>Unweighted bases: all respondents in Middlesbrough and Middlesbrough's comparison areas</i>	376	399		380	374			

\*  $p < .10$

\*\*  $p < .05$

Source: Penetration surveys

Table 65: Impact of the CANparent trial on parents' attitudes to parenting classes: Bristol

	Bristol Wave 1	Bristol Wave 2	Change in Bristol	Comparison areas Wave 1	Comparison areas Wave 2	Change in comparison areas	Difference in differences	p value
	%	%	pp	%	%	pp	pp	
<b>% parents agreeing:</b>								
<b>Positive statements about the idea of universal parenting classes</b>								
Parenting classes are just as suited to older parents as they are to teenage parents and other young parents	75	75	0	75	71	-4	4	.437
All parents can benefit from going on a parenting course	67	70	3	63	68	5	-2	.734
Deciding to go on a parenting class shows that you're trying to do your best to parent your children well	67	67	0	71	68	-3	2	.734
Going on parenting classes should be something that all parents should be encouraged to do	56	54	-2	53	60	7	-9	.266
If parents have issues they want to discuss about parenting, it's better to talk to professionals rather than simply rely on talking to family or friends	35	35	0	37	36	-1	1	.899
<b>Negative statements about the idea of universal parenting classes</b>								
It's up to parents how they bring up their children and they don't need to attend classes on how to do it	31	28	-4	33	33	0	-3	.449
Parents should only go on a parenting class if they've got problems with how to bring up their children	26	20	-6	24	25	1	-7	.125
Parenting classes are mainly relevant for parents of new born babies	20	18	-2	21	17	-3	2	.788

It's more useful for mothers to have parenting classes than fathers	13	11	-2	14	10	-3	<b>1</b>	.740
Parents who go on a parenting class are admitting that they're not doing a very good job at parenting	8	6	-2	10	7	-3	<b>1</b>	.808
Parenting classes should only be offered for free if parents can't afford to pay for them themselves	43	38	-5	42	41	-1	<b>-3</b>	.601
<i>Unweighted bases: respondents in Bristol and Bristol's comparison areas</i>	386	405		398	387			

**All p values are nonsignificant**

Source: Penetration surveys

**Table 66: Impact of the CANparent trial on parents' attitudes about the suitability of parenting classes for children of different ages: Bristol**

	<b>Bristol Wave 1</b>	<b>Bristol Wave 2</b>	<b>Change in Bristol</b>	<b>Comparison areas Wave 1</b>	<b>Comparison areas Wave 2</b>	<b>Change in comparison areas</b>	<b>Difference in differences</b>	<b>p value</b>
	%	%	pp	%	%	pp	pp	
<b>% parents thinking parenting classes useful for parents with:</b>								
Babies up to 12 months old	90	91	1	92	93	0	1	.740
1 to 5 year olds	92	94	1	94	94	0	2	.625
6 to 9 year olds	80	78	-2	84	85	2	-4	.381
10 to 12 year olds	77	75	-3	78	77	-1	-2	.639
13 to 18 year olds	73	71	-1	73	70	-3	2	.662
<i>Unweighted bases: respondents in Bristol and Bristol's comparison areas</i>	386	405		398	387			

**All p values are nonsignificant**

Source: Penetration surveys

**Table 67: Impact of the CANparent trial on parents' views on the benefits of and barriers to attending parenting classes: Bristol**

	<b>Bristol Wave 1</b>	<b>Bristol Wave 2</b>	<b>Change in Bristol</b>	<b>Comparison areas Wave 1</b>	<b>Comparison areas Wave 2</b>	<b>Change in comparison areas</b>	<b>Difference in differences</b>	<b>p value</b>
	%	%	<i>pp</i>	%	%	<i>pp</i>	<i>pp</i>	
<b>% parents thinking parenting classes might:</b>								
<b><i>Positive aspects</i></b>								
Teach me useful new parenting skills and tips	68	76	8	65	75	11	-3	.632
Be a good chance to talk about things with other parents	67	71	4	64	65	2	2	.699
Build my confidence as a parent	55	58	2	50	56	6	-3	.616
Make me a better parent	52	55	2	50	50	1	2	.818
Help my children to reach their potential	49	50	1	45	51	6	-5	.448
Improve how well I get on with my child(ren)	50	51	1	43	44	1	0	.982
Mean that my child(ren) might be better behaved	34	36	2	32	33	0	2	.745
Improve my relationship with my partner	25	27	2	20	24	4	-2	.775
<b><i>Negative aspects</i></b>								
Just tell me what I already know	19	16	-3	14	19	5	-8	.166
Take up too much time	15	16	2	8	15	7	-5	.249
Make me feel like I'm being tested	7	10	2	12	10	-1	4	.238
Be too expensive for me	14	15	1	11	10	-1	2	.491

Make other people think that I'm not a good parent	10	8	-2	10	11	1	<b>-3</b>	.492
Make me feel like I'd failed or got something wrong	6	9	3	9	7	-2	<b>5</b>	.066*
Be run by people who would judge me	7	8	1	10	7	-3	<b>4</b>	.227
<i>Unweighted bases: respondents in Bristol and Bristol's comparison areas</i>	386	405		398	387			

\*  $p < .10$

Source: Penetration surveys

**Table 68: Impact of the CANparent trial on the take-up of and propensity to take up parenting classes: Bristol**

	<b>Bristol Wave 1</b>	<b>Bristol Wave 2</b>	<b>Change in Bristol</b>	<b>Comparison areas Wave 1</b>	<b>Comparison areas Wave 2</b>	<b>Change in comparison areas</b>	<b>Difference in differences</b>	<b>p value</b>
	%	%	pp	%	%	pp	pp	
<b>% parents:</b>								
Ever attended a parenting class	16	15	0	14	23	10	-10	.072*
Attended a parenting class during the trial period	3	8	5	1	12	11	-5	.112
Attended a parenting class which started in the trial period	1	5	4	1	7	7	-3	.267
Attended a parenting class during the trial period which they chose rather than were told to attend	0	3	3	0	5	4	-1	.554
Attended a free parenting class since the trial started	2	6	5	1	11	10	-5	.088
Been on or likely to attend a parenting class before children enter Year 2	32	38	6	37	37	0	6	.380
Prepared to pay for a parenting course	40	40	1	36	42	6	-6	.257
<i>Unweighted bases: respondents in Bristol and Bristol's comparison areas</i>	386	405		398	387			

\*  $p < .10$

Source: Penetration surveys

## Appendix 12: Further information on characteristics associated with Willingness to pay

Table 69: Summary Statistics – WTP by socioeconomic characteristics (pure online)

Demographic characteristics	£0 WTP	WTP bounded by zero	Strictly positive WTP
Past user of parenting classes (proportion)	16.0%	20.3%	15.5%
Male (proportion)	41.0%	42.8%	45.2%
Average Number of children	2.0	1.9	1.9
Average Age of youngest child	2.7	2.5	2.6
Not Married (proportion)	19.3%	15.1%	11.8%
Child living elsewhere (proportion)	4.8%	4.0%	5.9%
Disabled child (proportion)	8.4%	7.0%	8.5%
Full-time employee (proportion)	37.0%	42.8%	44.7%
Part-time employee (proportion)	19.1%	21.3%	17.5%
Self-employed (proportion)	7.9%	7.6%	11.3%
Stay-at-home parent (proportion)	23.4%	19.4%	19.1%
Unemployed (proportion)	7.9%	5.7%	3.2%
Full-time student (proportion)	1.3%	1.1%	2.1%
Retired or disabled (proportion)	1.9%	0.6%	0.6%
Other employment status (proportion)	1.5%	1.6%	1.4%
Household income: <£10,000	18.4%	11.4%	6.8%
Household income: £10,000 - £19,999	24.1%	21.1%	18.8%
Household income: £20,000 - £34,999	23.3%	23.7%	20.1%
Household income: £35,000 - £59,999	18.1%	26.7%	22.9%
Household income: £60,000 - £99,999	10.0%	13.0%	18.7%
Household income: £100,000 and over	6.1%	4.1%	12.8%
<b>Observations</b>	<b>1,700</b>	<b>817</b>	<b>443</b>

Note: Responses area weighted so as to be representative of parents in each geographic area (in terms of gender, age, number of children, etc.).

Source: London Economics

**Table 70: Summary Statistics – WTP by socioeconomic characteristics (blended)**

Demographic characteristics	£0 WTP	WTP bounded by zero	Strictly positive WTP
Past user of parenting classes (proportion)	14.6%	19.9%	18.7%
Male (proportion)	41.3%	39.1%	48.5%
Average Number of children	2.1	1.9	1.8
Average Age of youngest child	2.7	2.6	2.6
Not Married (proportion)	20.8%	15.1%	11.7%
Child living elsewhere (proportion)	4.8%	4.8%	4.5%
Disabled child (proportion)	8.5%	8.0%	7.1%
Full-time employee (proportion)	36.0%	37.4%	50.1%
Part-time employee (proportion)	18.7%	22.3%	17.1%
Self-employed (proportion)	7.3%	8.9%	9.9%
Stay-at-home parent (proportion)	24.4%	21.9%	15.4%
Unemployed (proportion)	8.9%	5.7%	3.6%
Full-time student (proportion)	1.2%	1.5%	1.4%
Retired or disabled (proportion)	2.2%	0.8%	0.4%
Other employment status (proportion)	1.3%	1.6%	1.8%
Household income: <£10,000	21.4%	12.2%	6.3%
Household income: £10,000 - £19,999	26.8%	24.3%	12.7%
Household income: £20,000 - £34,999	22.8%	24.8%	19.2%
Household income: £35,000 - £59,999	15.6%	24.4%	28.3%
Household income: £60,000 - £99,999	9.0%	9.3%	20.5%
Household income: £100,000 and over	4.5%	5.0%	13.0%
<b>Observations</b>	<b>1,387</b>	<b>878</b>	<b>713</b>

Note: Responses area weighted so as to be representative of parents in each geographic area (in terms of gender, age, number of children, etc).

Source: London Economics



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