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Executive Summary

Introduction

This evaluation looked at Phase 2 of the CANparent trial, which examined the take up and effectiveness of parenting classes in three areas for parents of children aged 0-6 years to determine whether a sustainable market in parenting classes could be developed.

The CANparent trial was designed to evaluate a universal offer of high quality, stigma-free parenting classes for parents of children aged 0-5 (later changed to 0-6 years) in three areas: Middlesbrough, High Peak in Derbyshire, and Camden in London. The aim of the intervention was to support the enhancement of parenting skills and confidence, stimulate a commercial market, and prevent the need for further costly intervention. The work of the trial was led by a consortium of third sector organisations led by Family Lives (previously Parenting UK) and Ecorys, who were also responsible for leading a market development programme of communication across the country on CANparent, developing its website and developing the CANparent quality mark (see below).

The CANparent trial was a positive initiative to develop universal parenting classes, an aspiration that has substantial support among parenting support organisations and across political parties. The recent joint report of the All Party Parliamentary Group on Parents and Families and the All Party Parliamentary Group on Social Mobility, to which we provided evidence, clearly demonstrates both the importance of the issue and the cross party desire to develop policy in this area.

Phase 1 of the trial was funded by the Department for Education (DfE) between April 2012 and March 2014. A key factor during Phase 1 was the provision of a voucher for each eligible parent, with the nominal value of £100, to attend a programme of parenting classes delivered by an approved provider. Two Interim Reports reporting the early findings from the trial were published in March 2013 and January 2014 respectively. In each case a number of changes to the trial were made to improve

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1 The Parliamentary Inquiry into Parenting and Social Mobility
2 CANparent 1st Interim Report of Phase 1
3 CANparent 2nd Interim Report of Phase 1
support for providers and take up of parenting classes by parents. In the Final Report\(^4\) we presented the overall findings from Phase 1 of the CANparent Trial.

During the second year of Phase 1 it became apparent that providers would need support after the close of the trial to help with the transition to becoming sustainable in a commercial market. Working with DfE, the Department of Health (DH) agreed to take responsibility for a new phase of the CANparent trial from April 2014- March 2015.

Towards the end of Phase 1 (January 2014), the CANparent quality mark was introduced, and was awarded to providers that met specified quality standards. The aim of this initiative was to engage as many providers of parenting classes across England as possible in a system of quality assurance, as a means of building trust in parenting classes, raising quality standards, and providing a source of funding to support the sustainability of CANparent after the end of the trial.

Phase 2 was not simply an extension of the existing trial. There were important changes, in particular the removal of vouchers. This report presents the findings of Phase 2 of the CANparent trial and compares these, where appropriate, with those of Phase 1. It finds that Phase 2 of the CANparent trial faced some significant challenges and was less successful than Phase 1. However, important lessons have been learned from the experience gained in Phase 2.

**Key findings**

Whereas Phase 1 (2012-14) of the CANparent trial was successful in stimulating the supply side of a market of 14 providers in the trial areas that offered a wide choice of types of universal parenting classes and modes of delivery, Phase 2 (2014-15) was not successful in maintaining the momentum that had been generated by the end of Phase 1.

The number of providers reduced from 12 at the end of Phase 1 to six, of which only four were active in delivering parenting classes during Phase 2.

The number of parents enrolling in Phase 2 was just 164 compared with 2956 during Phase 1.

The main cause of this substantial reduction in supply was the withdrawal of vouchers (nominal value £100) which removed income directly available to providers for each parent that participated in a CANparent class, leading to fewer providers and less activity. A subsidiary factor was the interruption in

\(^4\) CANparent Final Report of Phase 1
the momentum of the trial resulting from the transfer of responsibility from DfE to DH.

The economic context that the trial was operating in had an effect on the commissioning of parenting support by local authorities and their engagement with the trial, which affected supply of classes; however austerity was not a factor in the change in uptake by parents between Phases 1 and 2 as classes were free; lower uptake, at least in part, reflected reduced supply.

The classes provided in both Phase 1 and Phase 2 were effective in improving parents’ satisfaction with being a parent, their sense of efficacy with being a parent, their mental well-being, and life satisfaction.

Parents who attended the CANparent classes were also overwhelmingly positive about their experience and reported that their classes have led to changes in their own behaviour, with positive impact on their children.

Parents would recommend the class to a friend, and many parents have already done so: this indicates the importance of gaining and maintaining momentum as a key factor in the successful expansion of the uptake of classes.

There was relatively little evidence that parents saw parenting classes as stigmatising.

A total of 33 providers and 40 parenting classes received accreditation with the CANparent quality mark as part of the market development initiative outside the trial areas.

**Aim and objectives**

**Aim**

The aim of the evaluation of Phase 2 of the CANparent trial was to evaluate the effectiveness and take up of parenting classes in the Bristol, Middlesbrough, High Peak in Derbyshire, and Camden in London as a result of Phase 2 of the CANparent trial and determine whether a sustainable market in parenting classes could be developed.

**Objectives**

Although largely the same as Phase 1, the objectives were amended by removing those that concerned the use of vouchers. In summary, the objectives for Phase 2 were to investigate:

The extent to which a new market for the provision of universal parenting classes had been created by the trial and how successfully this could be sustained
without central government subsidy (given the proliferation of other help with parenting – e.g. books and magazines for which parents are willing to pay). This would include an investigation into the necessary market conditions for a competitive market to work and the extent to which these conditions exist in England. The evaluation would examine how successful measures within the trial had been in supporting providers in the developing market.

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 for Phase 2 required a combined methods approach comprising two strands:

**Strand 1: Supply side longitudinal case studies**

Building upon the case studies in Phase 1, we carried out a further two phases with parenting class providers; the trial delivery partners (Ecorys and Family Lives); local support organisations; class facilitators; and class host organisations (e.g. leads from schools and children’s centres that commissioned and hosted classes).

The main data collection method was interviews (face to face and by telephone).

**Strand 2: Survey of parents participating in parenting classes**

This comprised three components:

An ongoing participating parents’ survey was carried out with all parents that enrolled on a parenting class in the trial areas to establish their experiences of the classes and their perspectives of the impact on their parenting skills and mental well-being. Parents attending a class completed standardised questionnaires measuring parent mental well-being (Warwick-Edinburgh Mental Well-being Scale) and parent satisfaction, confidence and sense of efficacy as a parent (Being a Parent Scale).

A quantitative telephone survey was carried out by TNS BMRB with 37 parents between 20 January and 23 March 2015.

Face-to-face interviews were held with 25 parents attending classes at the end of their course or shortly afterwards, individually (15) or in a group (10).
Conclusions and looking to the future

Phase 1 of the CANparent trial of universal parenting classes (2012-14) was successful in starting to develop a voucher-based market for universal parenting classes. It stimulated a supply side with 14 providers; almost 3,000 parents enrolled on a class, demonstrating the development of some demand in the three voucher trial areas.

Phase 1 took time to get going – but this was not surprising given the need for the providers to make local contacts, build local relationships, recruit facilitators to be trained and parents to participate. After a slow start, an upward trajectory of enrolments was apparent. Furthermore, the classes overall were shown to be having positive effects, albeit lower than effects demonstrated in our earlier study of the national roll out of targeted parenting classes\(^5\).\(^6\). This result was also not surprising as the classes were aimed at all parents, not those specifically who were concerned about their child having high levels of behavioural difficulties.

The use of vouchers with a nominal value of £100 was effective in giving providers direct payments for each parent who enrolled, although providers were critical of the value stated, arguing that the true cost was higher. Vouchers were not sufficient, however, and recruitment of parents required more than generating awareness: access to trusted professionals, particularly staff in children’s centres, were a key factor in supporting parents to consider attending a class.

The decision to extend the trial by a third year (Phase 2) was welcomed in principle by providers and gave the opportunity to test the upward trajectory of enrolments and maturing of providers’ marketing and financial models. However, the substantial change in the key characteristics of the trial, in particular the ending of the vouchers, and also (to a lesser extent) the hiatus caused by change of sponsoring government department, had a major negative impact on the trial. As a result, the supply side shrank from 12 to 6 providers, only 4 of whom were active in providing parenting classes, although the others were seeking to develop the market by, for example, taster sessions. In addition the demand side, as indicated by parent enrolments, suffered an even greater reduction, from nearly 3,000 parents over two years and an upward trajectory, to just 164 parents that attended a parenting class in the third year, with another 161 parents that attended ‘taster sessions’ or similar, funded through the Local Engagement and Sustainability Fund to stimulate the market.

\(^5\) Parenting Early Intervention Programme Evaluation Final Report;
\(^6\) Evaluation of the national roll-out of parenting programmes across England: the Parenting Early Intervention Programme (PEIP)
The results of Phase 2 of the trial provide important learning about the extent to which the vouchers were supporting the development of the new market, and the importance of a carefully planned changeover to a non-voucher system.

Looking to the future, there is much important learning from the CANparent trial as a whole (Phases 1 and 2) that will be useful for the development of parenting classes:

There is strong support for the development of provision to support parents in the challenging task of being a parent and raising their children effectively.

There is a place for both universal and targeted parenting support; they have different but complementary purposes, and a comprehensive service for supporting parents requires universal, targeted and, in a small number of cases, specialist parenting support.

Development of online courses has been limited. There is a potential for this model of delivery but parents often seek and report particular benefit from membership of a class because of the group experience.

Awareness raising is not sufficient to stimulate take up of classes, even when these are free to parents: early years practitioners, especially children’s centre staff, and other trusted professionals are key to moving parents to participate in parenting classes.

At this time, only a minority of parents of 0-5 year old children would pay to attend a universal parenting class.

The sector as a whole is mainly committed to parenting support being free at the point of delivery. The CANparent trial has shown that, this philosophy notwithstanding, there is the potential to develop new models of funding and service delivery.

Vouchers may provide a viable approach to funding parenting classes if funding is to be provided by the state (national or local funding). Other funding models may also provide viable approaches including:

- philanthropic funding
- strategic commissioning across, e.g. a health trust or local authority
- micro-commissioning by, e.g. a school or children’s centre, a group of schools and/or children’s centres, or an organisation of individual partners, e.g. an academy chain
- Corporate commissioning to provide part of a benefit package for staff

Through the market development initiative the CANparent quality mark has gained recognition in the sector as a sought after accreditation. Further
development of the quality mark, and of its take up, will enhance support for parents, commissioners and purchasers.

**Recommendations**

Government at all levels should recognise the value of parenting classes as a tool for supporting children and families, as classes were found to have a positive impact on parents throughout the trial.

Local government and the local NHS should be aware of the range of evidence-based commercial and third sector providers of parenting classes that are part of a developing market, and should be open to working with them to offer support to service users. The transfer of 0-5 public health commissioning to local authorities on 1 October 2015 offers an opportunity to take a fresh look at services provided to families.

Future trials of the development of market stimulation policies should include careful analysis of how and when to move from a subsidised phase, such as the use of vouchers, to a subsequent non-subsidised phase and what support may need to be put in place.
1. Introduction

1.1 Background

The CANparent trial was originally a Department for Education (DfE) initiative, April 2012 to March 2014, designed to trial a universal offer of high quality, stigma-free parenting classes for parents of children aged 0-5, later changed to 0-6 years, to support the enhancement of parenting skills and confidence, stimulate a commercial market, and prevent the need for further costly intervention. Two Interim Reports\textsuperscript{7-8}, 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 our Final Report\textsuperscript{9} we presented the findings from the two year DfE trial overall, referred to in this report as Phase 1. The trial was then extended by a further year.

In the present report we present the findings of Phase 2 of the CANparent trial, April 2014 to March 2015, referred to in this report as Phase 2. We examine the outcomes of the third year and compare these, where appropriate, with the initial two-year trial. The Department of Health (DH) took over funding Phase 2 of the CANparent trial from the DfE which had funded the original, two-year trial period. There were important changes made to the trial as a result of DH having taken over the trial from the DfE, and a substantial reduction in the budget to fund this trial. We describe Phase 2 of the trial below (see Section 1.2). It is important, therefore, to state from the outset that Phase 2 was not simply an extension of the existing trial, with the same design; rather it differed fundamentally in some respects.

Why universal parenting classes?
The DfE funded initiative was 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).

\textsuperscript{7} CANparent 1st Interim Report of Phase 1
\textsuperscript{8} CANparent 2nd Interim Report of Phase 1
\textsuperscript{9} CANparent Final Report of Phase 1
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; Fergusson 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, recent statistics from the DfE show that 21% of children with special educational needs (statement or School Action Plus) in state primary and secondary schools in England have BESD (Department for Education, 2013). Pupils with SEN at School Action Plus, requiring support from professionals outside the school, 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

Parenting is one the key predictors of children’s emotional and behavioural problems, and 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 was recognised by the Government’s child poverty strategy (Department for Work and Pensions (DWP) and DfE, 2011). However, positive parenting can contribute to later positive child outcomes regardless of social disadvantage and poverty (Kiernan & Mensah, 2011). Furthermore, persistence of the positive effects of parenting programmes have been demonstrated up to 10 years later (Webster-Stratton et al., 2011).

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 (Schore 1994), their developing capacity to
regulate their emotions (Sroufe 2005; Schore 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; Chowdry & Oppenheim, 2015; 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 (NAPR) 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 (EIF) in 2013 to energise and support the development of early intervention across a range of services. The EIF has published a number of guidance documents to assist this process.

The CANparent quality mark was commissioned by the DfE to provide a means of quality-assuring universal parenting class provision delivered by a broad range of suppliers, where evidence from rigorous evaluations of efficacy (through a randomised control) was not considered to be a viable option for providers. An accreditation system was set up to provide an alternative mechanism, resulting in the award of the CANparent quality mark to those providers’ classes that met the accreditation criteria.

From targeted to universal
Most of the parenting programmes with good evidence for their efficacy have been developed to be targeted at parents of children with particular problems, especially behaviour. 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).

Universal parenting programmes may also have a different rationale and focus, although this can vary between programmes. In particular, the focus may be on the needs of all parents, not those that have ‘problems’. Bringing up children is challenging and demands parents to learn new knowledge and develop new skills – but that is true for all parents. Hence, universal parenting classes, as with CANparent, may aim to address these universal parenting needs. In general, the evidence base for universal parenting programmes is much less advanced. The basis for the programmes, therefore, is typically the science base of research evidence on which the programme is based rather than on the results of empirical research studies that have examined efficacy.

Ensuring evidence-based principles to underpin the new provision of multi-modal parenting classes addresses the current limitation of the variable quality of much universally available parenting support and advice (e.g. in popular parenting magazines, books and online fora) and also the large number of universal parenting programmes that have been designed and implemented in the community without clear empirical research evidence.

1.1.2 Widening the Remit of Parenting Support

Although a high proportion of (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 has the potential to enable 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 (later increased to 0-6 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 increase 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. This was the basis of the DfE-funded CANparent trial 2012-14 (Phase 1) and the DH funded Phase 2 (2014-15).

The economic context was one of austerity, with reduction in local authority budgets limiting their ability to commission universal parenting classes, and individual families’ incomes also adversely affected. The use of vouchers as a market-stimulant during Phase 1 helped to mitigate this context.

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 originally 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 was 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).

During Phase 2 of the trial the Department for Health (DH) also funded a market development initiative, building on work during Phase 1. The CANparent quality mark, introduced in January 2014, towards the end of Phase 1, was promoted to parenting class providers across England. An accreditation system, managed by Family Lives, allowed providers to present evidence, to demonstrate that their parenting class(es) meet the criteria for four quality elements concerning evidence of effectiveness of the delivery of the class in making a positive difference; the integrity of the class provided; that the class is recommended by other parents; and that the class is responsive, warm and relational, engaging with parents, and builds on these effective relationships to meet their needs.

1.1.4 Model of parental involvement in parenting support

The 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\textsuperscript{10}, programme\textsuperscript{11}, 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 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.

\textsuperscript{10} “provider” in the model equates to the level we refer to as “hosts/facilitators”

\textsuperscript{11} “programme” in the model equates to the level we refer to as “provider”
1.2 The CANparent trial – Phase 1, 2012-14

We now describe the original trial (retrospectively designated Phase 1) before describing Phase 2, the main focus of this report. The CANparent trial (Phase 1) 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\textsuperscript{12} the course.

\textsuperscript{12}‘Completion’ was contractually defined for each CANparent course, as these vary in length. It equated to at least 75% attendance.
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. From November 2012 until the end of Phase 1 (March 2014), 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 Phase 1 of the trial as it progressed as a result of the learning that took place and the findings from our evaluation. 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 of the CANparent trial Phase 1

An extensive evaluation of Phase 1 of the trial was carried out over its planned period April 1st 2012 - March 31st 2014. Two interim reports were produced which were used formatively by the DfE to modify the trial. The main driver was the need to attempt to increase parent engagement and enrolment as the uptake was initially very shallow. During the last year of Phase 1, the rate of uptake increased such that by the end of the trial (31st March 2014) 2956 parents had started a CANparent class. As this was intended to be the end of the CANparent trial we produced a Final Report which presented a detailed analysis of the trial up to that part13.

However, following discussion between DfE and DH it was decided that the trial should be extended for a further year. The original CANparent trial ran, as planned,

13 CANparent Final Report
for two years and finished on 31 March 2014. During the second year of the trial it became apparent that providers would need support after the close of the trial to help with the transition to becoming sustainable in a commercial market. Working with DfE, the Department of Health agreed to take responsibility for a new phase of the CANparent trial from April 2014 to March 2015.

Accordingly, the DH view was that the focus of the third year was to move further to market sustainability. In addition, an extension would allow more time for the upturn in the trajectory of enrolment to develop, resulting in the possibility of a substantial increase in enrolments. This in turn would allow a further evidence base about the effects of the trial to be examined. This period from April 1st 2014 to 31st March 2015 is now described as the CANparent trial Phase 2.

### 1.4 The CANparent trial – Phase 2, 2014-15

#### 1.4.1 Changes to the trial

During Phase 2, the main change to the trial was the cessation of the availability of vouchers. In Phase 1, providers received £75 for each parent that enrolled in their class and a further £25 when they completed\(^{14}\). In Phase 2 no subsidy was available necessitating providers funding their classes by attendance means.

The aim and objectives of the evaluation changed to reflect the significant change to the trial conditions.

**Aim**

The aim of the evaluation of Phase 2 of the CANparent trial was to evaluate the effectiveness and take up of parenting classes in the Bristol, Middlesbrough, High Peak in Derbyshire, and Camden in London as a result of Phase 2 of the CANparent trial and determine whether a sustainable market in parenting classes could be developed.

**Objectives**

Although largely the same as Phase 1, the objectives were amended by removing those that concerned the use of vouchers. In summary, the objectives for Phase 2 were to investigate:

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\(^{14}\) ‘Completion’ was contractually defined for each CANparent course, as these vary in length. It equated to at least 75% attendance.
The extent to which a new market for the provision of universal parenting classes had been created by the trial and how successfully this could be sustained without central government subsidy (given the proliferation of other help with parenting – e.g. books and magazines for which parents are willing to pay). This would include an investigation into the necessary market conditions for a competitive market to work and the extent to which these conditions exist in England. The evaluation would examine how successful measures within the trial had been in supporting providers in the developing market.

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.

1.4.2 Methodology

The research design for Phase 2 required a combined methods approach comprising two strands:

**Strand 1: Supply side longitudinal case studies**

Building upon the case studies in Phase 1, we carried out a further two phases with parenting class providers; the trial delivery partners (Ecorys and Family Lives); local support organisations; class facilitators; and class host organisations (e.g. leads from schools and children’s centres that commissioned and hosted classes).

The main data collection method was interviews (face to face and by telephone).

**Strand 2: Survey of parents participating in parenting classes**

This comprised three components:

An ongoing participating parents’ survey was carried out with all parents that enrolled on a parenting class in the trial areas to establish their experiences of the classes and their perspectives of the impact on their parenting skills and mental well-being. Parents attending a class completed standardised questionnaires measuring parent mental well-being (Warwick-Edinburgh Mental Well-being Scale) and parent satisfaction, confidence and sense of efficacy as a parent (Being a Parent Scale).

A quantitative telephone survey was carried out by TNS BMRB with 37 parents between 20 January and 23 March 2015.
Face-to-face interviews were held with 25 parents attending classes at the end of their course or shortly afterwards, individually (15) or in a group (10).

Strand 3: Cost effectiveness

We proposed to conduct a further cost effectiveness study to build upon the evidence collected in Phase 1. However, this was not possible for two reasons. First, the providers did not engage with the request to participate: we consider this reflected the very low numbers of parents enrolled in classes in Phase 2. Second, even if we had their engagement, the very small number of providers would have made it difficult, if not impossible, to ensure anonymity.

1.5 The CANparent quality mark

Outside our evaluation of the CANparent trial, DH also supported the embedding of the CANparent quality mark which had been launched towards the end of Phase 1 (January 2014). The aim of this initiative was to engage the many providers of parenting classes in England in a system of quality assurance, as a means of enhancing standards and of sustainability for CANparent after the end of the trial.

The quality mark was intended to signal to parents (and commissioners/purchasers) which universal parenting class providers across the country had met specified quality standards, thus informing choice.

The development in Phase 2 led by Family Lives focused on publicising the quality mark and on encouraging providers to apply for accreditation.

Our evaluation of the trial was not intended to include the quality mark development but as this initiative was an important element of DH’s support in Phase 2, it was important to seek to capture this activity. Consequently, a limited light touch study was undertaken. This involved interviews with the leads in Family Lives, responsible for the quality mark development, and a review of the procedures necessary for the award of the quality mark.

1.6 About this report

The CANparent universal parenting classes trial was an innovative initiative with 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

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15 A separate contract had been let to Family Lives and Ecorys to support market development.
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 over two phases: the DfE funded Phase 1 (2012-14) and the DH funded Phase 2 (2014-15), which was added to the trial in order to provide a longer time for the initiative to ‘take off’. The evaluation of Phase 1 is fully documented in the First and Second Interim Reports\textsuperscript{16,17} (Cullen, et al., 2013, 2014) and the Final Report\textsuperscript{18} (Lindsay, et al., 2014).

In this report we present the findings from Phase 2 of the trial and then examine the implications of these findings together with the results of Phase 1.

Chapters 2 and 3 present the results of the study of parents that undertook a parenting class: in Chapter 2 we present the results from the standardised measures and in Chapter 3 the results of the interviews conducted with the parents. Chapter 4 presents the results of interviews with class facilitators. Chapter 5 presents the results of the supply side longitudinal case studies. In Chapter 6 we review the evidence from both phases of the study, consider the conclusions of the research programme as a whole (2012-15), and present our recommendations.

\textsuperscript{16} CANparent 1st Interim Report
\textsuperscript{17} CANparent 2nd Interim Report
\textsuperscript{18} CANparent Final Report
2. Effectiveness of the CANparent classes

In this section we present the findings for the effectiveness of the CANparent classes in the trial areas during Phase 2, comparing their results with those from Phase 1 where appropriate.

Key Findings

Registered parents

164 parents registered to attend a CANparent class during Phase 2 (April 2014 to March 2015) in the three trial areas.

98% came from the same three trial areas as Years 1 & 2: Camden, High Peak, Middlesbrough

Only 3 providers submitted date on parents attending classes. Of those, 2 trained 98% of registered parents (Parent Gym and Solihull Approach).

1 in 10 parents was a father; 6 in 10 parents were aged up to 35 years-old; 3 in 10 were single parents; 5 in 10 were from an ethnic minority group and 5 in 10 were qualified at NVQ level 4 or above.

Distribution of area deprivation scores among registered parents were in line with area deprivation estimates in each of the three areas.

Compared to Phase 1,

there were more single parents, more ethnic minority participants, and more parents qualified at NVQ level 4 and above (though fewer with a degree).

the distribution of area deprivation scores among registered parents mirrored better the relative deprivation of each trial area.

Change in CANparent group

Before the classes, parents (N=164) reported feeling less confident about their parenting efficacy, compared to other parents. They also reported lower levels of mental well-being and global life satisfaction compared to available norms.

Following CANparent classes, parents (N=76) reported small but significant increases in their perceptions of their efficacy as a parent. They also reported moderate, significant, improvements in subjective well-being: both overall life satisfaction and mental well-being increased.

There was little variation in level of change among different CANparent subgroups.
There was no significant difference in parents’ sense of efficacy as a parent between parents that had attended a CANparent class and a comparison group of parents that had not attended a CANparent class.

The reported life satisfaction and mental well-being of parents that had attended a CANparent class had improved to levels comparable to national norms at the end of the course, though we cannot account for change that might have happened in the absence of the classes as there was no comparison group for this measure.

Satisfaction with CANparent classes

- Overall satisfaction was very high: 99% would recommend the class to other parents, and 97% were satisfied or very satisfied with the course.

2.1 Introduction

This chapter presents overall findings from a survey of parents who participated in CANparent trial classes between April 2014 and March 2015 (Phase 2).

2.2 Coverage in CANparent Phase 2 in the trial areas

With the end of the previous phase of CANparent (March 2014), Phase 2 started in April 2014. This new phase signalled the 3rd year of the CANparent trial and ended on 31st March 2015. A number of changes are noted in Phase 2 of the trial in relation to the survey data collection:

**Changes in the methodology of the survey.** Changes in the methodology of the trial (Chapter 1.4.1) resulted in:

Ecorys no longer being commissioned to coordinate and document all CANparent course registration data (including demographic information for parents). Ecorys collected a reduced amount of demographic information that course providers volunteered for registered parents. Demographic information on parents who participated in the present survey was collected by CEDAR directly, in parallel to the collection of outcome data before the start of the course.

**Changes in the content of the survey.** Following requests from course providers and their concerns regarding time demands on parents, the evaluation team did not

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19 Ecorys collected these data during Phase 1 as part of the voucher system. As the providers no longer received payments when parents used their vouchers to access a parenting class, this data collection process was no longer supported.
collect data on Parenting Hassles in Phase 2. Data on Being a Parent (Johnston & Mash, 1989) and parental mental well-being (Stewart-Brown et al., 2008) were still collected. Additionally, we collected information on participants’ self-reported life satisfaction, using a single life satisfaction item (scored 1 to 10, with higher values indicating higher life satisfaction), that has been used in several national, European and World surveys (Defra, 2011, World Values survey; European Values Study) as a global assessment of life satisfaction.

The addition of life satisfaction data aimed to provide a more robust assessment of subjective well-being. Subjective well-being as a construct is thought to include both affective (such as the WEMWBS) and cognitive/evaluative (such as global life satisfaction) aspects of well-being (Diener, 1984; Luhmann et al., 2012). This single-item life satisfaction scale is a robust indicator of well-being and has shown considerable stability over short-term intervals (Diener, Inglehart & Tay, 2013). English data indicate that life satisfaction had risen from 7.3 to 7.7 between 2007 and 2011 (Defra, 2011), though the most recent estimates (from 2013) showed a reduction to 7.3 for the UK as a whole (Eurostat, 2015). Conceptually, there is considerable overlap between subjective well-being and the subjective dimension of the Quality of Life model (Carnfield & Skevington, 2008)

2.3 Registered Parents

Overall, 164 parents registered in CANparent trial classes in Phase 2 and also provided demographic information on their gender, age, family status, educational qualifications, and ethnicity.

2.3.1 Area

Changes in the delivery model meant that in addition to the four trial areas (Middlesbrough, Camden, High Peak, and Bristol), data could be collected from other areas in England where CANparent class providers might have expanded their offer as a direct result of CANparent activity.

Available data indicate that approximately 98% of registered parents were from three of the trial areas (see Table 1). Bristol (the non-voucher comparison area during Phase 1) did not provide any data during Phase 2 as none of the providers in the trial delivered classes there. Of the six providers in Phase 2, only four were active and only three submitted data. In addition, we received a small amount of data (3 parents) from outside the three trial areas. Approximately half of all registrations were from Camden, as in the previous phase. Compared to 2011 census estimates of the number of eligible parents in the three areas, the proportion of registered parents in High Peak was higher than the proportion of eligible parents in the area,
and lower for Middlesbrough but approximately equivalent in Camden. (See Chapter 5 for contextual information about supply and demand during Phase 2 that may explain these area differences.)

Table 1: Parent registrations by area

<table>
<thead>
<tr>
<th>Area</th>
<th>CANparent Phase 2</th>
<th>CANparent Phase 1</th>
<th>2011 census population</th>
<th>Estimated eligible parent population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Camden</td>
<td>81</td>
<td>49.4</td>
<td>937</td>
<td>51.5</td>
</tr>
<tr>
<td>High Peak</td>
<td>57</td>
<td>34.8</td>
<td>393</td>
<td>21.6</td>
</tr>
<tr>
<td>Middlesbrough</td>
<td>23</td>
<td>14.0</td>
<td>489</td>
<td>26.9</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>1.8</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100.0</td>
<td>1819</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Parent demographic survey, end March 2015; Lindsay et al., 2014; 2011 Census (all adults).

2.3.2 CANparent class providers overall and by area

Registered parents took part in classes offered by three CANparent providers: (1) 8 (4.9%) parents attended classes from Save the Children; (2) 88 parents (48.8%) attended Parent Gym classes; (3) 76 parents (46.3%) registered with Solihull Approach.

Examining registrations for each provider by area, all Save the Children parents were registered in High Peak. Similarly, all Parent Gym parents were registered in Camden. Solihull Approach was the only provider to offer classes across areas: 30.3% Solihull Approach parents were registered in Middlesbrough, 1.3% in Camden, 64.5% in High Peak, and 3.9% in other areas.

2.3.3 CANparent class types and duration

The vast majority of parents in Phase 2 attended face to face CANparent classes (95.7%). The few remaining parents attended online classes. The latter were only offered from Solihull Approach and were taken up by parents from different parts of the country. Classes lasted on average 7.5 weekly sessions (range 5 to 11 sessions).
2.3.4 Registered parents’ gender

Among the 152 parents with valid gender information, 9.9% were men and the remaining 90.1% were women. This gender balance mirrors findings from the trial’s previous phase (male registrations were also just 8.9% across Phase 1). Data on the parenting relationship were not collected as part of the evaluation, but were monitored by providers of parenting classes. Therefore, we refer to participants as parents or mothers and fathers.

2.3.5 Registered parents’ age

Parents were on average 34 years old (age range 21 to 59 years). The distribution of parental age in Phase 2 was fairly even across ages, and less skewed compared to the previous phase: about 59% of parents were between 21 and 35 years-old, whereas 68% of parents were up to age 35 in Phase 1.

There was a 10-year difference between men and women: women (n=133) were on average 33.25 years-old (range 21 to 54), men were on average 43.67 years-old (range 28-59).

2.3.6 Family status

In Phase 2 data collected on family status was substantially simplified to enhance data completion rates. This approach appears to have been successful as levels of missing information on this variable dropped from 41% (Table 7; Lindsay et al., 2014) to 8.5%. Of the 150 parents who provided information in Phase 2, 34.30% indicated they were single parents, while 67.3% that they lived with a spouse/partner or other adult in the household. This represented a higher proportion of single parents participating in CANparent classes in Phase 2 (19.9% in Phase 1).

2.3.7 Registered parents’ ethnicity

In Phase 2, more than 50% of the parents registered came from a minority ethnic group. Table 2 presents a breakdown of registered parents’ ethnic groups. Only 47.3% of parents were White British. The second most frequent ethnic group was Asian (17.2%), which included various sub-categories of ethnic groups, including Chinese (similar to the UK Census in 2011). The third most frequent ethnic group was White non-British. As Table 2 indicates, the distribution of ethnic groups in Phase 2 did not mirror the breakdown measured in the total population (2011 Census data\(^20\)), but is in line with the trend observed during the trial’s previous

\(^{20}\) Office for National Statistics (2012)
phase, where 57% of participants were White British and 43% were from a minority ethnic background. The data suggest that the trend of increased participation of ethnic minority parents has increased in Phase 2 of the trial.

Because of the small number of registered parents, and to protect participant anonymity, we will not present detailed information on ethnic groups by trial area. Instead, we will highlight some general patterns. Of the 3 areas, High Peak was the only one with a near-homogenous ethnic makeup (96% White British). This is in line with the area’s estimates from the 2011 census (95.9% of the High Peak population is White British). There was wider diversity in Camden and Middlesbrough, with participants in these areas representing all ethnic groups. In these two areas, ethnic minority participants attended CANparent courses at a level higher than might have been expected by area estimates.

Table 2: Parent registration by ethnic group

<table>
<thead>
<tr>
<th>Ethnic group</th>
<th>N</th>
<th>%</th>
<th>England census</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>70</td>
<td>47.3</td>
<td>79.8</td>
</tr>
<tr>
<td>White Other groups</td>
<td>21</td>
<td>14.5</td>
<td>5.7</td>
</tr>
<tr>
<td>Asian</td>
<td>25</td>
<td>17.2</td>
<td>7.7</td>
</tr>
<tr>
<td>Black</td>
<td>15</td>
<td>10.3</td>
<td>3.4</td>
</tr>
<tr>
<td>Mixed Heritage</td>
<td>5</td>
<td>3.4</td>
<td>2.2</td>
</tr>
<tr>
<td>Other ethnic groups</td>
<td>9</td>
<td>6.2</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Valid Total</strong></td>
<td>145</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Refused/Missing</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>164</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Parent demographic survey, end March 2015 and 2011 Census (all adults).

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

2.3.8 Parents’ highest educational qualifications

In Phase 2, 25.3% of registered parents had no or low educational qualifications (12.3% and 13% in Table 3), compared to 27.4% who had a degree or higher. Compared to the previous phase of the trial, there were fewer people at degree level
taking up the classes (34.5% had a degree in Years 1 & 2; Table 9 in Lindsay et al., 2014).

Table 3: Parent registration by highest educational qualifications

<table>
<thead>
<tr>
<th>Qualification</th>
<th>N Phase 2</th>
<th>% Phase 2</th>
<th>% Phase 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No qualifications</td>
<td>18</td>
<td>12.3</td>
<td>15.8</td>
</tr>
<tr>
<td>Some GCSE passes</td>
<td>19</td>
<td>13.0</td>
<td>20.0</td>
</tr>
<tr>
<td>5+ GCSE at A*-C or equivalent</td>
<td>17</td>
<td>11.6</td>
<td>10.0</td>
</tr>
<tr>
<td>A/AS levels</td>
<td>22</td>
<td>15.1</td>
<td>10.2</td>
</tr>
<tr>
<td>HE but below degree (e.g. HND,HNC)</td>
<td>30</td>
<td>20.5</td>
<td>9.6</td>
</tr>
<tr>
<td>Degree</td>
<td>40</td>
<td>27.4</td>
<td>34.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>146</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
</tr>
<tr>
<td>Missing</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>164</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Parent demographic survey, end March 2015; Lindsay et al., 2014

Educational qualification data were recoded to correspond to the way similar data are available in the 2011 census for each area and England as a whole (the coding appears as a note below Table 4). Overall, there were fewer people with no or low (Level 1) qualifications than overall English estimates (12.3% and 13.0% versus 22.5% and 22.6%, for No qualifications and Level 1, respectively). On the other hand, there were more overall registrations with a qualification at Level 4 or above (47.9% versus 27.4% overall English data). Level 2 and Level 3 qualifications were in line with national estimates.

This trend is not present uniformly across the three areas. The trend of more participants having a Level 4+ qualification is driven by Middlesbrough only, where there were 47.6% participants at this level (against area estimates of 18.5%). The trend of lower proportions of participants without any educational qualifications is driven by Middlesbrough and High Peak. The trend of fewer participants with Level 1 educational qualifications is driven only by Camden, where there were 5.3% participants with Level 1 qualifications when the area estimate for this level is 16.8%.
Table 4: Highest educational qualifications by area: CANparent versus National Census

<table>
<thead>
<tr>
<th>Highest educational qualification</th>
<th>CANparent registrants</th>
<th>Census 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Camden</td>
<td>High Peak</td>
</tr>
<tr>
<td>No quals</td>
<td>13.3</td>
<td>10.6</td>
</tr>
<tr>
<td>Level 1</td>
<td>5.3</td>
<td>19.1</td>
</tr>
<tr>
<td>Level 2</td>
<td>4.0</td>
<td>25.5</td>
</tr>
<tr>
<td>Level 3</td>
<td>18.7</td>
<td>12.8</td>
</tr>
<tr>
<td>Level 4 or above</td>
<td>58.7</td>
<td>31.9</td>
</tr>
</tbody>
</table>


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.

2.3.9 Area deprivation

Participant postcodes provided information on deprivation at the small area level. The Index of Multiple Deprivation 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. National IMD data ranking all local authority districts (N=326) indicate that, for the three main trial areas, High Peak has the lowest overall deprivation and Middlesbrough has the highest deprivation ranking, with Camden sitting in the middle.
of the two. Table 5 below presents deprivation statistics among Phase 2 parents, and also the equivalent figures from Phase 1, for comparison purposes.

Table 5: Parent registrations by quintiles of area deprivation (Index of Multiple Deprivation, 2010) in each trial area

<table>
<thead>
<tr>
<th>CANparent Phase 2</th>
<th>Least deprived 20%</th>
<th>20%</th>
<th>20%</th>
<th>20%</th>
<th>Most deprived 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden</td>
<td>8.6</td>
<td>14.3</td>
<td>18.6</td>
<td>38.6</td>
<td>20.0</td>
</tr>
<tr>
<td>High Peak</td>
<td>40.0</td>
<td>23.6</td>
<td>27.3</td>
<td>3.6</td>
<td>5.5</td>
</tr>
<tr>
<td>Middlesbrough</td>
<td>9.1</td>
<td>27.3</td>
<td>9.1</td>
<td>0.0</td>
<td>54.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CANparent Phase 1</th>
<th>Least deprived 20%</th>
<th>20%</th>
<th>20%</th>
<th>20%</th>
<th>Most deprived 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden</td>
<td>12.6</td>
<td>24.2</td>
<td>27.9</td>
<td>33.4</td>
<td>1.9</td>
</tr>
<tr>
<td>High Peak</td>
<td>54.4</td>
<td>26.5</td>
<td>11.9</td>
<td>3.6</td>
<td>3.6</td>
</tr>
<tr>
<td>Middlesbrough</td>
<td>8.9</td>
<td>8.9</td>
<td>14</td>
<td>11.9</td>
<td>67.5</td>
</tr>
</tbody>
</table>

Source: Parent demographic survey, end March 2015, and Lindsay et al., 2014

With respect to Phase 2, the distribution of deprivation scores indicates differences among the three areas: in Camden the majority of registered parents tended to be more deprived; in High Peak the majority of parents tended to be less deprived; in Middlesbrough the majority tended to be more deprived but a sizeable group of parents were among the least deprived (9.1% and 27.3% were in the 40% least deprived part of the population for the area). Lower deprivation in High Peak reflects national estimates, as does higher deprivation in Middlesbrough.

Compared to Phase 1, differentiation of deprivation trends among registered parents differs by area. In Middlesbrough, while the trend of increased registrations among the most deprived persisted, there was an increase of registrations among the 40% least deprived. In High Peak, the trend of high levels of registrations among the least deprived persisted with little change. In Camden, there was a notable increase of registrations in the most deprived quintile (from 1.9% to 20.0%).
National IMD data for each of these areas\textsuperscript{21} indicate that 24.1%, 5.1% and 55.7% of LSOAs in Camden, High Peak and Middlesbrough respectively fall within the 20% most deprived LSOAs in England. These figures are very similar to the ones seen in Table 5 for Phase 2 (20.0%, 5.5%, and 54.5%, respectively). Data, therefore, suggest that the distribution of area deprivation scores among registered participants was in line with area deprivation estimates in each of the three areas. This pattern was evident only for High Peak and Middlesbrough in Phase 1. In Phase 2, this is true for all three areas.

2.4 Parenting Outcome Evaluation

One hundred and sixty four parents provided outcome data at the start of CANparent classes (pre). Of those, 76 also provided data after the end of parenting classes (post). Potential differences in the profile of those who only provided pre-data with those who provided pre-post data will be explored in Section 2.4.5. The sections immediately below will focus on (a) exploring levels of parenting, mental well-being and life satisfaction at pre, in relation to available comparison data; (b) exploring levels of pre-post change among the 76 CANparent participants with pre-post data; and (c) exploring change among the 76 CANparent participants compared to change in available comparison data.

2.4.1 Parenting, mental well-being and life satisfaction levels before CANparent classes

Table 6 presents descriptive statistics on the main outcomes assessed before the start of the classes among the 164 registered participants. To contextualise findings, we identified comparable data among the comparison sample in Phase 1 (BAP data) or available national data (WEMWBS and life satisfaction).

The aim was to examine whether participating parents reported similar levels of parenting, mental well-being and life satisfaction 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 $d$. 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.

\textsuperscript{21} The English Indices of deprivation 2010 - Derbyshire; Index of Multiple Deprivation - Middlesbrough; The English Indices of Deprivation 2010 - Camden
Where confidence intervals include the value of zero, they indicate that the effect size is non-significant.

Table 6: Comparison of CANparent participants to national norms before the start of the course

<table>
<thead>
<tr>
<th></th>
<th>CANparent group</th>
<th>Comparison group†</th>
<th>ES (95% CIs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>N</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>BAP Satisfaction</td>
<td>24.01 (6.81)</td>
<td>157</td>
<td>28.9 (6.62)</td>
</tr>
<tr>
<td>BAP Self-efficacy</td>
<td>30.23 (4.91)</td>
<td>159</td>
<td>32.1 (4.70)</td>
</tr>
<tr>
<td>BAP Interest</td>
<td>14.6 (2.83)</td>
<td>161</td>
<td>15.7 (2.30)</td>
</tr>
<tr>
<td>BAP Total</td>
<td>68.8 (11.02)</td>
<td>154</td>
<td>76.6 (9.80)</td>
</tr>
<tr>
<td>WEMWBS</td>
<td>46.53 (9.32)</td>
<td>157</td>
<td>50.7 (8.79)</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>6.81 (2.13)</td>
<td>139</td>
<td>7.48 (1.99)</td>
</tr>
</tbody>
</table>

†BAP comparison data came from a representative sample selected from the penetration surveys in Years 1 & 2 (Lindsay et al., 2014). WEMWBS comparison data are from the scale’s standardisation sample (Stewart-Brown et al., 2008). Life satisfaction comparison data are from the Millennium Cohort Study (Wave 3; Hansen & Joshi, 2008)

Source: Parent questionnaires to end March 2015

Being A Parent (BAP; Johnston & Mash, 1989) is a measure of perceived parenting efficacy. Comparison data were pooled from a comparison group of parents surveyed in Years 1 & 2 (penetration surveys; Lindsay et al., 2014). These were parents who would have been eligible to register for CANparent classes, but they were living in non-trial areas (i.e., other local authority districts). Comparison data for the BAP were available from 547 parents. The effect sizes presented in Table 6 suggest small to moderate differences between CANparent registrations and comparison data: in all cases, CANparent parents had lower scores on the BAP indicating lower self-efficacy with regard to parenting before CANparent classes. The tendency of CANparent participants to report lower parenting efficacy before the course was also evident in Phase 1, with similar effect sizes (Lindsay et al., 2014).

WEMWBS (Stewart-Brown et al., 2008) measures positive mental health in the population. Comparison data for this scale were drawn from the measure’s original validation sample (Stewart-Brown et al., 2008). The small to moderate effect size noted in Phase 2 (−.47; Table 6) suggests that CANparent participants experienced
lower positive mental health compared to population norms (by approximately half a 
standard deviation). This is similar to the equivalent effect noted during the trial’s 
previous phase (the effect size was then -.33; 95% CI: -.39, -.19).

Comparison data for CANparent were drawn from the Millennium Cohort Study 
(MCS) a UK birth cohort that follows over time children born in the new millennium. 
At the third MCS wave, parents were on average 33.95 years old (age range 18-65; 
N=15246), and in particular MCS mothers were 33.73 years-old (range 18 to 58 
years). Therefore, comparison data were available from parents who had almost the 
same age as the present group. The small, but significant, effect size in Table 6 (ES: 
-.34, 95% CI: -.50, -.17), suggests that CANparent parents reported a lower level of 
life satisfaction compared to a nationally representative group of similarly-aged 
parents. The difference was identical when the comparison was restricted to mothers 
only: ES: -.33, 95% CI: -.50, -.15. It is reasonable to deduce that this reflects at least 
part of the motivation for parents to attend a parenting class. Also, we found in 
Phase 1 that parents that attended CANparent classes tended to have higher levels 
of parenting stress.

**2.4.2 Changes in CANparent participants following the course**

The analysis in this section aims to describe the level of change in parenting 
efficacy, mental well-being and life satisfaction among the 76 parents with data 
before and after the parenting classes. The size of this change was evaluated using 
effect sizes, similar to the previous section (standardised mean differences whose 
magnitude is interpreted according to Cohen’s (1988) guidelines). The computation 
of the effect size is slightly different in this occasion to account for the inter-
correlation of scores between the two time points (Dunlap et al., 1996).

Table 7 presents the means and standard deviations for all measured variables 
among the 76 participants with scores at both time points. Table 7 also includes the 
correlation coefficient (between pre and post scores; used in the estimation of the 
effect size), and the effect size with its 95% confidence intervals.

There was overall a small improvement in self-efficacy scores. With the exception of 
interest in parenting (this did not change at all), satisfaction with being a parent, self-
efficacy and BAP total scores showed significant, small improvements, as indicated 
by their small effect sizes : .31, .41., and .38, respectively. The level of change in 
BAP scores mirrors the level of change measured during Phase 1.
On the other hand, more substantial changes were noted for mental well-being. WEMWBS effect size was .76 (95% CI: .49, 1.03), indicating significant moderate improvements in mental well-being. This effect size was also significantly higher than the equivalent in Phase 1 (ES then was .37, 95% CI: .27, .48; Lindsay et al., 2014, Table 18).

Global life satisfaction was evaluated for the first time in Phase 2. The effect size of .52 (95% CI: .22, .83) indicated moderate significant increases in reported life satisfaction following parenting classes.

Overall, reported changes in parenting self-efficacy and satisfaction were significant but small, replicating findings from the previous phase of the trial. Gains in well-being outcomes not related to children or parenting (i.e., overall mental well-being, global life satisfaction) were more substantial with medium effect sizes. It should be noted

### Table 7: CANparent evaluation group: Changes from pre to post

<table>
<thead>
<tr>
<th>Parenting measure</th>
<th>occasion</th>
<th>Mean (SD)</th>
<th>r</th>
<th>N</th>
<th>ES (95% CIs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAP Satisfaction</td>
<td>pre-course</td>
<td>24.36 (7.00)</td>
<td>.451</td>
<td>73</td>
<td>.31 (.096, .55)</td>
</tr>
<tr>
<td></td>
<td>post-course</td>
<td>26.42 (6.43)</td>
<td></td>
<td>73</td>
<td>.31 (.096, .55)</td>
</tr>
<tr>
<td>BAP Self-efficacy</td>
<td>pre-course</td>
<td>30.01 (5.14)</td>
<td>.528</td>
<td>75</td>
<td>.41 (.18, .64)</td>
</tr>
<tr>
<td></td>
<td>post-course</td>
<td>32.08 (4.87)</td>
<td></td>
<td>75</td>
<td>.41 (.18, .64)</td>
</tr>
<tr>
<td>BAP Interest</td>
<td>pre-course</td>
<td>15.03 (2.79)</td>
<td>.530</td>
<td>75</td>
<td>.09 (-.13, .31)</td>
</tr>
<tr>
<td></td>
<td>post-course</td>
<td>15.28 (2.60)</td>
<td></td>
<td>75</td>
<td>.09 (-.13, .31)</td>
</tr>
<tr>
<td>BAP total score</td>
<td>pre-course</td>
<td>69.23 (11.80)</td>
<td>.582</td>
<td>71</td>
<td>.38 (.16, .60)</td>
</tr>
<tr>
<td></td>
<td>post-course</td>
<td>73.48 (10.82)</td>
<td></td>
<td>71</td>
<td>.38 (.16, .60)</td>
</tr>
<tr>
<td>Mental well-being</td>
<td>pre-course</td>
<td>46.16 (9.05)</td>
<td>.439</td>
<td>75</td>
<td>.76 (.49, 1.03)</td>
</tr>
<tr>
<td></td>
<td>post-course</td>
<td>52.61 (7.89)</td>
<td></td>
<td>75</td>
<td>.76 (.49, 1.03)</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>pre-course</td>
<td>7.09 (1.80)</td>
<td>.386</td>
<td>58</td>
<td>.52 (.22, .83)</td>
</tr>
<tr>
<td></td>
<td>post-course</td>
<td>7.93 (1.35)</td>
<td></td>
<td>58</td>
<td>.52 (.22, .83)</td>
</tr>
</tbody>
</table>

Source: Parent questionnaires to end March 2015
that the smaller N in Phase 2 was associated with wider confidence intervals for the effect sizes.

2.4.3 How does change in CANparent compare to comparison data?

Effect sizes described in Section 2.4.2 provide an indication of the magnitude of change CANparent participants reported over the course of the classes. Reported changes may be due to parenting classes, or improvements over time due to factors unrelated to the classes. A first step in understanding whether reported changes are related to the courses attended is to compare change in the CANparent group to reported changes in a group of parents who did not receive the classes. Such data are available for the BAP and drawn from a control group created in Phase 1. As mentioned above, a comparable group of parents had been identified from areas not included in the trial to provide norms for the BAP. These parents were followed up after 8 weeks to provide again data on BAP, therefore creating a comparison group for the CANparent group.

Approximately 200 comparison parents were followed up. Table 8 reports the change over time in each of the two groups, and provides an effect size that indicates the magnitude of change in the CANparent group compared to change in the absence of classes. Effect sizes 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 (Borestein, 2009). Interpretation of the magnitude and significance of this effect size follows the same conventions described above.
Table 8: Over time change in CANparent and comparison parents

<table>
<thead>
<tr>
<th>Parenting measure</th>
<th>Group</th>
<th>Mean Change (SD&lt;sub&gt;change&lt;/sub&gt;)</th>
<th>N</th>
<th>ES (95% CIs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BAP Satisfaction</td>
<td>CANparent</td>
<td>2.07 (7.05)</td>
<td>73</td>
<td>.04 (-.18, .27)</td>
</tr>
<tr>
<td></td>
<td>comparison</td>
<td>0.58 (5.22)</td>
<td>179</td>
<td>.</td>
</tr>
<tr>
<td>BAP Self-efficacy</td>
<td>CANparent</td>
<td>2.07 (4.87)</td>
<td>75</td>
<td>.06 (-.15, .27)</td>
</tr>
<tr>
<td></td>
<td>comparison</td>
<td>1.02 (3.94)</td>
<td>180</td>
<td></td>
</tr>
<tr>
<td>BAP Interest</td>
<td>CANparent</td>
<td>0.25 (2.62)</td>
<td>75</td>
<td>.10 (-.13, .33)</td>
</tr>
<tr>
<td></td>
<td>comparison</td>
<td>-0.15 (1.72)</td>
<td>179</td>
<td></td>
</tr>
<tr>
<td>BAP total score</td>
<td>CANparent</td>
<td>4.25 (10.37)</td>
<td>71</td>
<td>.04 (-.17, .25)</td>
</tr>
<tr>
<td></td>
<td>comparison</td>
<td>1.45 (7.67)</td>
<td>180</td>
<td></td>
</tr>
</tbody>
</table>

Source: Parent questionnaires to end March 2015

The effect sizes for all BAP outcomes are close to zero indicating that, compared to a comparison group that did not receive classes, parenting efficacy did not change following CANparent classes. This finding is slightly different to that from Phase 1, where the equivalent effect size for total BAP indicated a small but significant change in favour of the CANparent group (ES in Phase 1 was .41, 95% CI:.27, .56). Taken together findings indicate that the small effect seen in the previous phase was not robust enough to be evidenced in Phase 2 when the sample size was about 4 times smaller than in Years 1 & 2 (N=71 compared to N=287).

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 non-significant effect size (ES: .22, 95 CIs: -.01, .45). Taken together with the WEMBWS effect sizes reported in Tables 6 and 7, we can conclude that CANparent participants experienced significantly lower well-being before the trial (about half of a standard deviation compared to the national norms). However, during the trial their well-being improved by about two thirds of a deviation. In this way, at the end of the trial, they were no longer different from the national norms, but were experiencing similar levels of well-being as the average population.
Similar to WEMWBS, comparison group data for life satisfaction were not available. We compared CANparent life satisfaction scores at post-course with scores from a UK population representative sample of same age parents (Millennium Cohort Study, Wave 3). We found a non-significant effect size of .20 (95% CI: -.05, .44). Taken together with life satisfaction effect sizes reported in Tables 6 and 7, we can conclude that CANparent participants experienced significantly lower life satisfaction at the start of the trial (by about a third of a standard deviation compared to a nationally representative group of same age parents). During the trial, their reported life satisfaction improved by about half a standard deviation. In this way, at the end of the trial, they were no longer different from national norms, but were experiencing similar levels of life satisfaction. This is an indication of a positive effect by the CANparent courses but, in the absence of a control (comparison) group for these measures we cannot be sure this is the case.

The analyses in this section should be interpreted cautiously, as the comparison group providing comparative BAP data was not designed to provide a direct comparison to Phase 2 CANparent participants. In addition, the effect sizes for WEMWBS and life satisfaction do not indicate what the gain in well-being would have been compared to change in the absence of CANparent. They only compare CANparent data to available norms; improvements in well-being might have been observed over time regardless of parenting classes; this analysis cannot control for this possibility.

2.4.4 Change in subgroups of CANparent participants

Potential variation in the level of change within CANparent participants was examined by looking at effect sizes within different subgroups. In particular, we considered trial area, single parent status, level of educational qualifications and ethnicity. These analyses are only possible on 76 participants who provided data at both time points.

**Area.** When examining changes over time, outcomes are available for only 4 Middlesbrough parents. Therefore, we will only consider Camden (N=30) and High Peak (N=22) that had more sizeable groups of parents reporting outcomes over time.
Figure 2: Effect size representing magnitude of change for main outcomes in two of the trial areas

![Graph showing effect sizes for WEMWBS, BAP total, and Life satisfaction in Camden and High Peak.]

Source: Parent questionnaires to end March 2015

Figure 2 presents effect sizes for change over time within the CANparent group, separately for each of the two areas. Effect sizes suggested that the magnitude of change was similar between Camden and High Peak.

**Single parent status.** Twenty one people indicated that they were single parents, while 46 indicated they lived with another adult in the household. Figure 3 shows the effect sizes for these subgroups.

Figure 3: Effect sizes for single parents and those living with another adult

![Graph showing effect sizes for WEMWBS, BAP total, and Life satisfaction for single parents and those sharing care.]

Source: Parent questionnaires to end March 2015

Mental well-being and overall parenting efficacy changed in a similar way between the two groups of parents. There was a large increase in life satisfaction among single parents (ES: .80, 95% CI: .19, 1.40), while the change was small for parents who lived with another adult in the same household (E: .44, 95% CI: .08 to .80). However, this difference was not significant. The very small numbers of parents in the subgroups, especially in the single parent group, are associated with wide confidence intervals for the effect sizes, and suggest caution when considering these results.

**Educational qualifications.** Parents with no or low educational qualifications with data at both time points were very few: overall 12 people were present, but actually
fewer had provided data for some outcomes: e.g., only 9 parents with no or low educational qualifications had provided data for life satisfaction. For this reason, we did not compare change reported between those with no/low educational qualifications and those with higher qualifications.

**Ethnicity.** Overall, 30 parents with pre-post outcome data were White British while 46 were from an ethnic minority group. Figure 4 presents effect sizes on the main outcomes for these two subgroups.

Figure 4: Effect sizes for White British and ethnic minority groups

![Graph showing effect sizes for White British and ethnic minority groups](source: Parent questionnaires to end March 2015)

Overall, change in the main outcomes was at very similar levels between White British participants and those from a minority ethnic background.

**2.4.5 Participants who did not provide post-course data**

We examined whether people who provided pre and post-course evaluation data (N=76) differed in any way from those who had only provided pre-course information only (N=88). At the start of the course, there were no differences on reported parenting efficacy, mental well-being and life satisfaction between these two groups of people. Similarly, their demographic profile was similar: there were no differences in single parent status, ethnic minority status, educational qualifications, or area deprivation between these two groups. The lack of differences suggests that the two groups were largely equivalent at the start of the classes. This finding mirrors findings (or lack of differences) also found in the previous phase of the trial (Lindsay et al., 2014).

Unlike the previous phase, however, there is no information on whether participants completed the course or not\(^{22}\). During the previous phase, completion levels were

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\(^{22}\) Absence of post-course data may result from non-completion but it may also result from other factors including: administrative errors, e.g. failure to administer the post-course questionnaires.
monitored as they were linked to payments to class providers. This changed in Phase 2 as a result of the withdrawal of vouchers which limited the data collection that providers were prepared to undertake for the evaluation, as compared with their own needs. These resulted in a lack of monitoring of completion levels. Requests to record this information when returning outcome data to the evaluation team were unsuccessful. Information on whether post-data are missing because of course non-completion was available for only 7% of participants.

2.5 Parent satisfaction data

At the end of their class, parents were asked to evaluate their experience. Overall, 76 parents provided data. Satisfaction levels were very high: 97% of participants reported being satisfied with the course and 99% would recommend CANparent classes to other parents. Table 9 below reports detailed satisfaction data. These results are very similar to Phase 1.
Table 9: Satisfaction ratings from parents with post-course data (%)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage of participants selecting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree</td>
</tr>
<tr>
<td>I feel more confident as a parent</td>
<td>36</td>
</tr>
<tr>
<td>My relationship with my child/ren has improved</td>
<td>32</td>
</tr>
<tr>
<td>I have learnt new parenting skills</td>
<td>57</td>
</tr>
<tr>
<td>I think I am a better parent</td>
<td>29</td>
</tr>
<tr>
<td>The class met my expectations</td>
<td>47</td>
</tr>
<tr>
<td>Overall, I was satisfied with my CANparent class.</td>
<td>59</td>
</tr>
<tr>
<td>I would recommend CANparent classes to other parents.</td>
<td>71</td>
</tr>
<tr>
<td>I would like to attend further CANparent classes</td>
<td>58</td>
</tr>
</tbody>
</table>

Source: Parent questionnaires to end March 2015

2.6 Chapter summary

Recruitment of parents to Phase 2 of the CANparent trial was very low compared with Phase 1: 164 compared with 2956. The changes in the trial resulted in fewer providers and the ending of the vouchers. In addition, there was no common registration system in Phase 2. Consequently, Phase 2 data are available on fewer
parents from fewer providers: only three of four active\textsuperscript{23} providers compared with data from 12 of 14 active\textsuperscript{24} providers in Phase 1.

However, overall the results are generally similar to Phase 1 with similar levels of change (improvements) found in our measures of parenting and parental mental well-being, and in our new measure of life satisfaction for which we do not have Phase 1 data. Parents also rated their courses very highly, similarly to Phase 1. Overall, therefore, the results of the participating parents’ survey indicate comparable effects of the CANparent trial in Phase 2 as in Phase 1. These results and the impact of the changes in the trial design, and the interpretation of these results, will be discussed in Chapter 6.

\textsuperscript{23} Two other providers were inactive during Year 3.

\textsuperscript{24} One effectively withdrew early in Year 3. Another did not have the proposed online course ready in time to be active during Year 3.
3. The parents’ perspectives

Key findings

Key Findings
The main findings from the two studies of parents’ perspectives of their experience of attending a CANparent trial class are that:

Parents were overwhelmingly positive about their experience of attending one of the CANparent classes.

Parents also gave detailed accounts of lasting benefits to family life arising from putting into practice the approaches learnt during the CANparent class.

They welcomed the concept of universal parenting classes.

Only half the parents in our survey and just a quarter of parents interviewed face to face would be prepared to pay to attend a parenting class and even those parents would only pay a small sum (£5-10) for each session of the programme.

In addition, the main findings from the quantitative parent survey are that:

Virtually all class attendees believed that ‘All parents can benefit from going on a parenting course’. Many of them had changed their mind about this in the past year, suggesting that attendance at the class may have served to normalise the concept of attendance for them.

There was widespread disagreement with the notion that ‘Parents should only go on a parenting class if they’ve got problems with how to bring up their children’, again suggesting that classes were normalised in the eyes of attendees.

Attendees do not view classes as only being useful for women, even though the majority of attendees are female – if fathers could be enticed to attend there is a perception that they would find classes beneficial.

A significant proportion of parents did not manage to attend all of the classes in their course. As such, it is important for providers to have robust catch-up mechanisms in place.

Around half of those parents who attended a course said they would have been willing to pay something towards it (though none of them had actually paid anything, which may have been an important factor in their decision to attend – and therefore fully understand the worth of – the course in the first place).

The location and time of classes, as well as the provision of childcare during classes, were all important factors in the selection of classes by parents.
All parents attending the classes would recommend them to friends or family (and many had already done so). As such, word of mouth would appear to be a potentially critical tool in the expansion of the uptake of parenting classes and momentum in the ongoing programme will be key.

There is a clear preference for face to face classes involving other parents, and the social/peer-group support aspects of classes are evidently valued.

In Phase 1 much effort went into creating awareness of the CANparent brand, but with limited success during this period. Low levels of awareness were found again in Phase 2: in spite of their attendance at CANparent classes, the CANparent brand had again not cut through strongly, with only slightly more than half of parents having heard of it. Rather, parents attending classes associated the class with the name of the provider. This indicates that parents were not recognising CANparent as a quality mark and what this indicated about the class they attended.

No attendees were aware of what, specifically, the CANparent quality mark guaranteed. While the quality of the classes is appreciated by attendees, it doesn’t appear that there is any strong link between the CANparent quality mark and the quality of the course in people’s minds.

These findings reflect the change of focus from developing the CANparent brand as an indicator of quality (Phase 1 to end 2013), to the marketing of the CANparent quality mark (from January 2014).

3.1 Introduction

In this chapter we report the parents’ perspectives on having attended one of the CANparent classes. We carried out two studies to access parents’ views. In Section 3.2 we report the findings from a telephone survey of 37 parents that had taken part in a CANparent class during Phase 2. Fieldwork took place over two months from 20th January to 23rd March 2015. Structured interviews were used to provide quantitative data, with some opportunities for parents to expand on their comments.

In Section 3.3 we report on qualitative interviews with 25 parents conducted individually (15) or in a focus group interview (10). These interviews were semi-structured and intended to discuss parents’ perspectives in more depth and reveal more detail.

Together, therefore, these interviews provide complementary approaches to examining the view of parents who had attended a CANparent class in Phase 2 of the trial. We present the key findings from
3.2 Quantitative telephone interview survey of participating parents

3.2.1 Introduction

As part of the wider programme of research, quantitative interviews were conducted with parents who had recently attended CANparent parenting classes. This research builds on a larger scale programme of quantitative work that was conducted earlier in the roll out of the CANparent programme.25

Due to the relatively low number of parents attending classes prior to the survey period, the sample size for the quantitative research was small (37 respondents). As such, the results from the quantitative survey should be treated with a degree of caution, as the margins of error on small sample sizes are typically wide – the data provide useful information, but any quoted percentages should be viewed as indicative rather than absolutely concrete measures. For this reason, all tables in this section of the report show absolute values as well as percentages.

Full details of the quantitative sample profile can be found in the next section. The most striking points to note in terms of the profile of respondents is that it skews heavily towards females (circa 9 in 10) and that there is a relatively high representation of parents of children with special educational needs or disabilities (around 3 in 10). Both of these skews are broadly representative of the wider profile of parents attending the CANparent classes with respect to gender and age, although the parents we interviewed were less likely to belong to a minority ethnic group or to have higher education qualifications.

3.2.2 Methodology

A telephone survey was conducted amongst parents who had taken part in a parenting class since April 2014. Fieldwork took place between 20th January 2015 and 23rd March 2015. During this time 37 interviews were achieved (from a sample of 101 issued contacts26.). The refusal rate of the survey was very low, with only 5 refusals recorded. The quality of the sample proved to be a larger factor in non-response, with 14 of the 101 numbers issued flagged as bad/dead numbers. The full fieldwork breakdown can be seen below:

25 The report from this earlier phase of research is available at: CANparent Final Report.

26 All parents with a valid telephone number were issued to the telephone survey. 101 parents had provided a telephone number. No contact details were available for the remaining parents that took part in a class during this time.
Table 10: Participants in the telephone survey

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed interview</td>
<td>37</td>
</tr>
<tr>
<td>Bad/dead numbers</td>
<td>14</td>
</tr>
<tr>
<td>Named sample member unknown at number</td>
<td>3</td>
</tr>
<tr>
<td>Ineligible (never been on parenting class)</td>
<td>4</td>
</tr>
<tr>
<td>Incapable of interview</td>
<td>6</td>
</tr>
<tr>
<td>Refusal</td>
<td>5</td>
</tr>
<tr>
<td>Terminated interview</td>
<td>6</td>
</tr>
<tr>
<td>No interview after 10+ calls</td>
<td>26</td>
</tr>
<tr>
<td>Total issued</td>
<td>101</td>
</tr>
</tbody>
</table>

The average interview length was 25 minutes. Calls were primarily made in the afternoons and evenings, both in the week and at weekends, although respondents were called in the morning if they requested this.

Interviewers that worked on the survey were given a telephone briefing by a member of the TNS BMRB research team. The briefing gave interviewers some background information about the purpose of the survey and the source of the sample, as well as instructing them about their task. Due to the anticipated small sample sizes, one of the key objectives of the briefing was to ensure interviewers took their time and allowed respondents the time to think and talk around issues. This was particularly important for the ‘other specify’ and ‘open’ questions, to ensure that as much information as possible was captured in the verbatim answers for each respondent.

Due to the small sample size issued and achieved, the findings in the quantitative survey reporting should be treated with caution – the margins of error associated with such base sizes are wide and the results should be treated as indicative only.

The phrase ‘parenting classes’ is used throughout this chapter. Respondents were given a brief definition of what constitutes a CANparent parenting class at the start of
the interview and all confirmed that they had attended a class. The definition is 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.’

All figures quoted in the report are based on unweighted data

3.2.3 Sample profile

The profile of the respondents interviewed in the quantitative survey of class participants was as outlined in Tables 11 and 12 below. The parents in the quantitative interview sample were similar to the overall sample of participating parents with respect to age (average 35 years compared with 34 years in the total sample) and gender (86% v 90% female). However, parents that were interviewed were more likely to be White British (76% v 47%) and therefore less likely to come from a minority ethnic group. They were also more likely to have higher levels of educational qualifications (38% v 27% had a degree). It is also important to note the relatively high incidence of parents of children with special educational needs (around a quarter) in the quantitative interview sample, although we do not have data on this variable for the total sample of participating parents.

Table 11: Profile of quantitative survey sample (1)

<table>
<thead>
<tr>
<th>Category</th>
<th>Breakdown</th>
<th>Number</th>
<th>Proportion / value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>32</td>
<td>86%</td>
</tr>
<tr>
<td>Age</td>
<td>Range</td>
<td></td>
<td>23-56</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>Relationship status</td>
<td>Married or in a civil partnership</td>
<td>19</td>
<td>51%</td>
</tr>
<tr>
<td></td>
<td>Living with a partner</td>
<td>9</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td>Not in a relationship</td>
<td>9</td>
<td>24%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>White</td>
<td>28</td>
<td>76%</td>
</tr>
<tr>
<td></td>
<td>Asian/Asian British</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Black/Black British</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Mixed</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Refusal</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Academic or vocational</td>
<td>Yes</td>
<td>32</td>
<td>86%</td>
</tr>
<tr>
<td>qualification held</td>
<td>No</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>Degree (e.g. BA, BSc, MA)</td>
<td>12</td>
<td>38%</td>
</tr>
</tbody>
</table>
### Highest qualification

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Number</th>
<th>Proportion/Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher Education but below degree level (e.g. HND, HNC etc.)</td>
<td>4</td>
<td>13%</td>
</tr>
<tr>
<td>A/AS levels or equivalent</td>
<td>9</td>
<td>28%</td>
</tr>
<tr>
<td>5 or more GCSEs at A*-C or equivalent</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Some GCSE passes or equivalent</td>
<td>3</td>
<td>9%</td>
</tr>
<tr>
<td>Any other qualifications</td>
<td>3</td>
<td>9%</td>
</tr>
</tbody>
</table>

### Table 12: Profile of quantitative survey sample (2)

<table>
<thead>
<tr>
<th>Category</th>
<th>Breakdown</th>
<th>Number</th>
<th>Proportion/Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current activity</strong></td>
<td>Employed full-time (30 or more hours per week)</td>
<td>6</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>Employed part-time (less than 30 hours per week)</td>
<td>9</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td>Self employed</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>Unemployed and looking for work</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Not in paid employment, looking after family or home</td>
<td>13</td>
<td>35%</td>
</tr>
<tr>
<td><strong>Partner’s current activity</strong></td>
<td>Employed full-time (30 or more hours per week)</td>
<td>20</td>
<td>54%</td>
</tr>
<tr>
<td></td>
<td>Employed part-time (less than 30 hours per week)</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Self employed</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Unemployed and looking for work</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Not in paid employment, looking after family or home</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Does not have a partner</td>
<td>9</td>
<td>24%</td>
</tr>
<tr>
<td><strong>Number of children</strong></td>
<td>Range</td>
<td></td>
<td>1-5</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td><strong>Gender of children</strong></td>
<td>At least one male child</td>
<td>32</td>
<td>86%</td>
</tr>
<tr>
<td></td>
<td>At least one female child</td>
<td>24</td>
<td>65%</td>
</tr>
<tr>
<td><strong>Any of children has special needs/disability</strong></td>
<td>Yes (at least one child with special educational need or disability)</td>
<td>10</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>27</td>
<td>73%</td>
</tr>
<tr>
<td><strong>Attended parenting classes</strong></td>
<td>Yes</td>
<td>10</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>27</td>
<td>73%</td>
</tr>
</tbody>
</table>
Prior to April 2014

<table>
<thead>
<tr>
<th>Attended other parenting events for babies or young children</th>
<th>Yes</th>
<th>27</th>
<th>73%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>10</td>
<td>27%</td>
</tr>
</tbody>
</table>

**3.2.4 Attitudes towards parenting classes**

The parents who participated in the survey, all of whom had attended CANparent classes, were asked a number of questions around their attitudes towards parenting classes and who they thought they were useful for – see Table 13.

Positively, nearly all parents agreed that ‘all parents can benefit from going on a parenting course’. More than nine in ten agreed that ‘deciding to go on a parenting class shows that you’re trying to do your best to parent your children well’ and that ‘going on parenting classes should be something that all parents should be encouraged to do’.

Most parents disagreed that ‘parents should only go on a parenting class if they’ve got problems with how to bring up their children’ and also disagreed that ‘parenting classes are mainly relevant for parents of new born babies’. These are both encouraging indicators of the normalisation of parenting classes – at least amongst those attending them.

Interestingly, in spite of the fact that respondents were typically female (almost 9 in 10), there was widespread disagreement with the idea that classes were more useful for mothers than fathers. However, the challenging question of how best to convince fathers to attend classes in the first place remains.
Table 13: Parents' views on parenting classes

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree (net)</th>
<th>Neither agree nor disagree</th>
<th>Disagree (net)</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents should only go on a parenting class if they’ve got problems with how to bring up their children</td>
<td>2 5%</td>
<td>1 3%</td>
<td>34 92%</td>
<td>-</td>
</tr>
<tr>
<td>Parents who go on a parenting class are admitting that they’re not doing a very good job at parenting</td>
<td>2 5%</td>
<td>2 5%</td>
<td>33 89%</td>
<td>-</td>
</tr>
<tr>
<td>It’s more useful for mothers to have parenting classes than fathers</td>
<td>4 11%</td>
<td>2 5%</td>
<td>31 84%</td>
<td>-</td>
</tr>
<tr>
<td>It’s up to parents how they bring up their children and they don’t need to attend classes on how to do it</td>
<td>14 38%</td>
<td>5 14%</td>
<td>18 49%</td>
<td>-</td>
</tr>
<tr>
<td>Going on parenting classes should be something that all parents should be encouraged to do</td>
<td>34 92%</td>
<td>3 8%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Deciding to go on a parenting class shows that you’re trying to do your best to parent your children well</td>
<td>34 92%</td>
<td>3 8%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>All parents can benefit from going on a parenting course</td>
<td>36 97%</td>
<td>-</td>
<td>1 3%</td>
<td>-</td>
</tr>
<tr>
<td>Parenting classes are just as suited to older parents as they are to teenage parents and other young parents</td>
<td>26 72%</td>
<td>1 3%</td>
<td>9 24%</td>
<td>1 3%</td>
</tr>
<tr>
<td>Parenting classes are mainly relevant for parents of new born babies</td>
<td>3 8%</td>
<td>-</td>
<td>34 92%</td>
<td>-</td>
</tr>
<tr>
<td>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</td>
<td>10 27%</td>
<td>12 32%</td>
<td>15 41%</td>
<td>-</td>
</tr>
<tr>
<td>Parenting classes should only be offered for free if parents can’t afford to pay for them themselves</td>
<td>10 27%</td>
<td>4 11%</td>
<td>23 62%</td>
<td>-</td>
</tr>
</tbody>
</table>

Base: All parents (37)

Parents who answered that all parents can benefit from going on a parenting course (nearly all parents – 36 out of 37) were asked if this is what they thought a year ago
or whether their opinion had changed. Seventeen of them had the same opinion a year ago but nineteen parents had changed their mind over the course of last year. Eleven of these disagreed or neither agreed nor disagreed in the past but now agreed a year later. It therefore seems likely that their experiences on the parenting class changed their opinions regarding their universal benefits.

Parents were also asked how useful they believe parenting classes are for parents of children of different ages; babies up to 12 months old; children aged between 1 and 5; children between 6 and 9; children aged 10 to 12; and children aged 13 to 18 years old. Nearly all parents thought that classes were useful across the full spectrum of age ranges. In fact the only age groups where this opinion wasn’t unanimous was for parents of babies up to 12 months old (where three parents thought the classes wouldn’t be useful), and for parents with children aged between 13 and 18 (where only one parent thought they wouldn’t be useful). As such, there were again positive views from class attendees in terms of the universal relevance of parenting classes, regardless of the age of their children.

The questions regarding the relevance of classes for parents of children of different ages also measured the extent to which they were perceived as being useful. There were particularly strong positive responses for the classes aimed at parents of 1-5 year olds and 6-9 year olds, with 33 and 32 parents respectively reporting that they thought the classes would be very useful for parents with children of these ages.

**3.2.5 Class details**

As well as being asked for their general perceptions about parenting classes, as outlined in the preceding Section 3.2.4, parents were also asked for specific details about the classes they had attended.

Thirty two of the 37 parents reported that they had attended a class for parents with babies or young children (up to the end of Year 1 at school) and 25 of these had completed the course (others were still attending or had dropped out).

Of the 28 parents who had completed their course or were still attending, nearly half (13 parents) had not attended all the sessions to date. Parents who had missed a session or dropped out were asked why; most reasons given for missing the session/s were because the parent was too busy/didn’t have time or were affected by a personal issue, such as illness:

‘[My] children were ill’

‘[We were] moving house’
It is perhaps unsurprising that the practical challenges of parenting mean that it is difficult for parents to be 100% reliable in their course attendance. As such, bearing in mind the high proportion of parents missing classes, it may well be **important for providers to ensure that they have solid catch-up processes in place** (whether that be documented summaries of each class available as handouts or online and/or verbal recaps). Also linking to this finding, if courses are structured so that they follow a flow in which each lesson draws on knowledge acquired in earlier sessions, there may be an increased risk of parents dropping out partway through the course (because parents who miss classes may have knowledge gaps and start to feel out of their depth in later sessions). This may be worth (continuing) to bear in mind in the ongoing development of classes.

One parent did flag that the course didn’t seem appropriate for their situation (although this is only one parent, it is possibly a wider issue to be aware of when targeting these classes).

‘I didn’t feel comfortable in the class. I have a disabled child aged five and a lot of the class was for new born babies and not relevant to me’

All parents who attended a class for babies or young children (32 parents) were asked how easy it was to find a class at a time that was convenient. The majority of parents (81%, 26 parents) reported it was easy, with half (16 parents) reporting that it was **very** easy to find a conveniently timed class. It should, however, be borne in mind that the parents we spoke to had all attended classes – it is likely that some (non-attending) parents would have liked to participate in the classes but couldn’t find a time slot that allowed them to do so. As such, it is possible that the response to this question amongst the wider population of parents would not have been so positive.

Parents who attended a class for babies or young children were also asked what the class or course they attended was about. **Three quarters of parents (24 parents) reported that their class was about dealing with children’s behavioural issues.** A wide range of other responses were also given including many around children’s development.

‘…about children’s development and how they think, what might make children angry like our tone of voice’

‘…learnt to reflect on things and change things to the child’s needs, learnt about brain development and watched videos’
Accordingly, when these parents were asked what they felt they had gained from the class, half (16 parents) specified a ‘**new or better understanding of aspects of child development**’, four in ten (12 parents) said a ‘new or better understanding of aspects of parenting’. Others reported that the course had increased their confidence, and helped them in managing and understanding their child’s behaviour. A number of parents emphasised the importance of receiving support from other parents and the social aspects of the class.

‘So much about child’s behaviour can be affected by the parents i.e. the love they get’

‘Nice to talk to other parents and feel I wasn’t alone and everyone has the same feelings’

‘…understand what my daughters are thinking’

‘Made friends. Knowing we are not the only one with children having tantrums’

‘Friendship and a better understanding of my child’s point of view’

Parents were asked whether it was their own choice to do the course or whether someone advised them to. Three quarters of parents (24 parents) said it was their own choice while the remaining quarter (eight parents) were advised to attend. Of these eight parents, half were advised by a social worker/social services to attend.

None of the parents who attended a class for babies of young children paid anything for this class - it was free. However, just under half of those parents (14 parents) reported that they would probably have been willing to pay for them. One of the challenges faced by the sector is that it appears that parents have a greater appreciation of classes **after** they have attended them. It may therefore be the case that some of those parents who said they would have been willing to pay for the class would not have actually thought this before attending the class and may not actually have attended had a fee been required (in spite of their post-rationalised willingness to pay).

Three in ten (ten parents) reported that they definitely would not have paid for them.

Parents were also asked if they had attended a class aimed at parents of older children (Year 2 or older). Around a third had (12 parents), although the majority of
these (nine parents) reported it was the same as the class for younger children (i.e. it was a course that was suitable for parents of children of all ages).

Parents that had attended either of the types of course (for younger or for older children) were asked factors they considered when choosing which classes they wanted to take, as summarised in Table 14 below.

Table 14: Factors considered when choosing a class

<table>
<thead>
<tr>
<th>Factor</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The location of the classes</td>
<td>27</td>
<td>79%</td>
</tr>
<tr>
<td>The times at which classes were available</td>
<td>25</td>
<td>74%</td>
</tr>
<tr>
<td>The way that the class would be delivered - for example whether it was face to face or online</td>
<td>19</td>
<td>56%</td>
</tr>
<tr>
<td>The specific subjects that were going to be covered by the classes</td>
<td>16</td>
<td>47%</td>
</tr>
<tr>
<td>The average class size</td>
<td>7</td>
<td>21%</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>14</td>
<td>41%</td>
</tr>
<tr>
<td>None of these</td>
<td>1</td>
<td>3%</td>
</tr>
</tbody>
</table>

*Base: Parents that had attended either of the types of course (for younger or for older children) (34)*

The location and time of the classes were the factors most commonly flagged as having been considered by parents when choosing a class. Amongst the ‘other’ responses given by parents, childcare provision was mentioned frequently and would seem to be something that would be crucial for some parents and appreciated by all.

‘[there was a] children’s crèche available’

‘having a crèche was useful’

---

27 As well as the pre-coded list of responses shown in the table, there was an open-ended ‘other’ category to capture any responses not covered by the pre-coded list.
Positively **ALL parents would probably or definitely recommend the class** they attended to a friend or relative, with 82% (28 parents) reporting that they would definitely do so. In fact **many parents already had recommended the class** at the time of the interview (24 parents, 71%). This being the case, momentum is key for the successful expansion of the uptake of classes (a phenomenon that was seen in the earlier piloting of the CANparent programme\(^{28}\)). As people attend classes, they will tend to recommend them, which will drive uptake of classes, which will lead to further recommendation and further uptake. Conversely, if momentum is lost, there will be fewer recommendations, which will tend to lead to a negative trend in uptake (in the absence of other concerted efforts to publicise classes).

### 3.2.6 Future parenting issues

As well as discussing the current support that they receive, parents were also asked about any future parenting advice or support they would seek.

Firstly they were asked, when facing a parenting issue, how likely they would be to ask for advice or support from someone other than family or friends. Nearly all (34 parents, 92%) of parents reported that they were likely to do so, with over half (22 parents, 59%) saying that they were very likely to ask for advice or support. Again it should be borne in mind that these are all parents who had attended classes and may therefore be intrinsically more open to receiving support than is the case for parents in the wider population.

Those that were likely to seek advice or support were asked where they would go to for it – see Table 15.
Table 15: Sources that parents would use for advice or support

<table>
<thead>
<tr>
<th>Source</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>15</td>
<td>44%</td>
</tr>
<tr>
<td>Health visitor/midwife</td>
<td>11</td>
<td>32%</td>
</tr>
<tr>
<td>GP/Doctor</td>
<td>6</td>
<td>18%</td>
</tr>
<tr>
<td>Children's Centre/nursery staff/childcare provider</td>
<td>6</td>
<td>18%</td>
</tr>
<tr>
<td>A parenting class</td>
<td>5</td>
<td>15%</td>
</tr>
<tr>
<td>Social worker/social services</td>
<td>4</td>
<td>12%</td>
</tr>
<tr>
<td>The internet (non-specific)</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Books / Library</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Colleagues</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>13</td>
<td>38%</td>
</tr>
</tbody>
</table>

Base: Parents who are likely to ask for advice or support from someone other than family or friends (34)

The child’s school was the most commonly mentioned source for advice, followed by health visitors/midwives. Sure Start was regularly mentioned amongst the ‘other specify’ answers and is clearly a source used by parents. Note, however, the very low percentage (3%) of parents that would use the internet for sources of advice and support.

Parents were also asked how likely or unlikely it was that they would take part in other parenting classes while they had a baby or young child (up to the end of Year 1 at school). Most parents reported that they were likely to (26 parents, 70%), with three in ten (10 parents, 27%) stating they were very likely to take part in another class.

Following this, parents were asked if they would be prepared to pay for any future class. Only 5% (2 parents) would definitely pay for any future class, but four in ten (15 parents, 41%) would probably pay for a future class. Half of parents (18
parents, 49%) would definitely NOT pay for any future class and would only go if they were free.

When asked what type of future parenting class they would be most interested in, the vast majority (31 parents, 84%) answered that their preference would be a face to face class involving a group of other parents. Fourteen per cent (5 parents) would prefer a mixture of group-based face to face classes and online classes. When asked for second and third choices answers became a lot more mixed. The most popular second choice was one to one classes with a teacher, followed by the mixture of group-based face to face classes and online classes. The reverse of this was true for the third choice.

Parents were also asked what would be absolutely essential for them to be able to attend a parenting class in the future, see Table 16.

Table 16: Characteristics that it is essential for parenting classes to have

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare facilities being made available</td>
<td>25</td>
<td>68%</td>
</tr>
<tr>
<td>The course taking place during nursery or school hours</td>
<td>24</td>
<td>65%</td>
</tr>
<tr>
<td>The course taking place in the evening</td>
<td>12</td>
<td>32%</td>
</tr>
<tr>
<td>The course being available online</td>
<td>11</td>
<td>30%</td>
</tr>
<tr>
<td>The course taking place at the weekend rather than on weekdays</td>
<td>7</td>
<td>19%</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>11</td>
<td>30%</td>
</tr>
<tr>
<td>None of these</td>
<td>1</td>
<td>3%</td>
</tr>
</tbody>
</table>

Base: All parents (37)

The most commonly stated necessities were both related to the parents being able to attend without having to be concerned about looking after their children; so either having childcare facilities made available or the course taking place during nursery or school hours. Both of these options appeared preferable to the options of courses taking place in the evening or taking place at the weekend. Amongst the unprompted ‘other specify’ options, respondents mentioned that the course should be free and also said the location of the course was important, ideally near the school or home.
3.2.7 CANparent brand

All parents interviewed attended a CANparent class. All providers in the trial areas were awarded the CANparent quality mark after its introduction in January 2014. However, when asked if they had heard of the brand before the interview, only just over half had heard of the CANparent brand (21 parents, 57%) and 43% (16 parents) had not.

The majority of those that had heard of the class had heard of it before they began the class (17 parents, 81%). Parents had first seen or heard about CANparent through a range of sources. The most common sources were through children’s centres/nursery/playgroup and schools. Some parents also mentioned hearing about CANparent through coverage in the press/local radio or through the library.

Parents were asked if they had heard of the CANparent brand anywhere else and the same places as before were most frequently mentioned, along with friends, Facebook, the CANparent website and their GP surgery.

Parents who were aware of the CANparent brand were asked if they knew about the CANparent accreditation (providers can only use the brand if their classes meet a number of different quality requirements) (see Sections 5.4.3 and 6.2.4 for more information about the CANparent brand). Only eight of the twenty one parents asked (38%) were aware of this accreditation and none of these eight knew what type of quality requirements these would be. All eight did however say that the CANparent accreditation would be important when choosing a parenting class in the future or recommending courses to a friend.

Parents were also asked, when choosing a parenting class in the future, which they would be more likely to choose - a class with a CANparent accreditation or a class where they had heard of the organisation offering the class. The majority of parents (six, 75%) said that both of these were equally important to them.

Parents with partners were asked whether their partner was planning to attend or had already attended a parenting class. Two thirds (18 parents, 64%) of parents reported that their partners hadn’t signed up, and didn’t intend to. Only three parents’ partners had signed up and already started/completed their course and only a further two hadn’t signed up yet but still planned to. Some did still seem open to it even though they weren’t necessarily planning to attend;

‘The facilitator is talking about putting one on at the school in an evening so (I’m) waiting to hear if this (is) confirmed’
'He hasn’t signed up yet but if there was a course that interested him and fitted in with other work commitments he would attend'

However one parent hadn’t mentioned the classes to their partner;

‘I have not told my partner he could even go on a class’.

**3.2.8 Section summary**

Overall, the relatively small number of parents who attended classes were very positive about the experience. All parents attending the classes said that they would recommend them to friends or family, and many of them already had done so. Furthermore, around half of those parents who attended a course said they would have been willing to pay something towards it. However, it should be noted that no parents interviewed had actually had to pay anything for their course, which may have contributed to their decision to attend (and thereby fully understand the benefits of attendance) in the first place.

The survey findings suggest that positive steps have been made in normalising the status of parenting classes, at least amongst those parents that attend them. The large majority of class attendees believed that ‘All parents can benefit from going on a parenting course’. Many of these parents had changed their opinion about this during the past year, which suggests that attendance at the class had positively affected their perceptions of the relevance of classes. Class attendees also largely agreed that the classes were relevant regardless of the age of their children, and disagreed with the idea that classes were only for those with ‘problems with how to bring up their children’. Encouragingly parents who had attended the classes did not perceive the classes as only being useful for women and mothers, even though the majority of attendees (and consequently survey respondents) were female.

Finally, despite the respondents’ attendance at CANparent classes, only just over half of parents had heard of the brand. In fact, none of the attendees were aware of the CANparent accreditation or the types of quality requirements that the accreditation involves.

**3.3 Follow-up interviews with participating parents**

**3.3.1 Introduction**

All providers participating in the third year of the trial were contacted to inform them of our plans to interview a random sample of parents after the course on which they registered had ended. Two providers gave us contact details for course facilitators
who we then approached and asked them whether it would be possible to give us
details of parents attending their current or past courses. In some cases, the
researchers visited the courses on their last session to introduce themselves, explain
the project and ask for permission to contact parents following completion of their
course. We selected completers and included men and women. Parents were then
contacted by telephone, e-mail and text. In total, we conducted 25 follow-up
interviews. Of these, seven were men and 18 were women. The sample included
parents from two trial areas, who between them had attended classes provided by
two providers, and delivered face-to-face in a group. Fifteen parents were
interviewed individually and the remaining ten participated in a focus group interview.
All interviews were recorded with permission and detailed notes were taken during
the interview. All interviews were transcribed in full. Analysis was done by collating
all responses under themes derived from the semi-structured interview schedule and
examining the range of views under each. The findings from the interviews very
closely mirror the findings from our follow-up interviews with participating parents of
Phase 1 of the trial, and therefore the structure of the Chapter is similar to our Year 2
Final Research Report.

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).

3.3.2 Finding out and choosing a course

The courses attended by our 25 participating parent interviewees ranged in length
from seven to eight weekly sessions. These parents attended courses by two
different providers (Parent Gym and Save the Children). Both courses were free to
parents at the point of delivery and were delivered in face-to-face groups. The
course provided by Save the Children also included the children being present in the
weekly groups with their parents.

How these parents first found out about the CANparent course did not vary
significantly. The most common route was through a universal public service related
to children – they picked up or were given a leaflet at their children’s school or in a
children’s centre used by them. Others were told about the CANparent course by a
member of a school staff who approached them to explain more about the course.
Some were encouraged by parents who attended the specific CANparent course in
previous years.

Our sample parents had all chosen to attend a particular course and did not consider
other courses. Parents offered three different reasons for their choice of course: the
majority reported that they attended the course they had seen advertised or heard
about because it was offered at a place they already used, such as their children’s school or children’s centre. The comments below illustrate this route clearly:

‘School sent a letter home telling us about it and it said that every family member was invited’ (Pt 16)

‘I went to a baby drop-in playgroup thing with my youngest one and they explained what it was and they were trying to get people to sign up but unfortunately only 2 of us signed up so they weren’t able to run the course. When the school said that they were going to do it I knew what it was and said ‘Oh I’d really like to do that’ and I signed up immediately’. (Pt 10)

The second reason parents offered was that they went along to the course recommended to them by a professional known to them. This route is illustrated here:

‘I think it was through the school. We got given a leaflet but it was in conjunction with the fact that my boy was having a few troubles at school, well still is having a few troubles at school, so I think it was part of that this might be a good thing to do.’ (Pt 8)

‘It was the school. Edna from the school told me about it. I trusted Edna so I kind of took the leaflet and thought I will check it out and I liked it’ (Pt 9)

The third and final reason parents gave for choosing the course was about going along to a course at the invitation of a friend or recommendation of another parent:

‘They were running it at the school and some of the parents did it last year; they offered it to the Nursery children last year and the Reception children this year. So I couldn’t do it last year and I thought it looked quite good so I thought I’d give it a go this year. The school sent a leaflet to all the parents and I spoke to a couple of parents who did it last year’ (Pt 12)

‘Actually it was recommended by a friend of mine who had also attended on a previous occasion and she recommended it so I thought I’d give it a go’ (Pt 5)

For these parents, the market principle of individual consumer choice, built in to the CANparent trial design, was solely 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. Also, some parents seemed to have made the decision to attend particular courses offered in a place already familiar to them because they did not feel they had specific issues to address that would require them to research other courses in
order to choose the one most fitted for their need. Parent 11 illustrates that point clearly in her interview:

‘I wanted to do it because I’d found out about it before. My children don’t have a behavioural problem. I think if they had more severe diagnosed behavioural problems I would try and find out about courses that were more specific to those but this is more of a general one and it suited. I haven’t thought of looking at other courses, although I have read other books’ (Pt 11 talking about the reasons why she did not research other courses).

Nine out the 25 parents had attended a parenting class before, and they were often complimentary about the experience of attending a course in the past. For the remaining 16 parents, it was their first time as illustrated by Pt 13 who stated ‘No, and I’ve never read a book. I just felt my instincts would get me through it’.

3.3.3 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 25 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 a desire to improve their parenting skills or as a means of personal development. For example, reasons given included:

- To get together some techniques how to manage children’s behaviours
- To learn about parenting in a group rather than just reading from books or someone telling you what to do
- To get out and meet new people
- To manage my two children who have 6 years gap
- To learn about new developments in parenting as I haven’t parented for more than 20 years and now I parent my grandson
- To please the kids who really wanted me to attend and be involved in their school
- To get some practical help and ideas about things to do with my children
- To help with behavioural issues – tantrums and problems at bedtime

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 5 lists the range of factors that our sample parents mentioned as having played a part in their decision to attend.

**Figure 5: Composite list of the range of factors parents mentioned as influencing their decision to attend a CANparent class**

<table>
<thead>
<tr>
<th>Attractions of the course</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CANparent provider organisation was known to the parent</td>
<td></td>
</tr>
<tr>
<td>Course was free</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
</tr>
<tr>
<td>Attractions of the hosting arrangements</td>
<td></td>
</tr>
<tr>
<td>Venue was familiar and convenient</td>
<td></td>
</tr>
<tr>
<td>Time of class was convenient</td>
<td></td>
</tr>
<tr>
<td>Childcare was offered, could be arranged, or was not an issue</td>
<td></td>
</tr>
<tr>
<td>Individual motivators</td>
<td></td>
</tr>
<tr>
<td>Desire for parenting advice, guidance, tips</td>
<td></td>
</tr>
<tr>
<td>Interested in child development</td>
<td></td>
</tr>
<tr>
<td>Experiencing problems related to parenting</td>
<td></td>
</tr>
<tr>
<td>Interested in learning (in general, or specifically about being a parent)</td>
<td></td>
</tr>
<tr>
<td>Desire to meet other local parents</td>
<td></td>
</tr>
<tr>
<td>Previous positive experience/s of parenting course/s</td>
<td></td>
</tr>
<tr>
<td>Friend/s also attending</td>
<td></td>
</tr>
</tbody>
</table>

Source: Follow-up interviews with 25 parents

### 3.3.4 The experience of doing the course

**Doing the course**

All the parents interviewed experienced their courses positively – for example, enjoying the way their course was structured:

‘I thought it was good. They were really good at explaining how every step was going to work and going through the fact that you only focused on one thing a week; it was really good’ (Pt 7)
'I enjoyed the structure being the same every week’ (Pt 18)

As well as liking the course content:

‘That was brilliant; it was really well planned, very thought through, very much from a parent’s perspective, very much from a mother’s and a father’s perspective rather than an academic’s or an expert. It was kind of more organic in terms of what the experience is like and how to shape it rather than these are a set of … What was really good though, I say all that, was that she did… There’s a set of facts based on academic research that were brought into it and that was really useful. So things like stuff that I never knew about adrenaline peaks and cortisone peaks and the blue screen on the telly, how that affects sleep. All that science was there but it was presented in a way that was very … It was drip fed, it wasn’t this is … It was ‘Oh right – now I understand why they can’t get to sleep for an hour after they’ve watched a film so there’s no point getting cross with them. It’s not going to work’. So that science was really useful as well in the context of a very informal process.’ (Pt 13).

Or the importance of having time and space to reflect as a parent and spend some quality time with their children:

‘Well good – I kept saying throughout the course you’re kind of the ultimate entrepreneur as a parent. You come up with an idea to have a kid, you have a kid and then there’s no manual, there’s no whatever and you have to feel your way and I said if you go to any organisation they wouldn’t dream of making major decisions without a committee or a meeting or a group of people or a subcommittee. You make really important decisions every half hour as a parent without ever considering them or talking about them and for me to sit in a group of 4/5 people and just discuss parenting is really important, particularly if you’ve got somebody like our facilitator who is guiding your learning for want of a better word. So yes to me, and even if at the end of it you go actually yeah we’re doing that – amazing but you’ve got to sit down and just analyse what you’re doing but so many parents don’t.’ (Pt 8)

‘Spending time with all the families and stuff and having just your own time with your kids and nothing else to do at home and everyone not nagging at you and just getting to talk to them and listen to what they’ve got to say and what they want to do.’ (Pt 23)

Liking the style of the facilitator:

‘I thought it was really good fun; I just thought this is great because she wasn’t standing dictating to us, which I think would be the worst thing. The first thing
she did was say we’re all going to introduce ourselves and talk about our children and we spent literally an hour and a half just doing that and it was just making it seems that it comes from the parents rather than the teacher was really student-led kind of approach was really good. And it was really good fun and there were lots of jokes; it was so relaxed was my first impression.’

(Pt 13)

There were five parents among the interviewees who made criticisms/suggestions. Four talked about the course content not addressing issues related to non-traditional families. Comments below illustrate these:

‘I don’t know whether you know but we adopted our son as well when he was 9 months old? So there was a couple of little things in there to do with family trees and family histories and things like that…that was the only area that I thought that wasn’t really applicable’ (Pt 8 who has adopted their child).

‘It probably didn’t cover unusual situations. I thought after each session if it at least triggered certain thoughts in people’s minds even who are not in an unusual situation that other children can be in unusual situation. I thought it would help both sides’. (Pt 9 who is a grandmother parenting for her grandson)

‘I think it’s kind of designed more on the assumption that you’ve got mum and dad that really want to do well for the children and lots of people that came there were single mums with drug issues and all sorts. This is all well in theory but actually … If you are middle class and you’ve got a stable environment in a nice family and parents that want to do well ... already in a way you’ve got that development. Then it’s easy to implement it but how about the rest?’ (Pt 10)

‘It’s still very useful to have general parenting advice but I wasn’t going specifically for those problems (separation) but that might be something that could be incorporated into it. It seems that it assumes more that you’re a couple. (Pt 15 who was being separated from his partner during the duration of the course)

Two parents who attended the two different courses criticised the fact that the course sessions were too long and that there was a lot to talk about:

‘I’ve got a younger child and I think it kind of went on for too long because it was going on for like an hour and a half, which is quite a long time for my daughter, who’s only 2, to sit still for basically that long. Although they laid on a crèche, that was very useful, it was getting a bit long and there was such a lot of content that I think a shorter burst of it would have been better so that
you could concentrate on fewer things.’ (Pt12 who attended the Parent Gym course with her younger daughter)

‘With our little one he was sort of a bit reluctant some weeks to come and we found with him the length of time we were there it was a bit too much for him. It was too long for a four year old’ (Pt 19 who attended the FAST course with her four year old son)

**Being in a group**

All the interviewees felt that the way their course was delivered was very beneficial for them and experienced it very positively. They enjoyed the supportive nature of the group as well as the fact that they felt they had things in common:

‘All our kids were in the same class so it was good… And the fact you’re on the course together always means you’ve got a common interest before you start so it was nice’ (Pt 8)

‘I think that we were very supportive of each other’ (Pt 16)

‘We became close as a network’ (Pt 7)

Others talked about the fact that being in group meant meeting new people and having the time to reflect with others by listening to others point of view:

‘I don’t get time to talk to adults anymore; I just don’t, physically don’t get it, I don’t have the time to sit around with somebody and have a brew and have a chat with them. And meeting new people and catching up is so important’ (Pt 18)

‘I think, again, being in that group with everybody being honest and hearing the problems and issues that we all have, you wouldn’t have got that if it was a 1:1 or a smaller group, say if it was limited to even 2 or 3 people, you may not have that cross-over, you know when you’ve got 10 people if 3 people are having the same problem then there’s 7 that aren’t. But if you were put in a smaller group with 3 people you might not have that cross-over of the same problem or the same sort of issues so that’s been really…I think the group was really good’ (Pt 11)

Some interviewees commented on several issues that affected their group, like the group being too small, the background of some people affecting the quality of the conversation or difficulty arising from the fact that people did not attend consistently. The comments below illustrate these issues:
‘I think it would have been better if they had more people. As I said, unfortunately there were only 2 or 3 of us and the facilitator said on a few occasions if there was a bigger group we would have done this, that and the other, like split up into groups and did things which obviously we couldn’t do because there weren’t enough people. But it’s still good’ (Pt 5 talking about being in a small group)

‘I mean the people there were from different life experiences overall. So it brought out a kind of different personality as well. At times there will be kind of an attention seeker who would take over the conversation which is quite expected.’ (Pt9)

‘Some people didn’t attend every session … it was a bit odd, we had a couple of people come and go in the group’ (Pt 8).

**Gender**

The gender dimension was not viewed as especially important by the majority of the interviewees – fathers were seen as parents first and that was what was important, not their being male. From the five fathers interviewed, four 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 8 appreciated that the course content was equally geared to the needs of both mothers and fathers:

‘I think everything was applicable to everybody. The child is the same child so they shouldn’t be treated differently… obviously you’re going to have different emotional connections and things like that but if anything I didn’t think it was biased in either direction’

Only one male interviewee who attended the Parent Gym course (Pt 15) felt that the content was geared more towards mothers rather than to a parent:

‘It’s more geared like it’s talking to the mums rather than to a parent, whether they’re male or female. I got the impression from the actual literature it kind of addresses like talking to a mum rather than a general more generic male or female point of view’.

And talked about how it felt being the only male in the group:

‘I didn’t feel uncomfortable but there were some mums that occasionally would bring up the thing about make comments like fathers are like this … Men are more like this … And I’d sort of have to maybe stand up for other dads [laughs]. It’s more of a mum’s point of view and I think also some of the
literatures is more geared towards mothers specifically addressing mothers rather than more generally parents. I was in a fortunate situation to be flexible. A lot of dads are working and they can’t get the time to go and attend. I was in quite a fortunate situation but generally I get on with other mums and dads in the playground so I didn’t feel awkward talking with mums; maybe they felt more awkward with me being there.’

3.3.5 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.

Only one interviewee reported that nothing had changed because of the course: ‘I knew lots of that stuff because I’m a teacher as well and I went through all of that training I did feel sometimes sitting there and thinking ‘Oh my God I’ve heard all this before’. I was bored at times but I wanted to be open-minded’ (Pt10).

All but one of the interviewees 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 the importance of having routines and spending time with their child or how to deal with tantrums; increased understanding of children’s behaviours and how to be a calm, reflective 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. Figure 6 gives some case summaries of changes at home because of the CANparent course.

Figure 6: Illustrative case summaries of reported changes at home because of learning from a CANparent course

<table>
<thead>
<tr>
<th>Increased confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent 13 reported that she now had the confidence to set some boundaries and family rules whereas before she felt her family life was chaotic.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Increased knowledge and understanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent 8 talked about understanding his son’s behaviours more. ‘If you take the unconscious incompetence, the conscious and all that lot, but at least I know what I’m doing wrong, whether I actually change</td>
</tr>
</tbody>
</table>
anything or do anything, but I am aware of behaviours and the impact of behaviours’

Improved communication between family members

Parent 5 talked a lot about how she felt communication between her son and her partner had improved. ‘We’ve always had a close relationship but I think it’s got even stronger. Where sometimes before if he got angry he would just storm off and he will just go and take himself out of the situation and calm himself down. Now he actually comes and talks to me and tells me what’s going on, which is a really good thing.’

Changes in the children

Parent 11 strongly felt that because of her setting family rules and routines, her son became less anxious and felt more secure. She reported that ‘I think with him I think he probably knows where he stands more, because we have more of a rigid routine than we used to have, he knows that if we stick to it certain things happen and if he doesn’t then he sort of knows the consequences. That sounds harsh but you know, what’s the result of not doing what’s expected of him.’

Parent 8 felt that his son is a lot calmer now and that is because they do a lot of things together.

Parent 9 has seen a difference in how much more her grandson articulates his feelings and how much more confident he seems.

Parent 15 reported that both of her children are now more cooperative and listening more.

More positive behaviours

Parent 1 learnt how to use short instructions and how to talk clearly to her children. She also now uses a timer to indicate when an activity needs to finish which she has found very useful.

Parent 8 learned the importance of listening. He described how his son used to say to him that he is not listening and now actively when his son asks him stuff, he stops and tries to listen carefully what his son is saying to him.

Parent 11 said that it had helped her with setting boundaries and learning how to set rules.
Parent 4 reported that the course made her consider her emotional reactions and her temper. She said she felt less stressed and less screaming.

Parent 12 reported feeling more relaxed about things and more patient to think around the problem rather than just reacting to the problem.

Source: follow-up interviews with 25 participating parents

### 3.3.6 Views about universal parenting offer

All parents interviewed thought the concept of universally available parenting classes was a good one. For example:

‘I would almost insist, for no other reason that when you do it you’re like that’s a good idea … you wouldn’t run a company like parents run their family, without any external input, without any meetings, without any guidance, without anything. It’s so essential.’ (Pt 8)

Some talked about the importance of reflecting on your parenting and others described it as part of the family development:

‘I even sometimes feel that I’ve got no time and chance to reflect. You’re in it and it’s like being on a speedy train. And I think it kind of challenges what you do and how you parent … you can see your worst and your best and I think it’s very important to talk about.’ (Pt 10)

‘I think it is normal and it’s required upon every parent to go and to learn. I would class it as when you study somewhere as self-development? And I think this is like a family development and it helps in all key areas.’ (Pt 3)

Parents we interviewed thought it is important for new parents to access parenting classes and that parenting classes should be seen as a progression of the ante-natal classes that expectant parents regularly attend:

‘When you are a first parent it’s like a new world, has been a new world for me, and we start learning bit by bit so I do think it’s important for a new parent to do a parenting course because there will be a lot of questions answered in there for them’ (Pt 2)

‘I think that really is true. I can understand why people think why a parenting class or a course is going to teach you ‘your child must be in bed by this time. You must only feed them fresh food’ and that it’s criticising, but this course was not at all like that and I think you know in the same way that before you have a baby you go on a course to learn how to have a baby which actually
your body is more naturally adapted to that than it is looking after little children (or even bigger children). I think it should almost be seen as a progression to that, you learn how to have a baby, then you learn how to look after the baby and as that baby turns into a little person you learn how to deal with that as well.’  (Pt 11)

Some suggested that it is important even for second time parents to have the time to reflect on their family life and think about issues they face:

‘I am a second parent now because I’ve got my second child and even being a second sometimes you have a feeling that you know all the philosophy around it but it’s really, really important to be reminded and to be facilitated like tools and ideas and techniques to put in practice in. And sometimes we need this structure. Sometimes we know the concept, we know everything around it, the nature of it, but I think it’s important to go to a parenting course because they give you like the practice bit of it to be effective like if you have this problem you can face it with that, that and that. At least they give you a few tools and I think it’s important for every parent to go.’  (Pt 2)

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. One parent talked about the importance of having access to this type of parenting support for maternal mental health and to address post-natal depression (Pt 13). It was often stressed in the interviews that publicising the classes needs to be carefully managed so as not to stigmatisate parents. Parent 4 said:

‘At the beginning I was curious to know what it is but at the same time I was like ashamed that if I go that means that I’m a bad parent so I don’t know if the way that’s published it should be more it’s not that you’re not a good parent, it’s not that you’re failing as a parent that you have to attend this class.’

We asked the 15 parents interviewed individually whether they knew that the course they attended was part of the CANparent trial. Only four out of 15 parents said they did. All 11 parents who said they have never heard about the CANparent trial reported that knowing that the course they attended was part of the trial did not make any difference to how they felt about their course. Parent 5 and Parent 9 said:

‘No not really; I just personally think it’s a good idea, and I don’t think there’s such thing as a perfect parent. I think that everyone would gain something out of it so I just think it’s a very good idea and I would go again knowing that’  (Pt 5)
‘No it doesn’t make any difference really. I don’t have any hesitation I honestly think that all parents of all age should do it because most people don’t go about thinking I’m going to abuse a child but child can be abused, relationship can be strained and people can start to feel isolated and with those things like parenting classes difficulties will diminish tremendously and be able to network and be with other parents’ (Pt 9).

3.3.7 Views of monetary worth of the course and of willingness to pay

Regarding willingness to pay for a course, to the parents in our follow-up sample the quality of the course were important, as were the benefits gained from the course, as well as the individual’s 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:

‘Would I have stopped if I’d seen a flier on a school table, picked it up and thought that looks really good, I’ll chuck fifty quid at that? I don’t know, but then that’s down to how it’s sold. Nothing’s expensive if the outcome is greater than the expense’. (Pt 8)

‘Think this kind of course is just so important it should be free because these courses are so crucial and important. The long run so much benefit to society. I think these kind of courses should be free. It’s like the nurse the community nurse that kind of support is a given but you have to attend. Given but you have to attend.’ (Pt 9)

‘No for the same reasons I’ve just said – because a) I would have felt well I’ve done it now so I’ve learnt the hard way, thanks very much and b) I really don’t have any money because I’m a parent [laughs]. We live in a very hand to mouth existence so if I was struggling I would go to my health visitor and say “help”’. (Pt 13)

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,

‘If I had to pay for it I’d have had to really research how good it was and I would have to seek from other people who had done that course and if I didn’t find anyone who had done that course I wouldn’t have done it. But if I knew someone who had done it and they recommended me to it I would have paid.’ (Pt 3).
'Because you don’t know what it’s going to be it might put you off because you don’t know what you’re paying for really until you’ve done it. Might be good to once you’ve done the course maybe do a contribution or something like that if you feel it’s helped you’ (Pt15)

Among our sample of parents who said they would pay to do the course (six parents), the amount they would offer ranges from £5 to £10 a session.

3.3.8 Section summary

The follow-up interviews with participating parents present an overall positive picture. The concept of universal parenting classes was welcomed and in some occasions thought as necessary. 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 CANparent class was largely positive (our follow-up sample did not include any parents who took an online or blended 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.

Both studies of the perception of parents who had attended a CANparent class showed that they were overwhelmingly positive about their class. These results are very similar to those found in Phase 1 of the CANparent trial. This is also true of the more detailed findings from the present two studies. It is important to note that these parents attended a class put on by a minority of the 12 providers reported in our Final Report of Phase 1 of the trial. Nevertheless, this consistency is important and strengthens the conclusions that can be drawn regarding the findings in the present study.
4. CANparent facilitators

Key findings

Facilitators had, overall, very positive experiences of delivering the parenting courses.

The typical experience of a parenting class was, from the facilitators’ point of view, characterised by group cohesion and learning, and the successful adoption of positive parenting techniques and understanding on the part of course attendees.

Parents and carers were recruited to courses in a wide variety of ways; it was acknowledged that successful recruiting was a time-intensive task in which personal, one-to-one contacts were important.

Very little thought had been given to recruiting fathers and male carers to parenting courses, and fathers were in a small minority in parenting classes.

All the facilitators were supportive of the idea of universal parenting provision, believing that all parents could benefit from parenting courses.

Almost all facilitators argued that universal parenting class provision should be free at the point of delivery, or, alternatively, means tested.

4.1 Introduction

Twenty four parenting course facilitators from four CANparent programmes – Parent Gym, Triple P, Understanding Your Child’s Behaviour (Solihull Approach), and FAST (Families and Schools Together) – were interviewed for the evaluation. The interviews were based on semi-structured interview schedules, were recorded (with informed consent), and fully transcribed. They were analysed thematically. The transcriptions were coded individually against pre-determined themes (deductive analysis), and emergent themes that were revealed by analysis of the transcriptions (inductive analysis). The development of the coding system was a recursive (iterative) process.

The facilitators were interviewed individually, by telephone, with interviews typically lasting between 45 minutes and an hour. Each interviewee was asked about their decision to become a facilitator, the skills and approach that characterised effective facilitation, and the training and supervision they received as a facilitator. Interviewees were also asked about approaches to recruiting parents to the courses, the experience of facilitating courses, the question of universal parenting provision, the impact of CANparent, and the question of parents and carers paying for
parenting courses. The interviewees are coded here, each being allocated the letter ‘F’ followed by a randomly assigned number from 1 – 24.

4.2 Becoming a facilitator

4.2.1 Backgrounds of facilitators

The interviewees all had background employment or voluntary experience that was related to parenting, children, families, schooling, or training, including prior experience of delivering parenting courses. In addition, the facilitators said that they had an interest in working with parents and families, and ‘helping people’ in a practical sense’ (F1). Examples of facilitator backgrounds included a parent who had been so impressed by the parenting course she attended that she trained to deliver it herself (F20), an employee of a third sector organisation who trained to deliver the course her employer was involved in delivering (F20), and a Reception class primary teacher wishing to better support parents of children new to her school (F10). The parent turned facilitator explained:

‘I’ve got children myself. My eldest has ADHD and my youngest has learning difficulties, and as they were growing up I found it really hard. I had been on some sort of parenting course, but nothing really … and I’d had some therapy to try and get me through it, but nothing really good. Then a friend mentioned that she’d heard about [programme], and maybe we should try it together and see what it was like, and we did the course, and I thought it was really professionally run, and really, really good, and the women that I did the course with thought it was great, and I learned a lot from the course […] and I thought I would really like to share this with other people, and that’s what I did.’ (F20)

Another facilitator had a ‘background in social work; I qualified as a social worker and worked as one briefly, so I’ve always been interested in that side of things’ (F19). It was this background interest combined with her working with a third sector body involved with delivering a parenting programme, and a sense that she should take an active part in local community life, that led F19 to become a facilitator. The primary school teacher (F10) said that she saw that parents ‘anxious about [their children] starting formal education’ needed support, and that by being a parenting class facilitator, she was ‘building up the relationship with the child and their family [and] also supporting them through the [programme]’ (F10).
4.2.2 Choosing to become a facilitator

The facilitators gave a range of explanations regarding their decision to becoming a facilitator. These fell into two categories, and interviewees often gave reasons from both categories. The first category related to helping other parents, carers and families, the second related to interviewees acquiring additional skills training. Examples from the first category included a Higher Level Teaching Assistant, who noted that, ‘I’ve always liked the pastoral side of things [in the school], the whole child, the family, and so I put my name forward for the training’ (F12).

A small number of interviewees linked wishing to help others to difficulties they had experienced as parents. This was the case for interviewees F1, F4, F18 and F20 in particular, with F1 saying, ‘I felt that I’d got an opportunity to help people in a practical sense, having been through the experiences myself I knew how difficult and isolating it can be as a new parent’ (F1). The chance to develop new family-focused skills and add to their skill base also attracted the interviewees to the parenting courses. One interviewee, who was a mother at home at the time she undertook training, identified self-interested and altruistic reasons for training as a facilitator:

‘It seemed a good way of, on the one hand, rejigging my training skills, so when I do go back to the workplace [she was a volunteer at the time of interview], I’ve got those new skills, while at the same time providing a service, with my training experience and my experience as a parent, so I could give something back to the community, but would get a benefit myself as well.’ (F14)

This combination of motivations were universal among the 24 interviewees, but, in addition, there were programme-specific reasons for becoming facilitators.

4.2.3 Specific course-related attraction to becoming a facilitator

The 24 interviewees represented facilitators from Triple P, Solihull Approach, Parent Gym and FAST, and 10 of the interviewees made mention to specific aspects of individual programmes that helped attract them to delivering those programmes. Interviewees identified the style of programme delivery, the scientific underpinnings to a programme, and the general, non-judgemental, approach of programmes, and programme focus on parents in deprived areas, as all being important in their becoming facilitators. For example, one interviewee explained:

‘Parent Gym really appealed [to me]. I love the whole approach, I love the way that they have applied what they do best in terms of the Mind Gym coaching psychology experience, and have created a very practical programme […] I really can relate to everything in the programme. There is not one aspect
where I think, “Oh! That feels uncomfortable “. That’s very important to me, and delivering materials I can relate to and make them my own.’ (F2).

For the Solihull Approach, the underpinning theory was important to its facilitators, with an interviewee saying, ‘the course I was previously doing was just looking at strategies and behaviours, where the Solihull [Approach] looks in more depth at what is behind behaviours and understanding the child’ (F11).

4.3 Being a facilitator

4.3.1 Being open and welcoming

The interviewees provided a small range of responses to the question, ‘how would you describe your role as a facilitator?’ The largest group of interviewees (n=11) stressed that it was important as a facilitator to make people feel comfortable, to be able to share experiences of parenthood, and to be warm, open, and welcoming. For example, one facilitator explained that creating such an atmosphere was an important part of her role:

‘Some of these parents were very, very anxious about being on the course, so I would say that my first role is to make everybody feel very relaxed and supported, but also, by giving them containment within the group about being non-judgemental, confidential and building up trust […] It’s about being calm, being relaxed, allowing people to talk, and just being there really, and [with] a friendly smile.’ (F10)

By creating a relaxed, open, but secure environment, the interviewees argued that they enabled parents and carers to cohere as a group, and be in a position to take advantage of the learning that was on offer. This approach, in turn, was linked to interviewees’ descriptions of their role as being that of a facilitator not a teacher, nor an expert. For example, one interviewee explained:

‘I’m very keen to point out that I’m not an expert parent, I’m a parent in training. I’m not a teacher, I’m there to facilitate and my role is to help shape the sessions, and to talk about some very practical things that [programme] believe passionately in.’ (F2)

These essential attributes of a good facilitator were seen by the interviewees as enabling them to deliver the materials, content and approach of their parenting courses in a flexible and responsive way.
4.3.2 Being flexible

The interviewees were aware of the importance of programme fidelity. In addition, a small number (n = 5) also mentioned that being flexible in terms of delivery was important for successful programme delivery and learning. These interviewees stressed that facilitators should be aware of the particular needs and feelings of groups they were teaching, and, where necessary, adapt to those circumstances. For example, one facilitator said:

'I think my role really is to present the programme, to be as true to parenting and the [programme] ethos and what [the programme] want to present, but to have a very clear idea quite swiftly as who’s in your group, and what their needs might be, and to try and present it accordingly.' (F3)

The interviewees argued that good facilitation required a mix of experience, training, relevant skills, openness, and being parent-friendly. This combination of attributes went beyond the skills developed through training; as one interview explained:

'I think, in all fairness, I don’t think anything ever fully prepares you to be a parenting coach. I think you have to bring all the skills that you have, all your interpersonal skills, sometimes you have to divert from a session because there’s something more urgent that you need to address in the room, and if somebody brings up an issue – it might be Safeguarding or something really important – you can’t then just power ahead with your session. You have to think on your feet an address that straight away.' (F4)

This type of analysis of the facilitator role stresses the personal qualities of a facilitator as well as training in the programme being delivered.

4.3.3 Personal qualities for good facilitators

There was a high degree of commonality in the responses of the interviewees responding to questions concerning personal qualities needed by facilitators. Interviewees identified a range of qualities: having good knowledge of the programme being delivered, of parenting and related issues; being a good listener, being non-judgemental; being able to manage discussions; being confident. For example, one interviewee said: ‘I think confidence, knowledge of your subject, knowledge of the parents and what their issues are, knowledge of the area that you work in, and signposting’ (F17) were essential qualities. Eight of the interviewees mentioned that being ‘non-judgemental’ and ‘a good listener’ were also important qualities for a facilitator. Being aware of the group as a whole and individuals within the group was also seen to be an important quality to have, for example, one interviewee said:
‘I think that the ability to facilitate a discussion is important. The ability to notice who is getting involved and who might be feeling a little bit more reluctant, so that you can spot that and intervene in a gentle way without putting anybody on the spot, but offering people an opportunity.’ (F3)

One of the interviewees was a facilitator on an online course, and she identified very similar qualities for online facilitators to those that were required in face-to-face facilitation:

‘You have to have all the skills that you would have if you were delivering the course face-to-face. You have to know your materials, you have to have the sort of personality that people will want to open up to. You have to be really non-judgemental […] Nobody can get it perfect, so it’s about saying everybody needs a little bit of help sometimes and that’s the help and support we’re going to provide. But you then have to have the skills to able to talk with people and make them OK on an online setting so that people feel able to share things.’ (F4)

4.3.4 Facilitator relationship with parents/carers

For the interviewees, the facilitator-parent relationship had to be characterised by trust, empathy, confidence in the facilitator and the programme, a sense of equality and professionalism. In F11’s words, the relationship could be characterised as being ‘a professional relationship [with] boundaries and things like that, but I think we are friendly and make them feel welcome when they come in’. The sense of ‘equality’ (F2) was linked by the interviewees to the importance of having a non-judgemental approach, and, where relevant, to acknowledging the facilitators’ own difficulties and experiences of parenthood. Taken together, these elements enabled a good, trusting relationship to exist. One interviewee explained how she saw trust as being of central importance in the facilitator-parent/carer relationship:

‘I think there needs to be an incredible sense of trust and I think if there isn’t that sense of trust then the whole thing will fall down, and it will just be a set of exercises and a set of stories without any feeling behind it, and I hope that you take them through those weeks, and by the end they’ve had a small journey with you.’ (F1)

This explanation of the importance of a trusting relationship was reflected in other interviewees’ accounts of their approach to delivery, stressing empathy, credibility, and humility.
4.3.5 Volunteer facilitators

The majority of the interviewees were not receiving payment for facilitating. One of the parenting courses uses volunteers for delivery, while other interviewees had facilitated as part of their job. For example, F10 facilitated as part of her role at a school, while F11 facilitated courses at the children’s centre where she worked. Although the majority of volunteers were happy with not receiving pay for their work, some would have liked remuneration. One facilitator who was in favour of the voluntary basis of delivery said:

‘I also really like the model of giving back, and I liked the fact that it’s a voluntary thing so you know that you’re not peddling a certain line because you’ve been told to because you’re paid to. It’s because you’ve had some benefits from it [as a parent], and you feel that other people might benefit from it as well.’ (F3)

For other volunteer facilitators, they felt that they were receiving non-pecuniary benefits in terms of training and experience. For example, one of two interviewees who saw facilitation as preparation for a return to paid employment, said:

‘I think that the whole subject of women going back to work and volunteering … I put exactly the same amount of energy, time, effort as if I was doing a paid job, but I feel that, for now, the rewards of what I’m getting out of it are not monetary, but it is still worthwhile.’ (F2)

By contrast, another volunteer facilitator saw her role as being an occasional volunteer with an interest in delivering parenting support:

‘I do it when I want to do it. I do it when I’ve got time to do it. It’s not my job. This is a couple of hours. I’m doing this [course] now, I think I probably did the last one about three months ago, and the last one three months before that. [...] It would be very nice to be paid, but it’s for six weeks, and then I won’t do it again for a few months. If I was doing it all the time I’d expect to be paid, but I’m doing a couple of hours one day a week. I’m not doing it that much, but it’s a volunteering thing. I quite like that I should be able to give back. I get paid for other things, but this is the bit where I’m volunteering and I give back.’

(F20)

However, a minority of interviewees who were not being paid to deliver thought that some remuneration would be good. One interviewee said that:

‘I would like to find some way to monetise it [facilitating], but I understand that this particular model is not about that, but I think it is a shame for the long term possibility of rolling this out as a national thing to run parenting classes –
I think it might be unrealistic to not pay expenses beyond travel expenses.’ (F1)

Those volunteer facilitators who hoped that, at some point, they might be paid for their work were, like F1, aware that the programme and model they worked with was, in part, built upon volunteering and that there were arguments in favour of the approach. However, one facilitator (F14) raised the issue of what she thought be an unintended consequence of relying on unpaid facilitators. She wondered if the reliance on unpaid volunteers distorted the class and ethnic profile of the facilitators compared with the profile of parents and carers taking the course.

4.4 Facilitator training and support

4.4.1 Training for programme facilitators

The interviewees were overwhelmingly positive about the training they had undergone to become programme facilitators, irrespective of which particular parenting course they trained in. Interviewees described their training as being ‘intensive’ (F3), ‘a good preparation to deliver’ (F14), ‘professional’ (F12), ‘enjoyable’ (F11), ‘well facilitated’ (F10), ‘good and varied’ (F20). Interviewees gave clear, reflective, responses to questions about the nature and value of the training. Two examples describing different parenting programme training highlight how interviewees saw their training as intensive and professional:

‘I think it’s the only time I’ve ever had my abilities as a coach properly assessed. It’s a bit daunting. They have this huge sheet of all the different aspects of your teaching. So things like your spirit, your navigation, your affinity with people, and they assess you on each of these areas. There’s about 20 little categories in each of those areas, and they tick whether they think you’ve got basic skills, whether you’re intermediate or whether you’ve mastered that skill. And I found that really useful because it helps you identify what you’re not so strong at, and what you are strong at.’ (F4)

Here, the interviewee’s stress was on the structure of the training and the way in which it helped her identify her own strengths and weaknesses as a facilitator. By contrast, another interviewee (F10) stressed both the professionalism of the training, but also the theory that underpinned the parenting programme:

‘I thought it [the training] was impressive, I thought it was very professional. I really, really learnt more things about the emotional development of children. I’ve had a wealth of experience over 25 years, I’ve got children of my own, I’ve done a Childhood Studies degree, I’ve got Early Years Professional
Only two interviewees expressed reservations about the training they had received; in both cases the interviewees (F11 and F16) would have liked the training to have lasted longer, with more coverage of the mechanics of running a course.

4.4.2 Supervision and support for facilitators

Supervision and support for the facilitators mainly came from one of two sources. For facilitators delivering programmes as part of their larger work role, such as in a children’s centre, then supervision and support was provided as part of their job. For example, one interviewee noted that, ‘we obviously have a Safeguarding person – if there were any issues I would go back to them’ (F4); while another interviewee explained, ‘I’ve got my own supervision with my line manager, so I can feed back through supervision and get direction I need from that’ (F11). The second major source of supervision and support, utilised by the volunteer facilitators, came from the coaches and paid staff of one of the programmes. This was seen to be a ready and responsive source of support, with one interviewee saying that ‘within a short period of time somebody responds at some stage to my questions or concerns’ (F14).

4.5 Recruiting parents and carers to the courses

4.5.1 Recruitment methods

Not all the facilitators were involved in the process of recruiting parents and carers to the courses. The volunteer facilitators, in particular, were not involved. However, some of them were aware of the steps that others, both from the programme and from hosting bodies, had taken in order to recruit parents and carers. For example, one facilitator explained:

‘I am not involved in recruiting the parents, and I don’t really want to be either, so it’s very much down to the school to recruit. So the parent co-ordinator [from the programme] will go out and put flyers out, in fact she told me today that she’s got each of the teachers to put a flyer in the school kids’ bags, and there’s a poster...’ (F20)

Overall, a range of recruiting methods were used but with an emphasis on a generalised approach utilising posters, space in organisation and community newsletters, website advertising, and the distribution of flyers. The interviewees who
delivered programmes as part of their daily work also used that as a way of recruiting parents and carers. For example, one facilitator explained that:

‘We all have our own caseloads, so we asked the parents that we are currently working with if they would be interested in attending the course. We put it out generically to our service and said, “Is anybody working with any parents that might be interested?” Through health clinics, people that were doing the baby clinics and things, and saying to them, “do you have any parents that are interested?” Health visitors, too, are on board, and social workers as well – they’ve referred into us.’ (F16)

Parents and carers were often approached through children’s centres and schools, and it was acknowledged that a variety of approaches were needed within settings like these. Posters, leaflets, conversations with staff, and with parents, were all needed in order to recruit parents. For example: ‘we had posters up. It’s quite a busy [children’s] centre so we had parents coming in and looking at the posters and asking staff what the course was about.’

The centre lead had already had conversations with them [staff] around what the course entailed. (F17). There was a realisation that recruiting parents was not an easy task, and that, often, a key element to successful recruiting depended on personal contact with someone the parent or carer knew and trusted (a children’s centre worker, for example), or a programme facilitator or worker. One interviewee noted, for example, that, ‘we’ve done a mix of approaches. With the first one there was a big drive because of the CANparent scheme […] we put posters up, put something in the newsletter, but what we found was the most effective is actually the personal approach, saying, “have you thought about this?”’ (F12).

Whichever combination of recruiting methods was used, the interviewees were clear that it often needed a good deal of effort to recruit parents and carers to the courses. One interviewee who was a volunteer facilitator not directly involved in recruiting, said that she knew that ‘the children’s centre workers work really hard in recruiting people’ (F13), while another commented that ‘the school had done a huge amount of work’ (F3).

### 4.5.2 Recruiting fathers

Typically, fathers and male carers were a small minority in any parenting group run by the interviewees. This reflects the widespread issue of attracting men to parenting support groups. The interviewees were asked about any measures that had been put in place to encourage the recruitment of fathers specifically. None of the interviewees were able to identify particular strategies for recruiting fathers to the parenting courses. Only one interviewee gave an example that could be seen as
tackling the issue, when she noted that ‘I’ve always, when mums come along and they say if the fathers are at all available, I encourage them to come. Obviously, in some cases the fathers are the primary carers so they will come’ (F1). Apart from this example, none of the interviewees (who were all women) provided an example of specific steps taken to recruit fathers and make carers. Typically, interviewees explained that their courses were open all, including fathers. For example:

‘I think the main method [of recruiting men] is that it’s open to all and it’s nothing to do with being good or bad parents, but just an important opportunity to talk together. I don’t think a specific thing is done to encourage fathers except through the [course] materials which feature both parents, all races, religions, creeds and colours. The website has films and snips from fathers too.’ (F2)

Similarly, another interviewee said, ‘we’re just open for anyone’ (F21), and another said, ‘we do have fathers on the course. We didn’t specifically go to … it was just open to everybody’ (F16). This facilitator went on to say that of the three men that were expected on a course, only one actually attended. Another facilitator made an assumption that male co-workers in her service would have tried to recruit fathers: ‘we do have dads working in the service so, obviously, they would have been promoting to fathers. We do have a father on an actual course […] but, yeah, it would have been put to fathers as well as mums’ (F11).

There were two examples of mothers asking if fathers could attend groups. One example was of a mother who was estranged from her child’s father asking if it was alright for the man to attend the group. The facilitator was very pleased with this, noting, ‘well, that was great for us, having a dad in the group’ (F10). Of interest was the example given by a second facilitator, when mothers asked for a men only group for their partners:

‘they [the mothers] said: “have you thought about doing a men-only one because my husband would love this, or my partner would love this” […] I said, “if you can get us eight men we’ll accommodate you somehow; it will be a Saturday morning, or an evening, or whatever”. So, whether that will happen I don’t know, we’ll have to wait and see.’ (F12)

A small minority of the interviewees noted that if they did have men in their classes, then it was necessary to make some adjustments for their presence. One facilitator said that she was aware that discussions might be affected by stereotypical comments from mothers:

‘I’m very careful because I think sometimes there can be a bit of a dangerous thing where the women of the group can spend time saying, “oh, yes, well
men do this, and men do that”. Firstly, I don’t want a moaning session, secondly I don’t think that’s productive, and I think it’s quite stereotypical, so I try an say, “the person who is the primary carer sometimes feels…”, so I emphasised this particularly when we had two men in the group because I don’t want the men to feel we’re pointing them out.’ (F1)

In a similar, but in itself stereotypical fashion, another interviewee commented:

‘I don’t think it affects the facilitation [if 95% are mothers and 5% fathers]. I just think you have got to be more aware that there’s a male in the programme as well, and obviously try and talk about things that are relevant rather than just female topics, and I’m not very good on football.’ (F11)

### 4.6 The experience of facilitating parenting groups

#### 4.6.1 Successful facilitation

Overall, two main points emerged regarding positive experiences in the parent groups that were run by the interviewees. The first related to the development of group cohesion and bonding during the classes; the second related to learning by the parents and carers.

Facilitators talked about ‘parents opening up’ (F21, F11), quickly finding common ground (F12, F20), bonding together and benefiting from group learning (F2, F14). One interviewee explained how she had watched one parent in particular ‘open up’ and gain in confidence over the seven weeks of the course she ran:

‘There was a very deprived mother who was quite inarticulate and quite closed down at the beginning of it, and I watched her open up, and I think it’s those small things that aren’t probably noticeable to an outsider, but if you’re in the room and you share those seven weeks with someone, and you see them consistently coming each week, and then really working hard, and at the end when I give them the certificate I really make sure I note what everyone’s achieved […] and I said to this woman, “you’ve made so many intelligent points”, and she was so overcome. I don’t think anyone had ever called her intelligent in her life. You can’t believe how harsh people’s lives are.’ (F1)

The ‘opening up’ of parents in the groups was a common experience, with, for example, another facilitator noting that, for her, the most impressive thing was ‘always that the parents very quickly opened up about the problems, and very quickly shared what they’re struggling with’ (F4). The process of ‘opening up’ led to group bonding – ‘the sense that they’re not alone’ (F2) – and group learning. One
The interviewee characterised group learning as each parent bringing ‘some kind of expertise or experience that was slightly different from the others, and when they shared that we all got more out of it’ (F14). The group experience was highly regarded by the facilitators, and one interviewee compared it favourably with the online version of the same programme, which, she said, was ‘very isolated – we need people [face-to-face], we really do, and it became apparent as the groups went on’ (F10).

The interviewees also stressed the learning by parents in the parenting groups. Facilitators gave a range of examples of learning by parents and carers. For example, one facilitator said that a parent had said to her, ‘Why haven’t we done this sooner. Every parent should do this. You helped me learn so much about my son’ (F18). Parents and carers were described as developing new understanding, learning new ways of interacting with their children, and being helped to change their basic views of the nature of parenting. There were examples of changes showed the desire of parents to parent in a different way from that which they themselves had experienced as children. There was evidence that parents from a non-British background were particularly keen to parent in a different way. For example:

‘Most people [in the classes] aren’t British, so, today one was Nigerian, and one was Eritrean, the other English. But I had in the last class so many different nationalities; a number of Afghani women who didn’t speak English and had to have a translator […] it’s a great thing, it’s not a bad thing, all these nationalities, and what they do is share their upbringing. This woman from Eritrea, this morning was saying she’d had such a strict upbringing and she was hit, and it’s very different to how she now wants to bring up her children.’ (F20)

In a similar way, another interviewee explained African women in her groups had experienced a ‘harsh’ upbringing, with ‘a lot of condemnatory behaviour, quite a lot of possibly hitting’ (F1), and that they wished to learn how to parent in a different fashion.

4.6.2 Difficulties

A minority of the interviewees mentioned difficulties they had experienced in facilitating, but they were a disparate range of issues. For example, one facilitator experienced technical problems (F4), another sometimes had problems containing group discussions (F2), a third had difficulties running group activities with very small numbers on a group (F22), and a fourth found role-play exercises difficult (F15).
### 4.6.3 Particularly useful elements of courses

The interviewees were asked to identify elements of the courses they thought were particularly useful for the parents and carers who attended. The responses focused on parents and carers learning core skills and making changes in their understanding. Facilitators argued that parents and carers had taken on board new understanding about the nature of parent-child relationships, were able to benefit from strong, easily understood course content, and learnt new skills and approaches related to parenting. Learning from the courses helped parents and carers make changes that, even within the life of the courses, they were reporting had improved family life; for example, one facilitator said:

‘I know that each week the parents are reporting improvements, and to me that’s hugely important, because you want the parents to continually use those new skills. And when they were coming back with problems we were able to look at it from the skills that they’d picked up on the course as to what else they could do next time that happened, or what the might be able to do to address that beforehand.’ (F4)

Facilitators reported that parents and carers welcomed practical advice and tips, but they also responded to the scientific underpinnings of the programmes; for example:

‘I think they also appreciate the science, so when we talk about television and the damage that it does to children, to all of us, screen time, and you can back it up with science, I think that’s quite powerful, so for some parents, taking the TV out of their children’s bedroom has been a transformation [or] not having the TV on at mealtimes.’ (F2)

Interviewees were particularly pleased when group members brought examples to the group of how, and with what effect, they had introduced changes to their parenting. This was seen to help reinforce group-learning and change in parenting practice.

### 4.7 Universal provision

#### 4.7.1 The CANparent brand

Only one facilitator said that she was fully aware of the CANparent trial – ‘I went to the first meeting with all the people that were providing the parenting courses’ (F4). For the other interviewees, the typical response was that they had some, but not much, knowledge of the trial, and a minority were unaware of the CANparent trial. Among the latter was one interviewee (F10) who did not like the CANparent logo or
brand, did not have it explained to her, and was uninterested in finding out, being quite happy with the programme she was delivering. This facilitator went on to say:

‘The only thing that I’ll say, and I’ve said it before is [...] the CANparent logo, I have heard parents say, in the past, “CANparent? I can parent, it sounds like there are parents than can and those who cannot”. And nobody likes to be told that they cannot parent […] so I use [programme name] on all my labels and signs.’ (F10)

The majority of the facilitators saw themselves as delivering their particular parenting programme, rather than a CANparent programme.

### 4.7.2 Universal parenting offer

The interviewees were clear that they supported a universal parenting offer. They all argued that all parents and carers could benefit from parenting programmes, and that being a universal offer meant that ‘it is open to everybody, nobody is excluded and everybody is encouraged to come’ (F2). For, as another facilitator argued, ‘we’re all individuals and different times throw different things at us […] and having that support there, or teaching yourself how to cope’ is important (F10). In addition, the provision of a universal parenting offer was seen to be an important step towards destigmatising parenting programmes and support, as ‘it can be packaged as “everyone come along. There’s something about parenting. It’s going to be useful to everyone”’ (F3). Another facilitator explained the degree to which it was possible for parents and carers to be concerned about attending a parenting course:

‘I think what people aren’t understanding is that parents don’t want to be judged and parents are frightened that if they come on a parenting course they might have their children taken away. We know that’s not the case in reality, but in people’s minds they sometimes feel a bit inadequate as parents, and they don’t always have the skills that they are actually frightened to put their hand up and say “I don’t know how to help my children behave”. Also, no one wants to be judged, and through the universal parenting sessions we tried to help them understand that every parent sometimes needs help.’ (F4).

With the growth of universal parenting provision, and uptake, these fears would, it was argued, be reduced.

### 4.7.3 Parents paying for parenting courses

The overwhelming majority of the interviewees believed that universal parenting provision should either be free at the point of delivery, or that there was a need to means test parents and carers. All the facilitators made the point that if payment was
requested it would exclude people who unable to afford payment, no matter how low it was set. The interviewees were positive about delivering programmes that were free to the parents and carers; for example, one facilitator explained:

‘I think the beauty of [programme] is that it’s offered free, and not because people who can’t afford it have bigger problems but they don’t have access to the funds. I think that given the importance of parenting well, and early intervention, I think it is a terrific initiative […] and I think the benefits, hopefully, long term to society are immense if you’ve got kids starting off on the right tracks.’ (F2)

The point about parenting courses providing a social good was made by other facilitators who argued that the potential benefit to society, as well as to individuals and families, was great. By contrast, one facilitator raised the issue of non-payment being associated with something that was not worth much – ‘people don’t value something they don’t pay for’ (F4) – while acknowledging that payment would exclude people with little money, or those living on benefits. Finally, a facilitator made a comparison with health and primary and secondary education provision, which is also free at the point of delivery, saying that parenting support could be seen in the same light:

‘I think the NHS gives so much, and I think this is so invaluable to young parents, because it is at the beginning of life, and if we support it at that level emotionally I think it might stop problems later on. How many teenage problems have we got now because of parents giving up?’ (F10)

4.8 Conclusions

There was broad agreement across all the interviewees in a number of areas. In particular, interviewees had delivered parenting courses under the brand of the individual parenting courses, such as Triple P, or Parent Gym, rather than as a CANparent course. In fact, there was little knowledge on the part of the interviewees regarding their courses being delivered as CANparent courses. (This finding seems to fit in with the wider market development work in Phase 2, where CANparent is used as an endorsement through the quality mark rather than a brand as such.) In relation to the recruitment of parents and carers to the courses, a wide range of methods was used, with facilitators stressing the importance of personal contact in successful recruiting. There was strong support for the idea of universal parenting class provision, with facilitators arguing that parenting class support was beneficial for all parents and carers. The overwhelming majority of facilitators did not think that parents and carers would pay for parenting classes, and there was little support for the idea among facilitators.
5. **Supply Side Views of Phase 2 of the Trial**

**Key findings**

Based on interviews at two time points during Phase 2 with CANparent providers and other stakeholders in the trial areas:

**Trial aims:**

There continued to be strong support for a universal parenting offer but with varying views of the viability of a market model to deliver this: whereas some viewed a market model as the way forward, others thought the public sector should commission delivery.

Interviewees believed that establishing a culture where universal access to parenting support was the norm would take some years to achieve.

The CANparent trial was viewed as having begun to reduce any stigma associated with attending a parenting class.

**Trial design:**

The Phase 2 extension of the trial was welcomed but not the withdrawal of the vouchers that had been available during Phase 1.

The lack of vouchers had a negative impact on the supply of classes. A limited number of providers took part (6), five of which had to find external funding sources to enable any delivery of classes.

The change of sponsoring government department from the Department for Education to the Department of Health was viewed as having had negative consequences such as a loss of strategic vision and of momentum.

The availability of a Local Engagement and Sustainability Fund (LESF) to fund initiatives to support providers to develop a market, and parents to take up a class, was viewed positively by providers and other stakeholders.

**Developing the market: stimulating supply**

Supply of classes reduced, compared to Phase 1:

- there were fewer active providers (4 in Phase 2 compared to 12 in Year 2 of Phase 1).
- the focus shifted from delivery of classes to finding alternative ways to fund that delivery.

Business models used to fund supply were: philanthropic; micro-commissioning; strategic commissioning; and parents paying to attend classes.
Although there were fewer providers competing with each other, the level of competitiveness amongst providers seeking to supply classes increased compared to Phase 1.

The Local Engagement and Sustainability Fund supported a number of initiatives which increased supply and with a likely positive impact on sustainability, including: activities to engage potential commissioners; training of facilitators; increasing engagement of children’s centres to deliver parenting classes; and engaging Football League clubs to support parenting classes as part of their community model.

**Developing the market: stimulating demand**

Compared to Phase 1, providers in the trial areas used a wider range of programme-specific marketing material to stimulate demand.

Providers sought to create demand by finding income streams that would enable classes to be delivered free at point of delivery.

The LESF stimulated demand by providing financial support to remove barriers for parents wanting to attend (for example, funding crèche provision) and by funding activity that increased parent awareness of the offer (for example, funding taster sessions).

Views were mixed about the effectiveness of the CANparent brand in building demand: some viewed it positively; others saw it as too complex or too closely linked to one political party. These findings supported the move away from development of a CANparent *brand* to a CANparent *quality mark*.

The CANparent quality mark was seen as a positive development but interviewees reported that it was too early to tell to what extent, if any, it would increase demand for universal parenting classes.

**Developing the market: sustainability**

The majority view was that a universal offer of parenting classes would continue in the four trial areas.

There was agreement that this was unlikely to be funded by direct selling to parents (part of the original vision for CANparent). Instead, a mixed economy was likely to be required, including philanthropic investment, micro-commissioning, strategic commissioning, and some parents paying to attend or to log on online.
5.1 Introduction

This chapter reports on the development of the market in universal parenting classes during CANparent Phase 2, in the context of the Phase 1 longitudinal case studies reported previously29. During Phase 1, interviews were held in summer 2012, spring 2013 and winter 2013/14, referred to here, as in our previous report, as Time 1, Time 2 and Time 3 respectively.

The CANparent Phase 2 providers and other stakeholders across the four trial areas were interviewed twice: spring/summer 2014 (Phase 2 Time 1) and spring 2015 (Phase 2 Time 2). To distinguish these from interview points during Phase 1, we refer to them respectively as ‘Phase 2 Time 1’ and ‘Phase 2 Time 2’. All the interviews were recorded, with permission, and fully transcribed.

The chapter is structured around the same five main topics as our longitudinal case studies of the supply side during Phase 1:

- 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 relate our Phase 2 findings to those at the end of the first two years of the trial to provide continuity in the story of the trial.

The Phase 2 interviews involved:

11 representatives from the 6 providers
   City Lit30, Parent Gym, Parenting Matters Online, Save the Children, Solihull Approach, Triple P
5 representatives from the trial delivery partnership
   Ecorys and Family Lives
6 representatives from the local support partners

29 CANparent Final Report
30 The City Lit representatives were only interviewed at Phase 2 Time 1 because City Lit effectively withdrew from Phase 2 early on.
Family Lives (Bristol), Family Lives (Camden), High Peak Community and Voluntary Services, and Middlesbrough Voluntary Development Agency.

To preserve confidentiality, where quotations are used these are coded as from either a ‘provider’ (e.g. P1) or a ‘stakeholder’ (e.g. S22) for all other interviewees. ‘Classes’ and ‘courses’ are used interchangeably.

5.2 The trial aims

There was no change in the two-part aim for the CANparent trial during Phase 2. This remained:

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

5.2.1 Views about the trial aim at the end of Phase 1

Towards the end of Year 2 of the trial (Time 3), all the CANparent providers across the four trial areas supported the trial aim of establishing a normalised, universal parenting offer. For the majority of providers, this had been one of the primary motivations for opting to be involved in CANparent. All the providers believed that the government had been correct in backing universality as a method of reducing stigma attached to parenting provision. The universal offer was seen to be beneficial in reaching parents traditionally ‘targeted’ as in need of support, and in opening up parenting support to any parent. Other stakeholders also supported the trial aim of normalising universal parenting classes.

The more challenging aspect of the trial aim was to achieve a normalised, universal offer using a market model. Despite this, 12 of the 14 original voucher area providers and seven providers in Bristol continued to try to achieve this throughout Phase 1. Towards the end of Year 2, the majority of trial providers believed that they had benefited from involvement with CANparent. They had begun to operate in a more market-orientated fashion which, for most, was new. At that point, 18 of 26 parenting providers nationally that had taken up the offer of mentoring support around market development were CANparent trial participants, including from the non-voucher area.

The key message was that the CANparent aim required more than two years to be fully tested. Some of the providers reported that by the final quarter of 2013, they

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31 Through the market development contract let separately by DfE and running from April 2013 to March 2015.
were beginning to see increased take up of their offers, and they believed that they were getting ‘traction’ in the CANparent market. However, the culture change required to create widespread demand from parents would, it was argued, require more than two years. The other stakeholders interviewed at that point shared the view that the trial aim of normalising and de-stigmatising parenting classes required more time.

5.2.2 Views about the trial aim during Phase 2

Provider views
All provider interviewees indicated that their organisations continued to support the aims of stimulating the development of a market in universal parenting classes, along with the normalisation and de-stigmatisation of parenting classes. The providers also offered additional thoughts on issues relating to universal and targeted provision, and the normalisation of parenting classes.

The providers talked about a universal offer in parenting classes in relation to targeted provision and in relation to cultural change. One interviewee problematized the term ‘universal’, and argued that no universally accepted definition of ‘universal parenting’ existed. In particular, the interviewee (P12) argued that the approach of CANparent to universal was to offer provision that met the needs of the overwhelming majority of parents and carers, but not those with significant needs. This provider argued for ‘proportional universalism’, which ‘allows parents to self-regulate [and] allows parents to choose the level of intervention’ (P12). The remaining five providers approached a universal offer as meaning one that ‘is available to any parent from whatever social class, background, locality; just any parent who feels that they would like to attend a parenting class. It doesn’t have to be targeted at parents who are struggling’ (P21). It was this understanding of a universal offer that the providers supported. However, it was noted that while they, as providers, were committed to the idea of universal parenting classes, there were issues relating to targeted provision that impinged on the universal goal.

Developing a universal offer that was widely taken-up by parents and carers (along with organisations, such as employers, who might purchase parenting support for their employees) depended on a culture change. That culture change was a long-term process that the providers believed was underway, but at a very early stage. For example, one interviewee explained:

‘Part of the problem is that while we’re trying to do that, to change the culture, there’s another culture among provision where one doesn’t do universal, only targeted. So, we’re trying to get universal acceptance and then there is the perception of people entering any type of services, children’s centres [for
example], and a lot of them, a lot of areas, is that it is targeted […] Instead of having universal services that changes the culture, you’ve got an environment where the services can only be accessed by the needy, and then other people don’t want to go’. (P14)

There was a recognition that CANparent had played a part in the slow shift in cultural attitudes to parenting classes. For example, one of the providers said that:

‘I think that is something that the [CANparent] trial has been helpful with is to raise awareness of this [universal provision] as an offer and an opportunity […] But I think we are only just at the start of getting through that culture change where attending a parenting class and seeking out support for parenting in that way is seen as a positive and normal thing to do’. (P26)

A key element in the normalisation of parenting classes was seen to be their de-stigmatisation. Providers argued that the process of de-stigmatising parenting support was only just beginning, with, for example, one provider noting that, ‘I think there’s been a limited progress on that journey [but] by the fact that they [universal classes] are around and being talked about means that people are more comfortable in accessing them’ (P12). The process of creating a universal market in parenting was seen to be part of the solution to de-stigmatising parenting classes, which would offset the stigma associated with targeted provision:

‘It takes quite a long time to break stigma down, but the more you move to a universal market […] because it’s not targeted […] it comes from an asset based approach, not a deficit based approach. It takes a long time to turn stigma around, it’s kind of like a super tanker, but there is erosion [of stigma] there’. (P24)

One of the providers argued that its offer, dependent on wider, community-based involvement in parenting support, had a built-in antidote to stigma; while another argued that online provision was, by its very nature, without any accompanying stigma: ‘It [stigma] isn’t an issue online. There isn’t stigma. It [online provision] makes it accessible for people who work fulltime and it removes a lot of the barriers to people doing it’ (P29).

**Stakeholder views**

During Phase 2, other stakeholders in the trial were also supportive of aiming to establish a normalised universal offer of parenting classes, with varying views about seeking to do this using a market model. As there were some area differences in views; these are addressed in turn.
In Area 174, at the beginning of Phase 2 (Y3 Time 1), local support stakeholders were disheartened about the likelihood of meeting the trial aims. Regarding the development of the market, they were frustrated that the removal of the vouchers to stimulate the market had meant that there was no local supply and therefore no local market.

‘For me, the market means developing high quality provision within a competitive environment which is around providers being there, available, ready, willing to deliver programmes of support that are cost-effective and improve outcomes.’ (Stakeholder 8)

Regarding universal access to parenting support, they also reported a need for, ‘a lot more work to be done on the ground with parents’ to help local parents understand that offering universal access to parenting classes was, ‘not having a go at their parenting capabilities; it is there to support and build on the good stuff some parents may be already doing’ (Stakeholder 10). By Y3 Time 2, views about the market were more upbeat but only in relation to public sector (not consumer-led or private sector) commissioning to meet demand from early years’ professionals (not parents) wanting to be able to offer universal parenting classes. Most local parents, it was reported, still did not understand the CANparent offer of normalised parenting support.

In Area 161, at Y3 Time 1, the local support stakeholders were fully supportive of both aspects of the trial aim: a universal offer through a market model. Regarding the market model, their view was that the ‘entrepreneurial type’ of provider was still missing from the area – consequently, they said, none of the providers were actively seeking to run groups paid for directly by parents, something for which they thought there was a market in the same way as people pay for, for example, yoga classes.

Regarding universal access, there was frustration that the ‘hiatus’ between Year 2 and Phase 2 meant that there were no courses in new areas for parents (two providers were running courses again in settings where they had already run during Year 2, paid for by these settings – children’s centres and primary schools). By Phase 2 Time 2, these stakeholders were convinced that there was a demand from parents for stigma-free, support to become, as one put it, ‘the best parent you can be’ (Stakeholder 9). The view was that, as parents saw other parents who had completed a course have, ‘more confidence and the greater ability to really understand what’s going on with their children and realise how their behaviour

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32 This quotation related specifically to local parents who had undertaken Solihull Approach’s Understanding Your Child’s Behaviour course.
impacts on their children in ways that they might not necessarily think’ (Stakeholder 16), then demand would grow organically.

The market mechanism that supported this locally was similarly organic: micro-commissioning by individual settings (children centres, nurseries, primary schools) or by small groups of settings joining together to jointly commission groups.

As in Area 161, in Area 270 also, towards the start of Phase 2 (Y3 Time 1), local stakeholders were supportive of the trial aim, believing that, ‘an open market’, was, ‘the way to go’ to deliver universal parenting support (Stakeholder 15), particularly as the focus of the local authority and statutory organisations was on targeted services. This stakeholder reported that parents she had spoken to welcomed CANparent:

‘A lot of parents I’ve spoken to have all said, ‘This is fantastic’ and ‘This is exactly what we need’. Because of the way that it was marketed as universal, I think it took away some of that sense that you’re being given this because you need it. It’s more, ‘I want this. I like this. I’m learning from it.’ Parents find it very important to know that it’s something they can access at will and not be judged for.’ (Stakeholder 15).

By Phase 2 Time 2, the view among Area 270 stakeholders was that there was local agreement that stigma-free, universal parenting support was, ‘the way forward’. There was also a belief that there was a market for this (see 5.2 5 re sustainability).

In the fourth trial area, at Phase 2 Time 1, feedback was that there was no real evidence to say whether or not the trial aims there realistic. Almost all the parenting provision at that time was targeted. By Phase 2 Time 2, support was expressed for the trial aims (‘I do think that the whole CANparent idea and what it is trying to do is a good one’, Stakeholder 5). The reported ‘challenge’ was in trying to implement it; this, it was argued needed, ‘a lot more work’ to make it ‘more accessible to parents’. This stakeholder’s view was that ‘a lot of parents’ were ‘open to’ the idea of universal parenting classes but that demand was greatest among those with ‘a bit more money’: ‘Certainly parents who have a bit more money have been the ones that have been more forward about accessing this’ (Stakeholder 5).

5.3 The trial delivery design

5.3.1 The trial design for Phase 1 and views about this

During Phase 1 (Years 1 and 2), the trial delivery design in the three voucher areas was complex, involving a number of organisations and groups: the Department for
Education, the trial delivery consortium (Orion Print, Ecorys, Parenting UK), providers, local support, voucher distributors, course facilitators and hosting organisations, as well as parents. In the fourth trial area, Bristol, the design was less complex as there were no vouchers and therefore no voucher distributors and no local support organisation there. The main players there were the provider organisations, the local authority, hosting organisations, course facilitators and parents. In both the voucher and the non-voucher areas, the CANparent website was an important interface for trial partners and parents.

Throughout the trial, two main criticisms were made of the delivery design by providers and some other stakeholders in the voucher areas: i) that it was overly complex and, ii) that local authorities were not included as strategic partners from the start. In the non-voucher area, there had been disappointment about the low level of CANparent publicity provided as part of the trial.

5.3.2 Changes to the trial design for Phase 2

In Phase 2 (Phase 2), the trial design changed. The Department of Health (DH) became the sponsoring government department rather than the Department of Education. Unlike the first two years of the trial, for Phase 2 there were no vouchers. The original CANparent trial ran, as planned, for two years and finished on 31 March 2014. During the second year of the trial it became apparent that providers would need support after the close of the trial to help with the transition to becoming sustainable in a commercial market. Working with DfE, the Department of Health agreed to take responsibility for a new phase of the CANparent trial from April 2014-March 2015.

The previous delivery consortium became a delivery partnership of Ecorys with Family Lives. That partnership sub-contracted local support in Middlesbrough and High Peak from Middlesbrough Voluntary Development Agency (MVDA) and High Peak CVS respectively. Family Lives provided local support in Camden and also in Bristol (this was a design change as in Phase 1, Bristol had not been part of the local support offer).

The delivery partnership managed a modest pot of money (£160k in total), the Local Engagement and Sustainability Fund (LESF). This provided a maximum of £40k per trial area. Ecorys also managed the process by which local support and/or local providers could bid for money from this fund to support activity arising from the local plans that would in turn support innovation and/or sustainability. Each successful application involved some provider investment which could be money or ‘in kind’ investment. (In the later part of the Phase 2 trial, this fund was opened out to any provider with the CANparent Quality Mark.)
Providers who had taken part in the first two years of the trial were invited to tender for a nil value contract to deliver in the four trial areas. All six who tendered were contracted to deliver.

The CANparent website broadened to include not only the trial providers but also the CANparent Quality Mark providers. (The CANparent Quality Mark was launched in January 2014. It was part of a separate but related contract held by Family Lives with Ecorys.)

5.3.3 Views about the Phase 2 changes to the design of the trial

Provider views

The extension of the trial into a third year was welcomed by CANparent providers. However, they raised issues about the withdrawal of the vouchers, the role of the Department of Health, and the Bristol trial area.

The providers continued to express dissatisfaction with the part-funding mechanism (via vouchers) that characterised the first two years of the trial. However, there was criticism of the model that characterised the Phase 2 trial, with the withdrawal of the vouchers. Two of the providers, in particular, voiced concern about the lack of funding. In one case, the provider had assumed that the extended trial would also involve the continuation of voucher funding, and this assumption had informed their decision to continue with CANparent:

‘Initially, when the trial was announced [Phase 2] we didn’t know that there wouldn’t be any money attached. The continuation of the trial made it sound like it was still going to be funded. Then we found out there was no funding; we’d already put quite a lot into the planning and everything, and we thought, “Well, let’s just see what happens”. Perhaps the CANparent team have got funders ready and we’re ready to deliver.’ (P21)

Not all the providers were reliant on CANparent funding, with some of the offers being funded from, for example, core funding. However, in addition to P21, another provider explained that the lack of the voucher funding had impacted on their operations:

‘Phase 2 made it [delivery] much more challenging for providers because actually there was no funding to fund anything. That meant for us we lost our CANparent officer, who was absolutely fantastic in chasing all the

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33 The CANparent quality mark
management information, introducing the evaluation frameworks and doing all the support – so that meant we had no support as such.’ (P24)

The result for this provider was that there was no distinct CANparent element to their operations, with the nominally CANparent offer being subsumed into the provider’s overall offer.

One of the providers strongly questioned what they saw as a lack of strategic leadership notwithstanding the transfer of CANparent from the Department for Education to the Department of Health (DH). The provider argued:

‘We felt that there was no sense of, again as I said in Year 1 and 2, any strategic direction. I’ve said time and time again if this work was embedded within outcome frameworks or really within social mobility areas, that would really give us some traction in terms of raising the profile of this work, and the benefits of the work, and that didn’t really happen’. (P24)

In a similar vein, another provider raised issues about the trial in the Bristol area. These focused on brokerage events which were seen to be of little effect in terms of outcomes, and the shortage of time to establish the CANparent brand in Bristol (P14). Further, it was argued that there was a mismatch between the universal provision aims of providers, and the targeted approach of the public sector:

‘The policy in Bristol [public sector] was that it was more at targeted groups, and, again, it’s about knowing what the public sector have got in their strategic plans. They won’t take on universal [provision] if their policy is that they’re only going to do targeted, and each area is different’. (P14)

However, by contrast, another provider stressed positive aspects of the Bristol CANparent area; in particular in relation to networking events: ‘good learning experience, good networking and just a sense of what the issues that we’re designing the course for’ (P29).

Stakeholder views
The cumulative effect of the design changes, especially the removal of the vouchers, meant that more than one stakeholder viewed Phase 2 as, ‘a different trial’. Stakeholders mainly talked about three themes related to the trial design: the change of sponsoring department, the removal of the vouchers and the changes to local support.
Change of sponsoring department
The changeover from the Department for Education to the Department for Health caused delays in issuing contracts for the delivery of the Phase 2 trial. This was viewed as having a negative effect on early local support – for example, it meant that, without contracts in place, local launches had to be somewhat low key and could not specify the providers due to be operating in each local area as contracts had not been signed. This was viewed as having had a negative impact. For example:

‘We lost an awful lot of good will by being forced to put the cart before the horse. [...] Not being able to say [what the offer was and how much it would cost to commission] really damaged the project. [...] It just damaged the credibility, not being able to answer that key point.’ (Stakeholder 16).

The delay in getting contracts signed also affected supply as providers were wary of becoming active without a contract. The hiatus caused by the changeover meant that, in the words of one stakeholder, ‘the trial stopped and started again’ (Stakeholder 17). The restarted trial was described by another stakeholder as, ‘a third year [of CANparent] with a new twist’ (Stakeholder 15).

Some stakeholders reported being disappointed by what they described as the low key approach adopted by the Department of Health to the trial. As evidence, it was pointed out that the Department of Health logo was not added to branding. This, it was argued, made it harder to engage commissioners in the NHS. Similarly, it was reported that the Department was not able to broker links to support engagement of NHS hospital trusts, clinical commissioning groups or agencies such as Public Health England. There was some disappointment, too, that the Department did not make a public and positive announcement about the removal of the vouchers from the trial.

Removal of the vouchers
The removal of the vouchers was perceived by stakeholders as a significant change to the trial that had a negative effect on the supply of universal classes. This was, firstly, related to a reduced number of providers taking part. Without any guaranteed income to stimulate supply, six rather than 12 providers tendered for Phase 2. One provider from the Phase 1 trial wrote to the Prime Minister to complain about this change and to set out their reasons for not tendering for Phase 2. According to a number of stakeholders, this letter, which was then circulated to all the Phase 1 providers, had negative effects on how the Phase 2 trial was perceived by the provider sector. In the words of one stakeholder, ‘It was as if [Phase 2] had been written off before we’d had a chance to be successful.’
Secondly, the removal of the vouchers meant that the majority of the providers were dependent on finding an alternative source of income in order to deliver classes. As it took some time for such income streams to be identified, local stakeholders reported a reduction in the number of classes offered compared to Phase 1, and that there was a time gap during which no classes were on offer in certain areas. (Camden was the exception here because Parent Gym had its own income stream generated from its parent company.) The idea that local public sector commissioners would be able to, ‘make a decision and spend [money] within one financial year was, in hindsight, just not realistic’ (Stakeholder 9).

Trial delivery stakeholders reported that the removal of the vouchers impacted on the management information (MI) in two ways. First, it meant that providers wanted to return a smaller data set of MI and, secondly, because MI was no longer proof of parent starters and completers linked to voucher payments, returning MI was no longer a business priority for providers. With no ‘carrot’ in the form of voucher payments, there was a limit to how insistent the delivery partnership could be about the return of MI data from providers.

Changes to local support
Extending local support to Bristol meant starting that work from scratch in that area. It took a while for Family Lives to recruit to the part-time post (June 2014). During the first part of Phase 2 (April and May), Bristol local support was delivered by someone appointed on an interim basis. For Phase 2, the focus of local support was on working with providers to make universal parenting classes viable and sustainable in the trial areas.

Each area had to produce a local plan agreed among local support, local providers and Ecorys. As in Phase 1, local support stakeholders reported that those providers that sent representative/s to develop positive relationships with potential commissioners were the ones that were more successful in being commissioned.

The Local Engagement and Sustainability Fund (LESF) was viewed as a success by stakeholders because it enabled activity that supported innovation, supply and sustainability in the trial areas (see Section 5.3 below) and also supported providers with the Quality Mark (see Section 5.4 below). Without this fund, there was a view that some of the trial providers would have been able to do ‘virtually nothing’.

5.4 Developing the market: stimulating supply
Across the four areas, the supply of classes reduced during Phase 2 compared to Phase 1. In what had been the voucher areas, this was because the lack of any
voucher subsidy meant that a reduced number of providers signed up for Phase 2. In what had been the non-voucher area (Bristol), this was because take up had been so low during the first two years that none of the original seven providers continued into Phase 2.

Figure 7 summarises the potential CANparent offer during Phase 2. In fact, not all of these classes ran.

<table>
<thead>
<tr>
<th>Area/s</th>
<th>Providers</th>
<th>Programme</th>
<th>Delivery model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol</td>
<td>Save the Children</td>
<td>FAST (Families and Schools Together)</td>
<td>Face to face</td>
</tr>
<tr>
<td>Camden</td>
<td></td>
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<td>High Peak</td>
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<tr>
<td>Middlesbrough</td>
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<tr>
<td>Bristol</td>
<td>Solihull Approach</td>
<td>Understanding Your Child’s Behaviour</td>
<td>Face to face</td>
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<tr>
<td>High Peak</td>
<td></td>
<td></td>
<td>and Online</td>
</tr>
<tr>
<td>Middlesbrough</td>
<td></td>
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<tr>
<td>Bristol</td>
<td>Triple P</td>
<td>Triple P Discussion Group/ Seminar</td>
<td>Face to face</td>
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<td>Camden</td>
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<td>High Peak</td>
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<tr>
<td>Middlesbrough</td>
<td>Parenting Matters</td>
<td>Parenting Matters</td>
<td>Online</td>
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<td>Online</td>
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Source: Ecorys and provider interviews

5.4.1 The context of austerity

Area 174 was particularly affected by cuts to the local authority budget: reportedly, 40% budget cuts meant job losses from 1 April 2014, followed by restructuring, with interim post-holders for three months only. This meant that, as one provider interviewee reported, ‘within four months of the start of Year 3, there wasn’t one single person left in the local authority that we’d related to in Phase 1.’ This provider viewed the situation as an opportunity to build new relationships to replace ‘very competitive’ previous relationships. But the local content of austerity cuts caused delay in being able to approach the local authority as a potential commissioner of providers’ classes and also shaped the manner in which commissioners were approached:

‘I think all the providers [in LA174] would describe April/May [2014] as the time when we were all not sure what we were supposed to be doing because we didn’t know where we were going to get money from. We’d had a very
clear message in [LA174] not to approach commissioners individually, and that message remained. [...] Providers got the feedback that this is not a moment to approach commissioners as individual providers. This needs to be done collectively.’ (P14/3)

The voluntary sector was also affected. For example, one voluntary sector group that had been delivered Provider 14’s classes reduced from 12 staff to three. This impacted negatively on the ability of Provider 14 to deliver locally: they lost the manager they had engaged with and their two trained facilitators.

A change to the commissioning specification for health visitors, to a payment by results model that did not include running parenting groups, meant Provider 14 also lost availability of trained health visitors to deliver because their senior manager argued that they could not be released to deliver a parenting group that would not count towards the payment-by-results contract.

‘So we started Phase 2 with the key factors in CANparent actually looking like they could free us up to do some really good work and then this local context meant none of it really happened.’ (Provider 14/3, interviewed early 2015)

The Local Engagement and Sustainability Fund proved invaluable in this context, enabling payment of backfill for health visitors delivering a group, and, after much negotiation, enabling a course to be run to train more facilitators to deliver. As a result, six groups started during the final two months of Phase 2.

In addition, during the last three months of Phase 2, there was a breakthrough for Provider 14 at local authority level. Influenced by a meeting with the CANparent providers, the LA parenting lead included a parenting commissioner in his budget, provided a free venue for facilitator training and put forward six children’s centre workers to be trained.

5.4.2 Business models and voucher subsidy

The trial aim of normalising attendance at a parenting class was, for most of Phase 1 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 had been the Government’s voucher subsidy of £75 for every parent starting and £25 for every parent completing34 the course. However, initial investment in set-up and development costs was not recouped through voucher receipts as the number of parents taking part fell far short of planning assumptions.

34 ‘Completion’ was contractually defined for each course; see Appendix 3 for details.
Towards the end of Year 2, the 12 providers in the trial at that stage had accepted that it would take time to recoup their investment. Some felt more positive about this than others, as the level of take up of their classes rose towards the end of Year 2.

**Supporting providers to find viable business models**

As reported above (section 5.2), supply in Phase 2 was limited by two factors: (a) the low number of active providers and (b) providers’ need to have a viable business model to fund supply. Although six providers signed up to participate in CANparent Phase 2, in effect, two of these did not fully engage with the trial. In the case of Parenting Matters Online, this was because the product was not ready to market: it remained in development throughout Phase 2. In the case of City Lit, leading a consortium of smaller providers, there were other issues at play (see Section 5.2 above).

From the point of view of local support, this meant that contact had to be made with each individual member of the consortium. With support from the LESF, one of these partners delivered two classes to 18 and nine parents respectively. For most of Phase 2, across the four areas there were effectively four active providers: Parent Gym, Save the Children, Solihull Approach, and Triple P.

For three of these four providers, supply meant first finding a business model for delivery: that is, finding parents, commissioners or local employers who would be willing to pay for classes. Parent Gym was the exception to this: it operated a **philanthropic business model** whereby its classes were offered free at point of delivery, paid for from profits from its parent company. From local support accounts of experiences, it was clear that the very different contexts in the four areas led to different outcomes in terms of which income streams were viable.

In all four areas, local support worked hard to engage **local employers**, the hope being that this would lead to corporate commissioning or sponsorship. Potentially, corporate commissioning or sponsorship could have belonged within (a) a philanthropic model (as with Parent Gym); within benefits packages for employees; or within community-orientated/social responsibility activity. However, in both Area 174 and Area 161, feedback was that there were no local employers of a size to support this.

Equally, the local offices/businesses that were part of large national business did not have the authority to make such deals which had to go via head offices. This broke the local connection and so was not successful. In Area 270 and Area 178, local support was successful in engaging some corporate representatives to attend events but this did not translate in to any commissioning. As one stakeholder put it:
‘To get commissioning opportunities, you really need to build up these relationships over quite a long time period and promote trust. You don’t just promote something and then, wham bam, it’s commissioned. I think it’s going to take a bit more time for businesses to be persuaded that it’s a good thing to invest in.’ (Stakeholder 5)

Feedback from some stakeholders was that some events bringing providers and potential commissioners together showed up what was described as providers’: ‘lack of marketing and pitching skills’. For example, after one such event in Area 270 feedback was that provider pitches failed to connect to the needs of different segments in the audience (a mix of corporates, public sector, and voluntary sector potential commissioners) and failed to convey the ‘unique selling point’ (USP) of each particular programme.

Local support views of parents’ willingness to pay\(^\text{35}\) also varied by area and related strongly to local demographics:

In Area 174, this was viewed as ‘unimaginable’ because of local levels of deprivation.

In Area 178, the view was that, ‘some parents are willing to pay’ particularly if they had had the opportunity to have a free taster of the course first.

In Area 161, nine parents had paid to attend a taster session – in that case, the ‘carrot’ had been the offer of free tickets to a local football match, supplied by the local League club as a goodwill gesture. This was viewed as ‘inconclusive’ evidence but could be interpreted as proof of concept.

In Area 270, there was some evidence that some parents were willing to pay. For example, feedback from local support was that, when told that the CANparent voucher scheme had ended, some parents responded, ‘Oh yes, but if we were willing to pay for it, where can we find it?’ These parents were directed to the CANparent website. However, the local support view was that, in general, parents’ willingness to pay was largely left untapped because of local ‘gatekeepers’:

> ‘The gatekeepers are those institutions that have historically offered things for free to parents and it’s about their mind set and changing that.’ (Stakeholder 15)

Local support work included supporting providers to make links to potential commissioners in the local authority and in health, as well as links with the corporate arms of these public sector organisations for potential commissioning or

\(^\text{35}\) For our earlier findings on this topic, see Chapter 7 of CANparent Final Report
sponsorship opportunities. The broader economic/political context of local authority funding cuts and resultant reorganisations and restructurings made this work, ‘challenging’.

In this regard, Area 174 was the most affected of the four trial areas. In response, the local support team there worked with the local providers to create a coordinated offer that could be pitched at strategic level to the local authority. By December 2014, this approach had foundered as the local CANparent providers could not agree such an offer. Nevertheless, local support was able to engage the local authority at a strategic level, with the result that CANparent universal parenting classes were written into local strategy as part of a broader prevention and early intervention argument that fitted well with the demand management agenda of public sector transformation. The expectation was that this would then lead to public sector commissioning as the viable business model in that area.

Efforts to hook in to mainstream public sector commissioning in the three other areas came up against the fact that statutory agencies were tightly focused on targeted services: ‘the secure funding is for the targeted families where their difficulty is multiple and entrenched’ (Stakeholder 15).

In the context of universal parenting classes, the most viable business model that emerged was through micro-commissioning by schools rather than centralised commissioning by the local authority or health. Micro-commissioning was described as:

‘You break it down into lots of individual people paying a little bit of money in individual settings… [it’s] working with smaller settings where they could commission and train trainers on a kind of low £hundreds sort of level’.

(Stakeholder 9)

This micro-commissioning model took off in Area 161, building on foundations laid during Phase 1. During that time, as well as approaching individual schools, local support had attended the local primary head teachers’ schools’ forum on two separate occasions to explain the different programmes available and the costs involved. From that, ‘there started to then be a real groundswell of support for [Solihull Approach’s Understanding Your Child’s Behaviour] programme’ which built up further through word of mouth:

‘The schools that have run [Understanding Your Child’s Behaviour] have found it to be a really positive experience and are talking to their peers so we really feel now that that is fertile ground for Solihull Approach to really built on because […] schools can find the £455 that’s needed to train one member of staff. So we’re confident that will continue to grow.’
In Area 178, it was hoped that micro-commissioning would also work well to support two trained facilitators operating as self-employed business women delivering Triple P discussion group and Solihull Approach Understanding Your Child’s Behaviour respectively. This model was perceived as not so appropriate for programmes, such as FAST, where, because of the broader, community development nature of the programme, upfront costs per delivery were substantially higher.

5.4.3 Competition versus collaboration

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. 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.

The final round of interviews with providers (Y3 Time 2) suggested that the collaboration-competition tension was more pronounced. Interestingly, the providers showed clear signs of thinking in market terms in relation to assessing the competition they faced, adapting their own strategies and offers, and being aware of market shake-out between the first two years of the trial and CANparent Phase 2.

There was an awareness that compared with the first two years of the trial, the numbers of competitors faced by the providers had declined. This was particularly the case in Camden, with the remaining providers noting the decline; for example, one provider noted:

‘There’s very little [competition]; it’s a very strange thing in that ... that was the thing that went wrong really, I feel, in the original trial, is that we had ten providers in Camden. People were falling over themselves. Parents didn’t know who to go to, so they didn’t go to anyone. It was very, very difficult, and now I think there are only three providers’. (P21)

This provider went on to say that other providers’ exits from the area should have put her organisation in a strong position for Phase 2, but that potential had been undermined by the lack of ‘vouchers or funding’ (P21).
Three of the providers had taken active steps to research market competitors’ offers and activity. In at least one case, this market research had led to changes being made in a provider’s own offer:

‘It [competition] is increasing, and we’ve done some mystery shopping, I have to confess, so we’ve signed on to quite a few courses. Our impression was that none of the ones we have seen have the level of … they don’t cover the spectrum. So the courses that we’ve seen have particular angles, they are either behavioural, or they’re very emotion orientated […]

We feel we’ve put a really specific programme together that incorporates emotional and behavioural aspects. But the one thing that we have found out in all the other courses is that there’s not a laugh anywhere. It’s all quite teachy, there’s no humour, and no fun, and no reward for doing it. So we’re putting funny clips and cartoons and making it much more visual.’ (P29)

Other providers explained that they had come into direct competition with rivals, especially in terms of accessing hosting organisations. One provider explained that an attempt to promote a co-operative, joint approach with another provider proved difficult.

By Phase 2 Time 2, local stakeholders were also reporting that providers were competing with each other more strongly. From the perspective of some stakeholders, the competition between providers had damaged how the providers marketed their programmes. That is, it was reported that providers were not willing to share publically information about their programme such as basic statistics on its local take up and its unique aspects. Underlying this, it was reported, was a fear of other providers making use of such information in a very competitive marketplace.

5.4.5 Local support for providers setting up classes

By spring 2013 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.

Towards the end of Year 2, interviewees from each local support organisation stressed the importance of understanding local conditions, geographies, service provision, cultural issues, and needs. They saw one of their key roles as assisting providers in understanding their respective areas, and helping the providers to access settings and parents. The view was that providers needed to establish a local presence to recruit parents to their offers. Local support helped broker provider links including to very specific micro-areas and parent communities.
During Phase 2 of the trial, local support was much more strongly focused on linking providers to potential commissioners or sponsors, rather than supporting them to recruit parents, and on helping providers ensure there were local trained facilitators ready to deliver their programmes.

The **Local Engagement and Sustainability Fund (LESF)** was an important way in which the local supply of universal classes was stimulated in Phase 2. There were two aspects to this:

- financial support for activities that helped to engage potential commissioners
  - for example, brokerage events where providers could meet with potential commissioners; access to online materials to encourage commissioning of online access codes; provider-specific workshop for commissioners and potential funders; programme-specific taster sessions; coordination work across CANparent providers in an area in order to present a coordinated offer to local commissioners

- financial support for activities that helped to ensure trained facilitators were available to deliver classes
  - for example, ‘train the trainer’ sessions; facilitator training in exchange for an agreement to run face-to-face group sessions; back-fill to release trained facilitators to deliver classes

The ability to draw on the LESF was viewed as crucial by local stakeholders.

### 5.5 Developing the market: stimulating demand from parents

Overall, the story of the voucher trial (CANparent Phase 1) was that levels of parent recruitment to the parenting courses were much lower than the initial ‘planning assumption’. A key finding was 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. 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. In the first two years of the trial, the key mechanisms supporting the providers to build demand were:

- Their own efforts in marketing their own specific classes, supported by their local class facilitators and hosting organisations
- The local support and voucher distributor roles
The CANparent brand, website, and associated marketing and promotion, including the CANparent vouchers, enclosed in an information leaflet. The changes to the trial design for Phase 2 affected how each of these mechanisms worked in Phase 2. We report on these in turn.

5.5.1 Provider efforts to stimulate demand

The Phase 2 providers gave accounts of their general marketing strategies, along with details of attempts to stimulate bodies such as employers, schools, and the public sector to consider purchasing parenting class provision on behalf of parents and carers.

Providers spoke of the wide range of marketing techniques they used to stimulate demand for their classes; for example, one provider explained:

“We’ve got new marketing material [for Phase 2]. So we now have a parents’ leaflet, we have a teachers’ leaflet, we have the website now. What we developed was recruitment packs for schools, so when teams go out to recruit families they’ve got some materials to enable them to do that. Like we have bookmarks, we have little drawstring bags and pencil cases and we have posters for school. (P24)

This range of promotional activity and material was typical of all the providers. Two of the providers had also made changes to their offers as a result of market research. In one case, the provider had added additional elements to their course in response to parent and carer feedback:

“We had an initial offer and we weren’t offering [name of intervention], but when we spoke to parents, quite often what they needed was that sort of thing […] and it was very successful; the classes were oversubscribed a lot of the time […] and so we had adapted the courses to meet the needs of the parents. (P21)

The second aspect of providers’ efforts to stimulate demand related to efforts to encourage bodies such as employers and local authority services, to purchase classes for parents and carers. This was seen to involve time and increased costs, but it was argued that success in convincing such organisations to buy block bookings would prove to be useful; for example, one provider explained, ‘we’re trying to stimulate this market, which isn’t really quite there yet in terms of self-financing’ (P12). Another provider argued that there was potential in this method of delivery:

36 These are illustrated in CANparent Final Report Chapter 5, Section 5.2.1.3
I think employers is an area where we are developing, and I think it is an area where there is promise, but I still think it’s still some way from being … I think we’ve got some way before the case is watertight, so we know there’s a lot of research out there which we use in our conversations with employers, but I think it’s still a new idea for many of them – the idea of investing in something like this. (P26)

5.5.2 Role of local support in stimulating demand

The Local Engagement and Sustainability Fund (LESF) was an important way in which local demand for universal classes was stimulated. It provided financial support to:

remove practical barriers to parent take up
- for example, to provide a crèche to enable parents to attend a class;
increase parent awareness
- for example, to enable providers to run taster seminars, workshops and discussion groups; to provide marketing banners; to enable access to online courses through free logins or by providing facilitator support

Local support in all four areas found the LESF-supported activities successful in enabling parents and practitioners to have access to the providers’ products. Once ‘tasted’, local support feedback was that parents’ and practitioners’ views were very positive. The belief was that in time this would translate in to demand for delivery of the programmes.

5.5.3 The role of the CANparent brand and quality mark in stimulating demand

Provider views of the brand

Only two of the providers talked about the CANparent brand in Phase 2 of the trial. One of the providers argued that the concept of a CANparent brand was ‘a good idea’ (P29), and although this provider said that ‘it was difficult to tell’ precisely what benefits had accrued to them because of the brand, nevertheless, ‘it’s opened conversations with people [and] we’ve formed some good possible collaborations with people we’ve met through CANparent events’ (P29). While supporting the idea of a brand identity, another provider thought that the CANparent brand had not been developed enough, nor was it widely recognised, particularly outside of the trial areas:

Commissioners that we talk to have very little knowledge of CANparent, except for in the trial areas really. Obviously, there they have some
knowledge. And how it is received? In some areas it was positive, but in other areas it was received quite negatively really because they saw a decrease in their funding and redundancy of staff and then this new initiative called CANparent swept in, and so, you know, I think it had negative connotations with it sometimes really. (P24)

The issue that this provider identified was, therefore, not directly related to the concept of the brand, but the general context of local government austerity into which the brand was launched.

*Stakeholder views of the brand*

In three of the four trial areas, stakeholders reported overall positive views of the CANparent brand as a ‘one stop shop’ for universal parenting provision. In the fourth area, the ‘complexity’ of the brand was reported as acting as ‘a barrier’ to understanding of it (Area 161). The reported complexity was around it being an umbrella brand for a number of different providers of universal classes.

One reported challenge of the Phase 2 trial was the politicisation of the brand. This had central and local government aspects. For example, with regard to central government, Stakeholder 3 talked about, ‘the perception of CANparent as a brand associated with Number 10 [meaning, in this context, the Conservative Party] and being used as a bit of a political football’.

This comment was made in relation to the coverage given to views expressed by Lucy Powell in April 2014\(^{37}\) querying the effectiveness and cost-effectiveness of CANparent. At that time, Lucy Powell was the Labour Party’s Shadow Minister for Childcare and Children. Her views were reported widely in daily newspapers and in parenting and childcare sector publications. Press coverage increased after Lucy Powell also tabled a question in Parliament (10 April 2014) asking for details about take up of classes and expenditure on the trial. On the other hand, another stakeholder reported that, for some of the providers, involvement in the trial was a ‘game-changer’ *because* of that political association with the main Coalition Government partner\(^{38}\).

At the level of local politics, local stakeholders reported that the CANparent brand was viewed with some suspicion by local authorities, as they were already providers of parenting support.

\(^{37}\) The first article appeared on 4 April 2014

\(^{38}\) In the General Election of May 2015, the Conservative Party was returned to power as a majority government.
Providers’ views of the quality mark

The quality mark was universally welcomed by the providers, but there were a number of issues raised by the trial providers in relation to support for the quality mark; the criteria for awarding the quality mark along with evidence base for different programmes; and awareness of the quality mark on the part of commissioners.

The quality mark was seen to be an important element of the trial, something that was ‘always a good idea’ (P12) in this context. The quality mark was seen to enable commissioners, and parents, to make more informed choices about which parenting courses to engage with. For example, one provider explained: ‘I think it is a very good idea to have a quality mark, because there are so many different programmes out there’ (P29). It was also seen to be useful for providers, especially ‘programmes that are newer or less well-known’ (P26).

There was some tension, in the view of different providers, in relation to the role of the quality mark in differentiating between programmes. While the quality mark was seen to confer a degree of official approval on programmes which had met the quality mark criteria, there were varying views on the implications of such approval. One provider made a strong argument that the quality mark could act as a corrective balance against the dominance of those programmes which enjoyed enough funding to have been tested by random control trials (RCTs): ‘Having a quality mark that’s linked with a government department is, I think, extremely important in the current RCT political climate. That’s really very good’, (P14). This provider went on to say that, without the quality mark, those parenting programmes without RCTs would be unfairly treated: ‘UK programmes that haven’t ever a hope of catching up with RCTs need a forum to say we’re an OK programme, and the CANparent quality mark at the moment could be that thing’, (P14).

However, this view contrasted with another from a parenting programme provider which did benefit from having an RCT evidence base. In this case, the provider was concerned that the criteria for being awarded the quality mark were too limited: ‘part of my worry, honestly, is that the quality mark is too low, and for some of us, getting involved before the bar gets lifted … we actually give it credibility that perhaps it shouldn’t yet have’, (P12).

While welcoming the quality mark, the providers noted that a good deal more work was needed before it became a widely recognised and understood mark of quality for parenting programmes. For example, one provider explained that:

I think for us the quality mark – we did apply for it and successfully get it – has been useful. I don’t think it is particularly well known yet, and so conversations we’ve been having, actually more outside the trial area than inside, the idea of
the national quality mark has been met with positively either by commissioners of parenting services, or individual schools, that we’ve spoken to. But, often we are explaining what the quality mark is, rather than them necessarily knowing it. So, they liked the idea of it, “Oh, there’s a national quality mark, that’s interesting”, and they’re pleased that we’ve got it, but we’re still having to explain it, and guess that’s probably to be expected, given that it is a new initiative. So I think that’s probably par for the course a year on. (P26)

The perceived need to strengthen the value, and the recognition, of the quality mark, was behind the suggestions of another provider relating to the quality mark and its value in selling parenting programmes to commissioners. This provider welcomed the quality mark for the impetus that it had provided to review the provider’s parenting offer, but also argued that more was needed:

For us, it [the quality mark] was a good opportunity to step back and have a look at the programme, and look whether we needed to implement anything to strengthen the quality of the programme and how it was delivered. So that was a good process for us to follow. And it’s good that we’ve got this quality mark that we’ve added to some of our literature […] I think what would strengthen it really is if they aligned it to some sort of commissioning framework or toolkit […] so, I think there’s a lot of work to be done really in that aligning. (P24)

The general view, therefore, was that the quality mark was valued and important, but that more was needed to raise its profile and acceptance.

Stakeholder views of the quality mark:
Stakeholders reported that the Phase 2 promotion of the CANparent quality mark alongside the CANparent trial, initially caused some confusion in local understanding of what ‘CANparent’ represented. That is, in the trial areas, feedback to the delivery partners was that potential commissioners who were aware of the brand from Phase 1 thought of it as a group of programme providers; the introduction of the quality mark into the conversation initially confused brand awareness. In time (after about six months), it was thought that the two aspects of the brand began to ‘dovetail’ in the intended way which was as follows:

‘The CANparent trial is all about testing the water and finding out whether incentivising parents to attend classes works. At the same time, we have developed a wider quality mark to show that providers who deliver these programmes can demonstrate their effectiveness so that parents and
commissioners can choose the most appropriate course for them’ (Stakeholder 3)

The level at which the quality mark had been pitched was also raised by a number of stakeholders. For example, in Area 178, the local authority commissioned evidence-based programmes whose providers did not choose to engage with the quality mark. This meant local support having to be very sensitive about how the CANparent quality mark was promoted. In Area 174, there was concern about developments that seemed as if they were seeking to align the quality mark with the Early Intervention Foundation’s evidence continuum. Stakeholder S8 viewed that continuum as, ‘not a perfect fit’ with the quality mark.

To illustrate this, he gave the example of Solihull Approach’s Understanding Your Child’s Behaviour having received the CANparent quality mark but not being cited in the EIF Guidebook. Nevertheless, this stakeholder was positive about the quality mark as providing ‘some assurance […] that what providers are offering is of a certain standard and will be of a certain quality’. Overall, stakeholders thought that the quality mark would stand or fall depending on the number and calibre of providers who applied for it. If not all providers did so, it was believed that the value of the quality mark would be diluted. Stakeholders reported that feedback from the providers who had gained the mark valued it. Stakeholders were not able to provide a sense of what parents or commissioners thought of the quality mark as feedback by Y3 Time 2 had been limited.

5.6 Developing the market: Sustainability

5.6.1 Provider views

At the end of Year 2 of the trial, 10 of the 12 CANparent providers involved at that stage intended to continue with a universal parenting offer from April 2014 if possible. They believed that this would need to be funded otherwise than by parents paying to attend. Amongst those that engaged in Phase 2 of the trial, this remained the dominant view of sustainability.

By the end of Phase 2, with one exception, the providers said that they would continue to deliver their CANparent programmes after the end of the trial. However, the original CANparent model of direct selling to parents and carers was, in most cases, unlikely to be utilised. Instead, the providers intended to adhere to their pre-existing business models, typically involving selling parenting programmes to intermediaries, such as schools, local authority service providers, or employers. The
one provider who foresaw difficulty in continuing to offer their CANparent course identified the main problem as a lack of available funds for potential purchasers:

I would hope that we would find some commissioning, perhaps local authority commissioning, and that we could roll out the programme. We did talk to the health visiting team and they really liked what we were doing […] they felt it met a need […] they had really good reports from parents, from other professionals […] but they couldn’t allocate the funds to make this happen. (P21)

The three providers offering an online version of their programme (one was in development; two were live) had adopted a business model of selling directly to parents and carers, as well as to others, for example employers, local authorities and children’s centres, buying multiple logins for identified parents to use free at the point of delivery.

Three of the providers explained that the CANparent trial had provided them with a stimulus to develop in new directions which they felt would be productive in the future, following the end of the trial. For one provider, being involved in the trial had made them aware of the need to improve their web presence:

The one thing that the trial did was to make us much, much more aware of our web presence […] we created a website that is already out of date, so we are going to revamp the website for parents and practitioners. […] So we are aware of things we need to do. So, for example, we’ve engaged a commercial company to do search engine optimisation to make sure that we’re doing this properly. (P14)

Another provider said that they believed there was a positive legacy from CANparent in that it had helped enthuse people involved with provision, and that the provider (P24) had been very impressed by the work that one of the local support teams had done to build local networks that they could tap into. The additional impetus that CANparent had given to provision was also mentioned by provider P26, who explained:

We will carry on [delivering]. I think one of the things that we’ve been in a very fortunate position with is that it’s been lovely to be part of this […] and we are continuing to look to grow and to reach new geographical areas. So, from our side the future is very positive, and we hope to be really able to reach out and help more parents. (P26)
Views of other stakeholders

Stakeholders in all four areas believed there was a future for universal parenting classes. They believed that the trial had raised awareness about the concept of universal parenting support and about CANparent as the umbrella brand representing the concept.

In each area, the sustainability model was a little different. In many ways, the sustainability model in Area 174 at the end of Phase 2 (public sector commissioning) was no different than the normal commissioning model for parenting programmes prior to CANparent – it had nothing of the consumer-led market that shaped the original concept of CANparent. The crucial difference made by the trial was that the focus was on universal rather than targeted access for parents.

In Area 161, micro-commissioning and organic growth of the sector through word of mouth was viewed as the sustainable way forward. This model was also unlike the consumer-led vision that had engendered CANparent. It did however allow for a wider range of providers to compete for these micro-commissions than the area-wide strategic plan in Area 174.

In Area 270, the CANparent trial was viewed as having successfully laid the foundations for growth in universal parenting classes. There was no single model for how this would happen but one model being discussed was that the local Parents Forum would take a lead. The forum had been set up consisting of parents who had completed a course. The plan was that some of these parents would go on to train to deliver the courses and then to train to train other parents to deliver. The funding mechanism for this delivery model had not been agreed by Y3 Time 2 but was likely to involve local authority commissioning to some extent.

Another possibility suggested was that some parents would pay to attend. This model, the original one envisaged at the start of the CANparent trial, was seen as one sustainability model for universal classes in Area 178. It was likely to be small-scale, at least to start with, as it was limited to one trained facilitator of one provider’s programme who intended to charge parents to attend. It was reported that another trained facilitator of a different programme would deliver using the micro-commissioning model, as in Area 161. The local support in that area made the point, though, that sustainability of any sort required trained facilitators to deliver. CANparent had, in her view, enabled that to happen.

One other suggested way forward for the CANparent brand was as, ‘a mark of quality, as a brand, as an engagement tool’ (Stakeholder 3), for universal parenting
classes to sit alongside the national parenting campaign recommended through the Social Mobility Commission.  

5.7 Chapter summary

This chapter reported on the development of the supply-side views of the market from the end of the voucher trial (Time 2) into Phase 2 of the trial when no vouchers were available. Regarding the trial aims, there continued to be strong support for a universal parenting offer but with varying views of the viability of a market model to deliver this. Interviewees believed that establishing a culture where universal access to parenting support was the norm would take some years to achieve. However, the CANparent trial was viewed as having begun to reduce any stigma associated with attending a parenting class.

The trial design changed for Phase 2. The extension of the trial into a third year was welcomed but not the withdrawal of the vouchers that had been available during Phase 1. The lack of vouchers had a negative impact on the supply of classes. A limited number of providers took part (6), five of which had to find external funding sources to enable any delivery of classes. The change of sponsoring government department from the Department for Education to the Department of Health was viewed as having had negative consequences such as a loss of strategic vision and of momentum. On the other hand, the Phase 2 availability of a Local Engagement and Sustainability Fund (LESF) was viewed positively by providers and other stakeholders.

During Phase 2, the supply of classes reduced, compared to Phase 1: there were fewer active providers (4 in Y3 compared to 12 in Y2) and their focus shifted from delivery of classes to finding alternative ways to fund that delivery. The business models used to fund supply were: philanthropic investment; micro-commissioning by settings such as children’s centres and primary schools; strategic commissioning; and parents paying to attend classes. Although there were fewer providers competing with each other, the level of competitiveness amongst providers seeking to supply classes increased compared to Phase 1. The LESF supported the supply side of the market by providing financial support for activities that helped to engage potential commissioners and those that helped to ensure facilitators were trained to deliver classes.

39 The Recommendation is: ‘A national parenting campaign to be launched to help more parents become excellent parents, funded by removing childcare tax breaks from families where at least one parent earns more than £100,000 per year’. See The State of the Nation 2014 Report
Compared to Phase 1, in Phase 2, providers used a wider range of programme-specific marketing material to stimulate demand. They also sought to create demand by finding income streams that would enable classes to be delivered free at point of delivery. The LESF stimulated demand by providing financial support to remove barriers for parents wanting to attend (for example, funding crèche provision) and by funding activity that increased parent awareness of the offer (for example, funding taster sessions).

On the other hand, views were mixed about the effectiveness of the CANparent brand in building demand: some viewed it positively; others saw it as too complex or too closely linked to one political party. The CANparent quality mark was seen as a positive development but interviewees reported that it was too early to tell to what extent, if any, it would increase demand for universal parenting classes.

Regarding sustainability of the market, the majority view was that a universal offer of parenting classes would continue in the four trial areas. There was agreement that this was unlikely to be funded by direct selling to parents (the original vision for CANparent). Instead, a mixed economy was likely to be required, including philanthropic investment, micro-commissioning, strategic commissioning, and some parents paying to attend or to log on online.
6. Conclusions

6.1 Introduction

In this final chapter we discuss the findings of Phase 2 (Phase 2) of the CANparent trial and also the findings from the trial as a whole. A full report of Phase 1 of the trial is available in the Final Report of Phase 1.

Phase 2 (Phase 2) was not simply an extension of Phase 1. Fundamental changes to the trial included the cessation of vouchers with a nominal value of £100 being made available to all eligible parents in the trial areas; and the change of government department with responsibility for the trial moving from the Department for Education (DfE) to the Department of Health (DH). The trial continued in the original three voucher areas (Middlesbrough, High Peak in Derbyshire and Camden in London); Bristol, originally a comparison ‘light touch’ non-voucher area was brought into the trial on an equivalent basis in Phase 2. In addition, through the Local Engagement and Sustainability Fund (LESF) of a modest £160k in total, providers could apply for small grants to support innovation and sustainability in the delivery of CANparent.

The aim and objectives of our evaluation of Phase 2 altered slightly to reflect the changes in the trial design and the research undertaken in Phase 1 which did not require replication. Whereas the aim of Phase 1 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-stigmatisse parenting classes.

The aim of Phase 2 was:

To evaluate the effectiveness and take up of parenting classes in Bristol, Middlesbrough, High Peak in Derbyshire, and Camden in London and whether a sustainable market can be developed.

In essence, however, the aims for both phases of the evaluation may be seen as to evaluate the success of the CANparent trial on two main criteria:

The stimulation of the development of a market in universal parenting classes.

The normalisation and de-stigmatisation of the take up of parenting classes.

And a third aim which was primarily encapsulated in objectives in Phase 1:

To evaluate the effectiveness of the parenting classes.
During Phase 2 the development of a quality mark system for the CANparent brand was also supported by DH. Although this was not part of our evaluation, through membership of the CANparent Project Board we were aware of this initiative and had access to information about its development. We refer to the quality mark development as appropriate in this chapter.

6.2 Stimulation of a market: stimulating supply

6.2.1 Reduction in number of providers

Phase 1 of the trial (2012-14) successfully stimulated the supply of universal parenting classes: 14 providers initially joined the CANparent scheme in the three voucher areas. This reduced to 12 after a year and these 12 providers continued until the end of Phase 1.

The change from Phase 1 to Phase 2, however, resulted in seven providers deciding not to continue; the entry of a new provider to Phase 2 brought the number of providers up to six. However, of these only four were active in delivering classes. Hence, the successful stimulation of a market supply during Phase 1 was substantially reduced in Phase 2.

Interviews with providers during Phase 2 indicated that those who continued with the trial were adapting to the new trial conditions. These providers supported the concept of universal parenting classes, as did all the class facilitators, who believed that all parents could benefit from parenting classes. The providers had undertaken reviews and development to adjust to the cessation of the voucher subsidy. In the case of the other providers no longer in the trial, the lack of the direct voucher subsidy was instrumental in their decision to opt out.

None of the continuing providers developed a model of direct payment by parents for face-to-face classes as part of the trial, hence parents continued to access a class free at the point of delivery. The online parenting programmes in the trial did use the model of direct payment by parents, plus some access paid for in other ways, such as organisations buying a set number of access codes and distributing these free of charge to parents.

The models found in Phase 2 were:

- **Philanthropic**: Parent Gym was subsidised by its parent company.
- **Strategic commissioning**: by a local authority or health trust.
- **Micro-commissioning**: by individual schools or children’s centres.
- **Consumer purchase**: by individual parents.
Efforts were made to engage the corporate sector to offer universal parenting classes as part of a benefit package for employees but none of these came to fruition within the timescale of the trial.

These initiatives were at differing stages of development by the end of the trial but the number of parents actively enrolled during Phase 2 were very low, a total of just 164 parents.

6.2.2 The Local Engagement and Sustainability Fund (LESF)

Providers found the support of the LESF helpful as they tried to develop their new models of parenting classes. Other stakeholders supported this view. The LESF stimulated demand by providing financial support to remove barriers for parents that wanted to attend a class, for example funding crèche provision. The LESF also stimulated supply by funding taster sessions, increasing parents’ awareness and supporting the development of training of facilitators of parenting classes. The LESF funding was beneficial primarily in supporting the supply side of the trial and helped to engage potential commissioners. However, it did not compensate for the loss of the direct funding to providers that had been available from the vouchers in Phase 1.

6.2.3 The CANparent brand

Providers had varied views about the usefulness of the CANparent brand and the development needed if a high proportion of parents in the community were to become aware of the CANparent brand.

Our interviews with providers in Phase 2 indicated a potential barrier to the development of the brand as some providers were more concerned to develop awareness of their own brand, not the CANparent brand.

6.2.4 The CANparent quality mark

The CANparent quality mark was launched on 28 January 2014, towards the end of Phase 1. The purpose of the quality mark was to indicate to parents those parenting class providers, and specific classes, that met specified criteria. The development of the quality mark continued over the course of Phase 2 and by 31\textsuperscript{st} March 2015 33 providers and 40 classes had been accredited (some providers had more than one class). The process and criteria for accreditation are set out on the CANparent website. Applicants must meet criterion in four domains, as shown in Figure 8.
Figure 8: The CANparent quality mark accreditation criteria

<table>
<thead>
<tr>
<th>01</th>
<th>The class can be relied on by parents to make a positive difference, it is evidence based, monitored and evaluated to improve parent / child relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>There is experience of delivering parenting classes using an evidence informed approach</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>02</th>
<th>Parents can rely on the integrity of the class provider, its professional conduct, competence, financial and governance systems, and data protection / confidentiality, to ensure suitability to deliver a class</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>The class provider ensures the competence levels of trainers are assessed, that they undertake CPD and receive regular supervision</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>03</th>
<th>The class is recommended by other parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>The class seeks quality through review and acts accordingly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>04</th>
<th>The class is responsive, warm and relational, engaging with parents and builds on these effective relationships to meet their needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>04</td>
<td>The class develops and uses a range of approaches to engage with parents and build and maintain relationships</td>
</tr>
</tbody>
</table>

These criteria reflect a broad model of accreditation, including not only the evidence of effectiveness but also the strength of the provider’s procedures.

Information from Family Lives (previously Parenting UK), which was commissioned to develop the CANparent quality mark and the accreditation system, indicates that by the end of the trial 33 from over 200 providers of parenting classes in England had been accredited, with others in the process at that time. As noted above, our evaluation did not specifically include the development of the quality mark. However, we did ask our participating parents about it: over half (57%) had heard of the CANparent brand but none was aware of what the CANparent quality mark guaranteed. However, all of these interviewees said that CANparent accreditation would be important when choosing a parenting class in the future or recommending a course to a friend.
**Relationship between the CANparent quality mark and the CANparent trial**

The CANparent trial, and the evaluation we report, was specifically a study of 14 providers’ classes initially (reducing to six in Phase 2) in four specific areas. The development of the CANparent quality mark, by comparison, is not directly linked to this trial, but rather a complementary activity also funded by DH during Phase 2 running alongside. There is overlap in providers that have received the quality mark – those in the trial were granted the quality mark because of the processes they went through to be trial providers. During the trial, most also chose to apply for the quality mark in the normal way. A minority chose not to do so, having other accreditations and/or because of capacity issues. However, the large majority of providers that have been accredited with the CANparent quality mark were not in the trial. It cannot be assumed, therefore, that the results of our evaluation of the providers’ classes in the CANparent trial can be generalised to other providers and their classes, even if they hold the CANparent quality mark.

### 6.3 Stimulation of a market: demand side

#### 6.3.1 Slow but upward trajectory of enrolment in Phase 1

Parent enrolment during Phase 1 started slowing but rose by the end of Year 2 to total 2956, with a clear indication of an upward trajectory in take up. Furthermore, these parents came from across the social spectrum, indicating that CANparent was succeeding in developing some demand for a universal parenting class offer.

The numbers that had enrolled during Phase 1 were substantially lower than the DfE’s planning estimate. However, this estimate appeared to have been over-optimistic as we found that the proportion of parents of children 0-5 years old in the community that would consider attending a parenting course was much lower. In fact, the proportion of parents that actually enrolled was much closer to the percentage in the community that would consider enrolling: just 10% said they were very likely and a further 24% said they were fairly likely.

The issue of interest for Phase 2, therefore, was whether the upward trajectory in enrolment would be maintained.

#### 6.3.2 Why was the take up by parents in Phase 2 so low?

The level of enrolment in Phase 2 was substantially lower than Phase 1, from 2956 over the two years of Phase 1 to just 164 in Phase 2. The main factors resulting in a sharp decline in uptake were the cessation of vouchers and the hiatus caused by transfer of CANparent from the DfE to DH.
The loss of the voucher income removed direct payments to providers. Providers had invested at the start of Phase 1 in infrastructure (e.g. staff, IT) and the loss of guaranteed income for successful recruitment of parents made their business models unsustainable unless they had other sources of income, which most did not.

The transfer of responsibility for CANparent to DH resulted in a hiatus as new contracts were created, taking into account the new characteristics of the trial, and agreed.

These two factors disrupted the overall recruitment of parents by reducing the numbers of providers, in the first instance. In addition, the remaining providers were unable to build seamlessly on the success achieved by the end of Phase 1. Furthermore, the need of most providers to develop their business model to access non-voucher funding required more time.

### 6.3.3 Parents’ interest in parenting classes

In Section 6.3.2 we show how the number of parents enrolling on a CANparent class dropped dramatically in Phase 2 because of supply side problems. The question to be addressed here is: were parents themselves interested in attending parenting classes?

The results of our research in Phase 1 indicated that levels of interest in attending a universal parenting class were much lower among parents of children aged 0-5 in the community as a whole in the trial areas than the DfE planning estimates. In Year 1 only 10% of parents of children aged 0-5 years in the community were very likely to participate in a parenting class. By Year 2 there had been very little change in this percentage. Levels of interest, therefore, were relatively low, although 24% of eligible parents did say they were ‘fairly likely’ to participate in a parenting class. Over this time, awareness of CANparent had increased to 22% of eligible parents, indicating a minority but sizeable awareness of CANparent. In principle, therefore, there was a sizeable percentage of potential parents in the communities of the three original voucher trial areas who were aware and interested in participating in a CANparent class.

The loss of vouchers was a major change for the providers but did not have a direct impact on parents as almost all classes continued to be offered free to them. The lack of parents enrolling, therefore, was primarily a result of the reduction in activity by the providers, linked to the loss of voucher income.

The vouchers alone were not sufficient incentive for parents to participate. Rather, parents benefited from a trusted third party to introduce the idea of a parenting class and possibly assist a parent’s steps to enrol in a class. The main agents were early
years staff, particularly in children’s centres, but other trusted and respected practitioners were also identified. As parents started to enrol, word of mouth and friendship networks also became important. The limited activity by providers also reduced this means of supporting parents to enrol. These several factors, therefore, resulted in very low uptake.

The fact that take up at Phase 1 was lower than the planning estimate and the much lower level of take up in Phase 2, therefore, were not a result of lack of parent interest or negative views about parenting classes. On the contrary parents in both phases were very positive about their experiences of the class they attended, with high levels of satisfaction (greater than 90% of parents) in each phase. For example, overall satisfaction with the class was reported by 94% of parents in Phase 1 and 97% in Phase 2; 94% and 99% of parents respectively would recommend their class to a friend.

The class facilitators provided confirmatory evidence for the parents’ positive views. From the facilitators’ point of view, the typical experience of the classes was characterised by group cohesion and learning, and the successful adoption of positive parenting techniques and understanding on the part of course attendees.

Neither was stigmatisation by attending a parenting class an important factor. On the contrary, parents in both phases were in favour of the concept of universal parenting programmes and indicated that they did not see parenting classes as stigmatising.

6.3.4 Parents’ willingness to pay for a class and cost effectiveness

In Phase 1 we undertook a detailed study of parents’ willingness to pay for a class. The results indicated that about half of parents would not be prepared to pay anything, a quarter were potentially willing to pay a positive amount, and a quarter definitely willing to pay a positive amount towards classes. However, the sums were generally small – ranging from approximately £20 for an online parenting class to £36 for a face-to-face or blended class – and significantly less than either the nominal value of the CANparent voucher or the estimated costs of provision. In only a very limited number of cases (relating to those households with very high levels of reported income) was the willingness-to-pay for parenting classes greater than the £100 value of the voucher [see Phase 1 Final Report Section 7].

We planned to replicate this study in Phase 2 but this time with the parents that had actually attended a parenting class, our participating parents. Unfortunately, the low number of participating parents prevented this taking place. However, our interviews with parents indicated that, among the Phase 2 participating parents, only half of the parents in our survey and just a quarter of those interviewed face-to-face would be prepared to pay – and even those were willing to pay only £5-10 per session.
(although the absence of the voucher with a stated value of £100 in Phase 2 might in part drive down stated willingness-to-pay).

In relation to **cost effectiveness**, a detailed assessment of the costs of provision was undertaken in the second year of the trial. Of most relevance is the fact that approximately **38%** of the aggregate costs incurred by providers related to **set up** or **fixed costs** while the remaining **62%** related to operating or delivery costs. This reflected the fact that many providers invested significant resources in developing and marketing their parenting classes in the expectation of significant volumes of demand in both the short and medium terms.

In relation to the operating costs alone, based on the level of take-up in the second year of the trial, the voucher value required to cover operating costs alone would stand at approximately **£289** (with the lowest estimate amongst any provider standing at **£117** per parenting class). As previously mentioned, these estimates of the operational costs were based on the **relatively** high levels of take up in the first two years of the CANparent trial, with the expectation that further levels of demand might drive down the average cost of provision to a more sustainable level. However, with the removal of the voucher in Phase 2, and the on-going potential shortfall between expected revenues and operating costs, providers had very limited incentives to foster demand or undertake marketing activities that might have been conducive to the establishment of an unsubsidised marketplace (especially given the proportion of income that was received by providers through the voucher system). This gap between expected revenues and operating costs is reflected in the fact that relatively few providers progressed to Phase 2 of the trial.

It is also important to note that significant effort was made to collect further information on the cost of provision in Phase 2; however, there were issues relating to the potential anonymity of information collected and reported given the relatively small number of providers. Furthermore, in qualitative conversations with some providers, there was a reticence to present cost information given the clear shortfall in revenues associated with the provision of parenting classes.

### 6.4 The effectiveness of the CANparent classes

The results of Phase 2, albeit on a much smaller group of parents, are in line with those from Phase 1. In both phases, small to medium gains\(^{40}\) were found in:

- **Satisfaction with being a parent** (effect size .34 Phase 1; .31 Phase 2)
- **Sense of efficacy as a parent** (effect size .49 Phase 1; .41 Phase 2)

\(^{40}\) Cohen’s $d$: 0.2 is small, 0.5 is medium, 0.8 is large effect size.
Mental well-being (effect size .37 Phase 1: .76 Phase 2)

In addition, one measure of life satisfaction, introduced in Phase 2, also had a medium effect size (.52). However, comparisons of the Phase 2 participating parents with other parents that had not attended a class did not show a significant improvement relative to this non-intervention group. This differs from Phase 1 where relative benefits were found from attendance at a CANparent class.

Overall, therefore, the effectiveness of the CANparent classes and parents’ satisfaction were similar in each phase. Caution must be taken, however, as the Phase 2 sample was substantially smaller overall, and also was drawn from parents who attended classes from a smaller number of providers, compared with Phase 1.

In both Phases, the levels of improvements found were lower than those found in the Parenting Early Intervention Programme of targeted parenting classes. This is not, however, surprising. CANparent classes were aimed at all parents, and addressed issues common to all parents (universal) whereas the PEIP was aimed at parents of children with or at risk of developing behavioural difficulties (targeted). It would be expected that gains on our common measures across the two initiatives would differ in the direction we found.

6.5 Conclusions and recommendations

6.5.1 Conclusions and looking to the future

Phase 1 of the CANparent trial of universal parenting classes (2012-14) was successful in starting to develop a voucher-based market for universal parenting classes. It stimulated a supply side with 14 providers; almost 3,000 parents enrolled on a class demonstrating the development of some demand in the three voucher trial areas.

Phase 1 took time to get going – but this was not surprising given the need for the providers to make local contacts, build local relationships, recruit facilitators to be trained and parents to participate. After a slow start, an upward trajectory of enrolments was apparent. Furthermore, the classes overall were shown to be having positive effects, albeit lower than effects demonstrated in our earlier study of the

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41 Parenting Early Intervention Programme Evaluation Final Report;
42 Evaluation of the national roll-out of parenting programmes across England: the Parenting Early Intervention Programme (PEIP)
national roll out of targeted parenting classes\textsuperscript{43, 44}. This result was also not surprising as the classes were aimed at all parents, not those specifically who were concerned about their child having high levels of behavioural difficulties.

The use of vouchers with a nominal value of £100 was effective in giving providers direct payments for each parent who enrolled, although providers were critical of the value stated, arguing that the true cost was higher. Vouchers were not sufficient, however, and recruitment of parents required more than generating awareness: access to trusted professionals, particularly children’s centres, were a key factor in supporting parents to consider attending a class.

The decision to extend the trial by a third year (Phase 2) was welcomed in principle by providers and gave the opportunity to test the upward trajectory of enrolments and maturing of providers’ marketing and financial models. However, the substantial change in the key characteristics of the trial, in particular the ending of the vouchers, and also (to a lesser extent) the hiatus caused by change of sponsoring government department, had a major negative impact on the trial. As a result, the supply side shrank from 12 to 6 providers, only 4 of whom were active in providing parenting classes, although the others were seeking to develop the market by, for example, taster sessions. In addition the demand side, as indicated by parent enrolments, suffered an even greater reduction, from nearly 3,000 parents over two years and an upward trajectory, to just 164 parents that attended a parenting class in the third year, with another 161 parents that attended ‘taster sessions’ or similar, funded through the Local Engagement and Sustainability Fund to stimulate the market.

The results of Phase 2 of the trial provide important learning about the extent to which the vouchers were supporting the development of the new market, and the importance of a carefully planned changeover to a non-voucher system.

Looking to the future, there is much important learning from the CANparent trial as a whole (Phases 1 and 2) that will be useful for the development of parenting classes:

\begin{itemize}
  \item There is strong support for the development of provision to support parents in the challenging task of being a parent and raising their children effectively.
  \item There is a place for both universal and targeted parenting support; they have different but complementary purposes, and a comprehensive service for supporting parents requires universal, targeted and, in a small number of cases, specialist parenting support.
\end{itemize}

\textsuperscript{43} Parenting Early Intervention Programme Evaluation Final Report; \textsuperscript{44} Evaluation of the national roll-out of parenting programmes across England: the Parenting Early Intervention Programme (PEIP)
Development of online courses has been limited. There is a potential for this model of delivery but parents often seek and report particular benefit from membership of a class because of the group experience.

Awareness raising is not sufficient to stimulate take up of classes, even when these are free to parents: early years practitioners, especially children’s centre staff, and other trusted professionals are key to moving parents to participate in parenting classes.

At this time, only a minority of parents of 0-5 year old children would pay to attend a universal parenting class.

The sector as a whole is mainly committed to parenting support being free at the point of delivery. The CANparent trial has shown that, this philosophy notwithstanding, there is the potential to develop new models of funding and service delivery.

Vouchers may provide a viable approach to funding parenting classes if funding is to be provided by the state (national or local funding). Other funding models may also provide viable approaches including:

- philanthropic funding
- strategic commissioning across, e.g. a health trust or local authority
- micro-commissioning by, e.g. a school or children’s centre, a group of schools and/or children’s centres, or an organisation of individual partners, e.g. an academy chain
- Corporate commissioning to provide part of a benefit package for staff

Through the market development initiative the CANparent quality mark has gained recognition in the sector as a sought after accreditation. Further development of the quality mark, and of its take up, will enhance support for parents, commissioners and purchasers.

### 6.6 Recommendations

Government at all levels should recognise the value of parenting classes as a tool for supporting children and families, as classes were found to have a positive impact on parents throughout the trial.

Local government and the local NHS should be aware of the range of evidence-based commercial and third sector providers of parenting classes that are part of a developing market, and should be open to working with them to offer support to service users. The transfer of 0-5 public health commissioning to local authorities on 1 October 2015 offers an opportunity to take a fresh look at services provided to families.
Future trials of the development of market stimulation policies should include careful analysis of how and when to move from a subsidised phase, such as the use of vouchers, to a subsequent non-subsidised phase and what support may need to be put in place.
References


C4EO (2010), *Grasping the nettle: early intervention for children, families and communities; a practice guide to the challenges and opportunities in supporting children, families and communities through early intervention, based on effective local, national and international practice*. London: C4EO.


https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-RW054


https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR121A.pdf


Appendix 1: Aims and objectives for Phase 2

Aim
To evaluate the effectiveness and take up of parenting classes in the Bristol, Middlesbrough, High Peak in Derbyshire, and Camden in London and whether a sustainable market can be developed.

Objectives
Although largely the same as Phase 1, the objectives were amended by removing those that concerned the use of vouchers.

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 without central government 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?

2. Parents’ awareness of, and attitudes towards, parenting classes

2.1 What are parents’ attitudes towards parenting classes?
2.2 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?
2.3 To what extent has attending a parenting class been de-stigmatised and normalised (like antenatal classes)?
2.4 Has the trial increased parental awareness of the availability of parenting support?
2.5 Are parents more likely to seek support with parenting issues as a result of the trial?

3. Parents’ experiences of the parenting class offer

3.1 How useful did parents find the parenting class?
3.2 How likely are parents to use the strategies covered in the class?
3.3 What was the most/least useful element of the class?
3.4 What types of classes did parents find most useful?
3.5 What are parents’ preferences on mode of delivery e.g. a parenting class, advice on the Internet, versus other means of support?

4. Impact on parents’ perceptions of skills/confidence in parenting

4.1 Has attending a parenting class changed parents’ perceptions of their confidence in their own parenting?
4.2 Has attending a parenting class changed parents’ perspectives of their parenting skills?
4.3 Has attending a parenting class changed parents’ perceptions of the parent-child relationship?
4.4 Has attending a parenting class increased parents’ awareness about what constitutes ‘good’ parenting?
4.5 Has attending a parenting class had any impact on parents’ perceptions of their own well-being?
4.6 Has attending a parenting class had an impact on parents’ perspectives of their child’s behaviour?
4.7 Have classes resulted in positive changes to parenting?
5. Development of universal parenting classes outside the trial areas

5.1 Have providers started to offer universal parenting classes in other areas?
5.2 What was the relative effectiveness of the non-voucher phase of the trial compared with the first trial?
5.3 How does this development fit developers’ business development plans?
5.4 What are the characteristics of providers that have successfully undertaken this expansion?
Appendix 2 – Questionnaire for the quantitative interviews with parents

Section A: Introduction and eligibility checks

ASK TO SPEAK TO NAMED CONTACT. IF QUERIED WHY CALLING SAY: I’m calling on behalf of TNS BMRB, an independent research organisation and I’d like to speak to [respondent name] about a survey we are conducting on behalf of a government department.

WHEN THROUGH TO NAMED CONTACT: My name is … and I am calling on behalf of TNS BMRB, an independent research organisation.

According to our records you have recently taken part in a parenting class and we are conducting a survey to find out about what you thought of this class and how things have been going for you since then.

Q1A Do you have some time to talk about this now?

IF RESPONDENT QUERIES AMOUNT OF TIME: It usually takes around 20 minutes to cover everything.

1. Yes
2. No – try to make appointment for another time
3. Does not want to take part

IF YES, continue with interview. OTHERWISE GO TO APPOINTMENT SCREEN OR TERMINATE AS APPROPRIATE

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.

As you know, 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 just double check whether or not you have ever been to a parenting class?

Yes – has been to parenting class 1
No – has not been to parenting class 2

ASK IF Q2 = No

Q2i. Can I just check that you definitely haven’t been to a parenting class? We thought that you had been along to one of the classes that are running in your area.

Respondent definitely has NOT been to a class 1 THANK AND CLOSE
Actually respondent HAS been to a class 2 CONTINUE

And can I check how old you are currently?

ENTER AGE IN YEARS _ _

SCRIPTER – FLAG CHECK QUESTION FOR INTERVIEWER IF AGE > 50

ASK ALL

Q3i. And how many children aged 16 or under do you have? Please include any adopted, step or foster children or any children that you are a legal guardian of.

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

Q3ii. And how many of these children aged 16 or under live in your household with you?

ENTER NUMBER OF CHILDREN _ _

SCRIPTER – ALLOW RANGE OF 0 TO ANSWER GIVEN AT Q3i

ASK ALL

Q3A. How old is your [TEXT FILL IF 2 OR MORE CHILDREN: youngest / next youngest] child?

SCRIPTER – SHOW UP TO MAX 5 ITERATIONS OF THIS QUESTION IF Q3i = 2 OR MORE. SHOW SECOND ITERATION AFTER RESPONDENT HAS COMPLETED 1ST ITERATION OF Q3A-Q3E (AND 3RD ITERATION AFTER 2ND 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 Q3i: are they] [TEXT FILL IF 2 OR MORE CHILDREN AT Q3i: is that child] a boy or a girl?

SCRIPTER – SHOW UP TO MAX 5 ITERATIONS OF THIS QUESTION IF Q3i = 2 OR MORE.

Boy  1
Girl  2
Refused  3

ASK ALL

Q3D. And what is your relationship with that child? Are you the…

SCRIPTER – SHOW UP TO MAX 5 ITERATIONS OF THIS QUESTION IF Q3i = 2 OR MORE.

READ OUT. 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?

SCRIPTER – SHOW UP TO MAX 5 ITERATIONS OF THIS QUESTION IF Q3i = 2 OR MORE.

Yes  1
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 statements about parenting classes? Would you say that you agree, disagree or neither agree nor disagree that...

INTERVIEWER: IF RESPONDENT SAYS ‘AGREE’ OR ‘DISAGREE’ THEN PROBE FOR DETAIL AS NECESSARY.

[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
Refused 7

---

ASK ALL

Q6A Parents may have lots of different views about parenting classes, and whether or not they would go to one. How did you feel about parenting classes before you first went to one?

INTERVIEWER: PROBE – And did you feel anything else about parenting classes before you first went to one?

TYPE IN RESPONSE: ____________________________________________

Don’t know
Refused

---

ASK ALL WHO GAVE A RATING FROM 1-5 FOR THE STATEMENT ‘ALL PARENTS COULD BENEFIT FROM ATTENDING A PARENTING CLASS’ AT Q6

Q6B. Earlier you said that you [TEXT SUBSTITUTION: ENTER RESPONSE FROM Q6] that all parents could benefit from attending a parenting class. Is this what you would have said a year or so ago, or has your opinion about this changed?
**SINGLE CODE ONLY.**

<table>
<thead>
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<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stayed same</td>
<td>1</td>
</tr>
<tr>
<td>Changed</td>
<td>2</td>
</tr>
<tr>
<td>Don't know</td>
<td>3</td>
</tr>
<tr>
<td>Refused</td>
<td>4</td>
</tr>
</tbody>
</table>
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 that All parents can benefit from going on a parenting course

Would you have.....

READ OUT

Agreed strongly 1  
Agreed slightly 2  
Neither agreed nor disagreed 3  
Disagreed slightly 4  
Disagreed strongly 5  
Don’t know 6  
Refused 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 EACH STATEMENT ON A NEW 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

READ OUT ANSWER CODES:

Very useful 1  
Fairly useful 2  
Not very useful 3
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 April 2014, 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. Please also include any classes you are currently taking.

**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 have you completed that course or are you still attending it?

Yes – have completed course 1
No – am still attending 2
No – never finished course (i.e. dropped out) 3
Don’t know 4
Refused 5

IF ATTENDED/IS ATTENDING (Q7A=1 OR 2)

Q7B. Textfill (Q7A=1 Did you attend all of the sessions?/Q7A=2 Have you attended all of the sessions to date?)

Yes 1
No 2
Don’t know 3
Refused 4

IF HAS NOT ATTENDED ALL SESSIONS TO DATE (Q7A=3 OR Q7B=2)

Q7C. How many sessions of the course (textfill: Q7A=1 OR 3: did you miss/Q7A=2 have you missed so far)?

RECORD NUMBER. SCRIPTER ALLOW VALUES FROM 1 TO 50

IF CLASS IS ONGOING (Q7A=2)

Q7D. Do you intend to complete the course?

Yes 1
No 2
Don’t know 3
Refused 4

IF MISSED 2 OR MORE SESSIONS BUT DIDN’T DROP OUT OF CLASS (Q7B = 2 AND Q7C>1)

Q7E. Why (textfill: Q7A=1: did you miss these sessions/Q7A=2: have you missed these sessions)?

MULTIPLE RESPONSES ALLOWED.

Too busy / didn’t have time 1
The classes weren’t worth going to / were a waste of time 2
Couldn’t arrange childcare for that day 3
Couldn’t afford class / didn’t want to pay for class 4
Didn’t like going to the classes 5
Other (specify) __________________ 6
Don’t know 7
Refused 8

IF DROPPED OUT OF THE COURSE OR DOES NOT INTEND TO COMPLETE THE COURSE (Q7A=3 OR Q7D=2)

Q7F. Why (textfill: Q7A=3: did you not complete your course/Q7D=2: do you not intend to complete this course)?

Too busy / not enough time 1
Classes not worth going to / a waste of time 2
Childcare difficult to arrange 3
Class too expensive / don’t want to pay 4
Don’t / didn’t like going to class 5
Other (specify) __________________ 6
Don't know 7
Refused 8

IF ATTENDED A PARENTING CLASS FOR YEAR 1 CHILDREN OR YOUNGER (YES AT Q7)

Q7G. How easy was it for you to find a class at a time that was convenient?

READ OUT. 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 ATTENDED A PARENTING CLASS FOR YEAR 1 CHILDREN OR YOUNGER (YES AT Q7)

Q8. And what (TEXTFILL: was/is)45 this parenting class or course about? PROMPT:
What did you learn? PROBE: What else?

PROBE TO PRECODES. 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

45 If q7a=1,3,4,5 TEXTFILL ‘was’, if q7a=2 TEXTFILL ‘is’
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)

Q8B. What, if anything, do you feel you gained from the class?

DO NOT READ OUT. CODE ALL THAT APPLY.

Increased confidence 1
New/better understanding of aspect/s of parenting 2
New/better understanding of aspect/s of child development 3
Reinforced what I was already doing 4
Feel calmer as a parent (i.e. get less stressed, shout less) 5
Other (specify) 6
Don’t know 7
Refused 8

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?

PROBE TO PRECODES IF NECESSARY. 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, (TEXTFILL: did you pay/are you paying)\(^{46}\) to go on the parenting classes or (TEXTFILL: were/are) 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

\(^{46}\) If q7a=1,3,4 use first TEXTFILL, if q7a=2 use second TEXTFILL
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.

IF YES/ NO: PROBE FOR DETAIL. CODE ONE ONLY

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
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<tbody>
<tr>
<td>Would definitely have paid for them</td>
<td>1</td>
</tr>
<tr>
<td>Would probably have paid for them</td>
<td>2</td>
</tr>
<tr>
<td>Would probably not have paid for them</td>
<td>3</td>
</tr>
<tr>
<td>Would definitely not have paid for them</td>
<td>4</td>
</tr>
<tr>
<td>Don’t know</td>
<td>5</td>
</tr>
<tr>
<td>Refused</td>
<td>6</td>
</tr>
</tbody>
</table>

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 April 2014, 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. Please also include any classes you are currently taking.

CODE ONE ONLY.

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes – and it was a different course to the one for younger children</td>
<td>1</td>
</tr>
<tr>
<td>Yes – but it was the same course as the one for younger children</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>Don’t know</td>
<td>4</td>
</tr>
<tr>
<td>Refused</td>
<td>5</td>
</tr>
</tbody>
</table>
**IF TAKEN PART IN PARENTING CLASS FOR YEAR 2 CHILDREN OR OLDER AND IS DIFFERENT COURSE TO ONE FOR YOUNGER CHILDREN (Q11=1)**

Q11A. And have you completed that course or are you still attending it?

- Yes – have completed course 1
- No – am still attending 2
- No – never finished course (i.e. dropped out) 3
- Don’t know 4
- Refused 5

**IF ATTENDED/IS ATTENDING (Q11A=1 OR 2)**

Q11B. Textfill (Q11A=1 Did you attend all of the sessions?/Q11A=2 Have you attended all of the sessions to date?)

- Yes 1
- No 2
- Don’t know 3
- Refused 4

**IF HAS NOT ATTENDED ALL SESSIONS TO DATE (Q11A=3 OR Q11B =2)**

Q11C. How many sessions of the course (textfill: Q11A=1 OR 3: did you miss/Q11A=2 have you missed so far)?

RECORD NUMBER. SCRIPTER ALLOW VALUES FROM 1 TO 50

**IF CLASS IS ONGOING (Q11A =2)**
Q11D. Do you intend to complete the course?

Yes 1
No 2
Don’t know 3
Refused 4

IF MISSED 2 OR MORE SESSIONS BUT DIDN’T DROP OUT OF CLASS (Q11B = 2 AND Q11C>1)

Q11E. Why (textfill: Q11A=1 OR 3: did you miss these sessions/Q11A=2: have you missed these sessions)?

MULTIPLE RESPONSES ALLOWED.

Too busy / didn’t have time 1
The classes weren’t worth going to / were a waste of time 2
Couldn’t arrange childcare for that day 3
Couldn’t afford class / didn’t want to pay for class 4
Didn’t like going to the classes 5
Other (specify) __________________ 6
Don’t know 7
Refused 8

IF NOT COMPLETED THE COURSE OR DOES NOT INTEND TO COMPLETE THE COURSE (Q11A=3 OR Q11D=2)

Q11F. Why (textfill: Q11A=3: did you not complete your course/Q11D=2: do you not intend to complete this course)?

Too busy / not enough time 1
Classes not worth going to / a waste of time 2
Childcare difficult to arrange 3
Class too expensive / don’t want to pay 4
Don’t / didn’t like going to class 5
Other (specify) __________________ 6
Don’t know 7
Refused 8

IF TAKEN PART IN PARENTING CLASS FOR YEAR 2 CHILDREN OR OLDER AND IS DIFFERENT COURSE TO ONE FOR YOUNGER CHILDREN (Q11=1)

Q11G. How easy was it for you to find a class at a time that was convenient?

READ OUT. 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 TAKEN PART IN A PARENTING CLASS (Q7=1 OR Q11=1 OR 2)

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? Did you consider…

[SCRIPTER: RANDOMISE ORDER]

INTERVIEWER READ OUT CODES ONE AT A TIME. 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 TAKEN PART IN A PARENTING CLASS (Q7=1 OR Q11=1 OR 2)**

Q53Bii. Would you recommend the parenting classes you attended to a friend or relative?

**IF YES/ NO: PROBE FOR DETAIL. CODE ONE ONLY. IF BEEN ON MORE THAN ONE COURSE, ASK RESPONDENT TO FOCUS ON THE COURSE THEY LIKED BEST.**

Yes, definitely 1
Yes, probably 2
No, probably not 3
No, definitely not 4
Don’t know 5
Refused 6

---

**IF TAKEN PART IN A PARENTING CLASS (Q7=1 OR Q11=1 OR 2)**

Q53Biii  And have you already recommended them to anybody else?

Yes 1
No 2
Don’t know 3
Refused 4
**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?

**READ OUT AND CODE ONE ONLY.**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very likely</td>
<td>1</td>
</tr>
<tr>
<td>Fairly likely</td>
<td>2</td>
</tr>
<tr>
<td>Neither likely nor unlikely</td>
<td>3</td>
</tr>
<tr>
<td>Fairly unlikely</td>
<td>4</td>
</tr>
<tr>
<td>Very unlikely</td>
<td>5</td>
</tr>
<tr>
<td>Don’t know</td>
<td>6</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
</tbody>
</table>

---

**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.**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A parenting class</td>
<td>1</td>
</tr>
<tr>
<td>Health visitor/midwife</td>
<td>2</td>
</tr>
<tr>
<td>GP/Doctor</td>
<td>3</td>
</tr>
<tr>
<td>Children’s Centre/nursery staff/childcare provider</td>
<td>4</td>
</tr>
<tr>
<td>School</td>
<td>5</td>
</tr>
<tr>
<td>Social worker/social services</td>
<td>6</td>
</tr>
<tr>
<td>A website offering parenting advice (e.g. Mumsnet / Family Lives etc.)</td>
<td>7</td>
</tr>
<tr>
<td>The internet (non-specific)</td>
<td>8</td>
</tr>
<tr>
<td>Telephone helpline (e.g. Family Lives/ Parentline etc.)</td>
<td>9</td>
</tr>
<tr>
<td>Books / Library</td>
<td>10</td>
</tr>
<tr>
<td>Colleagues</td>
<td>11</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>12</td>
</tr>
</tbody>
</table>
**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.**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not interest me</td>
<td>1</td>
</tr>
<tr>
<td>I do not/will never need support / advice</td>
<td>2</td>
</tr>
<tr>
<td>I know enough people I can discuss parenting issues with</td>
<td>3</td>
</tr>
<tr>
<td>I would not know where to go / how to get advice or support</td>
<td>4</td>
</tr>
<tr>
<td>Too busy / don’t have time</td>
<td>5</td>
</tr>
<tr>
<td>Work demands (e.g. long hours, being away with work)</td>
<td>6</td>
</tr>
<tr>
<td>My partner would do it (not me)</td>
<td>7</td>
</tr>
<tr>
<td>I’d be embarrassed</td>
<td>8</td>
</tr>
<tr>
<td>I’d feel like I’d failed as a parent</td>
<td>9</td>
</tr>
<tr>
<td>My partner wouldn’t let me</td>
<td>10</td>
</tr>
<tr>
<td>I couldn’t afford it</td>
<td>11</td>
</tr>
<tr>
<td>My family and friends give me all the support that I need</td>
<td>12</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>13</td>
</tr>
<tr>
<td>Don’t know</td>
<td>14</td>
</tr>
<tr>
<td>Refused</td>
<td>15</td>
</tr>
</tbody>
</table>

---

**ASK ALL**

Q19. How likely or unlikely do you think it is that you’ll take part in other parenting classes while you’ve got a baby or young child up to the end of Year 1 at school?

**READ OUT AND CODE ONE ONLY.**

**INTERVIEWER: YEAR 1 IS THE SCHOOL YEAR IN WHICH CHILDREN TURN 6.**
<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very likely</td>
<td>1</td>
</tr>
<tr>
<td>Fairly likely</td>
<td>2</td>
</tr>
<tr>
<td>Neither likely nor unlikely</td>
<td>3</td>
</tr>
<tr>
<td>Fairly unlikely</td>
<td>4</td>
</tr>
<tr>
<td>Very unlikely</td>
<td>5</td>
</tr>
</tbody>
</table>

**[DO NOT READ OUT - SPONTANEOUS ONLY]**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already attend other parenting classes</td>
<td>6</td>
</tr>
</tbody>
</table>

**[DO NOT READ OUT – SPONTANEOUS ONLY]**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent doesn't have children of that age</td>
<td>7</td>
</tr>
<tr>
<td>Don't know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

---

**IF UNLIKELY TO ATTEND (Q19 = 4 or 5)**

Q22. Why do you say that?

**DO NOT READ OUT. CODE ALL THAT APPLY.**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent doesn't have children of that age</td>
<td>1</td>
</tr>
<tr>
<td>Does not interest me</td>
<td>2</td>
</tr>
<tr>
<td>I would not need support / advice</td>
<td>3</td>
</tr>
<tr>
<td>I know enough people I can discuss parenting issues with</td>
<td>4</td>
</tr>
<tr>
<td>Too busy /Don’t have time</td>
<td>5</td>
</tr>
<tr>
<td>Work demands (e.g. long hours, being away with work)</td>
<td>6</td>
</tr>
<tr>
<td>Would not have anybody to look after the children / too busy with children</td>
<td>7</td>
</tr>
<tr>
<td>My partner would do it (not me)</td>
<td>8</td>
</tr>
<tr>
<td>I’d be embarrassed</td>
<td>9</td>
</tr>
<tr>
<td>I’d feel like I’d failed as a parent</td>
<td>10</td>
</tr>
<tr>
<td>My partner wouldn’t let me</td>
<td>11</td>
</tr>
<tr>
<td>There aren’t any parenting courses around/ wouldn’t know where to find one</td>
<td>12</td>
</tr>
</tbody>
</table>
I couldn't afford it 13
My family and friends give me all the support that I need 14
Other (specify) 15
Don't know 16
Refused 17

ASK ALL

Q22A. If you did think about taking part in other 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

IF YES/ NO: PROBE FOR DETAIL. 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
[SPONTANEOUS ONLY] Would never go on another parenting class, even if it was free 5
Don't know 6
Refused 7

ASK ALL

Q22B. And if you did take part in another parenting class, which of the following types of class 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? [SCRIPTER, REMOVE FIRST ANSWER GIVEN FROM LIST]
Q22D. And which would you be third most interested in? [SCRIPTER: REMOVE FIRST AND SECOND ANSWERS GIVEN FROM LIST]

INTERVIEWER CODE ONE ONLY.

READ OUT

<table>
<thead>
<tr>
<th>Class Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face to face classes involving a group of other parents</td>
<td>1</td>
</tr>
<tr>
<td>One to one classes with a teacher/facilitator</td>
<td>2</td>
</tr>
<tr>
<td>Online classes with support by email and online forums</td>
<td>3</td>
</tr>
<tr>
<td>A mixture of group-based face to face classes and online classes</td>
<td>4</td>
</tr>
<tr>
<td>A mixture of one to one classes and online classes</td>
<td>5</td>
</tr>
<tr>
<td>Classes that are completed using a mobile telephone app</td>
<td>6</td>
</tr>
</tbody>
</table>

[DO NOT READ OUT - SPONTANEOUS ONLY]

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None of these - wouldn’t go to a class</td>
<td>7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

_____________________________________________________________

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

ASK ALL

Q37. Up until now we’ve been talking about parenting classes you attended SINCE April 2014. Had you ever been to any other parenting classes BEFORE April 2014?

CODE ONE ONLY.

Yes – and it was a different course to the one talked about so far 1
Yes – but it was the same course as already talked about 2
No 3
Don’t know 4
Refused 5
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 the following describes your current situation? Are you...

READ OUT. CODE ONE ONLY.

Married or in a civil partnership and living with your husband, wife or partner 1
Living with a partner 2
Married or in a civil partnership and separated from your husband, wife or Partner 3
Divorced 4
Widowed 5
Single (never married) 6
Other 7
Don’t know 8
Refused 9
ASK ALL

XAINSTRO. 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.

Q44XAINSTRO2  [SCRIPTER – USE THIS TEXT FOR THE INTRO TO THE FIRST ITERATION OF Q44XA]

I’m now going to read you a description of a specific type of parenting class. Please try and answer the subsequent questions based just on this description and NOT based on your own experiences of similar parenting classes.

Q44XAINSTRO3  [SCRIPTER – USE THIS TEXT FOR THE INTRO TO THE 2nd AND 3rd 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-Q44XB2 FOR THE FIRST ITERATION, THEN LOOP BACK AND ASK THE SAME SET OF QUESTIONS FOR THE 2ND AND THEN FOR THE 3RD ITERATIONS.

SCRIPTER NOTE: FOR EACH SCENARIO RESPONDENTS WILL BE RANDOMLY ASSIGNED ONE OF TWO 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.
READ OUT DESCRIPTION BELOW.

[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: INITIAL BID 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]

Cannot picture this type of parenting class
- SPONTANEOUS ONLY 3 [GO TO Q44B]

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.

Summary scenario: Around four 2 hour FACE TO FACE sessions with 10-15 parents at a local site.

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.

Summary scenario: Six, one hour long ONLINE sessions on a computer – one a week. Includes both a live online discussion forum and a regular online forum.

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.

Summary scenario: Six session course – MIX OF ONLINE AND FACE TO FACE. First and last are two hour face to face, with four online modules in between.

SCRIPTER NOTE: FOR EACH SCENARIO RESPONDENTS WILL BE RANDOMLY ASSIGNED ONE OF TWO 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

<table>
<thead>
<tr>
<th>Group</th>
<th>Initial bid</th>
<th>Lower bid</th>
<th>Higher bid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>75</td>
<td>25</td>
<td>125</td>
</tr>
<tr>
<td>2</td>
<td>150</td>
<td>75</td>
<td>225</td>
</tr>
</tbody>
</table>

### 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
### 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**

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, would be much more willing to pay</td>
<td>1</td>
</tr>
<tr>
<td>Yes, would be slightly more willing to pay</td>
<td>2</td>
</tr>
<tr>
<td>No, would not be any more willing to pay</td>
<td>3</td>
</tr>
<tr>
<td>Don’t know</td>
<td>4</td>
</tr>
<tr>
<td>Refused</td>
<td>5</td>
</tr>
</tbody>
</table>

### ASK ALL

Q44B. And now moving on to a different subject. Before today had you heard of CANparent? This is spelled with a capital C, A and N, followed by the word ‘parent’. CANparent stands for ‘Classes and Advice network’ and the C-A-N is usually written like three jigsaw pieces coloured green, grey, orange.

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3</td>
</tr>
<tr>
<td>Refused</td>
<td>4</td>
</tr>
</tbody>
</table>

### IF HEARD OF CANPARENT (Q44B=1)

Q44Bi. Did you hear of CANparent before you started your parenting class, during the class itself or after you had finished attending the class?

<table>
<thead>
<tr>
<th>Time</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before starting class</td>
<td>1</td>
</tr>
<tr>
<td>During class</td>
<td>2</td>
</tr>
</tbody>
</table>
After finished attending class 3
Don’t know 4
Refused 5

IF HEARD OF CANPARENT FROM SOMEWHERE OTHER THAN THE CLASS ITSE (Q44B = 1)

Q44C. Where did you first see or hear about CANparent?
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

Told about it during class 1
Health visitor/midwife 2
GP surgery 3
Boots 4
Shopping centre 5
A shop (non-specific) 6
Saw CANparent water bottles 7
Saw CANparent height charts 8
Saw CANparent vouchers 9
Children’s Centre/nursery/playgroup 10
School 11
Library 12
CANparent Roadshow 13
Sports club/leisure centre 14
Friends 15
The CANparent website 16
Facebook 17
Coverage in the press / local radio 18
Advert on public transport 19
Other (specify) 20
Don’t know 21
Refused 22

---

**IF HEARD OF CANPARENT BEFORE CLASS (Q44Bi=1)**

Q44E. What did you think about CANparent or know about CANparent before you went along to the parenting class?

TYPE IN ANSWER: ___________________________________________

---

**IF HEARD OF CANPARENT (Q44B=1)**

Q44F. Did you know that parenting class providers can only use the CANparent name if their classes meet a number of different quality requirements?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3</td>
</tr>
<tr>
<td>Refused</td>
<td>4</td>
</tr>
</tbody>
</table>

---

**IF HEARD OF CANPARENT AND QM ACCREDITATION (Q44F=1)**

Q44G. Do you know what type of quality requirements providers have to meet before they can use the CANparent name?

INTERVIEWER: IF RESPONDENT MENTIONS SPECIFICS, THESE SHOULD BE INPUT AT THE NEXT QUESTION
<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3</td>
</tr>
<tr>
<td>Refused</td>
<td>4</td>
</tr>
</tbody>
</table>

**IF KNOW ABOUT REQUIREMENTS (Q44G = 1)**

Q44G2. And what would those quality requirements be?

TYPE IN RESPONSE: _______________________________________________

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know</td>
<td>2</td>
</tr>
<tr>
<td>Refused</td>
<td>3</td>
</tr>
</tbody>
</table>

**IF HEARD OF CANPARENT AND QM ACCREDITATION (Q44F=1)**

Q44H. How important would you say the CANparent accreditation would be if you were choosing a parenting class in the future, or recommending courses to a friend? Would you say it would be:

**READ OUT**

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very important</td>
<td>1</td>
</tr>
<tr>
<td>Fairly important</td>
<td>2</td>
</tr>
<tr>
<td>Not very important</td>
<td>3</td>
</tr>
<tr>
<td>Not at all important</td>
<td>4</td>
</tr>
<tr>
<td>Don’t know</td>
<td>5</td>
</tr>
<tr>
<td>Refused</td>
<td>6</td>
</tr>
</tbody>
</table>

**IF HEARD OF CANPARENT AND QM ACCREDITATION (Q44F=1)**

Q44I. If you were choosing a parenting class in the future, which would you be more likely to choose – a class with a CANparent accreditation or a class where you had heard of the organisation offering the class?
More important to have CANparent accreditation 1
More important to have heard of organisation offering class 2
Both equally important 3
Neither really matters 4
Don’t know 5
Refused 6

IF LIVING WITH PARTNER (Q44A = 1 or 2)
Q54. And which of the following best describes whether your partner is planning to attend, or has already attended a parenting class?

INTERVIEWER READ OUT. 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 Q54 = 1-5 AND Q44B = 1 (aware of CANparent and partner will go/has been to a class of some description)
Q54AA. And is that class a CANparent class?

Yes 1
No 2
Don’t know 3
Refused 4
IF PARTNER SIGNED UP (Q54 = 1 OR 2 OR 3)

Q54A. And which of the following describes the type of classes your partner chose?

**READ OUT. CODE ONE ONLY.**

- 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?

**READ OUT. CODE ONE ONLY.**

- Very easy 1
- Quite easy 2
- Not very easy 3
- Not at all easy 4
- Don’t know 5
- Refused 6

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IF BOTH RESPONDENT AND PARTNER HAVE ALREADY ATTENDED (Q54 = 1) OR WILL BE ATTENDING ((Q54 = 2 OR 3)) OR PLANNING TO SIGN UP (Q54 = 5)

Q55. And [TEXT SUBSTITUTION: (if q54=1) did you attend / (if q54 = 2-5) do you intend to attend] the classes with your partner?

- Attend together 1
- Attend separately 2
ASK ALL

Q56. Now, to finish with, I’m just going to ask a few questions about your household. Which of the following best describes what you are you doing at the moment? Are you...

READ OUT. 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 the following best describes what your partner is doing at the moment? Are they...

READ OUT 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
ASK ALL

Q58A. Can I just check, do you have any academic or vocational qualifications?

Yes  1
No   2
Don't know  3
Refused  4

IF HAS ANY QUALIFICATIONS (Q58A=1)

Q58. I am now going to read a list of qualifications. Please tell me as soon as I read out any that you have obtained?

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. VOCATIONAL QUALIFICATIONS (E.G. NVQs) ARE VALID.

READ OUT. 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
Any other qualifications  6
Don't know  7
Refused  8

ASK ALL

Q59. Which of the following groups do you consider yourself to belong to? Would you say your background is...

SINGLE CODE ONLY. READ OUT
White 1
Mixed 2
Asian or Asian British 3
Black or Black British 4
Chinese 5
Any other background 6
Don’t know 7
Refused 8

**IF Q59 = White**

**Q59a. PROBE FOR DETAILED CATEGORY**

White - English / Welsh / Scottish / Northern Irish / British 1
White - Irish 2
Any Other White background 3
Don’t know 4
Refused 5

**IF Q59 = Mixed**

**Q59b. PROBE FOR DETAILED CATEGORY**

White and Black Caribbean 1
White and Black African 2
White and Asian 3
Any Other Mixed background 4
Don’t know 5
Refused 6

**IF Q59 = Asian or Asian British**

**Q59c. PROBE FOR DETAILED CATEGORY**

Indian 1
Pakistani 2
Bangladeshi 3
Any Other Asian background 4
Don’t know 5
Refused 6

IF Q59 = Black or Black British

Q59d. PROBE FOR DETAILED CATEGORY

Caribbean 1
African 2
Any Other Black background 3
Don’t know 4
Refused 5

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

Q63. Would you be willing for the Department for Health, 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
SCRIPTER – GO TO STANDARD THANK AND CLOSE SCREENS

INTERVIEW ENDS
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