

CANparent Trial Evaluation:

Phase 2: Final Report

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Research Brief

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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 area¹.

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^{2,3}. In each case a number of changes to the trial were made to improve

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 Report⁴ 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.