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Universal parenting programme provision in England; barriers to parent engagement in the CANparent trial, 2012-2014

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Abstract

The CANparent trial, 2012-2014, was a government initiative in 4 English areas designed to develop a market in universal parenting support. 14 parenting class providers offered classes to all parents of children aged 0-5 in the areas. In 3 areas, all eligible parents received £100 vouchers exchangeable for a parenting class. Pre-trial planning was that take-up would amount to 20,000 parents. However only 14% of these parents took advantage of the offer. This article utilises 42 interviews with providers, and 2 parent surveys over 2 time periods (n=1510 and n=1603) to review barriers to engagement with universal parenting support programmes.

Introduction

Parenting support background

It is now 18 years since 'New' Labour made family policy a key element of its domestic agenda. The Labour governments of 1997-2010 introduced a range of reforms and policies that reflected this focus. Government reports and legislation, for example, *Every Child Matters* (H M Government, 2003), the *Children Act, 2004*, and the *Children's Plan* (DCSF, 2007), underpinned a strategy that sought to 'support' families and improve individual, family, and social outcomes. This policy drive was not without its critics, who argued that the focus on family 'support' was evidence of the continuing dominance of neo-liberal models of society and the individual. It was argued that 'New' Labour sought to continue an inherited policy shift away from tackling fundamental inequalities in social and economic life, locating responsibility for inequality and disadvantage with the individual. For example, Gewirtz (2001), Vincent (2001), and Gillies (2005a, 2005b & 2008) questioned the class basis of government discourses of 'support' and 'inclusion' in family education policy, arguing that such discourses represent the re-construction of the working class by the state..

The critique of 'New' Labour's approach to family policy notwithstanding, the three Labour governments of 1997-2010 pursued their strategy with a range of initiatives, including the introduction of Sure Start Children's Centres (H M Treasury, 1998), the development of a new para-professional role in schools, Parent Support Adviser initiative (Lindsay and others, 2009; Cullen and others, 2013) family intervention projects aimed at tackling anti-social behaviour (White and others, 2008), and support for evidence based parenting programmes. One characteristic of the Labour governments' policy initiatives was a stress on scientific evidence, including in relation to parenting programmes (West and others, 2013), and in 2006, the government began a major investment in evidence-based parenting programmes. This was the Parenting Early Intervention Pathfinder, which ran from September 2006-March 2008, providing £7.6 million of central government funding to 18 Local Authorities (LAs) in England to implement one of three evidence-based parenting programmes for parents of children aged 8-13 (Lindsay and others,

2008). The pathfinder was followed, in 2008-2011, by the Parenting Early Intervention Programme (PEIP) - across all English LAs in two roll outs, Wave 2 (from 2008) and Wave 3 (from 2009), with a final total of eight evidence based programmes (Lindsay and others, 2011). The PEIP had a particular focus on parents of children at risk of anti-social behaviour, although LAs were given the freedom to establish particular roll out strategies and target groups. In some cases, LAs made universal offers of PEIP parenting courses, for example through schools, while in others, LAs utilised a variety of referral routes to target particular parents and families, focusing largely on the 'at risk' groups.

The PEIP ended in 2011, after the change of government in May, 2010, when the Conservative-Liberal Democrat coalition came to power in Westminster. The ending of the PEIP did not, however, mean that early intervention or parenting had been rejected as a policy option by the new government. The coalition government's first child poverty strategy, *A New Approach to Child Poverty: Tackling the causes of disadvantage and transforming families' lives* (DWP, DFE, 2011) set out the government's approach to tackling poverty, and its goals, up to 2020. The background to that strategy was the Labour government's Child Poverty Act 2010, which 'established income targets for 2020 and a duty to minimise socioeconomic disadvantage' (DWP, DFE, 2011, p.8). The child poverty strategy had, as one of its core elements, the declared policy aim of addressing elements of poverty through early intervention, including parental support. The aim was to strengthen family functioning through enhanced family and parenting support.

There was, then, a marked continuity in policy aims and strategies, with a continued stress on early intervention, family and parenting support, and evidence-based interventions. The strategy itself was developed after a number of reviews and reports to government. Foremost among these were reports by Field (2010), Allen (2011a), Tickell (2011), the Centre for Excellence and Outcomes (2010) and Marmot (2010); while others, including Munro (2011) and Allen (2011b) reinforced key aspects of the Coalition government's child poverty strategy. This range of UK-focused research and

reporting also reflected changed, European-level, priorities and strategies aimed at supporting parenting and early childhood. For example, the Committee of Ministers of the Council of Europe recommended that member states adopt a range of measures to 'promote positive parenting as an essential part of the support provided for parenting' (Council of Europe, 2006).

Although there was a continuity of approach across governments and between national and regional policy, where there was a change was in the fiscal context of austerity that came to frame policy making following the financial crisis of 2007-08. That context was important for the form which the CANparent initiative took.

The CANparent trial

The CANparent trial was launched in March, 2012, and ran for two years, ending on 31 March, 2014. The trial benefited from a high profile beginning, with the UK Prime Minister, David Cameron, backing the initiative in a public announcement of 17 May 2012. CANparent was aimed at parents and carers of children aged 0-5 years. The initiative provided all those parents living in three English districts – High Peak, Middlesbrough, and Camden – with the opportunity to access parenting courses in their area in the period from June, 2012 to March, 2014. The aim was to stimulate the market for universal parenting classes, that is a universal intervention on the basis that all parents would benefit from support to develop their parenting skills. In addition, CANparent was to offer choice to parents, and introduce a market approach to limit costs and stimulate creative development, including new variants of programmes and their delivery. Consequently, although reference is made here to parenting 'classes', this included online delivery, and delivery that blended online with face-to-face and/or telephone support, and self-directed learning.

The initiative had two innovative elements – an attempt to create a market in parenting by a limited 'pump-priming' exercise, dependent on the provision of vouchers redeemable for parenting classes; and the aim of promoting universal parenting. In this context, the stress was on making a universal offer

to all parents, as opposed to an intention to ensure universal take-up. These two elements provided a contrast to the previous government's PEIP initiative, which had provided a fully funded, ostensibly targeted programme of parenting classes delivered through local authorities. Whereas wider participation became a feature of the roll out of PEIP (Lindsay and others, 2011), universal provision was central to CANparent, with the invitation to parenting providers to tender stating:

Effective parenting in the foundation years is critical for children's social, emotional, intellectual and physical development. Parenting education and classes can provide invaluable support for families and prevent the need for further costly interventions. The Department for Education wishes to trial a new approach to providing universal parenting classes in three areas of England. (DfE, 2011, p.27)

The government's intention was that the focus on universal parenting, and the creation of a market in parenting, would help to normalise and de-stigmatise the take-up of parenting classes. In terms of funding, the combination of the context of fiscal austerity and the Coalition government's ideological preference for market and neo-liberal solutions, underpinned the decision to opt for limited funding, accessed by providers through recruiting parents to their offers (Cullen, 2014).

Vouchers were available to all mothers, fathers and carers with a child aged 5 or under (extended in Year 2 to include parents of any Year 1 child, including 6 year olds) living in the three CANparent districts that were funded. A fourth area, Bristol, was also part of the trial but was unfunded, and vouchers were not available in the city. The vouchers had a nominal value of £100, and parents could only redeem them for a CANparent class. The providers of the CANparent classes received £75 for every parent recruited, and a further £25 on a parent's completion of the class. The vouchers were distributed to parents by children's workforce professionals (Foundation Years' workforce) in the trial areas. Vouchers could also be collected from selected Boots Stores (a well-known, national chain of chemists) in the trial areas. Over 50,000

parents in the CANparent areas were eligible for a voucher. Using the vouchers, parents could choose from a range of different parenting options to suit them and their lifestyle - from online support to local groups. At the start of the trial 14 parenting class providers offered CANparent classes. The providers were: Derbyshire County Council, Family Lives, Fatherhood Institute, Save the Children, Family Matters Institute, Coram, Montessori, NCT, Mind Gym/Parent Gym, Race Equality Foundation, City Lit, Solihull Approach/Heart of England NHS Trust, Barnardos, and Family Links. Montessori and Fatherhood Institute withdrew from the trial during the first year. Quality assurance was achieved by an accreditation process conducted by the Department for Education (DfE).

At the outset of the trial, the DfE made a planning assumption (which informed parenting provider business models) that take-up of CANparent courses in the three areas would amount to around 20,000 parents. It is also important to note that the planning estimate was not of take up per se, derived from research evidence. Rather it was based on the need to secure the approval of Her Majesty's Treasury to identify sufficient funds to cover the costs of the trial, as costs were largely dependent on the number of parents taking part, each of whom resulted in the release of funds by the DfE to the funder. Nonetheless, by the end of the CANparent trial (31 March, 2014) only 2956 parents had participated in a parenting class in the three funded areas (Lindsay and others, 2014, p.23). This represented 14% of the expected total take-up, and only 6% of the eligible parents. Although the trial had some successes in terms of stimulating supply in the market, accelerating the provision of non-traditional forms of provision (for instance online provision), reducing stigma associated with parenting courses, and generating higher levels of mental well-being for parents who took a course (Lindsay and others, 2014), there was a shortfall in terms of numbers engaged. It is this shortfall, and the learning generated by it, that is the focus of this article.

During the CANparent trial, evaluation evidence was gathered from a range of stakeholders, including providers, and parents in the trial areas. The data enable an examination of the causes of the disparity between expected take-

up and the reality of take-up during the trial period. This article presents evidence from providers and parents that suggest a number of issues which, together, not only explain the divergence between expected take-up (notwithstanding the financial practicalities that underpinned those expectations) and reality, but also act as indicators of barriers that face the implementation of universal parenting provision in the future. The evaluation generated a wide variety of data on all aspects of the trial, and this article is the first in a planned series that will examine supply and demand aspects of the CANparent trial.

Methods

The evaluation (which was funded by the DFE) took the form of a complex, combined methods approach. It comprised both qualitative and quantitative methods, including large scale surveys, standardised questionnaires, in depth interviews, and cost effectiveness and willingness to pay analyses. The overall study was organised into three strands. The first focused on the supply side and providers, the second consisted of three surveys focusing on take-up and impact, and the third comprised of a cost-effectiveness and willingness to pay study. The evidence base for this article is drawn from data generated by the first two strands.

Lead personnel from all the parenting class provider organisations were interviewed at three stages over the course of the CANparent trial: during the summer of 2012, in February 2013, and in November and December 2013. In all, 42 interviews were undertaken with the parenting class provider leads. The interviews were conducted face-to-face, or by telephone, depending on interviewee preference. 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. Together, the interviews enabled a longitudinal case study to be developed, focused on the parenting class providers' views of the

CANparent trial, its development, successes, difficulties, and learning arising from participation. One key aspect of the providers' experience of participation in the trial was their view of their market in relation to the attempt to offer universal parenting classes to all parents in the CANparent trial areas where they were operating. In particular, the parenting class providers offered an insight into their perceptions and understanding of the issues related to engaging parents in a universal offer.

Parent views were collected using a variety of methods. Parents who attended a CANparent class took part in a 'participating parent survey', which used a variety of measures, delivered pre and post course. In addition, two 'penetration surveys' were carried out, one in July-October, 2012 (time period 1), and the second in August-November, 2013 (time period 2). It is these penetration surveys that provide the evidence base for parent attitudes discussed here. The two penetration surveys involved face-to-face, Computer Assisted Personal Interviewing (CAPI) survey methods. This technique involves field workers utilising computers to gather data from parents, in parents' homes, with sensitive information being completed, anonymously, by parents without the intervention of the researchers (Lindsay and others, 2014, pp.163-167). In the first penetration survey, 1510 respondents were surveyed in the CANparent trial areas, and in the second, 1603 respondents were surveyed in those areas. All the interviews were conducted face-to-face with randomly selected parents. Samples for both survey waves were drawn from child benefit records. The second sampling was based on child benefit records and a HMRC listing of parents who had opted out of child benefit; this ensured an almost universal coverage of parents across samplings. The interviewers enumerated all eligible parents within a household at each given address and then selected one at random for interview. Eligible parents were defined as birth parents, step parents, foster parents and legal guardians living in the household. Weights were also applied to correct a slight skew towards female respondents in two parent households. Only non-resident parents were not covered. The detailed demographic findings were reported in full in the final evaluation report (Lindsay and other, 2014, pp.326-331). The surveys covered a range of questions, including questions related to

parents' attitudes toward the CANparent trial, take-up of parenting classes, and propensity to take-up parenting class offers. Information was collected that gave insight into parental resistance to universal parenting class provision, accessing parenting information from all sources, and willingness to pay for parenting classes (Lindsay and others, 2014, pp.163-166).

Findings

Provider views

The first stage interviews with leads from the provider organisations showed early optimism with regard to the size of the market in the CANparent trial. However, by the second stage interviews that optimism was replaced by an appreciation of the barriers facing the providers in terms of engaging parents in universal parenting offers. A minority of the providers delivered the majority of CANparent classes, with, for example, 67% of those parents who undertook classes between January 2012 and December 2013 doing so with one of four providers, the Race Equality Foundation (22%), City Lit (18%), Parent Gym (14%), and Save the Children (14%) (Lindsay and others, 2014, p.25). In a similar fashion, there was a disparity in the numbers taking classes in the three funded trial areas. By the end of the trial, 2956 parents had taken classes, 1602 (54%) in Camden, 750 (25%) in Middlesbrough, and 604 (20%) in High Peak (Lindsay and others, 2014, p.25). This disparity reflected differing population numbers in the three areas, and differing numbers of providers operating in the areas, with, for example, 10 providers offering courses at the outset in Camden, but only three in High Peak (Lindsay and others, 2014, p.56).

Disparities in recruiting parents to courses notwithstanding, there was a high degree of uniformity in the views of the provider leads regarding the nature of the market in the CANparent trial. Providers argued that they faced particular barriers to growing the universal parenting class market that related to parents' attitudes towards universal parenting support. These barriers can be grouped under four headings:

parents' resistance to universal parenting support

stigma associated with parenting classes
the availability of other sources of parenting support
the issue of paying for parenting support.

Parents' resistance to universal parenting support

Providers argued that for universal parenting support offers to be met by large scale demand, cultural change was necessary. The providers were all committed to the idea of universal parenting support which was accessible, and accessed, by all parents. This was the case even for the minority of providers, like Save the Children, who had an organisational remit that focused on providing support for particularly disadvantaged parents and families. The universal model that informed CANparent was seen to be beneficial both in terms of successfully reaching parents traditionally 'targeted' as in need of support, and in opening up parenting support to all parents. However, the experience of offering universal classes as part of CANparent focused providers on what they saw as a cultural barrier to parent acceptance of parenting support. One provider explained that a parenting class 'is not the norm, people don't go on parenting classes [...] especially if it is all going well' (Provider 5). In the face of this cultural barrier, providers argued that change could take many years. A frequently used comparison was with ante-natal class take-up in the UK. However, it was also recognised that even after decades of free at the point of delivery, and paid-for ante-natal classes, there was still far from universal take-up of the classes, with, for example 40,000 mothers in the UK paying for NCT antenatal classes in 2010/11, which represented around 6% of pregnancies (Rock, 2011).

Stigma associated with parenting classes

A related issue to parental resistance to universal parenting support, and one that, in part, underpinned that resistance, was the issue of the stigma attached to parenting classes. Existing parenting support provision includes targeted, and sometimes legally directed, attendance on parenting courses. This background was seen by the parenting providers as helping to explain the stigma that can be associated with parenting classes. As one provider noted, 'parenting programmes are seen to be for "defective" parents, for

“dysfunctional” parents’ (Provider 10). As with parental resistance in general, providers argued that changing this perception was a long term project that would require more than a two year initiative; for instance, a typical comment was, ‘it may be with something like this you have to play the long game, and it could be we need to be looking at making this into a 10 year trial, rather than a two year trial’ (Provider 2).

The availability of other sources of parenting support

The CANparent trial tasked the parenting support providers with developing and growing a market in parenting support. The DfE’s planning assumption was that 20000 parents would take-up a CANparent offer, and that for those parents a universal parenting offer would represent a valuable source of parenting support. However, the parenting providers argued that it was not the case that there was in some sense an untapped market for parenting support. Instead, providers identified a range of other parenting ‘offers’, including parenting advice from families and friends, doctors, midwives, health visitors, and children’s centre staff. All of these sources of parenting knowledge, advice and support benefited from being accessible, trusted, and stigma-free. In addition, providers pointed to the popularity of television and online sources of parenting support, including parent forums as well as more formalised advice. Parents, particularly parents-to-be, were also seen to be willing to pay for parenting advice in the form of magazines and books.

Paying for parenting support

The structure of the CANparent trial was, in part, designed to introduce a market element into parenting provision. However, the marketised elements were limited, and meant that the trial created a quasi-market, that included, for example, a limited number of providers, and the provision of vouchers which were only redeemable for approved CANparent classes. Nonetheless, there were market elements, with the key one being the focus on the provision of classes – the supply side. The only funding that the parenting support providers could access was the vouchers, and the size of their total revenue depended on the providers’ ability to market their offer. The intention was to help providers to think about, and organise for, selling in a market to a

consumer. As such, the CANparent trial was intended to stimulate the longer term growth of the entirely marketised provision of universal parenting support.

The parenting support providers were uniformly critical of what they saw as the comparatively low level of funding that was available under the CANparent voucher scheme. Further, they were also highly sceptical that parents would, once the trial was finished, be likely to pay for universal parenting classes. At most, providers believed that parents would be likely to pay only nominal amounts, typically around £25, for a parenting course. This raised the question of the capacity of any of the parenting providers to operate on a large enough scale to make paid-for universal provision possible. In the providers' view, there were strong barriers preventing any economically viable uptake of paid-for universal parenting classes. The providers argued that if parenting support was marketed as either a health or an education good, then the dominant culture of free at the point of delivery healthcare and education, militated against parents being willing to pay for parenting support. Further, it was argued that 'if [universal parenting provision] is so important then it should be given out free in any case, like [NHS] ante-natal classes and two year old checks' (Provider 4).

Parents' views

Parent' views in relation to parental resistance to universal parenting support; accessing parenting support information and advice; and paying for parenting support is presented here in Table 1.

Table 1: Parents views regarding universal parenting class provision

	Time period 1 (n=1510)	Time period 2 (n=1603)
% of parents agreeing with:	%	%
<i>Positive statements about the idea of universal parenting classes</i>		
Going on parenting classes should be something that all parents should be encouraged to do	53	50
If parents have issues they want to discuss about parenting, it's better to talk to professionals than simply relying on talking to family or friends	39	37
<i>Negative statements about the idea of universal parenting classes</i>		
Parenting classes should only be offered free if parents can't afford to pay	44	42

Discussion and conclusions

In arguing the case for the early intervention agenda, C4EO drew upon research evidence that showed the efficacy of parenting support and parenting programmes (C4EO 2010). One key recommendation was:

A whole society attitude shift to parenting is needed: parenting should be celebrated as a matter where achieving high standards is in everyone's interest, and it is socially acceptable for everyone to recognise they are able to learn, rather than being seen as a private matter which must not be invaded. (C4EO 2010, p.50).

This is an argument for the provision and uptake of universal parenting support that envisages widespread acceptance and normalisation of parenting support. Recent work has begun to examine some parental responses to

parenting programmes. Research has questioned the effectiveness and relevance of some parenting classes (Clarke and Churchill 2012), problems associated with maintaining programme fidelity in roll-out (West and others 2013), and social equity issues relating to the marketization of child and family provision, which CANparent can be seen to be part of (Lloyd and Penn 2014). Although some of this work has highlighted issues relating to stigma and parenting provision (Clarke and Churchill 2012, p.321), little empirical research has been focused specifically on identifying parental perspectives of universal parenting support. Work by Miller and Sambell, for example, involved focus groups, totalling 37 mothers, who took part in parenting programmes in Northumberland (Miller and Sambell 2003). However, only one group of four mothers were parents of preschool and primary school children, the CANparent age group.

The CANparent trial 2012-2014 possessed two features of interest. Firstly, it attempted to develop parental interest in, and engagement with, a universal parenting support offer. Secondly, the trial attempted to test the concept of growing a market in parenting support by providing partial, market-based, revenue for providers, in the shape of the CANparent vouchers which were available to all parents in the three, voucher trial areas. However, in relation to these aims, the trial produced mixed results. In particular, there was an over estimation of the numbers of parents who would take a CANparent class, with only 14% of the expected number of parents taking up the offer, representing 6% of the eligible population. The initial estimation of the size of the market was an overestimation, and did not recognise that the term 'market' does not necessarily refer to an entire market, or even a substantial proportion of it, but to that segment which can be engaged. After the trial commenced, it became clear that the pre-trial estimate was over-optimistic, with only one on ten parents saying that they were very likely to participate in parenting classes while their children were aged 5 or under, with a further quarter saying they were fairly likely to do so (Lindsay and others 2014, p.242). That strong interest on the part of 10% of parents suggested that the final success of CANparent in reaching 6% was a marker of a greater degree of success than comparison with the pre-trial estimate. The process of engagement first

required the raising of parental awareness of the CANparent offer, and in response to the findings about parental intentions, the DfE put in place new trial initiatives related to awareness raising. As a result, awareness of the CANparent offer increased over the trial period, and the rate of increase accelerated over time. By year 2, the parent surveys showed that just over a quarter (26%) of parents in the voucher areas were aware of the CANparent vouchers, an increase of 7% since year 1 (Lindsay and others 2014. p.245).

Parent surveys also gave an insight into the motivations of parents choosing to take a CANparent course. Compared to a randomly selected, population-representative group of parents with a similar demographic profile, CANparent participants experienced more parenting stress, less confidence in their ability to parent, less satisfaction from parenting, and less mental well-being overall (Lindsay and others 2014, p.77). Given that CANparent was a universal offer, these findings are of interest in that they suggest higher levels of need among participants than among the population at large. However, compared with the earlier, targeted, initiative of the PEIP, the CANparent participants showed lower overall levels of need. Comparing Being A Parent (BAP) and mental well-being scale averages and score distributions between PEIP and CANparent, showed that while the CANparent sample had a strong skew towards low scores, scores for parents taking PEIP courses were even more skewed (Cullen MA and others 2014, p.41). For the CANparent participants, findings indicated that, compared to no intervention, CANparent classes were associated with significant improvements in parenting stress, parenting satisfaction and self-efficacy, as well as increases in mental well-being levels that made this group of parents comparable to national mental well-being levels (Lindsay and others 214, p.80).

The difficulties faced by the parenting support providers were not limited to the problems of growing the market, with the providers identifying barriers related to parental perceptions of universal provision as being a key challenge. The large-scale parenting surveys carried out among eligible parents in the three voucher areas of the trial suggested that the parenting providers were correct in their identification of four main barriers to developing

a universal market. For parents, these are key issues to be addressed if universal parenting support is to be normalised. Around half of parents in the voucher trial areas did not think that all parents should be encouraged to take parenting classes. The majority of parents in the voucher trial areas regarded family and friends as being a better source of parenting knowledge and advice than that available from professionals. And a majority of parents felt that parenting classes should be offered free at the point of delivery.

The parent penetration survey findings gave support to the views of parenting providers about barriers to developing and extending a market in universal parenting provision. Two of the barriers identified by the providers – parents' resistance to universal parenting support provision, and the availability of other sources of parenting support – also appear as barriers in the parent survey data. Despite the CANparent trial, and its associated marketing and publicity, there was no statistically significant change in the percentage of parent respondents who thought that all parents should be encouraged to go on parenting classes between time period 1 and 2 (53% - 50%). Similarly, there was no statistically significant difference in the percentage of parents who thought that professionals were a better source of information than family or friends between time period 1 and 2 (39% - 37%). In the latter case, the majority of parents continued to feel that family and friends were the better source of parenting information and advice. Similarly, over half of parents in both time periods believed that parenting classes should be offered free of charge at the point of delivery.

If government and third sector bodies wish to extend the take-up of universal parenting support, then there should be a heightened focus on promoting and enabling cultural change with regard to parents' attitudes towards universal parenting provision. Following the end of the CANparent trial, it was announced that an amended version of CANparent would continue from 1st April 2014 until 31 March 2015, under the auspices of the Department of Health. The four CANparent trial areas (including the non-voucher area of Bristol) would, under the extended trial, be known as CANparent Year 3. The aim was to 'continue the development of a market for parenting classes and

normalising going on a parenting class' (CANparent 2014). CANparent Year 3 is unfunded in that no vouchers are available, although there is marketing support for the six parenting providers involved: City Lit, Parent Gym, Parenting Matters, Save the Children, Solihull Approach and Triple P. The absence of the vouchers may also have implications for growing the universal parenting market, given the views of both providers and parents in the CANparent trial with regard to paying for parenting classes.

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