

Original citation:

Cullen, Stephen Michael, Cullen, Mairi Ann and Lindsay, Geoff. (2017) The CANparent Trial – the delivery of universal parenting education in England. *British Educational Research Journal*. doi: 10.1002/berj.3282

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The CANparent Trial – the delivery of universal parenting education in England.

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The evaluation underpinning this paper was funded, as a result of competitive tender, by the UK government's Department for Education (DfE).

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Introduction: the focus and structure of this paper

The CANparent trial, 2012-2014, was a high profile UK government initiative that both continued and extended the parenting ‘support’ agenda developed by UK governments over the last two decades. Subsequent to the end of the trial, the UK government announced that further initiatives will be forthcoming in England, and indicated that two of the CANparent trial innovations will inform new parenting support policy (Gov. UK, 2016). The two innovations in the CANparent trial related to the nature of the offer, and the delivery model adopted. The offer was, from the outset, designed to be a universal parenting offer. Previous UK government supported parenting offers, such as the Parenting Early Intervention Programme (Lindsay *et al*, 2011), had been, at least in design, targeted offers aimed at ‘hard-to-reach’ families. However, in line with the views of the then Prime Minister, David Cameron, CANparent was offered to all parents and carers of children from 0-5 years. The second innovative feature of the CANparent trial was the choice of a ‘quasi-market’ model of delivery. While the model of quasi-market provision of public services is well-known, and has a history dating back several decades (Le Grand, 1990), it has, in practice, been of questionable effectiveness, and little utilised.

This paper seeks to examine the mixed success of the CANparent trial, with a particular focus on the utility of using a quasi-market model to deliver a universal parenting support offer. The paper first seeks to contextualise CANparent by

reviewing the development of parenting support as policy, along with the critique of parenting support that has arisen in response to that policy. Details of the trial, and the qualitative and quantitative evaluation on which this paper is based, are followed by results from that evaluation. The findings are analysed using quasi-market theory in relation to the processes of marketising public provision, highlighting weaknesses and strengths of the CANparent delivery model. The analysis suggests that future government parenting support initiatives would be advised to reflect on the weaknesses of the quasi-market delivery model.

The context of parenting ‘support’ policy: UK governments and parenting education, 2010-2016

In January, 2016, the UK Prime Minister, David Cameron, announced the government’s forthcoming ‘Life Chances Strategy’ (Gov.UK, 2016). An important part of that strategy will focus on ‘families and the early years’ (Gov.UK, 2016, pp.6-8). David Cameron noted that, ‘if we are going to extend life chances in our country [England], it’s time to begin talking properly about parenting and babies and reinforcing what a huge choice having a child is in the first place, as well as what a big responsibility parents face in getting these early years right’ (Gov.UK, 2016, p.7). Part of that approach concerned policy related to ‘hard to reach’ families, specifically those encompassed by the ‘Troubled Families’ programme, but the Prime Minister also reaffirmed the government’s commitment to parenting education:

I believe we now need to think about how to make it normal – even aspirational to attend parenting classes. We should encourage the growth of high-quality courses that help with all aspects of becoming a great mum or a great dad [...]. So I can announce today that our Life Chances Strategy will include a plan for significantly expanding parenting provision. It will examine the possibility of introducing a voucher scheme for parenting classes and recommend the best way to incentivise parents to take them up.

(Gov.UK, 2016, p.8)

This announcement marked a high-profile re-assertion of parenting education policy that was developed under the preceding Conservative-Liberal Democrat Coalition government, which, in turn, displayed continuities with that under the ‘New’ Labour governments, 1997-2010 (Cullen *et al*, 2013, pp.1025-1027).

The Conservative-Liberal Democrat 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 Coalition’s approach to tackling poverty, and its goals. 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 parent support education. 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, p.1). Across Europe, governments have increasingly adopted parenting support policies that include parenting education (Lundqvist, 2015; Knijn & Hopman, 2015; Martin, 2015). Nonetheless, these policy developments have not gone unchallenged.

Parenting education – a contested policy approach

Daly (2015) has argued that whereas 'parenting support' is not a new area of public policy in relation to measures such as, maternity and paternity leave, or family allowances, in the context of developments over the last decade and a half, 'parenting support' has come to mean something else. Identifying three elements to 'parenting support', Daly defines the term as constituting 'a set of (service and other) activities oriented to improving how parents approach and execute their role as parents and to increasing parents' child-rearing resources (including information, knowledge, skills and social support) and competencies' (Daly, 2015, p.599). Daly's inclusion of the provision of social support, in addition to 'information and awareness raising' and 'education and skills development' provides the main elements of 'parenting support' (Daly, 2015, p.600). In this paper, our focus is on the

CANparent trial, which encompassed two of the three elements of Daly's definition of 'parenting support'; that is, of information and awareness raising in relation to the 'doing' of parenthood, and education and skills development in relation to parenthood. In consequence, we use the term 'parenting *education*' to describe the policy enshrined in CANparent, but also in earlier parenting education initiatives under the 'New' Labour, and Coalition governments.

There is now extensive evidence for the importance of the quality of parenting for the cognitive, social and emotional development of children, including the quality of parent-child interactions (Coren *et al.*, 2000) and warm, nurturing environments (Biglan *et al.*, 2012). There is also evidence that theoretically driven, well-constructed parenting education programmes can support parents to improve their skills, and confidence as a parent, and their mental well-being (Furlong *et al.*, 2012; Nowak & Heinrichs, 2008) and improve positive behaviour and reduce conduct problems in their child (United Nations Office on Drugs & Crime, 2010). This evidence base has influenced successive UK governments to fund parenting programmes, particularly those targeted at parents whose children are displaying or at risk of developing behavioural difficulties. However, the use of parenting programmes as a means of supporting parents has been subject to criticisms and is a contested area of policy.

There is a body of work which contests parenting support and parenting education in particular. The adoption of parenting programmes as a strategy to improve parental mental health, for example, and to act indirectly on manifestations of social fragmentation such as children's anti-social behaviour, has been seen to be part of a

broader policy shift away from tackling fundamental inequalities in social and economic life, towards locating responsibility for these issues at the level of the individual. From the beginning of the Labour Party's thirteen year tenure, it was argued by some critics that the intention was to continue with the neo-liberal, conservative agenda of reframing welfare provision, and the state's relationship with the individual. Gewirtz (2001), Vincent (2001), Gillies (2005a, 2005b, 2008, 2010, 2011) and Klett-Davies (2010) have all questioned the class basis of government discourses of 'support' and 'inclusion' in family education policy, arguing that such discourses represent the attempted re-construction of the working class by the state. For example, Gewirtz argued that the Labour government's overarching strategy was to undertake a programme of the re-socialization of the working class based upon the values of a fraction of the middle class, which she termed 'cloning the Blairs' (Gewirtz 2001). This critique has also been applied to government sponsored parental involvement with their children's schooling, which Reay has argued is nothing less than part of a hegemonic project that has 'sedimented and augmented middle-class advantage in the educational field' (Reay 2008, p.647). Within the government's strategy, parenting programmes for parents, specifically from the working class, were one element of a two-pronged approach – the other element being the reform of schools to reflect similar ambitions and targets. The fundamental aim of this strategy, it was argued, was 'the eradication of class differences by reconstructing and transforming working-class parents into middle-class ones. Excellence for the many is to be achieved, at least in part, by making the many behave like the few' (Gewirtz 2001, p.366). In this analysis, parenting programmes are a tool for locating personal and social issues arising from systemic

causes at the level of the individual and the family, whereby participating parents are to be reconciled to social and economic disadvantage.

Building on the critical approach of Gillies, Reay and Klett-Davies in particular, Holloway and Pimlott-Wilson (2013, 2014, 2016), have used combined methods empirical research to extend the critique of parenting 'support'. Moving beyond issues related to the professionalisation of parenting, the imposition of middle-class values through parenting programmes, and state encroachment on family life, Holloway and Pimlott-Wilson have examined class-based views of parenting education, largely on the part of mothers. They identified class-based differences in support for parenting education, with working-class mothers in their sample being more open to parenting support than middle-class mothers, but often in the sense of a provision for other mothers (Holloway and Pimlott-Wilson, 2016). In addition to highlighting the significance of 'mothering cultures', their work has also contextualised 'mothering' and parenting support in terms of spatial context, with mothers tending to the dominant class-based norms of the schools that their children attend (Holloway and Pimlott-Wilson, 2014).

The critique of parenting support and education has itself come under question. A recent example being an analysis of the Labour government's Parenting Early Intervention Programme (PEIP), 2006-2011, in which it was argued that parenting education courses that were part of the PEIP were not experienced in either negative or classed terms by parents, and that 'the class-based critique of such policy [parenting education] needs to be re-engaged with' as there was strong evidence to

suggest that such a critique could be called into question (Cullen *et al*, 2013, p.1041). Another area of debate concerns the detail of the critique in relation to parenting education. Typically, parenting education and parenting ‘courses’ are referred to as an undifferentiated, and homogenous group. An exception to this was a recent paper subjecting six named parenting programmes to a Foucauldian critique (Cottam and Espie, 2014). However, it is usual for authors not to identify specific programmes, nor to differentiate between evidence-based, and non-evidence-based programmes. In a similar vein, there is typically no differentiation between the approach, aim, and intentions of government, the state, and parenting programme developers and providers. The debate surrounding parenting education notwithstanding, the policy direction in favour of parenting education remains strong, and an important stage in successive UK governments’ continued pursuit of that policy approach was the CANparent trial.

The launch of CANparent, continuity and change under a new Conservative government

In March 2012, the Coalition government announced the launch of the CANparent trial, implemented by the Department for Education (DfE), which ran for two years, until 31 March, 2014. CANparent had a high profile beginning, when the Prime Minister, David Cameron, backed the initiative in a public announcement of 17 May 2012, saying that the initiative ‘represented the “sensible state” rather than the nanny state’ (Watt, 2012, no page number). He went on to say that: ‘Families don’t just shape us as individuals, they make a stronger society. That’s why supporting families is right at the top of our agenda – and I’m going to make sure it stays that

way' (Watt, 2012, no page number). The CANparent trial was, therefore, an important programme for a number of reasons. Firstly, unlike previous government supported parenting education initiatives, such as the PEIP, it was not intended as a targeted programme (Cullen *et al*, 2013). Instead, CANparent was, from the outset, offered as a universal provision, reflecting David Cameron's argument that all parents were able to benefit from parenting education. Secondly, and, unlike the PEIP, the CANparent trial was not a fully-funded initiative, but, rather, the Coalition government intended that a pump-priming exercise, utilising state-funded vouchers, would stimulate the growth of a market in universal parenting education. That quasi-market method of delivery marked a return to a model [which had previously been linked to education provision, for example, with vouchers for childcare provision. But it is a method of service delivery that has yet to prove its effectiveness, as is shown here.](#)

The results of the CANparent trial are, therefore, of particular importance in the light of the Conservative government's recent reassertion of the role of voucher-based, universal, parenting education under the Life Chances Strategy. The outcomes of the CANparent trial were mixed. Successful outcomes included, for example, the highly positive experience of parents attending the classes, with 94% of completing parents saying that they would recommend the class to other parents (Lindsay *et al*, 2014, p.20). Similarly, there was, 'a significant drop in the proportion of parents believing that parenting classes were only for parents with "problems bringing up their children" i.e.it reduced stigma around parenting classes' (Lindsay *et al*, 2014, p.21). Less successful outcomes included low take-up levels among eligible parents, and

high levels of un-recouped costs experienced by the parenting class providers. As a trial of the provision of universal parenting education utilising a quasi-market model of delivery, the CANparent trial presents an important case study of an attempt to deliver a public good (in this case, parenting education) using a market-style approach. This case study is of additional, and current, interest given the present UK government's reaffirmed commitment to both parenting education and quasi-market delivery. How far can it be said that CANparent was a successful trialling of a universal offer delivered through a quasi-market model?

The CANparent trial

Building a market in universal parenting education provision

Universal parenting classes can be distinguished from targeted provision, which has typified most previous parenting support offers. Such targeted provision has been developed for parents of children with particular problems, especially behavioural problems. Universal parenting programmes, by contrast, are available to all parents and carers of children. These aim to address a number of limitations posed by targeted provision, including possible stigmatization of parents by their attendance, and delivery to the group deemed to be at the highest risk, whereas the majority of children with later mental health problems come from the larger lower risk population (Hiscock *et al*, 2008).

CANparent was a trial of the market potential for universal parenting classes to support the parenting skills of parents and carers of 0-5 year olds. In three 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 and carers of 0-5s who lived in these areas were eligible for a free voucher entitling them to access a CANparent parenting course; voucher eligibility was increased to ages 0-6 years later in the trial. These vouchers were freely available to eligible parents from Boots (a major high street pharmacy and store), community and health settings, for example, Children's Centres and GP surgeries, as well as from community practitioners like health visitors. [From November 2012, they could also be downloaded by parents from the CANparent website.](#) The vouchers were redeemed by the class providers, with a value of £75 for every parent starting, and of a further £25 for every parent completing the course.

The courses available were offered, at first, by the following parenting class providers: Derbyshire County Council, Family Lives, Fatherhood Institute, Save the Children, Family Matters Institute, Coram, Montessori, NCT, Mind Gym/Parent Gym, Race Equality Foundation, Solihull Approach-Heart of England NHS Trust, Barnardo's, and Family Links. Not all providers operated in each area, and there were four modes of delivery of the classes: face-to-face group; face-to-face, one to one; blended face-to-face with online learning and/or self-directed learning; and pure online. The trial ran from 2012-2015, and at the end of 2014, two providers, Montessori and the Fatherhood Institute, withdrew from the trial (Lindsay *et al*, 2014, p.56). As a quality assurance, all the providers had to show how the classes they offered met core evidenced based principles derived from research into what works to improve parenting skills (Cullen *et al*, 2013, pp.36-39). Typically, the providers had extensive experience in delivering parenting education, and were

aware of the ways in which a universal offer could reveal additional needs among parents, carers and families that required signposting to statutory and other providers.

The financial planning by the DfE also led to an assumption that a maximum of 40% of the 50,000 eligible parents might take up a voucher and participate in a parenting class. Over the period of the trial, as data on take-up became available, the DfE adjusted the assumption from 40% to 25%. From November 2012, they could also be downloaded by parents from the CANparent website.

At the beginning of the CANparent trial, 14 parenting class providers were approved by the DfE to offer CANparent classes. The parenting class providers had all applied to be part of the trial (some leading a consortium of other organisations), and had been chosen on the merits of their business plans and ability to meet core evidence-based principles derived from research into what works to improve parenting. The principles related to content, delivery approach, workforce training, and evaluation of impact (Lindsay *et al*, 2014, pp. 315-317). The providers were a mix of organisations, including local authority, and not for profit bodies. Most had a prior history of delivering parenting education. The classes that met the CANparent quality assurance requirements included face-to-face groups, face-to-face one-to-one classes, blended courses (face-to-face with online and/or self-directed learning), and pure online delivery.

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

Marketised public provision

In this section, we discuss the market model, including the quasi-market, and its use as the delivery model for the CANparent trial. The classical economic model of the free market is that of perfect competition, which acts as a theoretical benchmark against which other market structures are measured. Among the key characteristics of perfect competition are that such a market possesses numerous buyers and sellers interacting in the market place thereby establishing the price of the good or service being traded. Prices, in this model, represent signals, and lead to entry and exit from the market by consumers and producers, acting in response to price changes. Another key characteristic of perfect competition is perfect knowledge; that is, that the consumer has sufficient information to make a rational choice in the marketplace. This theoretical model of the market delivers both allocative and productive efficiency; that is, resources are allocated in response to the demands of consumers (allocative efficiency), and producers have to produce goods and services at the least cost in order to sell in the market (productive efficiency). It is this analysis of the advantages of competitive markets that has, in part, underpinned the long history of government attempting to introduce market-style reforms into public

sector activity previously coordinated by other means. The degree to which such reforms do, in fact, generate allocative and productive efficiency gains is contested (Kirkpatrick, 1999, Finkelstein & Grubb, 2000, Kähkönen, 2005). Other arguments have also been deployed to critique marketised reforms, with, for instance, arguments being advanced relating to increasing social inequity (Dumay & DuPriez, 2014), or in relation to lack of public choice (Exley, 2014) being advanced.

Quasi-markets and CANparent

The first use of the term 'quasi-market' was in 1975 by Oliver Williamson in his *Markets and Hierarchies; analysis and anti-trust implications* (Le Grand & Bartlett, 1993, p.2), but it was Le Grand's work which established the nature and role of quasi-markets in terms of the delivery of social policy (Le Grand, 1990, 1991a, 1991b, 2007, Le Grand & Bartlett, 1993). Describing the reforms of the UK government during the 1980s, Le Grand explained that: 'all of these developments thus involve the introduction of quasi-markets into the welfare state. They are "markets" because they replace monopolistic state providers with competitive independent ones. They are "quasi" because they differ from conventional markets in a number of key ways' (Le Grand, 1991, pp.1259 – 1260). Those key differences consist of one or more of three factors: non-profit, and sometimes for profit, organisations competing for public contracts; consumers 'buying' services via a single purchasing agency or with vouchers; and consumers represented in the market by intermediaries acting as their agents (Le Grand & Bartlett, 1993). In addition, a quasi-market has three sets of actors: consumers and suppliers, plus the government as payer.

The CANparent trial design met the basic criteria of being a market in that government support was opened out to competing independent providers, as opposed to being focused on giving local government (the state) a monopoly, as in the case of the PEIP. In addition, consumer information was provided through the management and delivery consortium led by ECORYS, with local voluntary sector development agencies responsible for creating voucher distribution networks using volunteers from across the Foundation Years workforce and staff in Boots (a high street chain store). This written information was supplemented by the CANparent website and a telephone helpline. The trial design was a quasi-market, in that it met two of the three distinguishing features: providers competed via open tender for the publicly-funded contracts; and consumers could only 'buy' the parenting classes using a voucher. Although the third distinguishing feature (intermediaries acting as consumers' agents) was not present in the original design, this feature emerged over time as CANparent evolved on the ground. The trial design also conformed to most of the operational features typical of a quasi-market: it operated within a directive framework set by government designed to enhance competition amongst providers; to promote efficiency through sub-contracting; to provide incentives in the form of performance-based funding - where performance was defined as engaging parents to take-up the offer (75% of the voucher redeemable for that) and to stay the course (25% of voucher value redeemable on parent course completion); and to enhance consumer choice through ability to 'spend' the voucher with any local CANparent provider.

CANparent was, then, characteristic of the quasi-market model, the parameters of which have been set over some three decades of quasi-market provision in England. In this paper, the comparatively low-level of take-up of the universal parenting class offer under CANparent is examined in the light of quasi-market theory in order to identify issues with the form and functioning of CANparent as a vehicle for growing a market in universal parenting class provision, and to shed more light on the operation of voucher-based parenting education provision; a mode of delivery which may well be the model for future parenting education under the Life Chances Strategy.

Method

The evaluation of the CANparent trial

The CANparent trial was the subject of a formative and summative evaluation, designed as a complex, combined methods evaluation. It comprised both qualitative and quantitative methods, including large scale surveys, standardised questionnaires, in-depth interviews, and cost effectiveness and willingness to pay analyses (Lindsay *et al*, 2014). Additional information, and results are forthcoming in further paper. The relevant data for this article are qualitative interviews with all providers, and with a sample of parents who had participated in an approved parenting class as part of the trial and quantitative surveys of random samples of the parents of a child 0-5 years old in the trial and close comparator areas.

CANparent classes provider data

Interviews were carried out with lead personnel from the 14 parenting class providers, who were interviewed at three stages in the trial: summer, 2012, February 2013, and November/December 2013. In all, 42 interviews were undertaken with the provider leads. The data gave provider viewpoints on their involvement in the CANparent trial. In particular, the data identified to what extent the providers agreed with the underpinning CANparent approach to universal parenting provision, and the marketised delivery of the parenting offer. 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.

Parent views

On the demand-side, parent (in this context, the 'consumers') views were collected using two methods. An early penetration survey of 1510 parents was carried out in the three trial areas over the period July–October 2012 to measure the extent to which the vouchers had reached parents. The survey also captured the socio-economic status of families surveyed and baseline attitudes in this community sample towards parenting classes. Over the same period a baseline survey of 1535 parents was carried out in 16 matched comparison areas. A second penetration survey was carried out about one year later (August - November 2013) in both trial

(n = 1603 parents) and comparison areas (n = 1520 parents) to explore awareness and take-up of classes and changes of attitudes of the trial area parents compared with the comparison groups. Data were also gathered relating to brand awareness, voucher awareness and understanding of the role of the voucher.

In addition to the penetration surveys, follow-up interviews were carried out with 50 parents that had participated in an approved parenting class in one of the trial areas. Seven times between March and November 2013, management information monthly returns were used to create a stratified random sample of 30-35 participating parents to be contacted (240 in total). Both completers and non-completers were selected, and included men and women. In total, 50 follow-up interviews were conducted. Of these: five were deemed non-completers and 45 completers; four were men and 46 were women. 'Completion' was contractually defined for each CANparent course, as they varied in length. It equated to at least 75% attendance.

The sample included parents from each voucher area, who between them had attended classes provided by 12 of the 14 providers (two were not represented in the sample), and delivered face-to-face or in blended mode (online only courses were not represented). Forty-five of the interviews were recorded, with permission; in five cases, parents did not agree to recording but allowed notes to be taken during the interview. These interviews provided information used here regarding the processes by which parents found out about CANparent, and, importantly, the

particular ways in which they went about exercising choice between the competing offers.

Results

Disparity between planned for and actual take-up

The financial planning assumption was that maximum take-up of the offer of a free parenting class would be 40% of the total of around 50000 eligible parents in the three voucher areas (i.e. 20000 parents). As a result, all the systems put in place by the trial delivery consortium, the providers and the evaluation team were predicated on large-scale take-up of the offer. By the end of the trial (31 March, 2014), the number of parents who had participated in a class was 2956, which represented 15% of the original planning assumption of maximum take-up and 6% of the eligible parents. This take-up figure indicated that the planning assumption had been substantially over-optimistic and was, in fact, more in line with the level of interest in parenting classes identified through the penetration surveys (that about 10% were 'very likely' to participate in such a class while their child was aged five or under). Towards the end of the trial, take-up was accelerating. In part, this was a result of growing familiarity with the offer. It was also in response to numerous relaxations of the trial framework made by the government resulting from concerns fed back from providers, the trial delivery consortium, and through the evaluation interim reports about how its restrictions were negatively affecting take-up (Cullen, M.A., *et al*, 2013; 2014).

*Information for parents/carers as consumers, and the role and use of vouchers
(demand side)*

In the CANparent model, information about the parenting courses on offer was provided in a number of different ways. Information about the competing CANparent offers (specific to each trial area) was available on the CANparent website, and on the centrally-designed CANparent leaflets which accompanied the £100 voucher, redeemable for a CANparent course. This information provided limited specific details about the offers available in each area under the CANparent brand. On the website, each offer linked to the specific provider's own webpage where more detail was provided. The vouchers and leaflets were intended to be handed out person-to-person by voucher distributors (largely members of the early years workforce and Boots store staff). General information regarding the value of parenting classes and about CANparent as a whole came from other sources, including the local support organisations, for example during local roadshow events, and through advertisements, for instance, in the local press.

Just over a fifth (22%) of parents surveyed in the second penetration survey (Autumn 2013) in the voucher trial areas were aware of the CANparent brand. A slightly greater percentage (26%) of parents in the voucher trial areas were aware of the voucher. Awareness of the CANparent brand and the vouchers was driven most extensively by Early Years' settings, such as children' centres, nurseries and playgroups. In total, just over a third of aware parents (35%) had seen or heard about the CANparent brand in these settings, just over a quarter (27%) were first aware of the vouchers there, and almost a third (32%) had received their own

voucher at children's centres, nurseries or playgroups. Schools were mentioned as a source of awareness by 16%, and libraries (14%) and health visitors and midwives (12%) also seemed to play a key role, while 10% of parents mentioned that they had seen or heard about CANparent at a GP surgery at some point.

The marketing campaign and roadshows introduced in late 2012 and early 2013 seem to have had some resonance with parents. The second penetration survey showed that around 1 in 20 mentioned having seen or heard about CANparent in a shopping centre (6%), from an advert on public transport (6%), through seeing the CANparent water bottles (5%), or at a CANparent roadshow (4%).

There were issues associated with the vouchers, with the second penetration survey showing that just under a third of parents who were aware of the vouchers (32%) did not know what they were for. Nonetheless, that represented a fall in the percentage of parents who did not know what the voucher was for when the first survey was carried out, when it stood at 44%. In some cases, parents thought that the vouchers could, for example, be redeemed for goods available at Boots the Chemist, or for swimming lessons for children, or other goods and services.

During the second penetration survey, the 31 parents in the sample who had signed up to a CANparent class indicated that, in choosing among competing offers, practical aspects, such as time and location, were more important to them than the mode of delivery or focus of the content. In other words, they were likely to choose classes running at places they already used, at times that fitted with family life.

Having heard of CANparent, sometimes through multiple routes, or, at least heard of one CANparent course, the sample parents had also chosen to attend a particular course. The parents in the sample divided into a minority who had done some research on the CANparent website to choose a course from the range on offer (active choice) and a majority that did not. Those who did not make an active choice from among the range on offer did one of three things: they either attended the course they had seen advertised or heard about because it was offered at a place they already used, such as children's centre, school, nursery, and leisure centre; or they went along to the course recommended to them by a professional known to them; or they went along to a course at the invitation of a friend. The issue here was that parents who did not make an active choice either felt that they did not have enough knowledge or information to make that choice, or were willing to delegate the choice. In that case their individual, market choice was mediated through others.

Providers and CANparent (supply side): Resistance to marketisation and low voucher value

The Government was clear in stating that its aims for the trial were to stimulate the development of a market in universal parenting classes; and to normalise and destigmatise the take-up of parenting classes through a market approach. Based on interviews in summer 2012, different providers and stakeholders could be placed at different points on a continuum of agreement-to-disagreement with the trial aims. Overall, every organisation could see benefits from being involved in the trial but only a minority were fully aligned with the use of a market model. Among the

voucher area providers, views ranged from hostility to the development of a competitive market to alignment with that aim. The majority did not have a predominantly market-orientated approach to CANparent, in that their primary intention did not seem to be the development of a market which would generate profits and growth. It was the case that almost all the providers and stakeholders interviewed supported the aim of normalising parenting support by making parenting classes universally available, but the use of a marketised mechanism to carry out that goal was unpopular. This theme ran throughout the trial.

The summer 2012 interview data included the providers' motivations for taking part in the CANparent trial. Typically, the providers had a prior history of delivering parenting support that was free at the point of delivery for parents, with provider costs being met by public sector commissioning, government or other grants, or providers' core funding. Providers also saw the provision of parenting classes as being an educational or health service, and, they argued, given the widespread UK practice of providing education and health services free at the point of consumption, there was a case for a similar approach to parenting provision. It was further argued by providers that many parents also expected health services to be free at the point of delivery, with, for example, one provider saying that parents thought that, 'if it [parenting provision] is so important it should be given out free in any case, like [NHS] ante-natal classes and two year old checks' (Provider 2). The providers had bid for the opportunity to become CANparent class providers for a range of reasons, with the main market-based calculations being possible revenue from the vouchers arising from the potential market that was suggested by the planning assumption.

Other motivational factors included a wish to be involved in what was seen as an important government initiative, support for the principle of universal parenting class provision, and a perception that involvement was necessary in order to be seen as an important provider of parenting education. There was particular enthusiasm for the universal basis of CANparent provision, the view being that a universal model was beneficial in terms of successfully reaching parents traditionally 'targeted' as in need of support, and in opening up support to all parents.

In February 2013, the interviews generated data that indicated that providers were experiencing challenges in their attempts to grow markets for parenting classes as part of CANparent. Even by this stage, only a small minority of the providers had accepted the fundamental approach of the CANparent trial – that it was designed to begin the process of marketising universal parenting education. In fact, the majority of the providers were resistant to the trial's mode of marketised provision (the quasi-market model). There was criticism of what providers saw as market constraints, for example, delivering only to parents of children within a set age range, whilst at the same time the market had been opened up to a relatively large number of competing providers. An example of this view, in which concern over the amount of competition was meshed with an implied criticism of the voucher system, came in a comment from Provider 8: 'if there had been fewer providers and they had just put on courses, we could have put on our courses and just advertised – "free parenting course, come along on this day, find out if it is for you"'. It was also argued by providers that collaboration rather than competition would have been a more effective way of ensuring universal provision, and widespread take-up of that

provision. Finally, the majority of providers reported difficulties in making the transition from upfront income (commissioning, grants or core-funding) to voucher generated income. The providers believed, at summer 2012, that large-scale take up of their offers at £100 per parent would provide sufficient revenue to cover costs. Nonetheless, a minority of the providers (five of the 14) argued that the face value of the voucher under-priced effective, evidence based parenting support. Two providers withdrew from the trial by the end of Year 1 at least partly because of losses incurred. By winter 2013, the remaining 12 providers had accepted that it would take time to recoup their investment, but they still argued that the voucher was set at too low a rate.

These 12 providers continued to support strongly the provision of universal parenting education classes, as it was argued that universal provision was a key method of normalising parenting support, reducing stigma, and enabling targeted provision to be more accurately focused. However, the final interviews showed that providers continued to face difficulties in attempting to sell their classes directly to voucher holders, and that the marketised element of CANparent remained challenging. There was, nonetheless, a recognition among the providers that the marketised element of the trial had enabled, and, in fact, compelled, providers to begin the process of thinking about universal parenting class provision in a market-orientated fashion. This learning experience was valued by a number of the providers who were aware of the new demands the CANparent model had placed upon them: 'It's been really beneficial [for us] it's a different way of thinking, it's very business-orientated, whereas we [the third sector] are social organisations [...] we

looked at our marketing approach and thought that it's not fit for purpose', (Provider 5).

Number of actors in the model

Competitive markets are distinguished by numerous consumers and suppliers interacting in the market place, with two sets of actors (consumers and suppliers), and market signalling via price. However, in quasi-markets there are three sets of actors: consumers, suppliers and payer/s. In the CANparent model, the payer was the government, via the DfE, who also set the price, the consumers were the eligible parents, and the producers were the CANparent class providers. In addition, the trial design involved other key players, most importantly the network of voucher distributors. The local support organisations were successful in rapidly recruiting volunteer voucher distributors, mainly from the Foundation Years' workforce, and briefed them about their role as neutral facilitators of choice. They were to emphasise that the voucher could be used to pay to attend any of the local CANparent options and to indicate that further information about these options was available from the CANparent website or helpline. In practice, the role evolved differently because these distributors were mostly also people known and trusted by parents, from whom parents expected more than this 'neutral' role. The situation was further complicated by the fact that the same workforce were involved in hosting, promoting or facilitating specific CANparent classes. Initially, strong attempts were made by DfE to separate these roles from voucher distribution but, under pressure from providers related to low initial take-up, this role boundary was

relaxed. As a result, the majority of parents who used a voucher did so in a class running in a place and/or led by a person familiar to them.

Discussion

Quasi-market theory and quasi-market failure

The disparity between the planning assumption regarding take-up of CANparent classes and the actual numbers of voucher holders who redeemed their vouchers, raises questions about the design of the CANparent trial. In terms of future policy, particularly parenting education elements of the Life Chances Strategy, the applicability of a voucher-driven system to provide universal parenting education needs further consideration. Quasi-market theory suggests that some elements of the CANparent quasi-market model might not have been optimal in terms of the growing of a market in universal parenting class provision.

In her study of the processes of marketising public provision in welfare states, particularly those of England, the Netherlands, and Sweden, Gingrich argued that not only do 'markets work differently [in different forms], but rather that markets in public services vary systematically' as a result of choices made by policymakers seeking to introduce a marketised element to public provision (Gingrich, 2013, p.3).

CANparent was a quasi-market designed to inject some market elements into the provision of universal parenting provision as an attempt to create a market in parenting classes. It represented a policy decision to introduce some, but not all, market mechanisms. However, in comparison with the theoretical bench-mark of perfect competition, it may be that quasi-markets may not deliver desirable

outcomes, such as productive and allocative efficiency. In Finkelstein and Grubb's analysis: 'because quasi-markets continue to violate the principles of pure markets, they may not be efficient, supply and demand may not adjust quickly to changing conditions, access to information may remain highly varied', (Finkelstein & Grubb, 2000, p.603). However, it is not the case that markets, which frequently fail to meet 'the principles of pure markets', always deliver either static or dynamic efficiency (that is, at a point in time, or over a period of time), nor, for instance are they routinely characterised by perfect information or devoid of externalities (costs arising from the operation of the market, but borne by those outside of it). Similarly, there is no a priori reason why quasi-markets will fail, 'only that they can fail, and for reasons that are systematic rather than idiosyncratic' (Lowery, 1998, p.139).

Accepting Gingrich and Lowery's emphasis on systematic causes of quasi-market failure, and partial-failure (something that typifies most markets, as well as quasi-markets, not to mention hierarchical solutions to the provision of goods and services), then quasi-market theory can help analyse elements within the CANparent quasi-market model that led to the less than optimal take-up of CANparent in relation to initial planning assumptions.

Key elements of potential sub-optimal quasi-market outcomes include both demand and supply side issues. On the demand side, lack of adequate product information for consumers, and the role and use of vouchers are key areas of challenge. In terms of supply, a lack of funding, and institutional resistance to marketisation can impact negatively on outcomes. Finally, in the interaction of supply and demand, the numbers of actors in a quasi-market can be crucial. Taken together, elements of all

these challenges were present in the CANparent quasi-market model as we go on to discuss.

Product information for parents/carers as consumers

For markets to be allocatively efficient, consumers must be in possession of all the information necessary to make choices between competing offers in the market. In classical market theory, the primary information relates to price, but other attributes of the good or service being traded are also important to the consumer. The efficiency and choice benefits accruing to markets provide the theoretical attractions of markets to those policy makers who have, especially since the 1980s, pursued public sector reform in this fashion. Criticism of marketised provision for goods and services that had, under a generalised welfare system, been provided in a non-market fashion frequently focuses on the failure to deliver efficiency gains. However, the evidence regarding efficiency gains following the application of marketised elements to public provision is mixed (Kähkönen, 2005). Critics of the creation of quasi-markets have found stronger ground in critiques related to issues of social equity, particularly in relation to public goods such as childcare (Lloyd & Penn, 2014), secondary, and tertiary education (Holmwood, 2014, Dumay & Dupriez, 2014, & Marginson, 2013). However, those seeking to defend quasi-market provision have stressed the value of choice in public policy (Dowding & John, 2009), where consumers see value in the shift from a 'one size fits all' offer that characterised much public provision delivered in a hierarchical fashion to one that offered choice. For choice to be effective, consumers must have access to information regarding the offers being made.

Awareness of both the CANparent brand and the vouchers in the trial areas rose over time to about a fifth and about a quarter of eligible parents respectively. This suggests that, to increase awareness further would have required longer than two years. However, the fact that about a third of those aware of the vouchers were not sure what they were for suggests that the potential consumers in the CANparent trial did not have sufficient information for choice to be effective. For those parents who were aware of CANparent, who understood what the offer was, and decided that they might be interested in taking a CANparent class, the next decision they had to make was which class to choose, from among the competing offers in their area.

Quasi-market theory suggests that one issue facing consumers in quasi-markets relates to lack of information regarding choices they are faced with. It was the need to provide information to enable parents of school aged children to make choices that was one of the drivers behind the development of school league tables based on public examination results. Quasi-markets, often arising in areas related to health and education, expect, often unrealistically, that consumers are in possession of enough knowledge and information to make rational, informed, and self-interested decisions. Further, unlike many markets, quasi-markets are often related to the provision and consumption of 'public goods', which economic theory suggests are in danger of being under-consumed if left entirely to market mechanisms. This tension, therefore, means that 'the ability to make decisions is itself a competence that must be developed [in quasi-markets] rather than assumed' (Finkelstein & Grubb, 2000, p.616).

The evidence from CANparent suggests that parents often felt that they were not, by themselves, in possession of sufficient information and knowledge to choose between competing offers. Instead, the majority of the 50 parents who were interviewed reported that they did not make an active choice about which class to attend. The typical choice was made by simply accepting the CANparent class that was being offered at a place they already used, such as a children's centre, school, nursery, leisure centre, they went along to the course recommended to them by a professional known to them, or they went along to a course at the invitation of a friend. For these parents, the market principle of individual consumer choice, built in to the CANparent trial design, was mediated through earlier market choices made by others: either by their peers, by professionals working with them, or professionals known to them who were involved in promoting and/or delivering specific CANparent courses.

Parent/carer resistance

The issue of the impact of parental resistance to the universal offer of parenting education in the CANparent trial has been addressed by Cullen *et al* (2014, 2016). Parenting class providers in the trial argued that, to some extent, low levels of demand indicated that a culture change, in favour of universal parenting education, was needed if demand was to rise significantly (Cullen *et al.*, 2016, p.76). Both the Coalition government of 2010-2015, and the current Conservative government acknowledged this cultural factor, and the January 2016 speech by David Cameron highlighted his government's desire to see parenting education normalised. Other

sources of parent resistance to a universal offer relate to stigma associated with parenting classes (arising, in part, from a more familiar model of targeted parenting support), and the availability of other sources of parenting knowledge (Cullen, *et al*, 2016, pp.76-79). These demand-side issues may well have impacted on take-up. However, in essence, these factors simply exacerbated issues with the overall design of the CANparent trial, rather than fundamentally distorting the outcome.

Vouchers and funding

Vouchers have long been seen as a key component of the quasi-market model. First proposed, in relation to education quasi-markets, by Milton Friedman, as an integral element of provision 'in which government could determine the educational product and its distribution via the conditions governing vouchers and the licensing of institutions, without compromising contestability and full cost pricing' (Marginson, 1997, pp.66-7), vouchers therefore enable public provision to offer choice while maintaining government input in this form of guided market. However, despite the theoretical attractiveness of vouchers in quasi-markets, the track record of the application of vouchers in quasi-markets in the UK has been limited. Vouchers have been proposed by a variety of policy-makers, with, for example, the Labour politician, Patricia Hewitt, being, at one point, an advocate of vouchers for child-care for the under-fives (Le Grand & Bartlett, 1993, p.8). However, it was the Conservative government, in 1996, that introduced child-care vouchers. These were distributed to all parents of children of four year olds, and potential providers of child care were expected to meet minimum standards to acquire a licence to offer child care and receive vouchers. The licensed providers then redeemed the vouchers

with Local Education Authorities (LEAs), which were expected to change their own child-care provision into the voucher-based option. What had, therefore, been, in part, a hierarchically delivered service determined by the decision-making of LEAs, became, in theory, a consumer-driven quasi-market operating through the issuing and redemption of vouchers. The scheme was short-lived, however, being abandoned by the new Labour government, elected in May, 1997.

The child-care voucher scheme was not widely regarded as a success, as there were considerable issues relating, not only to a lack of information available to parents, but also to inadequate funding: 'The uniform entitlement [to child-care vouchers] required a fixed pool of funding to include people who had not previously required any government subsidy. The obvious consequence was that vouchers were inadequate; a rough estimate is that they covered [only] 70 per cent of the cost of care in group settings', (Finkelstein & Grubb, 2000, pp.616-17). There was, as a result, an impact on both choice, and quality, arising from inadequate funding; and those shortcomings of the child-care voucher system found echoes in difficulties arising from the voucher system adopted for CANparent. Data from the three rounds of interviews with the CANparent providers showed that a central issue for the providers was the low level of funding arising both from each voucher, and, as the expected demand failed to fully materialise, from overall voucher-generated revenue.

Institutional resistance

Interviews with providers showed that there was a widespread discrepancy between the government's aims for the CANparent trial, and those of the providers. It was the case that almost all the providers interviewed supported the aim of normalising parenting support by making parenting classes universally available, but the use of a marketised mechanism to carry out that goal was unpopular. There was, in fact, considerable institutional resistance on the part of the providers to the use of a quasi-market model. In effect, providers struggled with the necessity of moving from their previous norm of upfront funding of their operations to a marketised, competitive model of revenue generation. This phenomenon is a recognised barrier to the successful implementation of quasi-markets in the provision of public goods and services. Indeed, Gingrich has argued that this aspect of quasi-markets is the 'one common element' in the range of marketised options for public services: 'when policy-makers introduce competition or private actors into the public sector, they take power away from incumbent professionals [...who] must now compete for resources that used to be guaranteed on a non-competitive basis' (Gingrich, 2013, p.3).

Actors in the quasi-market

Quasi-market theory suggests that, 'the presence of separate payers and users fragments demand, raising the question of who the principal is to whom the agent is supposed to respond – the payer of the service or the user' (Gingrich, 2013, p.9, citing Lowery, 1998). In the operation of CANparent, the presence of these three sets of actors impacted on the model in a different fashion. The issue was not one of the agent (i.e., the class provider) being unsure as to whom it was supposed to respond

(the DfE as payer, or the parent as user). Rather, the propensity of the parents opting to engage with CANparent to 'choose' a particular course by simply accepting it from a previously known actor (e.g., a children's centre), or a trusted intermediary, such as a health visitor, undermined the choice benefits supposedly accruing to the operation of a voucher system in a quasi-market. The use of the Foundation Years' workforce, both as the major source of vouchers and as the main people promoting classes in their venues and/or as class facilitators, made good sense in terms of engaging parents to participate: but the effect it had in depressing active choice indicates the trial gap between establishing a market and establishing a quasi-market.

Conclusion

The continuation of parenting support education

In terms of take-up levels for CANparent, the trial fell short of its hoped-for outcomes, with the total number of parents who had undertaken a CANparent class by the end of the trial, 31 March, 2014, being 6% of the eligible parents, compared with the original DfE planning assumption of 40%. The aim of the trial had been to use a pump-priming approach to building a market in universal parenting education provision. This was in keeping with the view that universal parenting provision was the most effective way of de-stigmatising parenting education, and increasing take-up, of universal provision. The government of David Cameron continued the policy of parenting 'support' inherited from the 'New' Labour governments of 1997-2010. This was despite the range of critical work questioning the nature of parenting 'support' as representing a neo-liberal policy drive to relocate the responsibility for inequality

from systemic failures to those of individual parents/carers and families (Gewirtz, 2001; Gillies, 2011; Klett-Davies, 2010; Holloway & Pimlott-Wilson, 2016).

As part of the continued implementation of the government's ideological preference for marketised solutions, in the era of 'roll-back' neo-liberalism (Holloway & Pimlott-Wilson, 2014), the ideological preference was in favour of the provision of choice for parents as a key underpinning to the CANparent model. In consequence, the model of choice was a quasi-market model, a model that has characterised a wide range of reforms in public sector provision since the 1980s. Quasi-market, and market, theory suggest a number of areas where quasi-markets might prove to be less than optimal, and, in certain respects, this proved to be the case with the CANparent trial.

Options for the delivery model of future parenting education

The current UK government has signalled its continued commitment to universal parenting education provision. Despite the mixed findings of the CANparent trial, as discussed here, it has also indicated that a voucher-driven, quasi-market model may still be the preferred option for delivery of that policy. The details of any such delivery model will be crucial to the overall success of future parenting education initiatives. There are a range of possible options for any such attempt at growing a universal parenting education market via the provision of classes operated by approved providers. Areas that could fruitfully receive additional attention include the need to build public recognition of the importance, value and availability of parenting education. This could involve a range of central government, local government, and voluntary sector support agencies. In addition, consideration needs

to be given to the level of funding available to parenting class providers. One model, as typified by the PEIP, 2008-11, is a fully funded, locally delivered, parenting offer. However, in the context of fiscal austerity, and with the predominance of neo-liberal models prioritising consumer choice, along with possible market-derived allocative and productive efficiency, such an approach is unlikely to be preferred by government. Nonetheless, higher levels of funding could help cover set-up costs, which CANparent providers experienced difficulty in covering, given limited take-up of the vouchers. Finally, for parenting education providers to take full advantage of a quasi-market in parenting class provision, it would be necessary for such providers to make an attitudinal shift from the expectation of upfront funding, to one accepting of competitive revenue raising in a quasi-market place. It is likely also that the pump-priming voucher subsidy of the quasi-market would need to run for far longer than two years before a consumer-supplier market was established.

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