Cornell Cooperative Extension (CCE) offers a variety of programs for parents and caregivers. These programs reach a wide range of families and seek to promote positive parenting and, ultimately, healthy family and child development. This research brief presents data collected from participants in the Parenting a Second Time Around (PASTA) parent education program from January 2013 to May 2013.

Participants included parents and caregivers taking part in the PASTA program at two sites: Jamaica Service Program for Older Adults and the Brooklyn Center for Independence of the Disabled. At each site, a list of people interested in taking part in the PASTA program was gathered. Each participant signed a numbered sign-in sheet, then their number was matched to a table of random numbers which was generated in advance. Their matched number determined whether they would attend either the treatment group or the control group.

Participants in the treatment group first attended PASTA for eight weeks then attended a nutrition class for eight weeks. Participants in the control group first took the nutrition class for eight weeks and then attended the eight-week PASTA course. All participants were asked to fill out pre- and post-tests before and after each course. The nutritional class served as an ideal control because parenting behaviors or skills were not taught throughout the class, making it possible to isolate the effect of attending a PASTA class on improving parenting behaviors.

Below we present results from an analysis of the pre-post difference in outcomes between caregivers who attended the PASTA program, compared to participants who were assigned to the control group. All participants completed a pre- and post-test before and after participating in the first course they attended (the PASTA course for the treatment group or the nutrition course for the control group).
control group). Next, the difference between the post- and pre-tests for each measure was calculated for both the control and treatment groups separately. Finally, the difference between the control and treatment groups were calculated, as was the level of significance for this difference for each measure. Because participants were randomly assigned to these groups, comparing the respective parenting outcomes provides an estimate of the causal effect of attending a PASTA course.

Demographics of Participants attending Parenting a Second Time Around Parent Education Program

The following summaries use data from 64 participants who completed a pre-test survey given at the first session of their class. Sixty-three percent of the participants in the PASTA program attended the class at the Brooklyn Center for Independence of the Disabled site and a majority of the participants in the program were female (92%).
The majority of the participants in the Parenting a Second Time Around parent education class were grandparents (67%) and forty percent were white (40%).
The largest group of children were aged 10 and older, and half of the respondents reported that they were raising the grandchild with no parent living in the household. The length of time that children had been raised by the participant varied, with a majority reporting care for more than 5 years (53%).
Treatment and Control Results

As noted above, this study used a treatment and control test evaluation, in which the participants were randomly assigned to attend either a nutrition class (which acted as a control) or the PASTA class (treatment). Both groups were asked to answer two identical surveys—one given at the first session of the class and another given after the completion of the nutrition or PASTA class.

The survey included 23 questions about parenting attitudes, behaviors, and knowledge designed to capture some of what was taught during the PASTA class. The control-treatment study design allows researchers to see if attitudes, behaviors, and knowledge changes during the course of the workshop. Using this type of research design allows for a more accurate assessment of whether participating in the parent education class caused a change in parenting knowledge, attitudes or behaviors compared to the control group.

The following evaluation is based on information provided by 48 participants who completed their program and completed both a pre- and a post-test survey. Four of the twenty-three measures tested showed significant improvements, compared to the control group. Specifically, participants who attended the Parenting a Second Time Around program reported an increased
awareness of resources available to them as a kinship caregiver, increased comfort asking for help from community resources, increased ability to cope with the stresses of being a kinship caregiver and increased understanding regarding the different types of custody and care arrangements that are available. As expected, the effect of participation in the control group is very small and near zero for each measure.

A p-value generated from a paired t-test was used as a statistical measure determine whether a change in a given survey question between the control and treatment group was significant. A p-value of .10 or less was considered statistically significant, and means that we can be 90% sure that the treatment-to-control changes in participant responses are not due to chance. In comparing participants’ pre-and post-test survey results, the following four questions showed statistically significant changes.
These results indicate that 4 out of 23 measures of parenting attitudes, behaviors, and knowledge improved significantly between the control and treatment groups, highlighting significant positive effects for caregivers participating in the Parenting a Second Time Around Program. Refer to Appendix for a complete list of questions.
Appendix

Questions:

1. I am aware of the resources (print and supportive services) available to me as a kinship caregiver.

2. I feel comfortable asking for help from community resources.

3. I have a good network of supports available to me as a kinship caregiver.

4. I feel able to cope with the stresses of being a kinship caregiver.

5. I take the time to care for myself as a caregiver.

6. I know how to meet the emotional needs of the child(ren) in my care.

7. I know how to guide the behavior of the child(ren) in my care.

8. I take the time to explain the reasons for the rules I make.

9. If anyone can find the answer to what is troubling my child(ren), I can.

10. I try to make rules that take my child(ren)s individual needs into consideration.

11. I drop a rule if my child(ren) objects to it.

12. When I am with the child(ren) in my care, I only speak positively about their biological parents.

13. I feel comfortable talking with the children in my care about their biological parent.

14. I am able to talk with the biological parents about the needs of their children in my care.

15. I am confident in my ability to speak on behalf of the child(ren) in my care (with teachers, doctors, etc.)

16. I understand my legal rights as a kinship caregiver.

17. I understand the different types of custody and care arrangements that are available to me as a caregiver.

18. I take time to enjoy the child(ren) in my care and do fun things together.

19. I show affection to my child(ren) daily.

20. As children grow older, I allow them to spend more time with friends and other activities outside of the family.

Please complete these if you have a child ten and older in your care:

21. I know who my pre-teen/teen child(ren) is with AND what they are doing when they are not at home.

22. As a family, we have talked about the rules for safe computer and internet use.

23. I feel confident talking with my pre-teen/teen child(ren) about serious issues (i.e. sex, drugs).
Visit the Parenting in Context project at:

http://www.human.cornell.edu/pam/outreach/parenting/

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