The association between father involvement and child development has been well established. Positive fathering promotes improved social-emotional, cognitive, and linguistic outcomes in children (Cabrera & Bradley, 2012; Gray & Anderson, 2010; Lamb, 2010; McKeown, Ferguson, & Dermoot, 1998; Shannon, Tamis-LeMonda, London, & Cabrera, 2002; Sigle-Rushton & McLanahan, 2004; Tamis-LeMonda & Cabrera, 2002; Tamis-LeMonda, Kahana-Kalman, & Yoshikawa, 2009). There is general consensus among developmental psychologists that the more extensive a father’s emotional investment, attachment, provision of resources, and involvement with his children are, the better off children will be in terms of cognitive competence, school performance, empathy, self-esteem, well-being, life skills, and social competence. In addition, research indicates that the quality of male parenting is more important than legal, biological, or residential ties (Palkovitz, 2002; Parke & Brott, 1999; Pleck, 1997; Lamb, 2010; Tamis-LeMonda & Cabrera, 2002). These positive outcomes occur independent of the influence of mothers’ parenting (Cabrera & Bradley, 2012; Cabrera, Fagan, Wright, & Schadler, 2011).
The negative consequences of father absence have even stronger impacts on child development and outcomes. A large body of literature suggests that father absence is associated with a higher likelihood that children will drop out of school, complete less schooling, exhibit disruptive and delinquent behaviors, earn less money as adults, have poorer physical and mental health as adults, and experience more nonmarital childbearing and more divorce as adults (Gray & Anderson, 2010; Sigle-Rushton & McLanahan, 2004).

Recognizing the importance of fathers to the health, well-being, and development of young children, the Children’s Services Council (CSC) of Palm Beach County has long been engaged in efforts to increase opportunities for both mothers and fathers to be involved positively in the lives of their young children (see, for example, Children’s Services Council of Palm Beach County, 2008, 2010). More than a decade ago, CSC undertook a long-term initiative to build an integrated system of care to promote and support the healthy development of children. The initiative especially focuses on the first five years of life.

The primary goals of the Palm Beach County system of care are to increase the number of healthy births, to reduce the incidence of child abuse and neglect, and to increase school readiness, as indicated by the number of children who enter kindergarten ready to learn (Children’s Services Council of Palm Beach County, 2008). These goals assume that strengthening the system of community supports and services available to families will enhance their ability to raise their children in healthy ways and, in turn, improve children’s development and well-being. As a result of better family functioning and improved child health and development, it is also expected that children will be more ready for school, families will be better able to support their children in school, and families will be less likely to need more intensive mental health, child welfare, and juvenile justice services.

To understand the use and effects of the service system, CSC commissioned a longitudinal study to learn more about how services are used by high-risk families in Palm Beach County and the effects of services on the well-being of families and children. In addition to the use of social, health, and educational services, the study examined a variety of other factors that affect family functioning and child development, including housing and neighborhood factors, health, and the parenting practices of mothers and fathers (see Box 1).

---

**Box 1. The Palm Beach County Family Study**

A central question for CSC and other stakeholders in Palm Beach County concerns the effectiveness of the early childhood service system. Is the service system functioning and being used by families as expected? Is it achieving its intended outcomes? To help to answer these questions, CSC commissioned a longitudinal study to better understand the characteristics and needs of families, how they use services in and outside the system, and how service use is related to child well-being, family functioning, and children’s readiness for school. The study was informed by an ecological framework, which emphasizes the different contexts in which children develop—including family and neighborhood—and the programs and policies that affect the services and systems they experience.

The study used a mixed methods approach that included analysis of administrative data on service use and key outcomes for all families with children born in the county during 2004 and 2005. The data covered the time from birth until the children entered kindergarten. Data were also collected for five years through annual in-person and telephone interviews with a sample of 531 mothers who gave birth to a child in the county during 2004 and 2005. In addition, the research included a three-year qualitative study, involving multiple in-depth interviews and observations of 40 of these families. Mothers were recruited through two maternal child health programs that were part of the Maternal Child Health Partnership (MCHP) system.

To ensure we had enough mothers who were likely to use services, we oversampled mothers that the MCHP screened as at-risk around the time of the birth of their child. As a result, mothers in our sample had more risk characteristics than other mothers in the county. For example, 17 percent were teen mothers, 72 percent were not married (although many were living with a partner), 41 percent had graduated high school, and 57 percent were foreign born. Of the 531 mothers who participated in initial interviews soon after the birth of the focal child, 310 were interviewed in all 5 years.

---

1 In the last few years, in particular, there has been a conscious, proactive effort to be more inclusive of fathers and engage them in the in-home and community-based services that CSC funds (Marsha Guthrie, personal communication, 2014).
Early findings from annual surveys and qualitative interviews with mothers indicated that although a majority of mothers in the sample were not married, for most of the study families, fathers were an important part of their lives and provided both direct help with care of children and other financial and social support to mothers. Thus, we believed it was important to interview the fathers, partners, or the parental kin of the focal children to enrich our understanding of the ecological and cultural context of their development. Using a convenience sampling procedure, we recruited 16 fathers and other male caregivers to participate in one-time qualitative interviews.

In recruiting the sample of male caregivers, we used a broad definition of fathers. This definition focused more on their role in the family than their biological relationship. Thus, the sample included men who the mothers identified as being the father figure for the focal child and included biological fathers, social fathers, and paternal kin.

This brief discusses findings relevant to the topic of parenting and particularly the role of fathers in children’s development. We first present selected findings on parenting activities from the annual surveys of the 310 mothers interviewed in all 5 years of the study. We then discuss additional findings drawn from the qualitative interviews with fathers and other male caregivers about their involvement with their children, their use of services, and their beliefs, values, and challenges as fathers, husbands, and partners. In the concluding section, we discuss the program and policy implications of these findings.

Findings from Household Surveys of Parenting Practices

The annual household survey asked mothers to report on the kinds of parenting activities in which they and their partners engaged with their children during the prior 3 months. We clustered the parenting activities into two broad categories, “positive” and “negative,” to reflect their potential to either benefit or hinder their children’s development. There were a total of ten positive parenting activities, which included praising...
children; taking children on errands and outside to play; reading books and encouraging their children to read; singing songs with children and telling stories; doing household chores with children; playing with a game, puzzle, or building toy with children; and talking to children about television programs. There were four negative parenting activities, which included behaviors such as losing their temper with their children, using hitting or spanking to get children to listen, and blaming children for something that was not their fault. We calculated a score for each set of items that reflected the proportion of total possible positive and negative parenting activities for each mother and father in the sample. We then aggregated all of the scores to obtain an average score for all mothers and one for all fathers in the sample. The average positive and negative parenting scores for the sample are displayed in Figures 1 and 2.

Mothers’ reports of positive parenting practices suggest that both mothers and, when available, fathers engage in a high percentage of positive parenting practices. More than three-quarters of the mothers reported that they engaged in a variety of positive parenting activities during the previous 3 months. For families in which husbands or partners had contact with their children, mothers reported that at least half of husbands or partners engaged in mostly positive parenting activities (see Figure 1). Over time, positive parenting activities increased for both mothers and husbands or partners, but most of the changes occurred between the first and second years, which likely reflected the many changes in physical, social, language, and cognitive development that occur during this age period.

A smaller percentage of mothers acknowledged that they or their husbands or partners used negative parenting practices, usually for disciplinary purposes. Interestingly, there was an increase in average negative parenting scores for mothers, but not for husbands and partners, between years 4 and 5 of the study (see Figure 2). The increase in mothers’ self-reported negative parenting activities between years 4 and 5 was statistically significant, but the drop in their reports of negative parenting activities for male caregivers was not.

Figure 2.
Mothers’ and Fathers’ Negative Parenting Practices Over Time*

* Based on self-reports of 310 mothers interviewed all 5 years of the study; between 225 and 250 of the mothers also provided reports of parenting practices of biological fathers or other male caregivers. Mean scores are based on the proportion of total possible negative activities in which mothers and fathers engaged. (There were a total of four negative parenting activities in the survey.)
Findings from Qualitative Interviews with Male Caregivers

As shown in the results of the household surveys, a large majority of the study mothers reported that their husbands and partners engaged in a variety of positive parenting activities with their children—especially after the first year of the study. In light of this finding, we wanted to better understand the roles of fathers and other male caregivers in the lives of their young children. We recruited a sample of 16 male caregivers whose wives or partners were part of the larger study to participate in an in-depth qualitative interview and a brief survey. Eleven of the men were biological fathers. The rest of the sample consisted of two stepfathers, a grandfather, an uncle, and a close friend of the child’s mother. Nine (56%) of the men were currently living with the mother and her child. Nine (56%) of the men were Hispanic and spoke Spanish as their primary language, while seven (44%) were black; these percentages were consistent with the race and ethnicity of the mothers in the larger sample. Eight of the men (50%) were high school graduates; two of these men had college degrees. Eleven (69%) were working full- or part-time, while five were unemployed or disabled.

The remainder of this paper presents findings about paternal involvement through the experiences and perspectives of male caregivers, based on in-depth interviews. Previous research acknowledges that parents have both direct and indirect involvement with their children (e.g., Pleck, 1997; Palkovitz, 1997). Thus, we describe both the direct and indirect ways in which the male caregivers in our study are engaged with their children. Next, we discuss the beliefs, values, and challenges associated with their fathering and their roles as husband or partners in contributing to family well-being. The conclusion discusses the implications of our findings for practice and policy.

Daily Activities: Direct and Indirect Involvement

Direct involvement. Fathers have the potential to directly influence their children through their attitudes, behaviors, and activities. According to Lamb (2010), the effects of paternal caregiving routines, play and recreational activities, and education are particularly important for child development if these interactions are characteristically different from those of the mother (who is typically the primary caregiver). Regardless of language, residential status (i.e., whether or not the male caregiver lived with the mother), or educational background, the majority of the male caregivers in this study were involved in a wide range of positive behaviors. This is in contrast to many less positive images of low-income fatherhood. Male caregivers are just as likely to engage in nurturing and educational activities (e.g., singing songs and reading stories) with children as they are to take part in more traditional fathering activities (e.g., sports and outdoor recreation).

These male caregivers likely influenced their children through direct caretaking, play, and teaching behaviors in various ways. Whether performing household chores, telling stories, or playing outdoors, these activities create a pattern of positive interactions between father and child that may foster both healthy attachment and development. Male caregivers also saw these activities as an opportunity to model positive behaviors for their children. For example, Dave, a 25-year-old stepfather who lives with his stepchild’s mother, talked with enthusiasm about how he incorporates teaching when performing household chores with his children.

[My wife] might cook sometimes. I cook sometimes. When I clean up and stuff I let the children watch and see what I’m doing so they can know this is how you clean up. Or when I cook I let my daughter sit in there and watch me. I love to show her some things. I like to cook, clean and bathe the kids, feed them. Everything you’re supposed to do.

---

2 A majority of mothers also reported that they received a high level of concrete and emotional support from their husbands or partners, especially help with child care and transportation, on a regular basis.
Dave’s narrative also reveals the indirect support he provides to the mother by helping with household chores as well as the warmth and affection attached to the activities he shared with his children.

Most of the male caregivers in our study, like Dave, enjoyed taking their children to play outdoors. This reflects the importance of public spaces, such as parks and playgrounds, for supporting families and their young children. Several male caregivers talked about the joy of taking their children outdoors on a regular basis and how they make that activity a fundamental part of their routine. Jon, a 42-year-old nonresident father of one child, described outdoor play as a daily activity for him and his daughter. “She loves the park. She loves to go to the park. I try to take her to the park three or four times a week. I don’t really have a favorite thing to do with her at the park. She’s a joy to be around.” Ben, a 26-year-old resident father, described multiple ways he and his son enjoyed the outdoors together. “We do things I like to do together, like to ride the scooters. When we play outside we play dodgeball or whatever together.”

In addition to caregiving and play activities, male caregivers also talked about their direct involvement with their children’s educational activities or ways they could influence their children’s learning and development. Many of their narratives reflected their interest in their children’s behavior, development, and, if their child is in school, academic progress. For example, Jon talked about what his son should learn in kindergarten. “I think he should know numbers, the alphabet, words, little words, not too big. Three letter words. A little math, definitely into learning the easy numbers. Add. I don’t think subtract because they are not ready for that.” Joe, a nonresident father, talked about his active involvement with his daughter’s school. “First, I always ask the teacher how her behavior was because that’s important to me. And then the type of work that she’s doing. If she’s keeping up with the class. Just to make sure that she’s on track and on task.” Dave also played an active role in his daughter’s schooling. He said, “Every day, I talk to the teachers just to see what’s going on. They’re always available. Sometimes they say she might need to practice on her name a little bit, writing her name a little bit. Sometimes they say she might need to learn some words a little bit more than others.”

**Indirect involvement.** Less obvious, but equally significant, is the way in which fathers may indirectly influence their children through other family members. For example, fathers provide emotional and instrumental support to mothers and can influence the family’s social status through their employment or socioeconomic status (see, for example, Bronfenbrenner, 1986). In families where fathers provide emotional support to mothers, the relationships between mothers and children are also enhanced. This type of emotional support has been associated with decreased maternal stress, increased relationship satisfaction, and, indirectly, sustained father involvement (Wood & Covington, 2014; Lamb, 2010).

Several male caregivers in this study, especially resident fathers, talked about circumstances in which they provided emotional support to mothers, which, in turn, can influence their children. That is, when they described helping mothers with disciplining children, daily caregiving routines, interactions with teachers, and engaging in activities to support children’s development, they also expressed the view that these activities support mothers emotionally. For example, Henrique, a residential father, talked about supporting his wife to keep their physically and cognitively disabled son excited about school. “We [read stories to him]. I motivate him to go to school and... I tell him that he is the one that is going to teach me English.” When asked about his relationship with his wife, he described it as both “normal” (explaining that “we fight and all that”) and mutually supportive. He talked about supporting his wife regarding family problems and especially about raising their son. Henrique also emphasized that he and his wife agree that they should give their son “more than anything, lots of affection and love.” He went on to say that affection is “contagious” because his son also gives a lot of affection to him and his wife.

Financial support, particularly by nonresident fathers, is associated with continuity of paternal involvement as well as better child adjustment overall (Lamb, 2010).
For many of the study families, the male caregivers were the primary source of financial support. This is not unexpected, since the male caregivers participating in this study were those who had maintained involvement or maintained amicable ties with the mother of their child. Thus, many of the male caregivers in our sample talked about the financial support they provide to their families. In fact, as they reflected on the meaning of a father figure, they often referenced their role as the family provider first. For example, Ben, a resident father of four children, adheres to this traditional father role as the family provider in the following assertions about his role in the household: “My role in this house? Well, it’s just provider. Provide for everything. I do everything so far. She tried working but it didn’t work out too well. So she’s still looking but it is fine with me. I know it’s my job to make sure the bills are paid and stuff like that.” Another father, Luke, expressed his sentiments as follows: “[Being a father] I guess is keeping them all happy and making sure that they have a roof over their head and food on the table.”

Parenting Values and Beliefs

Male caregivers’ parenting values, beliefs, and practices were captured across several ecological and cultural domains, including their daily routines, father role, children’s development, aspirations, and parenting challenges. When asked to express their views on the role of fathers, male caregivers often mentioned the responsibility of a father in disciplining and guiding their children, supporting their children’s development, and being involved in the children’s education.

Discipline. For example, Roger, a nonresident father of three children, emphasized the importance of discipline in childrearing.

I think discipline is very important. They’re still young. They’re like little butterflies. They listen. They do listen when I put my stern voice on, you know. They’re going to sometimes do whatever they want. They’re very curious. They’re always discovering something, and then when it gets to a point where they’re not listening, I do sometimes let them know that they have crossed the line. But mostly—they’re pretty good children.

For other male caregivers, discipline consisted of following a daily routine schedule. Martin described that importance of having bedtime rules.

Oh I try to get [the children] in bed early because they need to at least get a full eight hours sleep. So I’d say they eat dinner about 7:30. After dinner it’s straight to the tub. About 8:30, 9 they’d be out. There ain’t no sitting up late. Not during the week. But during the weekends [Joseph] likes to watch his cartoons, so we sit up and watch movies together. But most of the time, like I said, they are disciplined to go to sleep on their own.

Some male caregivers, in talking about discipline, reflected back to their own childhood and how they were raised. This point is consistent with the view of other researchers (e.g., Gorman-Smith, Hunt, & Robertson, 2012; Furstenberg, 1985; Ventura et al., 1995), who report that parents’ disciplinary practices are influenced by their own experiences. Raul, for example, compared his and his father’s approaches to discipline: “When I didn’t understand something [my parents] hit me with a belt. . . to [teach me]. They hit us with the belt hard. But here [in the US] there is another way of rearing the boys. Here, I can’t grab my belt and hit the boy, no.”

Child development. Several male caregivers also expressed interest in learning more about their children’s developmental milestones. They also wanted to learn more about parenting, to help them be better parents. These men were curious about their children’s developmental stages and expressed delight and wonder about the developmental accomplishments of their growing children. Ben talked with enthusiasm about his child’s language development progress: “. . . I think he’s getting stronger. That’s what I think is changing. I mean, yeah, smart wise. He’s getting a lot smarter with his books. His words are coming better. Before it was hard to understand him. Now you can understand him, so it’s good.” Roger echoed a similar sentiment when expressing his amazement with his daughter’s language and literacy development:
It was every week that I see them I see that they’ve grown mentally and physically. She is 4 and you can have an entire conversation with this little person, and it amazes me. She wrote things and I was just flabbergasted at how much she had actually learned because just a few weeks ago it seems to me that she was just learning her letters.

As might be expected, male caregivers whose children displayed signs of developmental challenges were more likely to seek information about their children’s developmental needs. When these men talked about the challenges of dealing with the developmental problems of their children, they also expressed how their concerns and anxieties about their children impacted them emotionally. This was especially true for Henrique. His son was diagnosed with a developmental disability shortly after birth. As the father of a child with special medical needs, Henrique’s circumstances were more unusual than those of a majority of the sample. However, his belief that good fathering means making sure the needs of his child are met was representative of the views of other male caregivers in the qualitative sample. Although Henrique acknowledged that his wife knew more about his son’s needs, he also revealed how he actively participated in learning about how to take care of his son. He said, “The way we tend to him is what is born in us to do the best for him and all. And I learned [about his physical needs] in the hospital before he left [and] how to give him his medicine on time since he always has to take medicine daily so that there are no reinfections.”

Education. In the area of education achievement, male caregivers (especially biological fathers) typically talked about what they hoped their children would achieve—for example, wanting their children to “go to college,” “finish school,” and “have a career.” This is how Samuel envisioned his children’s educational pathways:

Well, [I expect] to see them grow up and go to school. Then they will choose what they will like. But the main thing is to educate them. So that they, with time, we will see what they will decide, what career they will take up. [To help them achieve their goals] I would help them with everything. . . . their studies, their grades, see if they are doing well, and if not, then try to help them more, to tell them to put more effort into their studies. Because education is key. It is very important.

Coparenting: Conflicts and Challenges

Consistent with findings from our interviews with mothers, we found that male caregivers strive to achieve key parenting tasks to support child well-being. These tasks include securing a safe home and neighborhood; obtaining basic food, health care, and clothing for their children; and providing access to education, play, and recreational opportunities. Nonetheless, the narratives of male caregivers also revealed relationship conflicts and challenges related to children’s developmental needs and limited resources. Both resident and nonresident caregivers reported conflicts and challenges, although more nonresident fathers than resident fathers talked about many situations in which parenting tasks had to be negotiated. In describing these situations, they often expressed criticism of the mother’s approach to raising their children. This was especially evident when it came to disciplining children.3

Leo, a nonresident father, resented the fact that the mother of his children was not very inclined to discipline their children. He said:

Disciplining? She doesn’t really discipline or nothing like that as far as whippings or whatever. She might punish them or something or take a toy away from them, but as far as being there, uh-uh. . . . Probably like the way that she takes care of them, like their clothes, dinginess or cleanliness I would say, she needs to improve that a lot. Yeah, cleanliness and just being more involved into their life

3 Often the negotiation is not only between two parents but also across generations (e.g., when grandparents are present in the household or when parents are influenced by the way in which they were raised).
instead of just letting them come or just putting them somewhere and just be like, “Oh, go watch TV,” not spending time with them really.

Another father, Joe, expressed frustration that the mother of his children tried to undermine his parental authority when they are both around their son. Joe indicated that he believes he has more leverage in disciplining his son when the mother is not around:

“Well, if it’s a situation where I’m around her in her environment and he does something stupid, more than likely I won’t say much because it’s her environment and she has to be the king [sic] of her domain. Now, if he’s with me and does it then, I have more credence to say “no.” If he’s around me and I say certain things, then I expect him to obey those things."

Another challenge that male caregivers mentioned frequently in interviews was trying to find time “to be around” their children because of long hours of work. In addition, fathers expressed difficulty finding activities to do with their children because of the limited resources in their community. For example, Daniel, a resident father of three, talked about trying to get himself energized to spend some time with his son after work:

“Well, for me, we are learning how to relax more with him and how to spend time together more. For example, because many times, sometimes I arrive in the afternoon, when he says to me, “Let’s play, Papa?” Sometimes, many times, working, I bring with me fatigue and sometimes stress. And I say I am going to forget about this and let’s have fun with him, and find some alternative [to my stress].

The male caregivers in this study fulfill an essential role in the family system as they carry out the responsibilities of the traditional father figure. Whether playing outdoors, helping their children with their daily needs, or enforcing household rules, these men become a cornerstone of the family routine and a source of support for the family. Despite divergent family structures and limited resources, male caregivers are accepting of their responsibility for their children and increasing their parenting involvement in positive ways. These families are not without conflict and hardship. Parenting while also confronting poverty, limited access to health care, and unemployment requires incredible resilience. The majority of men in our study try to adapt to the financial instability in their daily lives by constantly bolstering their resources and support systems to maintain a decent life for their children.

Use of Social Services

One of the broader purposes of this study was to understand how families use the early childhood service system to help them care for their children. Given the early evidence that both resident and nonresident male caregivers are also involved in the lives of their young children, it was important to understand the role of men in how services are used and how parents negotiated their roles and made decisions about the use of services.

Male caregivers were not typically direct recipients of social services, such as food stamps and WIC. Only two of the male caregivers in the sample received food stamps. Both of these men were nonresident, US-born fathers. They both also attributed receiving food stamps to the fact that they shared parenting responsibilities—and in one case, legal custody—with the mother of their children, albeit in separate households.

The other 14 male caregivers in our sample reported that mothers and their children were the main recipients of food stamps. Most of these men also reported that applying for social services (e.g., Medicaid, food stamps, and WIC) was primarily the mother’s responsibility. When asked about applying for or using social services, they indicated that mothers were the primary decision-makers. The majority of caregivers also reported that they relied on their partners to assist with the application process or to help manage the program.

This is consistent with findings from Bronte-Tinkew & Horowitz’s (2010) study of coparenting in a group of unmarried, nonresident fathers. They found that fathers’ perceptions of support for their involvement depended on the extent to which mothers respected the schedules and rules made by the fathers and their ability to talk about problems that come up in caring for their children.
As mentioned earlier, mothers in the study described the ways in which fathers supported them by taking care of the children and providing transportation to appointments. However, the male caregivers we interviewed did not talk about this type of assistance in their narratives about service use. A case in point was Ian, who said, “My wife goes directly to the office and fills out the application. She also knows computing, well she has some knowledge of that. She can fill [out the application on] the Internet.”

Although the men in our sample credited their wives and partners for securing these social programs for their children and family, they were aware of the amount of the benefits the family was receiving (such as the amount of food stamps or type of health coverage) and the requirements for applying for and receiving these services. This seemed to be especially true for the foreign-born male caregivers. When the men talked about the food stamp application, for example, they described a process that requires their active participation. They explained that they usually are required to participate in the interview and application process because they are the sole financial provider in the household. Therefore, they have to provide proof of income in order to apply for these services for their children. Getting proof of income was especially difficult for undocumented immigrants—there were two in the sample—because it meant asking their employer to provide documentation. Given their undocumented status, their employers were often reluctant to provide such documentation.

In terms of medical care, most of the male caregivers in the qualitative sample reported that they did not use or have access to health insurance. Thus, the community health clinic and the emergency room were their main sources of health care. This finding is consistent with maternal reports of use of health insurance by their husbands or partners in the annual household surveys. In the sample of 310 mothers interviewed all 5 years of the study, almost 60 percent reported having a husband or partner. Between 28 and 32 percent of these mothers reported that their partners had health insurance coverage during the 5-year period.

Conclusions

Over the past two decades, the sociocultural context for child development has changed with the increased participation of mothers in the workforce and increased participation of children in formal childcare settings. Although there are concerns about the absence of fathers in some family structures, we also are seeing an increase in the involvement of fathers in two-parent households as well as an increasing number of single fathers raising children or stay-at-home dads (Pattnaik, 2013). In addition, there is indication of increased involvement of nonbiological fathers (i.e., stepfathers, grandparents, father figures, and adoptive fathers; Pattnaik, 2013). In parallel with these developments, there has been increasing interest among social service providers in engaging fathers in parenting programs and other services.

Consistent with recent literature, findings from our study strengthen the view that low-income fathers are involved in the lives of their young children. Most of the mothers and fathers in the study tried to achieve key parenting tasks to support the well-being of their children, which included providing a safe home and neighborhood, food, health care, clothing, and access to educational and recreational opportunities. Furthermore, many low-income fathers and other male caregivers appear open to receiving services and educational programs targeted to strengthening their knowledge of child development and parenting skills and supporting their involvement with their children. Our survey data indicate that, overall, mothers experienced high levels of support from their partners over time. For families in which husbands or partners had contact with their children, mothers reported that at least half of husbands or partners engaged in a variety of

---

5 As mentioned earlier, mothers in the study described the ways in which fathers supported them by taking care of the children and providing transportation to appointments. However, the male caregivers we interviewed did not talk about this type of assistance in their narratives about service use.
positive parenting activities. In-depth qualitative data further suggest that both mothers and fathers negotiate the tasks of parenting using a variety of strategies that are influenced by family and community culture and expectations, personal preferences, and biological, legal, and household relationships.

Because of the way we recruited our sample of male caregivers (i.e., we asked mothers from the qualitative study to identify the men whom they deemed the focal child’s father figure), we anticipated that they might be more involved father figures than the fathers included in samples in other research. Thus, we were not surprised that the data from these men were similar to those from the mothers. Most of the men in our sample took on numerous roles within their families’ daily routine (e.g., breadwinner, playmate, and caregiver), although they differed in the weight they placed on each role according to their circumstances. The involvement of male caregivers was also evident in their openness to learning about parenting and their children’s development. In addition, the men in our study were interested in finding resources that would help them to be better parents and that would increase their children’s educational opportunities and career prospects later in life.

Implications and Recommendations

Overall, this study indicates that the amount and quality of father involvement is shaped by personal circumstances, relationships with partners, available time, beliefs and values, and financial resources. Findings about service use reflected the way parents negotiated their roles. In most cases, fathers were not direct recipients of income supports and other services; they saw mothers as having primary responsibility for accessing these services. They were aware, however, of what services their partners and children were receiving and, for the most part, supported their service use. These findings point to several ways to improve service staff skills in engaging fathers in the system:

**Increase understanding of father involvement.** In delivering services, parent educators and case managers can do more to understand and take into account the various ways in which fathers are involved with their children. They also can increase awareness of the various ways in which mothers and fathers negotiate and fulfill their parenting roles and tasks.

**Allow for flexibility of services.** Services intentionally designed to engage low-income fathers—like services that target mothers—need to be flexible and responsive to their diverse circumstances and preferences as they seek to achieve their parenting goals.

These findings support the efforts of CSC to involve fathers in services such as home visiting, early childhood programs, and community-based efforts aimed at improving birth outcomes. There is also a small but growing body of literature that points to the importance of engaging fathers during the early periods of children’s lives, including the prenatal period (Bronte-Tinkew & Horowitz, 2010). Recent studies emphasize that father involvement, especially for nonresident fathers, is strongly affected by the mother-father relationship (e.g., Guterman, 2012; Tamis-LeMonda et al., 2009). Home visitation programs can do much to support fathers in their role as parents and, at the same time, strengthen the effects of the programs on the family.

**Think broadly about who is involved in caring for a child.** Our study also points to the importance of thinking broadly about which family members to engage and how. When we asked mothers to recommend a male caregiver to participate in this study, almost a third recommended someone other than their child’s biological father. This fact suggests that service providers, when engaging mothers in services, should ask them about who else is involved in caring for a child and ask the mother if she would like to include that individual in the program.

**Design programs targeted to fathers.** Our findings on fathering, and the findings of other researchers, stress the importance of not only including fathers in programs that typically only engage mothers but also designing programs that are especially targeted to fathers’ circumstances and roles. Guterman (2012), for example, has developed a service enhancement targeted to fathers that is designed to increase the
contribute to the consistency of parenting, and to help new fathers manage the stresses and challenges of being a parent.

**Carry out additional research.** Finally, there is a need for additional research on diverse families, including longitudinal studies to better understand how, for example, father involvement affects children’s development (Cabrera & Bradley, 2012). One challenge in studying fathers is the diversity of legal, biological, and household relationships that connect men to families. The research literature still lacks studies that reflect the family and community contexts in which mothers and fathers work to achieve their parenting goals. Studies of how fathers and mothers negotiate parenting in the context of this complexity are essential to advancing a new generation of father-sensitive research to guide future parenting supports and interventions.

**References**


Children’s Services Council (CSC) of Palm Beach County. (2008). *State of the Child in Palm Beach County: 2008*. Boynton Beach, FL: Children’s Services Council of Palm Beach County.

Children’s Services Council (CSC) of Palm Beach County. (2010). *State of the Child: 2010 birth outcomes update*. Boynton Beach, FL: Children’s Services Council of Palm Beach County.


Established in 1985, Chapin Hall is an independent policy research center whose mission is to build knowledge that improves policies and programs for vulnerable children and youth, families, and their communities.

Recommended Citation

Related Publications


Spielberger, J., & Gouvea, M. (2012). Barriers and facilitators to service use by low-income families with young children: A brief report from the Palm Beach County Family Study. Chicago, IL: Chapin Hall at the University of Chicago.

Acknowledgments
We thank Kristin Berg and Carolyn Winje for their assistance with the analyses used in this report, and Matt Brenner for help with editing. We also are grateful to Marc Baron, Michelle Gross, and Tanya Palmer for their comments and suggestions on the report.

Contact
Chapin Hall at the University of Chicago
1313 East 60th Street
Chicago, IL 60637
T: 773.753.5900
F: 773.753.5940
www.chapinhall.org