

In Their Own Words: Early Head Start Fathers

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This article presents data from the qualitative interviews of seven low-income ethnic minority men who participated in an Early Head Start (EHS) program for fathers in an economically depressed urban area in the North East. The two goals of the study were to understand the men's subjective experiences of growing up and becoming fathers and to identify the elements of the fathering program that maintained their participation over many years. The study used a semistructured interview format. The authors used grounded theory methodology to analyze the data. The narrative data suggest the ways that deprivation in family and community resources generated significant challenges to becoming successful fathers. The findings also describe how one Early Head Start fathering program acted to remediate past and current deficits. The authors suggest that social policies must offer a long-term program of multiple social supports in order for men from severely disadvantaged communities to maintain positive father involvement.

Keywords: Early Head Start; low-income, ethnic minority fathers

In 2005, \$684 million was used to support more than 650 programs that provided Early Head Start (EHS) child development and family support services in all 50 states and in the District of Columbia and Puerto Rico. At that time, these programs served nearly 62,000 children under the age of three. Services included quality early education in and out of the home; home visits; parent education, including parent/child activities; comprehensive health services, in-

cluding services to women before, during and after pregnancy; nutrition; and case management and peer support groups for parents.

The EHS father studies, a series of studies that focused exclusively on fathers (see Cabrera, Mitchell, et al., 2008; Cabrera, Moore, et al., 2004), interviewed approximately 750 fathers at 12 research sites. There were four components to the fathering research: Father Involvement with Toddlers; Father and Child Interaction during Toddlerhood; Father and Newborn Study; and participation in Fatherhood Programs and Services Used. These studies looked at how fathers functioned in low-income families, and how participation in EHS programs might contribute to fathers' involvement in family life. Because of space constraints, we will focus on the research that examined how to engage and maintain fathers in EHS programming that supported their own and their children's development.

Poverty proved to be a factor that significantly undermined father participation in both EHS programs and in their children's lives. Roggman, Boyce and Cook (2002) found that fathers with more education and higher levels of

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psychological well-being participated more in EHS programs and were more engaged with their infants. McAllister, Wilson and Burton (2004) examined factors that inhibited program involvement, and found that lack of economic resources affected men's relationships with the child's mother, led to higher rates of incarceration, and encroached on fathers' sense of themselves as adequate fathers. Summers, Boller, and Raikes (2004) found that some EHS programs overcame these barriers by providing direct supports to fathers in the form of job counseling and social services. These findings indicate that addressing systemic factors such as poverty, education, and incarceration were important elements of successful fathering programs.

Programs that made an agency-wide commitment to involving fathers had the highest rates of participation (Raikes, Summers, & Roggman, 2005). These programs usually had a designated father involvement coordinator (most often male), provided staff training, and had a wide array of programs to attract fathers. Similarly, demonstration programs (i.e., grant-funded, university-based model programs) had more success engaging nonresident fathers (45% vs. 30%) than did typical (unfunded, community-based) programs (Raikes & Bellotti, 2006). After reviewing this body of research, Bradley, Shears, Roggman, and Tamis-LeMonda (2006) concluded that, given the struggles of the fathers to remain involved, it was unlikely that typical social institutions could provide all of the supports these fathers would need to become positive forces in their children's lives.

The current study contributes to the literature on father involvement in several ways. The study presents life history narratives of low income, ethnic minority men that allow researchers to capture aspects of fatherhood in an understudied group. Given the lack of success of most typical programs, studying a typical program that has successfully engaged and maintained father involvement has the potential to provide a model that can be exported to other settings. The findings of the current study generated the hypothesis that the success of this particular EHS program was due to its "re-parenting" approach that compensated for the fathers' early developmental deficits. In this ar-

ticle, we examine how the life history narratives of the fathers and their participation in the program generated this hypothesis.

We begin by describing the socioeconomic context of the Early Childhood Center and the demographic characteristics of the participants. We then present our methodology and the interview data. We present the men's experiences in their own words, and follow this with a description of a parenting model by Stevenson, Davis, and Saburah (2001). We argue that, just as the Stevenson et al. model was designed to compensate for the challenges to the positive development of African American children growing up in a racist society, so the EHS program compensated for early developmental deficits that the fathers experienced growing up in the context of poverty and discrimination for many generations. Finally, we discuss the policy implications of using a model that is nurturing, comprehensive, and long-term.

Method

Research Setting

The EHS Center serves approximately 75 low-income families. The program provided a wide array of services to preschool children and their families including a father involvement program, "Fathers First," the focus of this study. "Fathers First" is an initiative founded in 1997 by the Clinical Director of the Center. The goals of the program are to provide emotional support as the men defined their role as fathers, and to assist the fathers in developing healthy coparenting relationships. Overall the EHS father program has a 62% participation rate, with 30% of the men attending the fathers' support group or individual sessions with the Clinical Director.

Participants

The Clinical Director invited the fathers to participate in a research study. The fathers were assured that if they declined to participate, their refusal would in no way affect their standing in the program. There were no financial or other incentives.

The participants were seven men, five Black and two Latino, who were involved in the EHS fathering program. An eighth father was part of

the original data collection. However, he is not included in the current manuscript because his experiences were significantly different from the other seven fathers. He was married; it was his grandchild, rather than his child, who was enrolled in the EHS program; and he was a stay-at-home primary caregiver. We included a father who later discovered that he was not the biological father of his son because this information did not come to light until his son was 3 years old, and subsequent to this discovery, he continued his involvement with both the program and his child. The two Latino fathers were included because their childhood experiences and their experiences as fathers were similar to those of the Black fathers.

All of the men had participated in the fathering program in a variety of ways. All had met with the Clinical Director in individual counseling sessions. Some had participated in couples counseling. Many had been involved in anger management programs. Most had made local and regional presentations at fathering conferences. Six were currently attending the weekly fathers' support group. The seventh father was not currently attending due to conflicts with his work schedule. Six of the men had children who were participating in the program. Their demographic data are presented in Table 1.

Interview Procedure

The Clinical Director (second author) and the fourth author jointly conducted the interviews. The Clinical Director, an African American man who is also a clinical social worker, knew the fathers personally. The second interviewer, a White man who is a professor of psychology and a researcher, was not well known to the participants. The individual interviews took place at the EHS Center and lasted approximately one and a half hours.

The format of the interview was semistructured and was organized around a series of "talking points" (see Table 2). The interviewers used open-ended probes to elicit more information when fathers did not elaborate. The talking points were arranged in a narrative fashion designed to start with the fathers' experiences in early childhood and lead to present participation in the program.

Table 1
Demographic Characteristics

Category	Frequency (<i>N</i> = 7)
Age	
Less than 20	1
21–30	4
31–40	2
Years in Program	
Range	2 to 5
<i>X</i>	3
Ethnicity	
Black	5
Latino	2
Relationship Status	
Never married- Living Together	2
Never married- separated	5
Religion	
Christian	4
Unknown	3
Level of Education	
Some college/Post Secondary	3
High School Diploma or GED	4
Employment Status	
Employed	4
Unknown	3
Number of Children	
1	6
2	1

Data Analysis

Each interview was audiotaped and subsequently transcribed by the first author. All of the transcripts were coded by a group of four, including the first and third authors and two other graduate students who had completed similar research studies. The second and fourth authors coded a subsample of the transcripts. The data were coded using the Auerbach and Silverstein (2003) coding method that yields three levels of analysis. In this model, Relevant Text is identified and grouped into Repeating Ideas that are then grouped into Themes. These first three levels are descriptive. The methodology then goes beyond simple description by clustering the Themes into Theoretical Constructs that are abstract concepts that link the data of any single study to broader psychological theory. The Theoretical Constructs are then used to create a Theoretical Narrative. The Theoretical Narrative describes the research participants' subjective experiences from a life his-

Table 2
Topics Covered in the Interviews

A. Birth and family experiences
B. Childhood—family, friends, school, sports, church
C. Adolescence and dreams—family, friends, school, sports, dating
D. Relationship with your child’s mother and the birth of your first child
E. Other relationships and/or other children
F. Your decision to join the EHS program
G. The ways in which the program has been and continues to be helpful—information about raising kids, being with other men, anger management
H. Life since joining the program—relationship with your child, the child’s mother, your family, an education/job
I. Your dreams for the future

tory perspective, and generates hypotheses to explore in future studies. We did not use qualitative software.

Results

In this section, we present the Theoretical Narrative. The Theoretical Constructs are used as subsection headings in bold face. The Themes, direct quotes from one of the fathers whose initials are given in parentheses, are subsection headings in boldface and italics. For a summary of the Theoretical Constructs and Themes see Table 3.

Except for the theme, “*We already born with a strike against us—being that we’re Black,*” which was expressed by only two of the seven men, all of the other themes presented were expressed by 100% of the men. In the section on

the limitations of the study, we speculate as to why only a small number of men mentioned the presence of institutionalized racism in their lives.

Theoretical Narrative

Absence of social supports early in life.

“I didn’t have a good father around” (JS).

The men described a childhood in which the emotional, financial, and social resources that might have been provided by responsible male family members were not available. For example, JS is a 20-year-old Latino, one of 19 children of his father. His father was involved in his early life, and then became very distant from him after being incarcerated when JS was 4 years old. He described their estrangement: “He never came to see me.”

Table 3
Theoretical Constructs and Themes

1. Absence of social supports early in life.
A. <i>“I didn’t have a good father around.”</i>
B. <i>“We already born with a strike against us – being that we’re Black.”</i>
2. Alienation vs. resilience.
C. <i>“Growing up, all I heard was negativity.”</i>
D. <i>“It wasn’t really nothing good was gonna happen.”</i>
E. <i>“The next thing you know, we end up with a kid.”</i>
3. Becoming a father generated a sense of responsibility.
F. <i>“As soon as I had my daughter, I stopped hanging out.”</i>
G. <i>“‘Cause that’s what it takes—responsibility.”</i>
4. Continuing lack of social support.
H. <i>“My mother was upset with me.”</i>
I. <i>“She put me through hell.”</i>
J. <i>“There was times when she wouldn’t let me see my daughter.”</i>
5. The program provided a wide range of support services.
K. <i>“This [the EHS fathering program] is like a life support to me.”</i>
L. <i>“Now I’m there financially and emotionally.”</i>
M. <i>“I don’t give up—I just don’t.”</i>

Similarly, JN was a 24-year-old father who had his first child at age 19. In his early years, ages two to six, his parents were together, "It was like a family—like a TV show." Then at age 10 or 11 he remembers a "screaming fight . . . the police coming . . . that was the last time I seen my pop." A few of the men also reported that their fathers had been involved with women other than their mothers, leading to a further "spreading thin" of the financial resources that did exist.

Their experiences of being without such a role model intensified their commitment to playing that role for their own children. TD's father and stepfather had physically abused him. He entered the military after high school and upon discharge, he met a woman and had a son who was born with intestinal problems. During the child's early years, both parents began using drugs. After several years of using crack, TD and his son's mother separated. TD went into a rehabilitation program, but his girlfriend did not. TD, afraid that his son's medical needs were not being adequately managed, sued for custody of his son. "My son needed to know that somebody cared. That's what I needed, but never got. So I knew that if I didn't give him at least that much, he didn't stand a chance." Eventually TD obtained custody and his son came to live with him when he was nine years old. TD successfully raised him, and his son, now age 24, has been working at the EHS Center as an assistant teacher for the past 3 years. Through it all, TD, now age 47, maintained his connection to the fathering program.

"We already born with a strike against us—being that we're Black." In addition to negative family and school experiences, some of the men also noted that institutional barriers like racism limited their opportunities. DH stated, "We don't have the same opportunities as other communities do—and the odds already stacked up against me." TD echoed those concerns: "You're up against a society that does not want minority families integrated into it. They [White society] don't want it like the Cosby's [Black upper-middle class professional families]. They'd rather have it like Good Times." [Black poor or working class families].

Alienation versus resilience.

"Growing up, all I heard was negativity" (JN). The men described an atmosphere in which their parents and teachers often had low

expectations of them. This context of negativity caused some of the men to feel alienated and withdraw into negative behavior, almost as a self-fulfilling prophecy. For example, after JN's father walked away because of domestic violence, JN began to get into trouble at school. His relationship with his mother deteriorated to such an extent that she placed him in a group home. "I used to hear 'you'll never do it! You be a dropout, you'll be just like your daddy!' . . . My mom was like 'You gonna drop out of school.' So what did I do? —I dropped out of school."

"It wasn't really nothing good was gonna happen" (JH). Although all of the men went through stages when they felt they had no future, not all of them responded with negative behaviors. JH put it this way: "I was 19 and I was thinking—it wasn't really nothing good was gonna happen. I enlisted—I just wanted to do something. I didn't want to get into no trouble—a lot of my friends gettin' into trouble around that time."

"The next thing you know, we end up with a kid" (MD). In this context of wanting a better life, but knowing that the means for obtaining it were often beyond their reach, the men participated in an "unexpected" pregnancy. MD reported, "When she told me—I had this look on my face—not like it's the end of the world—I just didn't know what to expect."

Becoming a father generated a sense of responsibility.

"As soon as I had my daughter, I stopped hanging out" (JS). For all of the men, becoming a father helped them become more responsible. MD speculated, "Who knows, that situation [having baby] coulda' kept me from gettin' arrested or somethin'?" DH also used the pregnancy as a way to help himself get off the streets. "A lot of my friends are right now locked up or shot up. So I was like, '[Should] I stay in the street and get involved with this stuff, or stay with my daughter and raise her?' So I chose my daughter."

"Cause that's what it takes—responsibility" (JN). When they first became fathers, all of the men expressed a desire to "be there" for their children. They were very much present in the delivery room and in the first few months of the baby's life. Becoming a father inspired some of the men to become more responsible. JN put it this way, "I told myself, 'Yo, no matter

what happens, I will not lose this job.' I'm gonna have to build myself into being a man."

Continuing lack of social support.

"My mother was upset with me" (DH). However, as the reality of fatherhood set in, the presence of the baby began to stress existing relationships. Fathers spoke about conflict with their own families of origin. DH said "She [mother] was disappointed with me . . . I just remember my mother cursing me out." JR talked about his mother's anger when she heard the news: ". . . me and her [his mother] haven't talked since the day my daughter was born. . . . It was hard for me because I needed someone to talk to, and I had nobody to talk to."

"She put me through hell" (JR). Over time, as the couples faced the challenges of new parenthood without family support, conflict with the baby's mother occurred, sometimes violently. DH described his frustration. "She would come at me in a real negative way. I'm not a person who can really take somebody screaming too much. After a while I get violent." All of the fathers reported some level of conflict.

"There was times when she wouldn't let me see my daughter" (JR). The disintegration of their relationships with the baby's mothers affected their ability to parent their children. Many mothers denied the fathers physical access, others threatened to take the baby and leave town. MD describes his experience: ". . . when he was six months, she had called me and she was like— 'I'm leavin . . . I'm taking the baby and we goin'.' She wouldn't let me know anything."

When fathers sought help or redress from the legal system, they found that the legal system was on the side of the mothers, regardless of their individual circumstances. TD tried to get visitation in order to monitor his child's medications. "You have no rights when you walk into family court . . . they told me there was nothing I could do until his mother came in." MD put it this way, "The cop was like, 'We really can't do nothin' because that's her child.'"

After the fathers had described their childhoods and their experiences becoming fathers, we asked them about their involvement with the EHS fathering program.

The program provided a wide range of support services.

"This [the EHS fathering program] is like a life support to me" (MD). Given the absence of family support, the EHS fathering program played a critical role in their lives. In contrast to the negativity that characterized their childhood, the program atmosphere was one of positive energy. DH described his feelings: "You could come and express your views, and you don't really gotta worry about nobody coming down on you, criticize you."

In addition to feeling accepted, the men also reported that the program challenged them to be more mature and responsible. JS: "It helped me calm down my anger. I'm a person that will forget about the anger management and do the outbursts. But then I'll think about it and be like— 'I could have done it this way'—instead of outbursts."

The men described the importance of the Clinical Director, a successful Black man, as an important role model. His success as a professional and as a responsible father gave them hope that they too could succeed despite the odds. DH: "David is a shining example of a strong Black male." JN: "That's what Dave been doing. He been feedin' me. At certain levels, he's like my dad. I'm like family, and I'm never used to that." TD: "David is like Malcolm X to me. He's like Martin Luther King."

After the fathers had been in the program for some time, the Clinical Director took them to local and national fathering conferences where they made presentations, talking about their own experiences and the ways in which the fathering program had helped them. These opportunities helped the fathers feel empowered. TD: "I could help other people now. I like helping the new guys." JN: "I volunteer my time . . . I better myself—being able to help other people."

"Now I'm there financially and emotionally" (JS). The program helped them to expand their definition of fatherhood from simply providing, to teaching, comforting, and general caregiving. JN: "I thought being a father was all about money. Now, even if I couldn't buy him a new pair of sneakers—at least if I could talk to him when he cry—and read a book to him."

Fathers also reported that they experienced personal gratification and happiness from their

closer connection with their children. JN: “What makes me happy everyday is that I know that he knows I’m his father . . . he’s like ‘Hi Dad you comin’ to get me? I love you.’” They described a journey toward intimacy. JS: “Day by day we’re getting a little better. She give me kisses every day. Now I’ll try to get my own place so that she can stay with me.”

“I don’t give up—I just don’t” (MD). Despite the gains, many of the fathers admitted having difficulty changing, especially in terms of working through family problems. TD: “Those family meetings [counseling sessions with his son] ain’t started working yet.” JS reported, “Me and my mom had an argument over my daughter . . . We was arguing, the cops came—they was—‘next time we come, one of you is getting locked up.’” Despite these setbacks, many of the men remained determined and optimistic. JN was the most hopeful in the group: “I feel like nothing can stop me now.” Thus a mixture of hopefulness and caution imbued their vision of the future.

Discussion

The Fathers’ Stories

In summary, these seven fathers told a story of growing up in an ecological context of scarce resources. They experienced a lack of supportive parenting figures, particularly men. As they struggled to navigate the challenges of childhood and adolescence, they were enveloped in a general family and societal atmosphere of negativity. Despite this impoverished emotional and social existence, some of them had periods of academic or athletic success. Many managed to maintain a positive sense of self and wanted a better life. However, they remained aware of the obstacles that poverty and institutionalized racism put in their path.

In response to this frustrating and depressing context, many of them became involved in dangerous behaviors, such as taking drugs and dropping out of school. However, as they observed their friends dying or going to prison, these men seemed to have unconsciously chosen early parenting as a way of escaping the dangers of the street. Through becoming fathers, these men did turn their lives around. They became more responsible, although this behavior could not always be consistently main-

tained. Yet overall, fatherhood has continued to motivate them to strive toward a higher level of maturity and responsibility.

The EHS Program

The second goal of the study was to generate a hypothesis about how the EHS fathering program was successful in maintaining the fathers’ participation over many years. From our perspective, one element critical to its long-term success is the development of what the Clinical Director calls a “community of inclusion” for fathers.

In our view, the EHS “community of inclusion” parallels a program developed by Stevenson, Davis, and Saburah (2001) as a model for parenting African American children. The fathers expressed their sense that the program “parented” them, as JN put it, “He (Clinical Director) been feedin’ me . . . he’s like my dad.” The underlying assumption of the Stevenson model is that African Americans face unique challenges to their positive development due to growing up in a racist society. Because the two Latino men in our sample reported experiencing poverty and discrimination over many generations in their families, we believe that the Stevenson model is also relevant to them.

The Stevenson model is based on three main principles: “Stickin’ to” (unconditional love and support), “Watchin’ over” (loving supervision), and “Gettin’ with” (loving confrontation and accountability). Stated in even more basic terms, Stevenson et al. described the key elements as affection, protection, and correction. The EHS fathering program loosely corresponds to the Stevenson model in the ways that it “parents” low income ethnic minority fathers.

“*Stickin’ to*” corresponds to the atmosphere of acceptance that the men described. The program expected that many young fathers would not be able to parent effectively at first. These behaviors were considered transitional behaviors that needed monitoring and support, rather than reasons for excluding a father from the program. As JN said, “You need a place where you can be yourself—don’t gotta put up a front.” DH described the unconditional positive regard that he felt in the program, “That was different for me. Somebody showin’ me something positive.”

Stevenson's concept of "Watchin' over" is comparable to the fathering program's consistent reaching out to the men. Young African American men are often referred to as an endangered species. They rarely experienced a man reaching out to help them. JS described the Clinical Director's persistence. "It took two months to get me here. He (Clinical Director) kept botherin' me, calling me. He was like, 'You coming? You coming?'" This persistence convinced the men that someone was indeed "watchin' over" them, perhaps for the first time in their lives.

The Clinical Director was often involved in the fathers' everyday life struggles in the form of developing strategies for negotiating bureaucratic systems, as well as providing access to professionals, such as lawyers and prospective employers. These are contacts that would otherwise have been unavailable to the men. Because of the lack of social capital in these men's lives, these additional supports provided a safety net that helped them avoid acting out their frustrations and becoming even more alienated from mainstream society. This additional layer of support often meant the difference between success and failure.

Finally, the EHS program, within the context of strong positive relationships with the individual men, challenges unhelpful or harmful behaviors. This program component corresponds to "Gettin' with," the "correction" aspect of the Stevenson model. Holding the fathers accountable helps the men make better choices by making them responsible for the consequences of their behaviors. JS reported, "It helped me calm down my anger." Similarly, TD said, "I don't have to put my hands on my girl no more. I come here, and I got a moderator." This kind of challenging can only be successful in the context of trusting relationships.

Thus our hypothesis is that the success of this "typical" program is its ethos of "re-parenting," in contrast to a more distant, administrative stance. The centrality of an active and empathic Clinical Director to the success of the EHS fathering program illustrates the importance of leadership. However, we believe that the success of the program is not limited to the personal charisma of the Clinical Director. Both the EHS program and the Stevenson model are based on a set of parenting principles that can be exported to other settings.

Limitations of the Research

There are a number of limitations to the present study. First, the number of participants is small. However, the absence of data on low-income men of color in the fathering literature exists because these men are extremely difficult to recruit. We relied on the strong relationships that the Clinical Director had with the fathers to reach out to all of the men who had participated in the program. The current sample is the result. Many of the men had moved away, others were unable or unwilling to be interviewed.

Providing a rich description of a small sample of participants from understudied groups is not uncommon in qualitative research. Brown and Rodriguez (2009) examined two Latino teens' experiences as a way of challenging the stereotype of poor students of color as likely to become dropouts. Similarly, Speraw (2009) used the case study of an adolescent with multiple disabilities to illuminate how health care providers often fail to treat differently abled people with dignity.

Even large samples are not immune from problems with generalizability. Marsiglio (2008) noted that a sample of 1636 families suffered from selection bias because many fathers had refused to participate, and others had dropped out over time. Tamis-LeMonda and McFadden (2010) similarly pointed out that in many large samples, researchers used mothers to recruit fathers. Thus fathers in conflicted or terminated relationships were not represented.

The current study testifies to the fact that these men were highly motivated to stay involved in their children's lives, and thus defies the stereotype of the "irresponsible" ethnic minority man. The study also emphasizes the importance of multisystemic and long-term supportive services for these men. Thus, despite the small sample, we believe that the data do generate new hypotheses about how to increase father involvement in this population.

Another limitation of the present study relates to social desirability. The presence of the Clinical Director in the interviews may have motivated the men to exclude negative feelings about the program out of loyalty to him. However, without him, it is unclear whether the fathers would have participated at all. The presence of the second interviewer, a White man who was unknown to the participants, may have

made it difficult for more men to discuss racism openly. In future studies, it may be necessary to be more explicit in asking how it feels to talk about racism with a White interviewer.

Policy Implications

The final step of our grounded theory methodology is to examine how the theory generated from the current study fits into the broader psychological literature. Below we examine how our finding—that the success of an EHS fathering program is due to a nurturing, comprehensive, and long-term approach—adds to research on low income, ethnic minority fathers.

Raikes and Belloti (2006) have pointed out that governmental policy from the late 1800s to the 1960s focused on investing in young men's education and employment. These authors note that during the last 20 years there have been two contrasting trends; mass incarceration of young men of color; and presenting marriage as the solution to father involvement. Both policy initiatives have been unsuccessful. The 2006 welfare reform bill provided counseling services for promoting healthy marriages among low-income couples (Carlson, 2007). However, the Fragile Families Study, a series of collaborative studies designed to study the capabilities of unmarried parents (especially fathers) has documented the fact that at the time of the baby's birth, about 20% of low-income couples of color were not in a romantic relationship, and by the time the children were age three, more than 50% of the couples were no longer together (Carlson & Furstenberg, 2006). Thus, encouraging marriage may not be relevant to these couples.

Similarly, Cabrera, Ryan, et al. (2004) have argued that prenatal involvement can establish a positive fathering trajectory and set the stage for long-term responsible father involvement. However, many of the men in the current study had been involved in prenatal care but could not maintain a positive fathering trajectory. Over the years, they alternately engaged in both positive and negative fathering trajectories.

In contrast to this policy approach of limited and short-term governmental supports (i.e., encouraging marriage and prenatal involvement), the current findings suggest that many low-income, ethnic minority men require long-term counseling and multisystemic social supports,

perhaps across the entire life span. Although the current study reflects a small sample, two other studies of this population have reported similar findings. Roy (2006), in a study of 40 African American noncustodial fathers, concluded that these men, who had been marginalized by social and family institutions, needed ongoing, long-term support to maintain father involvement. Similarly, Rasheed and Stewart (2007) studied three project sites that worked with 150 nonresidential African American fathers. These authors reported that a successful program included a wide range of comprehensive services.

In contrast to research that examines the importance of social and cultural capital in constructing individual behavior, current governmental policies, in their emphasis on marriage and prenatal involvement, decontextualize the experience of poor ethnic minority fathers. As Fine (2002) and Greene (in press) have pointed out, this decontextualization renders invisible the fact that social inequities make it difficult for individuals from marginalized groups to fulfill social roles such as employment and fathering. The invisibility of social context in the public debate about ethnic minority fathers allows a wide range of policymakers and social commentators to focus on personal responsibility rather than governmental investment in low-income communities. From our perspective, both public investment and personal responsibility are necessary. Tamis-LeMonda and McFadden (2010) have emphasized the fact that, despite a context of concentrated poverty and under-resourced communities, the vast majority of low-income fathers, both resident and nonresident, remain involved with their children. More successful policy initiatives must recognize the unique, complex, and long-term challenges low-income men of color face in maintaining a healthy presence in their children's lives. This EHS fathering program is one example that addresses these complicated realities.

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