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A Portrait of Caring Black Men

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About Better Life Lab

The Better Life Lab works in solidarity with the movement for work-family justice to transform culture so that people across race, class, ethnicity and gender thrive across the arc of their lives.

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Executive Summary

This report provides a portrait of Black men as active contributors to the care economy—discussing what they do, how they experience care work, the barriers that make it difficult to provide care, and recommendations for supportive policies. This report also assesses the similarities and differences between Black and white men who are High-Intensity Caregivers and/or Parents (HICP)—and between Black and white fathers. Based on the findings of a nationally representative survey, this study finds that few differences exist between Black and white men as it pertains to how they value and fulfill their caregiving and/or parenting responsibilities. In the context of parenting, this finding adds to the growing body of research and evidence that is helping to dispel the harmful myth of the "absent Black father," an idea perpetuated by structural racism and white supremacy. Such stereotypes have historically been used to wrongly attribute socioeconomic inequities to the perceived shortcomings of Black men, rather than to systemically racist policies that undermine Black men's ability to raise their children and take care of loved ones.

Terminology in the Men and Care Reporting Series

In analyzing our *Men and Care* survey data, we initially planned to analyze and discuss the experiences of three groups of men: men who care for adults, fathers, and men who are not caregivers. However, it quickly became clear that a significant number of respondents have both provided care for an adult family member or close friend, and are, at the same time, parents who have cared for a child under 18 with a medical or behavioral condition or disability (special needs.)

High-Intensity Caregivers and/or Parents: In our survey, 60 percent of parents who have cared for children with special needs have *also* cared for an adult. Conversely, nearly one-third of those who have cared for an adult are *also* parents who have cared for children with special needs. And across 27 comparisons, we found only three statistically significant differences in attitudes between those who care for adults, parents who care for children with special needs, and those who fall into both categories. For these reasons—because there is so much overlap in actual people and because of the similarities in attitudes - we chose to group these adults together as **High-Intensity Caregivers and/or Parents, abbreviated in this report as HICP.**

To parents who have never cared for a child with special needs, we assigned the group label, **Other Parents** (or Other Fathers, when discussing men exclusively).

Caregiving: The word "caregiving" means different things to different people, and even is defined differently in **national surveys conducted by different**

organizations.[1] For some, it encompasses a wide variety of caring activities—parenting, caring for an adult, self-care, paid and unpaid care work—on behalf of a variety of people. Others define the word narrowly. For instance, **federal legislation** and some **advocacy organizations** refer to "family caregivers" as adult family members or others and who provide ongoing assistance to people with a "chronic or other health condition, disability, or functional limitation."[2] For the purposes of this report, we use the term "caregiving" to refer to a broad range of care tasks and responsibilities, including hands-on and hands-off care and parenting. Thus, we also refer to two of our three groups—the HICP and Other Parent groups—as "caregiver" groups, because individuals in both these groups perform the broad range of care tasks and responsibilities that we consider to be caregiving.

How this terminology is used in A Portrait of Caring Black Men

In section one, this report provides a broad overview of caregiving Black men — who they are and whom they care for. The second section of this report focuses on Black men who are HICPs, and the third section of this report concentrates on Black men who are fathers. This third section on parenting examines all Black men in our sample who said they were parents, including those who have cared for a child with special needs and those who have not, and regardless of whether they ever cared for an adult. We are not able to disaggregate Black fathers by their caregiving status (Black fathers from the HICP group vs. Other Black Fathers) since we cannot draw meaningful and robust conclusions based on sample sizes under 50. (This is further discussed in the Methodology section).

Definitions

High-Intensity Caregivers and/or Parents	People who ever provided care to an adult family member or a friend who has or has had a serious illness or disability AND/OR parents who have ever cared for a child under 18 with a medical or behavioral condition or disability (special needs)	Introduced in Section One and Further Discussed in Section Two
Fathers	Men who are the parent or guardian of a child of any age	Introduced in Section One and Further Discussed in Section Three

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Key Findings

- Almost two-thirds (65 percent) of Black men who are High-Intensity Caregivers and/or Parents (HICP) have helped adults with physical and instrumental activities of daily living and performed tasks that meet the

medical needs of care recipients. More Black male HICPs than white male HICPs have provided this level of care.

- Black male HICPs are more likely to say work demands—not family responsibilities—make it difficult for them to balance the demands of work and family responsibilities. More than half of all Black male HICPs think that an inability to afford leave from work is a major reason why men don't take time off to give care.

- Black male HICPs are extremely similar to their white counterparts as it pertains to how they value care, how they fulfill their roles, and perceive access to leave and work as barriers to caregiving. Only about half of HICP men caregivers in both racial groups have access to paid leave—but fewer caregiving Black men (58 percent) than white men (67 percent) have access to unpaid leave.

- When it comes to how they value and provide care, few differences exist between Black and white fathers. Still, our survey found that more Black fathers than white fathers value the importance of feeding, dressing, and providing childcare to younger children.

- Both Black and white fathers in our survey face barriers to caregiving. While a similar percentage of Black and white fathers used savings to cover the costs associated with their recent leaves—paid or unpaid—twice as many of Black fathers (30 percent) than white fathers (15 percent) used savings they had specifically set aside for health needs to fund their time off from work.

Introduction

Families want to take care of one another, even when confronted by barriers beyond their control. Historically, the work associated with care has disproportionately fallen heaviest on the shoulders of women, and Black women, often underpaid and undervalued despite their essential contributions, **disproportionately staff** the direct care workforce.[3] However, as cultural norms and expectations change, and as the need for caregiving increases, more people are likely to step into the role of a High-Intensity Caregiver and/or Parent—either of children with special needs, aging parents, or spouses who have fallen ill. Especially now, in the midst of a **home healthcare crisis**, the United States relies upon family caregivers to fill the gaps of an **ailing industry**.[4]

In their in-depth report on family caregivers, ***Caregiving in the U.S. 2020***, the National Alliance for Caregiving (NAC) and AARP discuss the demographics of the High-Intensity Caregivers and/or Parents population. In 2020, 53 million family members provided high-intensity care to adults, aged 18 and over, and/or a child with special needs—up from 43.5 million in 2015. The proportion of adults providing this level of care to a family member has already increased to **24 percent**, from 18 percent in 2015, and will likely continue to rise.[5]

Across race and ethnicity, the composition of High-Intensity Caregivers and Parents (HICP) is diverse and **closely resembles** the demographic breakdown of the United States: 61 percent are non-Hispanic white, 17 percent are Latinx/Hispanic, 14 percent are Black, 5 percent are Asian American and Pacific Islander, and 3 percent are multiracial.[6] Though **women** constitute a majority of the HICP population (61 percent), **men** also fulfill this role (39 percent).[7]

Recently, more research has emerged demonstrating the various characteristics and needs of this caregiving population as it pertains to their age, race, and relationship to care recipients. However, there is scant research that focuses specifically on the **2.3 million Black men in the United States who provide high-intensity care to adults**.[8] According to a 2017 AARP report, ***Breaking Stereotypes: Spotlight on Male Family Caregivers***, Black men constitute 13 percent of all men providing this type of care.[9] (For context, Black men make up about 13 percent of the total population of men in the United States.) In the caregiving landscape, Black men and their experience providing high-intensity care to adults and/or children with special needs have often gone undetected and under-discussed—they have been, to a degree, an invisible community.

This report primarily seeks to contribute to and engage with emerging literature about Black men as high-intensity caregivers and/or parents, which shifts the narrative from one of invisibility to one of representation and inclusion. Moreover, this report compares Black and white male HICPs and also provides a

brief snapshot of Black fathers to further contextualize the portrait of Black men within the **care economy**, which encompasses unpaid care work performed by family members.[10]

Previous research has explored the **roles and behaviors** of Black fathers, though often in the limited context of poverty.[11] This report briefly discusses key findings about how Black fathers parent, value care, and differ from white fathers (see Part 3: Parenting). That said, there remain few studies that address the fullness of Black fathers' experiences as well as their access to family supportive policies, or lack thereof, which shapes their choices, experiences, and health, as well as the wellbeing of their partners, children and families. As such, this report seeks to include Black fathers in this ongoing discourse.

Methodology

A part of the Better Life Lab's (BLL) Men and Care project, this quantitative study relies upon a nationally representative survey of 2,966 respondents, conducted in partnership with NORC at the University of Chicago. The sample for this report includes a total of 209 Black men. Of them, 135 were fathers, 98 were high-intensity caregivers and/or parents, and 48 were *both* fathers and HICP. Although Black respondents were oversampled to ensure the results would be generalizable, the analyses for this study are limited by this relatively small sample size of Black men. In particular, this report does not disaggregate Black fathers by caregiving status, since we could not draw meaningful and robust conclusions based on sample sizes under 50. Instead, this report seeks to provide a portrait view of caring Black men, focusing primarily on Black male HICPs, and then presenting a brief snapshot of Black fathers, discussing what they do, how they experience parenting, and the barriers that make it difficult to raise their children.

To create the portrait of caregivingBlack men, BLL's survey, similar to existing surveys conducted by peer organizations, collected information about caregivers' race, financial state, health and stress levels, caregiving activities, experience with work-family conflict, and access to family and medical leave. While it does not specify the type of relationship (spousal, elderly parent-child, in-laws, friendship, etc.) between Black men and adult care recipients, BLL's survey does account for the parental status of Black men caring for children with special needs. (This distinguishes it from other existing research about Black men who provide high-intensity caregiving.)

Part 1: An Overview of Black Men and Care

The Experiences of Black Men who are High-Intensity Caregivers and/or Parents (HICP)

Almost 60 percent of Black adult respondents in our survey have ever been parents or guardians of children, and more than 44 percent have ever provided some form of care to an adult family member or friend.

In this study, more than a third of Black adults (38 percent) have children under the age of 18, and about 25 percent have at least one child between the ages of zero to eight years old. Over a third of Black parents (37 percent) have, at some point in their lives, personally taken care of a child or children with a medical or behavioral condition or other disability.

Often, the term "caregiving" evokes images of parenting and young children; however, this perception of care ultimately renders individuals who care for adults—parents, spouses, kin relatives, neighbors, and friends—invisible. In our survey, 44 percent of Black adults had ever provided ongoing or periodic living assistance on a regular basis to an adult family member or close friend.

Among men who provide care, nearly half of all the Black men in our survey report that they have ever been parents or guardians, and 43 percent of all Black men have ever provided care as high-intensity caregivers and/or parents.

At some point in their lives, a little over 40 percent of Black male HICPs have ever provided ongoing or periodic living assistance on a regular basis to an adult family member or close friend; or they have cared for a child who needs or needs more medical care, mental health services, or educational services than is usual for most children their age.

There is obviously some overlap between these categories. For example, one-third (33 percent) of Black fathers have had experience caring for an adult, just under one-third had experience giving care to a child with special needs, and 19 percent had experience caring for *both* an adult and a child with special needs. Among all Black fathers in this report, including those who have experience providing high-intensity care to adults or children with special needs, more than half have at least one child under the age of 18 and one-third have a young child between zero and eight years of age. Though this report does not separately discuss the unique experiences of Black men caring for both adults and children at the same time, a 2019 report by Caring Across Generations and the National Alliance for Caregiving, *Burning the Candle at Both Ends*, provides insightful findings about sandwiched caregivers across gender and race.[12]

Regarding the age of Black fathers in this study, 15 percent are between 18 and 29 years of age, about one-third are between 30 and 44 years of age, 31 percent are between the ages of 45 and 59, and 20 percent are 60 or older. The average age of Black male HICPs is 43 years old and the average income is $40,000 to $49,999. At the time of this survey, 64 percent of Black male HICPs were working, and 71 percent of Black fathers were also employed.

Part 2: High-Intensity Caregiving and/or Parenting by Black Men

Sixty-five percent of Black men who are high-intensity caregivers and/or parents have, at some point in their lives, provided assistance with instrumental activities of daily living, physical activities of daily living, and medical related care to an adult family member of a friend who has or has had a serious illness or disability.[13]

A majority of Black male HICPs play an active role in caring for adult family members or friends who have or have had a serious illness or disability. The vast majority (86 percent) say that they have supported adult care recipients with instrumental activities of daily living, like shopping for groceries, housekeeping, cooking, making appointments, paying bills, reminding care recipients to take medication, and providing transportation. Additionally, almost two-thirds (65 percent) have performed tasks that meet the medical needs of care recipients.

Medical or nursing tasks are those activities that resemble the paid work of in-home health aides and professional long-term care providers who receive some form of professional training. Fifty-three percent of Black men caring for adults have administered medication, 40 percent have performed blood checks or assisted with bathing, and about a quarter have performed injections.

Black male HICPs are among the **58 percent** of adults in the United States providing nursing level assistance to adults they care for.[14] Research from AARP's 2019 report, ***Home Alone***, finds that caregivers providing this level of hands-on care often do so with little support from the healthcare infrastructure, lack training, and face emotional challenges associated with the role.[15] Moreover, the study finds that caregivers who perform medical or nursing level tasks report **increased feelings of worry, stress, and financial strain**.

Although half of all Black male HICPs find this work more stressful than other kinds of work they perform, 89 percent find caregiving satisfying, and 87 percent feel respected in their roles.

Providing care can be a gratifying experience. The vast majority of Black male HICPs who have cared for a child with special needs or an adult have had a positive caregiving experience. In this study, 89 percent of Black male HICPs say they find care work satisfying. When it comes to feeling appreciated in their roles as caregivers, about three-quarters say they feel respected by their family members (77 percent) or by individuals outside of their family (76 percent).

Despite the satisfaction that unpaid care work brings, for some Black male HICPs, caregiving comes with its own challenges and can, at times, feel like a heavy responsibility. A considerable number of Black men who have cared for a child with special needs or adults find caregiving stressful and experience emotional fatigue in their role. About half (51 percent) find caregiving more stressful than other kinds of work they perform and 48 percent feel burnt out by the unpaid care work they provide.

Surprisingly, a larger percentage of Black male HICPs said that caregiving had a positive—rather than a negative—effect on their health and finances. Forty-one percent said that caregiving positively affected their mental health, a quarter credited it with benefiting their physical health, and more than a third (38 percent) noted it had a positive impact on their household finances. These findings are complicated by other studies which examine the health and financial wellbeing of Black adult caregivers and Black individuals relative to that of their white counterparts.

Some research finds that Black caregivers of adults, despite reporting lower levels of stress, carry heavier **care burdens**.[16] According to the National Alliance for Caregiving's 2020 report, *Caregiving in the U.S.*, on average, Black caregivers report providing **more hours of care** each week (31.2 hours) than either White (21.2 hours) or Asian American (24.1) caregivers.[17] Other studies report that Black caregivers experience **higher rates of depression and have lower scores of overall well-being** than their white counterparts when they are living with care recipients.[18] The National Institute of Health concludes that Black individuals have a higher likelihood of experiencing **chronic stress and depression** in comparison to their white counterparts.[19] Furthermore, it has been well documented that Black caregivers do experience the **strain of caregiving on their pocketbooks**; some cut back on savings or assume debt during their unpaid caregiving career.[20]

It's worth noting that respondents self-reported their levels of stress and financial state. Some research on mental health finds that Black individuals **report low and high levels of psychological well-being** depending on the assessment

tool utilized. Moreover, researchers find that **culture** plays an integral role in shaping how people perceive their symptoms, adopt coping mechanisms, and approach treatment.

Policy Recommendations

Black male HICPs would benefit from sustained investment in financial and supportive services at the federal and state level. Depending on the state they reside in, individuals providing high-intensity care to adults may receive some form of financial assistance to defray the costs of goods and services related to caregiving or for respite care. Respite care allows family caregivers to take a momentary break from supporting care recipients who need help with activities of daily living. The eligibility of a care recipient may indirectly inform whether or not a caregiver can receive financial assistance or compensation for time spent providing care. Apart from programs administered through the Veteran's Administration which provide caregivers of adults with avenues for support, there currently exists no other widely accessible federal program that provides financial assistance or relief directly to caregivers.

Medicare, public insurance for people 65 years of age and older, does not provide any form of financial compensation for long-term services, like in-home care or adult day centers, which can be most beneficial to care recipients who need assistance with activities of daily living. In 2020, the federal government allocated **$185,936,000** to the **National Family Caregiver Support Program**, which was established in 2000 through the **Older Americans Act**.[21] The National Family Caregiver Support program provides states with funds to administer the program in collaboration with Area Agencies on Aging and local service providers. The National Caregiver Support program provides family caregivers with supportive services (like respite care, caregiver training, and counseling), as well as information and additional assistance.

However, according to a 2016 **program evaluation by the Administration for Community Living** (ACL), all area aging agencies in all participating states had at least one waitlist and more than a quarter had multiple.[22] A following **2018 report** by the ACL concluded that caregivers who were able to access the program benefited from respite care and training and educational resources, but **advocates note** that in 2019, only 740,000 people—a mere fraction of the family caregiver population—had access to the services provided by the National Family Caregiver Support Program.[23] The demands for the services provided through this federal program are high, but historically, its accessibility has been low. Since 2016, there have been calls for **increased funding**.[24]

Federal lawmakers should seek additional opportunities and avenues to increase the accessibility of supports and services to promote the health and financial well-being of caregivers. In 2019 and 2020, Congress made progress on the Lifespan Respite Reauthorization Act, extending and revising the **Lifespan**

Respite Care Program, which "supports state lifespan respite care services (i.e. services for family caregivers of children and adults with special needs)."[25] The initial version of the legislation passed by the House of Representatives in 2019 allocated **$200 million dollars** to support coordinated respite services, increase access, and build up the respite care workforce and volunteer corps.[26] At the state level, laws like the **Caregiver Advise, Record, Enable (CARE) Act**, championed by AARP, ensures that family caregivers who provide medical care receive adequate training and information from healthcare professionals when a care recipient is discharged from the hospital; already, 40 states have enacted or are in the process of enacting the law.[27]

Work-Family Conflict for Black Men who Provide High-Intensity Care to Adults and/or Children with Special Needs

Over half of all employed Black men with unpaid high-intensity caregiving and/or parenting responsibilities find that work demands—more than family responsibilities—very often or sometimes make it difficult for them to spend time with and care for their families.

Black male HICPs point to their jobs, not their families, as the source of work-family conflict. Fifty-six percent of caregivers said that the demands of their jobs very often or sometimes interfered with their family and personal time. When it comes to accomplishing responsibilities at home, 55 percent of caregivers also find that they have to leave certain tasks undone because of the demands of their job. Moreover, 57 percent of caregivers say that the time their jobs take up makes it especially difficult for them to fulfill their family or personal obligations. For Black men, work—more so than family and caregiving responsibilities—is the problematic variable in the work-family balancing equation.

Far fewer Black male HICPs attribute untenable work-family situations to the demands of family life. About one-quarter (24 percent) of caregivers are unable to accomplish certain tasks at work due to the demands of their family life, 37 percent have to put off doing things at work due to their with familial or personal relationships, and about one-third (31 percent) feel that the demands on their time at home conflicts with what they'd like to accomplish at work.

Policy Recommendations

Black male HICPs would benefit from access to flexible work arrangments with robust caregiver anti-discrimination and anti-retaliation statutes. The **Society for Human Resource Management** (SHRM) outlines possible flexible work arrangements which may include the following: telework, flextime to begin or end work earlier or later, and use of leave.[28] Additional examples of flexible work options include: good part-time work with benefits and the possibility for advancement; the ability to dial up or dial back career progression, depending on caregiving needs and time of life; and stable, predictable schedules for hourly workers that give them more say and control in setting them.

Research demonstrates that access to flexible work arrangements can help reduce work-life conflict, increase employee engagement, and decrease work-related stress.[29] Policies aimed at increasing workplace flexibility already exist. For example, in the **United Kingdom**, all workers have the right to request flexible work arrangements, and in the City of San Francisco, caregivers can benefit from the **San Francisco Family Friendly Workplace Ordinance** which allows workers to request flexible work arrangements or more predictable scheduling, allowing them to care for a family member or child as needed.[30]

Barriers to Leave for Black Men who are High-Intensity Caregivers and/or Parents

More Black men providing high-intensity care to adults and/or children with special needs have access to unpaid leave than to paid leave.

In 2019, the Better Life Lab published *Lifting the Barriers to Paid Family and Medical Leave,* which found that men anticipate needing to take time off work to care, and that increased access to universal paid leave policy would best support them in their various roles.[31] The report also highlighted the barriers that make it harder for men to access and take leave, among them an inability to afford unpaid or partially paid leave and workplace cultures and practices that disincentivize men from using it. In our survey, Black men find themselves in a similar predicament to men overall; they want to spend more time providing care, but face a number of barriers that prevent them from doing so.

Among employed Black men who are high-intensity caregivers and/or parents, a little more than half (51 percent) say they have access to some form of paid leave and 58 percent have unpaid leave. Only 46 percent say they have ever taken any kind of leave (sick time, vacation time, paid family-medical leave, or any other kind of leave) for more than a day or two following the birth or adoption of a child. Just 26 percent have ever taken leave for more than a day or two to care for a family member with a serious illness, or a disability, or who needs extra help as they get older. Forty-four percent of Black male HICPs anticipate needing to take leave sometime in the future. However, their ability to take leave will depend in large part on their ability to afford the costs associated with it.

A majority of Black men who are high-intensity caregivers and/or parents think that the costs associated with taking leave prevents men from using it. More than one-third worry that workplace penalties disincentivize men from taking time off from work for caregiving.

Many caregivers struggle to afford taking time off from work to provide care to a loved one, and Black men are no exception. In the United States, the national paid leave policy—the **Family Medical Leave Act**—only provides 56 percent of the workforce with twelve weeks of job-protected *unpaid* family leave.[32] According to the Bureau of Labor Statistics, just **20 percent** of civilian workers have dedicated *paid* family leave through their employer to care for a new child or an ill loved one—and those who are covered by an employer's policy tend to earn **higher wages and work in professional, white-collar jobs**.[33]

Fifty-eight percent of all Black men who provide high-intensity care to an adult or child with special needs think that a major disincentive to men's use of leave is an inability to cover the costs associated with taking time off from work. In addition to affordability, there are a number of other reasons why men do not take advantage of leave (paid or unpaid) even if they have access to it.

Family expectations play a role in influencing men's decisions around taking time off to provide care. Thirty-four percent do not think they need to take caregiving leave because their partner/spouse is taking it, 29 percent do not wish to provide care, and one-quarter face discouragement from those closest to them—family, friends, and neighbors. Of course, apart from personal motivations and perceived expectations of family and friends, structural barriers, namely **workplace expectations and culture**, prevent the use of leave amongst Black male HICPs.[34]

Fears and concerns about work inform whether or not men choose to take leave.

Workplace cultures in the United States by and large make it hard for employees to manage their work and care obligations. Though women, and particularly mothers, suffer most, men also face barriers to care and spending quality time with their families.

In our survey, 40 percent of Black male HICPs say men may not take leave if they fear being penalized at work. More than one-third (37 percent) think that men will not take time off if they think that their absence will burden their coworkers. Twenty-nine percent of Black male HICPs think that men, observant of their surroundings and the behaviors of their peers, will not take leave if it feels like it's not part of the culture and don't see other men using the benefit.

Despite worries that the inflexibility of workplace structures, cultures, and coworkers will disincentivize men from being the caregivers they'd like to be, more than a quarter of Black male HICPs think that certain characteristics in the workplace could actually encourage men to take time off to give care: men will take leave if there are no penalties (25 percent), if leaders in the organization take leave (26 percent), and if managers actively encourage workers to use the benefit (28 percent). Our findings corroborate years of research that demonstrates that **workplace culture**, **expectations**, and policies have the power to either disincentivize or encourage leave use amongst men.[35]

Policy Recommendations

Black male HICPs would benefit from a combination of federal, state, and workplace policies that provide them access to paid leave and promote their use of it. The existing national family leave law—FMLA—is unpaid, its eligibility requirements exclude millions of workers in the United States, and it does not protect a caregivers' right to take time off to tend to a family member other than

spouse, a child, or a parent. Black men providing high-intensity care to adults and/or children with special needs, like all caregivers, may need to care for a sibling, a grandparent, an aunt, or a cousin. As this report has shown, FMLA may not meet the needs of Black male HICPs who cite *affordability* as one of the key reasons why men don't take leave.

Forty-four percent of Black male HICPs anticipate needing to take time off. A robust, national paid family leave program would likely help ensure they have the security to do so. Congress passed the Families First Coronavirus Response Act of 2020 (FFCRA), as part of an emergency response to the global COVID-19 pandemic. The act instituted the first, national, paid leave program in the U.S. Though temporary through the end of 2020—available only to those whose children were home because of school and childcare shutdowns—and largely inaccessible to millions due to generous exemptions for large and small businesses, it served as a first step toward a permanent, more robust policy.

A permanent paid leave policy that would best help Black men with high-intensity care responsibilities would not only be paid, but would also have adequate wage replacement. States that have adopted paid leave programs have used a social insurance model, funded through small payroll deductions to provide benefits to workers who need to take time to care for a child, seriously ill or disabled loved one or for their own serious health issue. The states utilize **different methods** for compensating caregivers. The two most common are progressive/sliding scale wage replacements that provide a larger percentage of wages for low-income workers (up to 90 percent in Washington state) and fixed percentages.

Research demonstrates that **low-wage replacements** disincentivize the taking of leave among men. It also particularly impacts **workers in industries with lower wages**, which are disproportionately occupied by people of color who **have less access to wealth** and the resources needed to financially weather sudden emergencies. To be truly effective, especially for men and Black men, a national paid leave program would need to adopt policies and practices that actively promote the use of leave among all workers with caregiving needs. This includes provisions to ensure their jobs are protected while they take leave so that they can return to the same or a similar position, and improved outreach to and educational resources for both workers and employers to increase awareness and full utilization of the program.

Having access to paid leave isn't enough; Black men providing high-intensity care to adults and/or children with special needs must feel supported in their decision to use paid leave. Forty percent of Black male HICPs in this study said that workplace penalties would deter men from taking leave. Workplaces can create environments that encourage rather than penalize leave taking among men employees. Using **gender-inclusive language** in employer leave policies could disrupt the cultural notion men don't take leave and begin to normalize the

reality that they have care responsibilities that influence their performance and presence in the workplace.[36] Moreover, they should see role models of men and leaders use the benefit, thereby making it "safe" for others to do so without undue fear or concern about retaliation. Modeling the use of leave at the leadership and managerial level could positively influence men's decisions to take leave; research demonstrates that when **leaders in the workplace model healthy behaviors** or take advantage of work benefits, they create a culture that influences employees' decisions to do the same.[37]

Policymakers and workplace leaders can craft, adopt, and implement robust, family-supportive policies that protect Black men's rights to give care and promote equitable access to resources that ensure they have opportunities to do so without the fear of losing pay or even their jobs. Introduced by the Senate in June 2020, the **Protecting Family Caregivers from Discrimination Act** is one example of proposed legisaltion that seeks to encourage family supportive workplaces.[38]

Increasing access to paid leave is a form of economic and racial justice. A national, permanent paid leave policy with robust job-protections would especially benefit Black male HICPs because it would lessen the impact of current economic barriers to caregiving. A report from the **Economic Policy Institute** (EPI) outlines the various economic racial disparities that disadvantage Black individuals, particularly in the labor force.[39] **Black workers**, both men and women, face a higher likelihood of unemployment in comparison to their white counterparts, regardless of their level of education.[40]

The Federal Reserve Board reports that as of **July 2020**, Black workers were more likely than their white counterparts to report a recent layoff. On average, Black workers receive less pay and face a growing wage gap.[41] Moreover, they have less access to **benefits**, like paid sick days and flexible work arrangements. According to EPI, the median household incomes for Black families are 70 percent lower than that of white households. In 2016, the average Black family had **$17,600 in wealth** compared to white families' average of $171,000. Lower wages, hence less income, contributes to the racial wealth gap.[42]

Such disparate economic outcomes have their roots in a long history of policies and practices that fueled employment discrimination, inequitable access to education, labor market segregation, and unequal access to wealth in the form of housing, savings, and other assets. Policies like FMLA do little to decrease the economic challenges disproportionately experienced by Black workers and families—if anything, they exacerbate them, especially if an emergency arises. Research finds that Black families have **less access to savings,** which serves as a financial safety net and are more likely to accumulate medical debt.[43] For Black families, the median costs associated with taking unpaid leave for 12 weeks would amount to more than **$8,077**.[44] Black men who provide high-intensity

care—and their families—are among those who would stand to gain the most from a national paid leave policy.

Policies and programs would prove most equitable and impactful if crafted with an understanding of the various economic barriers sustained by systemic racism that inform how Black men navigate their lives and undoubtedly shape their caregiving experiences.

Comparing Black and White Men who are High-Intensity Caregivers and/or Parents

Black and white providing high-intensity care to adults and/or children with special needs are more similar than different from one another in how they value caregiving, what tasks they perform, and the barriers they face as caregivers. The policies and programs that would benefit Black male HICPs would likely benefit other caregiving men as well.

Valuing Care

The similarity in attitudes toward care between Black and white men who are high-intensity caregivers and/or parents is striking. An overwhelming majority of both groups value caregiving, and on all six questions our survey asked about this topic, there were no significant differences between men of the two races. For example, more than 70 percent of men in both groups say they are proud to talk with their family and friends about the role they play in caring for their family, and believe that being an engaged father is an important part of being a man.

When it comes to gender roles in the family, a majority of men across both racial groups (more than 80 percent of both groups) agree that men and women should divide caregiving responsibilities equally at home. While a majority of HICP Black and white men espouse positive views of caregiving, a smaller percentage across both groups, actually observe men in their communities performing more care work than women. More than half of Black and white HICP men say they live in a community where most men do less care work. Regardless of what they observe, a majority of both groups (more than 80 percent) believe that care work performed in the home is meaningful to society.

High-Intensity Caregiving and/or Parenting

Out of the eight physical and instrumental daily living caregiving tasks our survey asked about, and discussed earlier in the report, there was only one significant difference between Black and white men who have ever provided care to adults or children with special needs: More white men (78 percent) than Black men (61 percent) report shopping for groceries.

Apart from that, similar percentages of both groups remind care recipients to take their medication, handle care recipients' bills, cook for them, provide household maintenance and cleaning, and manage their appointments. Across both groups, more than a third assist with bathing.

The most noteworthy differences between Black and white men pertain to nursing-level medical tasks. Twenty-seven percent of Black male HICPs perform or administer injections, 21 percent care for an IV or port, and 18 percent prepare or insert tubes for feeding or catheters. In contrast, 12 percent of white male HICPs administer injections, 8 percent care for an IV or port, and 7 percent insert or prepare feeding or catheter tubes. Also, more Black men (53 percent) than white men (37 percent) administer medications to care recipients who require them. Despite these differences, at least one-quarter of both groups perform other medical care tasks like checking blood pressure or blood glucose and changing bandages or caring for wounds.

Leave and Work-Family Balance

Unfortunately, Black and white men providing high-intensity care to adults and/or children with special needs are also similar in that they both face barriers that limit their ability to give care. On the issue of work-family balance described in the second part of this report, white male HICPs were more likely than Black men to say that the demands of their jobs prevent them from performing tasks at home (74 percent and 55 percent, respectively). Nevertheless, the pattern was the same for Black and white men who provide high-intensity care. In general, Black and white male HICPs were both more likely to indicate that their work, more so than their family responsibilities, caused conflict between the personal and professional spheres of their lives.

In addition to workplace demands, accessibility and affordability of leave pose another
barrier to men's abilities to provide care as high-intensity caregivers and/or Pprents. Only about half of male HICP in both racial groups have access to paid leave—fewer Black men (58 percent) than white men (67 percent) have access to unpaid leave. About half have ever taken leave to care for a child, and at least one-quarter have taken leave to care for a family member. More than one-third of caregivers in both groups anticipate needing to take leave in the future. However, more than half of Black and white male HICPs (white men more than their Black counterparts), think that an inability to afford leave would be a disincentive from doing so.

For Black and white men fulfilling the role of high-intensity caregiver and/or parent, the decision to take leave depends upon workplace culture and expectations. At least 40 percent of both groups worry that the potential for penalties will deter men from taking leave. Still, more than one-quarter of men in both groups are optimistic that men will take leave if managers encourage the

practice and one-quarter think that men will take leave if they see other men in the workplace using the benefit. Generally, when thinking about whether or not to take time off from work to provide care, men want reassurance—rather than the fear of punishment—from their colleagues and supervisors.

These findings demonstrate that caregiving is a universal experience and that the policies that would support Black men providing high-intensity care would likely benefit other men as well. Moreover, these results reinforce the reality that the caregiving challenges that Black men experience are not due to personal decisions or behaviors–rather, they are due to structural problems that require structural responses.

Part 3: Parenting

A Snapshot of Black Fathers

To contextualize the portrait of Black men within the larger landscape of the care economy, this part of the report focuses specifically on Black fathers, some of whom also identify as high-intensity caregivers and/or parents.

In the United States, there is a long legacy of pathologizing Black family life. Pathologization characterizes an individual or a group as abnormal or aberrant from the norm—medically, psychologically, culturally, or morally. Historical, political, cultural, and academic discourse has **racially** , blaming them, rather than structural racism and white supremacy, for adverse and disparate socioeconomic outcomes.[45] Racial pathologization points the finger at people of color, reinforcing the belief that Black people are inherently different from white people, and that these "differences" explain racial inequity. The "absent Black father" stereotype is one manifestation of pathologization. This section of the report focuses specifically on Black fathers to disrupt this stereotype and the dangerous logic underpinning it.

The sample of Black men discussed in this section includes all Black fathers who said they were parents, including those who have cared for a child with special needs and those who have not, and regardless of whether they ever cared for an adult. As mentioned earlier in this report, 33 percent of Black fathers had experience caring for an adult, 31 percent of Black fathers had experience giving care to a child with special needs, and 19 percent had experience caring for *both* an adult and a child with special needs.

A brief snapshot, this section presents key findings about Black fathers' values and their experience taking paid—or unpaid—leave from work to provide care, relative to white fathers'. When placed within the context of a larger ongoing discussion about reshaping the narrative about Black fathers, it may help provide a clearer, more accurate depiction of who Black fathers are.

Contributing to existing discourse, this report reinforces findings from previous research which demonstrate that Black fathers are more similar than they are different from their white peers. In doing so, it seeks to assist in the dismantling of the "absent father" myth, challenging the harmful assumptions underlying it. Moreover, it pushes back against centuries of pathologizing Black fathers that continues to harm Black families, fathers, and men.

As explained by Color of Change and Family Story in their report, ***Changing the Narrative about Black Families: An anti-racist guide for avoiding the inaccurate and***

biased language that turns society against Black families, stereotypical narratives that pathologize or caricature **Black men** or perpetuate the false idea that Black people are inherently different from their white counterparts result in inaccurate depictions of Black people in the media.[46] Ultimately infusing **political discourse**, such narratives also influence public **policies and programs** which not only fail to understand and meet the needs of Black families but also cause them harm.[47] The myth rests upon the false assumptions that Black fathers value parenting less than other fathers and that individual choices, rather than *structural and systemic racism,* explain why some Black fathers are "absent."

For centuries, social and economic systems, laws, policies, and practices actively separated Black fathers from their families. Forcefully and brutally, the economic, political, and social institution of slavery tore Black children from their parents and husbands from their wives, most notably through the international and—**after 1808**—domestic slave trade.[48] Following the Civil War and the final abolition of slavery in **1865**, Black families invested money and energy into **finding one another** during the era of Reconstruction.[49] Even then, industrial business owners and local farmers utilized **state-facilitated convict leasing systems** to obtain free labor through the arrest, detainment, and sentencing of Black men (and women) for petty "crimes," like unemployment, simply walking, or even **having a seizure.**[50] In these instances, Black men who were fathers, brothers, uncles, and friends were forcibly removed from their communities. Fast-forward to the 1960s, when, in some states, a mother's eligibility for child welfare benefits required the absence of male " **cohabitation**."[51] Historically, systems and structures have played an integral role in separating Black families.

According to the **Center for Law and Social Policy** (CLASP), today, mass incarceration policies, barriers in the child welfare system, and economic inequality resulting in higher levels of unemployment are a few of the main structural barriers that harm Black families.[52] Yet in spite of them, Black men are engaged in the lives of their children as fathers, as demonstrated by **existing research** and as shown in this report.[53]

Black fathers are more likely than white fathers to think that it's very important that dads are active in raising younger children by way of feeding them, dressing them, and providing childcare.

Black fathers and white fathers have similar values around caring for their children. At least 90 percent of fathers of both races say that it is very important for fathers to teach their children about life and to show them love and affection. At least 85 percent of Black and white fathers say it is important for a father to protect his child from injury or harm. More than 70 percent of fathers in both racial groups say it is important to serve as an authority figure and to provide financial support.

However, **one significant difference** our survey found between the two groups of fathers in their parenting priorities was that more Black fathers (88 percent) than white fathers (77 percent) think that it's very important that fathers are active in raising younger children by way of feeding them, dressing them, and providing childcare.

A majority of Black fathers are highly involved in caring for and raising their young children on a daily basis.

This study finds that more than two-thirds (69 percent) of Black fathers say they comfort, soothe, and emotionally support their children every day. Sixty-seven percent make meals and feed their kids daily, and 63 percent engage their children in play.

In addition to performing these hands-on tasks for their kids, Black fathers assist with other parenting duties necessary for maintaining a household suitable to raising children and family life and managing their children's home environment and outside activities. Within the domestic realm, 61 percent handle household chores daily and 62 percent provide transportation. A majority of Black fathers monitor their children's educational progress and development: 59 percent take part in educational activities like managing homework, reading to them, or attending parent-teacher conferences. Among Black fathers, 43 percent manage schedules regularly.

This study found **no significant differences** between Black and white fathers in terms of the parenting tasks they perform. Similar percentages of both groups feed, comfort, supervise, and provide transportation to their children.

More white fathers than Black fathers said they were paid during their most recent leave.

Unfortunately, Black fathers and white fathers are also similar in that more than one-quarter of them say they encounter barriers that make it difficult for them to be the fathers they would like to be. More than 40 percent of fathers of both races who have children under eight years old think they spend too little time with their children.

There are some concerning differences in terms of Black and white fathers' access to leave from work. When fathers thought back to the most recent time they took leave, 61 percent of white fathers had access to paid leave while only 54 percent of Black fathers did. Although a similar percentage of Black and white fathers used savings to cover the costs associated with their recent leaves, twice as many of Black fathers (30 percent) than white fathers (15 percent) used savings they had specifically set aside for *health* needs to fund their paid or unpaid leave.

An inability to have full wage replacement while on leave forces parents to dig into their own personal financial reserves to make ends meet. Considering more Black fathers than white anticipate needing to take leave for the adoption or birth of a child (36 percent to 20 percent, respectively), the disparity in access to paid leave is even more concerning. The fact that more Black fathers have to pull from their savings demonstrates that the existing unpaid federal leave policy in the United States may have the potential to cause more harm if it serves to increase, rather than diminish, the existing racial wealth gap between Black and white families. When social policies are not created within an equitable framework, they ultimately hurt everyone. Understanding how existing structures and policies harm Black fathers or fail to meet their needs reveals opportunities for reforms that will likely benefit all families.

Implications

When it comes to attitudes and experiences related to care, our findings show that few differences exist between Black and white men who are high-intensity caregivers and/or parents, and between Black and white fathers. The finding about fathers, in particular, further disrupts stubborn narratives that attribute adverse social and economic outcomes to the "absent Black father," a myth that obscures the very real impact of systemic racism, the main driver of inequity. Moreover, a major takeaway of this study is that Black men are crucial to the health and wellbeing of their families and the development of young children. However, without adequate access to workplace accommodations and paid leave, Black men face barriers to fulfilling the role of caregiver or father. Especially in 2021, the publication year of this report, the need for family-supportive policies that meet the needs of Black men with care responsibilities proves urgent.

The United States in 2020 went through one of the most challenging years in the nation's recent history. By December 2020, the COVID-19 virus had infected more than 14 million people, led to the loss of 274,00 lives, and precipitated an economic recession, resulting in high unemployment rates, peaking at a staggering **14 percent** in April of 2020.[54] As eviction rates shot up and food banks increased their supply to meet the growing demand, across the nation, workers and families weathered tremendous financial, emotional, and personal losses. While the pandemic left no corner of the U.S. population untouched, it had a disproportionate impact on Black households. Although Black people constitute just 13.4 percent of the U.S. population, they account for more than **one-quarter of all COVID-19 related hospitalizations** and face heightened risk of death or illness due to higher occurrences of health complications, like chronic disease.[55]

Public health officials tied these stark disparate racial health outcomes to social determinants of health, the social conditions which inform our physical, mental, and communal well being. These determinants, outlined by the **Office of Disease Prevention and Promotion**, include economic stability, education, social and community context, health and health care, neighborhood and built environment.[56] COVID-19 has worsened the financial well-being, housing security, educational opportunity and health of Black families and workers. All determinants are in some way informed by the presence or absence of social policies like paid family and medical leave.

Federal lawmakers had an opportunity to address these health inequities through coronavirus legislation aimed at providing job-protected leave, but only scratched the surface. The legislation Congress did pass in 2020, though momentous in that it included paid sick days and paid family provisions, disproportionately excluded Black workers and families, especially those working in low-wage and health sectors. These benefits, if universally accessible,

would have likely benefited Black men, who would have been able to use leave to care for family members who contracted the virus. More Black fathers could have used emergency paid leave to care for older adults who could no longer access professional caregiving services like, adult day care. Black fathers could have also used the leave to assist their school-age children with virtual schooling or provide needed supervision and tend to young children in the absence of accessible childcare services. Black families lacked access to job-protected paid family leave when they needed it most.

This report demonstrates that Black men perform valuable unpaid care work for the people in their lives and play an integral role in promoting the wellbeing of Black families. Before the pandemic, especially during the pandemic, and certainly after the pandemic, policymakers and employers must implement equity centered family-supportive policies and programs that acknowledge the family responsibilities of Black men. It's a matter of racial, economic, and health justice.

Conclusion

This report paints a portrait of caring Black men, rendering them visible by showing who they are, what they do, how they feel about their caregiving experience, and how they fit care into their lives. In their roles caring for adults or children with special needs, Black men who fulfill the role of high-intensity caregiver and/or parent are actively engaged in helping care recipients with activities of daily living as well as medical and health related tasks. Almost two-thirds of Black male HICPs have performed tasks that meet the daily and/or medical needs of care recipients.

Work is one major barrier that renders high-intensity care work challenging. Leaders in both the private and public sector will need to implement policies and practices amenable to the needs of Black male HICPs. Nearly half of all Black male HICPs providing this level of caregiving anticipate needing to take leave for caregiving in the future. While half of all Black male HICPs experience stress and work-family conflict, the vast majority find caregiving satisfying and feel respected as caregivers. Moving forward, further study should be done to investigate the experiences of Black male HICPs along the lines of income, geographic location, sexual orientation, and age.

Black men provide essential support and services to ensure the health and wellbeing of children with special needs and adults. As parents, Black fathers are actively engaged in raising the next generation. Ultimately, this report seeks to include Black men in the larger conversation around care and parenting to ensure that their experiences are represented and valued, their labor acknowledged as part of the care economy, and their needs acknowledged in ongoing family-supportive policymaking.

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