

**Disconnected Mothers and the Well-Being of Children:
A Research Report**

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Considerable research attention has been devoted to low-income mothers disconnected from both work and welfare. Studies have documented their characteristics, economic resources, barriers to employment, and movement on and off public assistance and in and out of work. This body of work has rarely highlighted disconnected mothers' roles as parents and has remained virtually silent about the experiences and well-being of their children.

Although research on disconnected mothers provides little direct measurement of outcomes for children, we have good reason to worry. The emerging picture of disconnected households reveals a substantial prevalence of known risks to children's development. Childhood poverty can have lasting effects that extend well into adolescence and even adulthood. Poor maternal mental health and low maternal education—both prevalent among disconnected families—can have a marked influence on children's cognitive, psychological, physical, and behavioral functioning.

This paper presents research findings on the major risks to children's development, the prevalence of those risks among disconnected families, and the potential consequences for children. We also describe potential interventions to help disconnected families by increasing and stabilizing family income, enhancing parenting skills, supporting children directly, and reaching out to disconnected mothers who are not citizens. Finally, we offer directions for future research.

What does it mean to be disconnected?

After creation of the Temporary Assistance for Needy Families (TANF) program in 1996, millions of single mothers left public assistance for work. Yet soon after implementation, several national and state studies found that a significant minority of former recipients left welfare without employment (Acs and Loprest 2004). Policymakers and researchers became concerned about the well-being of these families that had become "disconnected" from the labor market and public assistance.

The term "disconnected" generally refers to low-income mothers (often limited to single mothers) who are not working and are not receiving cash public assistance, usually TANF and Supplemental Security Income (SSI). The specific definition varies by study. One of the major distinctions between uses of the term is whether the study population is limited to former TANF recipients or includes a broader group of low-income mothers. Caseloads have fallen since the inception of TANF and a growing number of eligible families do not receive benefits (U. S. Department of Health and Human Services [HHS] 2008), moving the focus of concern from women who left TANF without a job or SSI benefits to the broader group of low-income mothers who are not working or receiving TANF or SSI. Estimates of how many families are disconnected vary depending on which study population is used. Also, many of the studies of former TANF recipients are state or area specific.

In 2009, roughly 20 percent of low-income single mothers (under 200 percent of the federal poverty level) were disconnected at any point in time. This represents roughly 1.2 million families (Loprest and Nichols 2011). Another study found that in 2005, 732,000 families had incomes low enough to be eligible for TANF but were not employed or receiving TANF or SSI (U.S. Government Accountability Office

2010). In 2002, about 150,000 former TANF recipients were disconnected (Loprest and Zedlewski 2006).¹

Much of the research on disconnected families has focused on their economic circumstances, trying to answer the questions of how they “get by” economically and what other sources of support they may have. A recent synthesis of this literature (Loprest 2011) highlights that disconnected mothers have significantly lower incomes than all low-income single mothers, who themselves have very low incomes. One national study found that 82 percent of disconnected low-income single mother families were in poverty compared to 54 percent of all low-income single mother families (Blank and Kovak 2009).² These families are some of the most economically vulnerable families with children.

Past research shows that some disconnected single mothers are receiving assistance from other sources. About half participate in the Supplemental Nutrition Assistance Program (SNAP) and Medicaid. About a fifth receive government housing assistance and one-third receive child support (Loprest 2011). In addition, one-third of disconnected single mothers live with a cohabiting partner and another third live with other adults. These additional household members are potential sources of additional income or in-kind (resource-sharing) assistance to the family, although it is not known to what extent these resources are actually shared. Considering income for all household members, on average, raises these families’ incomes substantially, but incomes are still significantly lower than those of all low-income single mothers.

While many disconnected families spend only short periods of time disconnected, a significant minority spends long periods of time in this status. One study finds that 27 percent of low-income single mothers are disconnected for at least four months over the course of a year and 11 percent are disconnected for a year or more. The same study finds that the most common reason for becoming disconnected is job loss and about 11 percent of disconnected spells start due to loss of TANF benefits (Loprest and Nichols 2011).

Past research also explores the extent to which disconnected mothers face personal challenges that are known impediments to work, to help us understand why mothers are not working. These challenges include limited education, mental or physical health problems or disabilities, substance abuse, domestic violence, low literacy, learning disabilities, criminal records, lack of citizenship, and responsibility for an infant or for an ill or disabled child or family member. Evidence shows disconnected low-income single mothers are more likely to face these barriers than other low-income single mothers and many have more than one of these barriers (Loprest 2011). It is these challenges that often overlap with risks to children’s outcomes and provide measures of incidence of certain risks in these families.

Risks faced by children in disconnected families

Children are shaped by their environments as they engage with their surroundings and learn how to live in the settings they encounter (National Research Council and the Institute of Medicine [NRCIM] 2000). Poverty can hurt a family’s ability to ensure children reach their full potential; it may limit what parents can provide and put pressure and stress on caregivers. Scholars have difficulty distinguishing poverty’s effect separate from other related family conditions that frequently accompany being poor (Duncan and

¹ The study found that 20.8 percent of families that had left TANF in the past two years and were not currently receiving benefits in 2002 were disconnected, which translates to roughly 150,000 mothers. This study is the most recent national study focused only on former TANF recipients.

² This calculation excludes income of cohabiting partners.

Brooks-Gunn 1997; Lipina and Colombo 2009). Risk factors most consistently found to affect children's development are poverty itself, parenting stress and family conflict, maternal mental health (particularly depression) and substance abuse, low maternal education, and an unstable home or living situation (including neighborhood poverty and violence). Researchers have also concluded that multiple risks occurring at once have greater than additive effects on children, so it is important to understand the number and type of risks a child may experience.

A special category of risk factors has to do with the child's characteristics. Very young children (birth to age 3) are particularly vulnerable, according to the broader child development literature and research on child abuse and neglect. A growing body of research suggests that experiences very early in life have profound and lasting developmental consequences later in life (Knudsen et al. 2006; National Scientific Council on the Developing Child [NSCDC] 2004a, 2005, 2007, 2010a, b; Shonkoff 2010; Shonkoff and Levitt 2010). Infants and young children are also at much greater risk of child abuse and neglect, with a heightened risk of reported incidents, removal from the home, and even death (Wulczyn et al. 2005). Studies also suggest that children with mental or physical disabilities are more likely than nondisabled children to experience abuse and neglect and to have multiple and substantiated reports to child protective services (Connell et al. 2007; Fluke et al. 2008; Jaudes and Macky-Bilaver 2008; Marshall and English 1999).

To identify the major risks faced by children in disconnected families and to assess the prevalence and gravity of these risks, we have woven two strands of research: *research on disconnected mothers* (which generally emphasizes their incomes, employment, and connection to work and welfare) and *research on child development* (which addresses risks to children, including those in poor or otherwise vulnerable families).

It is easiest to weave these strands together when studies emphasize the same risks, even if they do so for different reasons. For example, a mother's mental health problem can be a barrier to employment, as well as a risk to her children. For some risks, however, such as parenting stress and housing instability, we know they can affect child development but know far less about how prevalent they are among disconnected families. This report focuses mainly on risks shared by the two domains (disconnected mothers and child development). We also introduce risks such as parenting stress and housing instability that can be reasonably inferred to affect some disconnected mothers, even though empirical evidence is limited. We do this because many low-income families face these risks as well. In some cases we consider risks more typically associated with child abuse and neglect, such as family conflict and domestic violence, since some evidence exists about potential prevalence among disconnected mothers and other low-income families. We do not however include risks that have never (or rarely) been studied in child development or among disconnected mothers (which generally means that no evidence of incidence is available) – even if they are highly correlated with child abuse and neglect – such as parent's history of abuse or trauma as a child. These risks, while important, first warrant additional study among the low income or disconnected.

Table 1 shows the overlap across risk factors commonly studied in research on disconnected families, child development, and child abuse and neglect. Poverty, mental health and substance abuse, low education, and vulnerabilities resulting from two or more risks or from being an infant or a young child are known risks in all three areas. Parenting stress, family conflict, and domestic violence are better understood risks for child abuse and neglect than they are for challenges disconnected mothers may face. Similarly, unstable home environments can be risky for child development but have received less attention in studies of disconnected mothers. What we know about disconnected mothers comes largely from research examining welfare and employment outcomes. The studies emphasize children, families, and neighborhoods to understand what facilitates or hinders employment or access to benefits and

services—not to understand outcomes for children. This partly explains why some risks are less commonly estimated.

TABLE 1: Overlap of Commonly Measured Risk Factors

Risk Factors	Disconnected Families	Child Development	Child Abuse and Neglect
Poverty	X	X	X
Maternal Mental Health and Substance Abuse	X	X	X
Maternal Physical Health	X	*	
Low Maternal Education	X	X	X
Material Hardship and Food Insecurity	X	*	*
Parenting and Parenting Stress	*	X	X
Family Conflict/Domestic Violence	*	*	X
Unstable or Unsafe Home Environment		X	*
Child Characteristics			
Young (e.g., birth to age 3)	X	X	X
Disability or poor physical health	*		X
Multiple Risks	X	X	X

X Commonly measured risk factor; * Some measurement, but not much

What is the prevalence of risk among disconnected families?

On the whole, disconnected families experience the risks above in higher proportions than other low-income families. Typically, disconnected families are compared with other groups of current or former TANF recipients or all low-income mothers, depending on the population for which “disconnected” is defined. Despite differences across studies, the primary finding is that disconnected families experience a high burden of risk—for some risks, similar to other low-income families, and for others, much worse. For some risks, the absolute prevalence is alarming.

Table 2 summarizes the evidence about the prevalence of different risk factors.³ Compared to other groups such as low-income single-mother families or other former TANF recipients who are not disconnected, disconnected mothers have lower average income, higher parental drug use and depressive symptoms (along with very high rates of other maternal mental health problems), poorer physical health, less education, and higher levels of food insecurity (and of other hardships, though few studies measure these). Other major risks, including parenting stress, family violence, and unstable or unsafe living conditions, have rarely been measured in studies of disconnected families. Among risks related to the

³ Given the variation in study definitions, samples, and geographic areas, we do not attempt to provide the specific estimates from these studies.

vulnerability of the child, the most striking finding is the larger share of disconnected families with infants under 1 year of age.

TABLE 2: Studies of Disconnected Mothers and Reporting on Risk Factors^a

RISK FACTORS	Prevalence of Risk Factor among Disconnected Mothers Relative to Comparison Groups	Studies
Poverty/Low-Income	Lower average income and higher rates of poverty than other low-income single mother families or other former TANF recipients.	Loprest & Zedlewski (2006); Farrell (2009); Turner et al. (2006); Ovwigho et al. (2009); Blank & Kovak (2009); Loprest & Nichols (2011)
Maternal Mental Health and/or Substance Abuse	Higher parental drug use than other former welfare recipients; higher depressive symptoms compared with other former welfare recipients.	Osborne & Knab (2007); Turner et al. (2006); Farrell (2009); Loprest & Zedlewski (2006)
Maternal Health	Poorer physical health compared with other former welfare recipients. Higher rates of health problems that limit the ability to work than other low-income single mothers.	Frogner et al. (2010); Blank & Kovak (2009); Loprest & Zedlewski (2006); Turner et al. (2006); Loprest & Nichols (2011)
Low Maternal Education	Less likely to have a high school diploma compared with other former welfare recipients and compared with other low-income mothers.	Farrell (2009); Loprest & Zedlewski (2006); Blank & Kovak (2009); Loprest & Nichols (forthcoming); Wood & Rangarajan (2003); Osborne & Knab (2007); Turner et al. (2006)
Material Hardship	Higher reports of hardships in housing (had to move because could not pay for housing, behind on utility bill, went without electricity or heat, went to homeless shelter) than welfare leavers with earnings.	Farrell (2009); Loprest & Zedlewski (2006)
Food Insecurity/Hardships	Higher levels of food insecurity compared with former and current welfare recipients.	Slack et al. (2007); Loprest & Zedlewski (2006); Farrell (2009); Wood & Rangarajan (2003)
Parenting and Parenting Stress	Higher reports of parenting stress compared with other former and current welfare recipients.	Slack et al. (2007)
Family Conflict/Domestic Violence	Little research to date. One study shows higher reports of domestic violence than wage-reliant mothers and mothers combining welfare and wages, but less than welfare-reliant mothers.	Women's Employment Study (2004)
Child Characteristics		
Young (e.g., birth–age 3)	More likely to have infants or children under age 5 than other former welfare recipients or other low-income single mothers.	Farrell (2009); Loprest & Zedlewski (2006); Blank & Kovak (2009); Loprest & Nichols (2011)
Disability or poor health	Somewhat more likely to have a child with a physical or mental disability; more likely to have a child on SSI. Evidence from two studies suggests that children of disconnected mothers may be in somewhat better health than children of current welfare recipients (Slack et al. 2007; Osborne & Knab 2007).	Blank & Kovak (2009); Loprest & Zedlewski (2006); Loprest & Nichols (2011); Turner et al. (2006); Slack et al. (2007); Osborne & Knab (2007)
Multiple Risks—More Than One of the Risks Listed Here	Generally measured as "barriers to employment"; several studies find more have multiple barriers compared with other former welfare recipients.	Turner et al. (2006); Loprest & Zedlewski (2006); Blank & Kovak (2009)
^a The studies listed here generally define disconnected as single-mother families; the exceptions are Loprest and Zedlewski (2006), which includes married mothers whose spouses are not working, and most of the former TANF recipient studies, which include all former recipients regardless of marital status.		

When we consider that these risks can harm children, and that disconnected mothers experience many at elevated rates compared with other low-income mothers and families, we have reason to worry about the children. Unfortunately, empirical evidence for some risks (e.g., family conflict and domestic violence) is limited, and focus on child outcomes is minimal. Also, we know very little about how subgroups of disconnected mothers differ (e.g. cohabiting mothers, migrant workers, disconnected families that are not citizens), and whether and how those differences may affect child outcomes.

Put simply, the story of disconnected mothers is complex. It includes some findings we might expect: disconnected mothers are poorer and fare worse on most economic measures and measures of risk to children than other poor mothers, whether the comparison is to all low-income mothers or to former welfare recipients who are not disconnected. It also includes other findings we might not. For example, some young children in disconnected households appear to be in better health than those receiving welfare (Osborne and Knab 2007; Slack et al. 2007). The studies' authors speculate that subgroup differences among disconnected mothers (e.g., whether the mothers are new moms, looking for work, or cohabiting with other adults) may partly contribute to the outcomes, but they conclude that more research is needed. Despite mixed findings, we know enough currently to conclude that growing up in a disconnected household can have serious consequences for children. We discuss some potential outcomes in more detail below and also highlight further how subgroups of disconnected families may differ.

What developmental outcomes are associated with these risks?

When developmental psychologists speak about children's development, they focus primarily on age-appropriate outcomes related to cognition, physical and mental health, and social or behavioral functioning. Some common indicators of developmental problems include disruptive disorders, anxiety, and aggression; poor physical health; poor school achievement (e.g., math and reading); delays in reaching specific developmental milestones; drug use; and injury (Moore, Vandivere, and Redd 2006). To understand how poverty affects development, researchers also consider important mediating factors such as the home environment, parent-child interactions, neighborhood resources, and parent mental health (Lipina and Colombo 2009).

Although not a developmental outcome, risks may also bring some disconnected children into contact with the child welfare system through a report of abuse or neglect, or removal into foster care and subsequent family disruption. The studies of disconnected mothers provide little direct measurement of these outcomes and we do not try to estimate them. However, in describing how risks may be harmful to children's development, we also discuss findings related to child abuse and neglect when convincing evidence exists. Below, we present each of the risks shown in tables 1 and 2 and summarize potential consequences for child development—paring what is known about prevalence among disconnected mothers with what is known about developmental outcomes.

Poverty is associated with children's cognition, social adjustment, behavior, and health

Disconnected mothers have lower average income and higher rates of poverty than other low-income single mother families or other former TANF recipients.

A large body of consistent evidence points to poverty's negative effect on children's development, including cognitive development, behavior and social adjustment, and health. Poverty in any developmental stage from birth to adolescence is significantly associated with reduced cognitive functioning (Duncan, Brooks-Gunn, and Klebanov 1994; Gershoff et al. 2007; Lugo and Tamis-LeMonda 2008; Najman et al. 2009).

Poverty also has been linked to poor social adjustment and problems regulating behavior (Duncan et al. 1994; Mistry et al. 2002; Sektnan et al. 2010).

Poverty is also tied to poorer health. Outcomes such as low birth weight, food insecurity, and higher mortality rates are seen more often among infants and young children in low-income households (Moore et al. 2009). Children in poverty are also more likely to have poorly managed and more severe cases of chronic health conditions such as asthma (Akinbami, LaFleur, Schoendorf 2002) and to be in poorer overall health (Malat, Oh, and Hamilton 2005; Seguin et al. 2003). Despite the high correlation between poverty and poor health, data are inconclusive about how children in disconnected households fare compared to low-income households receiving welfare. Demonstrating the complexity, and as discussed previously, evidence from two studies suggests children in some disconnected households may be in moderately better health than their peers whose families receive welfare (Osborne and Knab 2007; Slack et al. 2007).

The timing and duration of poverty spells matter. Poverty in the first five years of life is associated with long-term outcomes even into the mid-twenties (Duncan and Brooks-Gunn 1997). For instance, a child experiencing poverty before age 6 shows less employment success in the early twenties, which may be partly explained by lower cognitive achievement and less school readiness.

Children from poor families are more likely to experience child abuse and neglect than children from higher-income families, although only a small proportion of poor children do⁴ (Sedlak et al. 2010). Their parents are at higher risk of being investigated, having a reported incident that is substantiated (Drake and Pandey 1996), and being reported again in the future (Connell et al. 2007; Drake et al. 2003; Kahn and Schwalbe 2010). The relationship between poverty and child abuse and neglect is fairly consistent, but research on disconnected mothers and their rates of involvement is limited and inconclusive. One study in Illinois found that mothers who lost a portion of their cash welfare assistance while they were unemployed (prior to TANF) had a higher risk of child welfare involvement (Shook 1999). A later study that sampled Illinois families on TANF found disconnected households were less likely to have child welfare involvement compared to families on TANF who were not working (Slack et al. 2003). The authors caution that many unmeasured factors, including changing welfare caseload characteristics occurring during the sampling period of 1998 (two years after TANF's implementation), could help account for the findings. We present these studies as examples and to illustrate the population's complexity. Additional research is needed, particularly among geographically diverse and more recently disconnected families, to better understand the risk and relationship between poverty and child abuse and neglect for these families.

Maternal depression and substance abuse are negatively associated with children's brain development, cognition, vocabulary, emotional adjustment, social behavior, and mental health.

Depression. Research shows that maternal depression has a striking effect on children from infancy through adolescence. It is widely recognized that children raised with a depressed parent have a greater likelihood of developing problem behaviors, and past studies have shown that children with depressed parents may also have challenges with emotional regulation (Feng et al. 2008). Research also points to an association between maternal depression and diminished engagement with the child, and lower levels of emotional reciprocity (Silk et al. 2006). Studies even show altered brain activity in infants of depressed

⁴ Among low-income families with household incomes less than 200 percent of the federal poverty level, approximately 22.5 children per 1,000 experience abuse or neglect (Sedlak et al. 2010).

Disconnected mothers have higher depressive symptoms compared with other former welfare recipients and higher parental drug use than other former welfare recipients.

caretakers. Among 3-year-olds, those with depressed mothers had lower frontal and parietal brain activation than those with either nondepressed mothers or mothers whose depression remitted (Dawson et al. 2003). In other studies, among low-income toddlers, maternal depression was negatively associated with vocabulary production (Pan et al. 2005); for preschoolers, chronic maternal depression was associated with

emotional and behavioral problems (Perry and Fantuzzo 2010). Violence and externalizing behavior problems (e.g., aggression, hyperactivity, delinquency) are also associated with maternal mental health problems, particularly in older children and adolescents. In a longitudinal study of British parents and their adolescent children, maternal depression during pregnancy was associated with violence in children as adolescents (Hay et al. 2010). A major 2009 report by the National Research Council and the Institute of Medicine (NRCIM) synthesized the evidence about prevalence of depression, particularly among low-income mothers, the risk it poses to children's development, and strong evidence for the effectiveness of treatment. The report emphasizes that untreated parental depression, which is common among disconnected mothers, can be particularly damaging to young children who depend on their parents for nurture and care. It is associated with children's poor physical, psychological, behavioral, and mental health (NRCIM 2009). Since we know that disconnected mothers are more likely to have very young children compared to other low-income mothers, the risk posed by the higher rates of depression in these families is amplified.

Maternal substance abuse. Children of substance-abusing mothers are more likely to have health and behavioral problems than children whose mothers do not abuse substances (Conners et al. 2003; Luthar and Sexton 2007). These children display greater internalizing (e.g., inhibition, withdrawal, anxiety) and externalizing behavior problems (Luthar and Sexton 2007). Children of mothers receiving treatment for drug and alcohol addiction have higher levels of physical and developmental problems—including asthma, fetal alcohol syndrome, hearing problems, vision problems, mental retardation, learning disorders, motor skills disorder, communication disorder, and attention deficit disorder—than the national average (Conners et al. 2003).

Often, mothers struggle with depression and substance abuse at the same time. One study demonstrates that children whose mothers are depressed, abuse drugs and alcohol, or both score worse on measures of competence, internalizing disorders, disruptive disorders, and internalizing and externalizing symptoms than children whose mothers are not depressed or abusing substances (Luthar and Sexton 2007). Perhaps not surprisingly, parental substance abuse and poor mental health are also major risk factors for child abuse and neglect (Carter and Myers 2007; Chaffin, Kelleher, and Hollenberg 1996; Chambers and Potter 2009; Jonson-Reid et al. 2010).

Maternal physical health is associated with children's physical health, social behavior, and anxiety.

Disconnected mothers have poorer physical health compared with other former welfare recipients and higher rates of health problems that limit the ability to work than other low-income single mothers.

Comparatively less research has focused on how a mother's physical health affects child outcomes, especially after the perinatal period (Kahn et al. 2002; Minkovitz et al. 2002). Researchers have reported significant associations between poor maternal health and child behavior problems and health. Three-year-olds in one nationally representative longitudinal study had more behavior problems and were less likely to be in excellent overall health if their mothers were in fair or poor health (compared with excellent, very good, or good health) (Kahn et al. 2002). Another national study found a similar relationship between the health of mothers and their

children ages 17 and younger (Minkovitz et al. 2002). Some research also notes a relationship between maternal health and mothers' response to children's illness, concluding that mothers in poorer health may rate their children as being in poorer overall health. The authors hypothesize about a possible relationship between maternal health and children's own development of health behavior and cognition (Scalzo, Williams, and Holmbeck 2005).

Low maternal education is negatively associated with children's language, verbal skills, vocabulary, school readiness, and social behavior.

Disconnected mothers are less likely to have a high school diploma compared with other former welfare recipients and compared with other low-income mothers.

A mother's education level can be a strong predictor of child outcomes. Maternal education is highly correlated with children's language development, verbal skills, and vocabulary (Lipina and Colombo 2009; Pan et al. 2005; Sektnan et al. 2010). For school-aged children, maternal education is associated with school readiness, behavioral regulation, and social participation (Hanson et al. 2011; Magnuson et al. 2009). Of a variety of maternal risk factors, one study found that

maternal education accounted for the most variation in children's receptive vocabulary, achievement, and mental processing at age 4 (Perry and Fantuzzo 2010). Among low-income toddlers, higher maternal literacy and language skills are associated with higher vocabulary production (Pan et al. 2005). However, another study found a promising relationship between increases in maternal education and child outcomes (though this study did not focus specifically on low-income mothers). Increases in a mother's education after the birth of her child were associated with improvements in the child's school readiness and language skills, as well as improvements to the home environment (for example, at age 3, children would have more learning materials and their mothers would be more responsive). When the authors focused specifically on mothers with low levels of education, they found increased education was associated with increases in young children's expressive and receptive language skills (Magnuson et al. 2009).

Risk of child abuse and neglect is higher among low-income mothers with less education. Several studies document this (Curenton, McWey, and Bolen 2009; Rodriquez 2008; Zuravin and DiBlasio 1992), including one demonstrating that parents with a high school diploma, compared to those without, had fewer future reports of abuse or neglect after prior involvement with the child welfare system (Drake et al. 2006).

Material hardship and food insecurity are negatively associated with children's social behavior, cognition, emotional adjustment, and physical health.

Disconnected mothers have higher reports of hardships in housing (e.g., had to move because they could not pay for housing, were behind on utility bill, went without electricity or heat, went to a homeless shelter); Disconnected mothers have more food insecurity compared with former and current welfare recipients.

Material hardship. Researchers studying material hardship (e.g., inability to pay rent) and child development look at how hardship relates to parents' well-being and stress. In one study, also described above, increased material hardship was correlated to parents' reported psychological distress, which was also significantly associated with various indicators of effective parenting. Furthermore, poor parenting was also correlated to lower teacher-reported levels of social competence (e.g., self-control and compliance, concern for others' feelings) and increased incidence of behavioral problems (Mistry et al. 2002). A similar mediating role was found with children's cognitive math and reading ability at age 6 (Gershoff et al. 2007).

Importantly, material hardship itself may not have a direct effect on children’s development, but its significance lies in how it may compromise interactions between parent and child.

Food insecurity. Food insecurity represents a type of parental stress that can have negative effects on parenting. Research shows an increased prevalence of depression in parents within food-insecure households, which has implications for studies that link parental depression with shorter breastfeeding periods and poorer infant feeding practices (Bronte-Tinkew et al. 2007). Food insecurity, particularly among infants and toddlers, can harm child development. In a review of related research on the topic, authors conclude that consistent food access and consumption is a necessary precondition for good health and cognitive, physiological, and emotional development (Cook and Frank 2008; Cook et al. 2004). Food insecurity in toddlers was associated with greater odds of hospitalizations in urban medical centers in several states (Cook et al. 2004). Recent evidence also points to the long-term effects of food insecurity. Children experiencing food insecurity between 1st and 3rd grades showed greater social and academic difficulties in 5th grade (Howard 2011). Researchers also identify strong correlations between maternal depression, food insecurity, and child outcomes (Casey et al. 2004). Much like material hardship, food insecurity is often tied to other risk conditions, and the overlapping effects are harmful to children.

To the extent that food insecurity may lead to or exacerbate malnutrition (Cook et al. 2004), studies have shown notable effects on long-term memory processing, even after the child is no longer malnourished (Brooks-Gunn and Duncan 1997). Some evidence shows that malnutrition’s effects can be cyclical. Poor nutrition can lead to lethargic interactions with adults, which can contribute to less adult attention and insecure attachments, limited motivation, and negative affections (Valenzuela 1997). The authors note, however, that food insecurity and malnutrition often co-occur with insufficient medical and social resources, so it is hard to isolate the developmental impacts of poor nutrition from the impacts of insufficient medical resources (Lipina and Colombo 2009).

Extreme parenting stress is negatively associated with children’s emotional adjustment, self-esteem, and behavior.

Limited evidence shows that disconnected mothers have higher reports of parenting stress compared with other former and current welfare recipients.

Poverty’s effect on child development often operates through parenting and parenting stress. A number of studies emphasize how poverty and economic strain and hardship increase pressure on a mother, which in turn affects her ability to provide nurturing and supportive parenting. High parental stress is associated with less self-regulation, (i.e., ability to control one’s own behavior and comply with caregivers), higher socioemotional problems (e.g., social withdrawal, irritability, mood swings), and lower self-esteem in children (Lipina and Colombo 2009). Perceived economic strain can raise a parent’s feelings of distress—and distressed parents show less affection and feel less effective disciplining their young children. Distressed parenting is associated with teacher-reported behavior issues (Mistry et al. 2002). Psychologists also note this feedback loop where poverty affects parenting, which affects a child’s behavior, which affects parenting—and the cycle repeats. In contrast, good parenting even under difficult conditions appears to buffer children from some of the risk those conditions would otherwise pose (Brody et al. 1994; Brody et al. 2002).

Extreme parenting stress has been linked to increased risk of child abuse and neglect (Berrick et al. 2006; Slack et al. 2004).

Family conflict and domestic violence are associated with children’s behavior, emotional adjustment, anxiety, depression, trauma, and health.

There has been little research to date on family conflict and domestic violence among disconnected mothers.

One study shows higher reports of domestic violence than wage-reliant mothers and mothers combining welfare and wages, but less than welfare-reliant mothers.

While children across all income levels experience family conflict and domestic violence, prevalence is higher among poor families (Vest et al. 2002). Research shows a consistent association between children’s exposure to domestic violence and higher levels of emotional problems and externalizing (aggressive and antisocial) and internalizing (withdrawn and fearful) behavior (Cipriano et al. 2011; Gewirtz and Edleson 2007). Studies link children’s exposure to intimate partner violence with the child’s level of anxiety, depression, and trauma. A handful of studies also suggest that younger children exposed to family violence are particularly vulnerable to

negative behavioral outcomes (Gewirtz and Edleson 2007).

Furthermore, research by Bair-Merritt and colleagues has found a link between incidence of intimate partner violence and child health outcomes. Mothers who reported intimate partner violence were less likely to take their children to the five recommended well-child visits and their children were significantly less likely to have the full recommended immunizations by age 2 (Bair-Merritt et al. 2008).

Family conflict and domestic violence are also especially harmful for children to the extent that they increase children’s risk of abuse and neglect and contact with the child welfare system (Westad and McConnell 2011), and even fatality (Yampolskaya, Greenbaum, and Berson 2009).

Unstable or unsafe home environments are negatively associated with children’s cognition, physical health, emotional adjustment, and social behavior.

There has been very little research to date on the home environments of disconnected mothers. Low-income families generally are at greater risk of living in unstable and unsafe home environments.

Home environments are critical for the developing child. One study linked measures of home environment quality (as a part of a composite risk score) to poorer developmental outcomes, including receptive and expressive communication skills and social affective and symbolic skills (Hooper et al. 1998).

Physical and material aspects of housing are important as well. Housing quality and safety are critical to a child’s well-being. Poor housing may contain unhealthy levels of toxins, electrical problems, and infestations (Lipina and Colombo 2009).

Similarly, authors reviewing research on housing and children’s development conclude there is strong evidence that environmental toxins, hazards, and crowding affect children’s health (Evans 2004; Lipina and Colombo 2009).

Moving frequently has been associated with poor child development. High residential mobility is associated with poorer short-term academic outcomes and greater emotional and social problems (Leventhal and Newman 2010). And youth (ages 12–17) experiencing a high level of residential mobility are more likely to show low school engagement and high emotional and behavioral problems (Moore,

Vandivere, and Ehrle 2000).⁵ The National Academy of Sciences Board on Children and Families recently addressed the effects of mobility on school performance and learning among young low-income children (ages 3–8). Their analysis of studies on the topic showed a significant relationship between greater residential mobility, lower school achievement, and more students dropping out of school (Rapporteur 2010).⁶

Although the literature on disconnected mothers does not specifically address residential mobility, studies suggest that many very low income families move frequently. Among low-income movers with children in one study, about half moved short distances, without major gains in neighborhood amenities or satisfaction (Coulton, Theodos, and Turner 2009). These “churning” moves might pose risks to children, including jeopardizing their participation in high-quality early education and school programs if the programs are linked to neighborhoods by formal rules, convenience, or both.

Neighborhoods appear to be related to child outcomes. Having higher-income neighbors has been associated with higher IQ at age 5, while having low-income neighbors was associated with more externalizing behavior problems, such as aggression and hyperactivity, at the same age (Duncan et al. 1994). These findings were further supported in a more recent study demonstrating a significant negative association between measures of neighborhood economic hardship (family poverty, mother-only heads of household, male educational attainment, and male unemployment) and measures of children’s language, vocabulary, early literacy, and math knowledge. The study also found a significant negative relationship between neighborhood economic hardship and measures of children’s social skills (Hanson et al. 2011).

A large body of research further supports the effects of social neighborhood factors on child outcomes. Researchers have developed various models to try to parse the role that neighborhoods play on residents, especially youth. Children living neighborhoods with elevated crime rates and higher levels of disadvantage experience significantly greater number of stressors, especially exposure to violence, which is associated with increased aggressive behavior and youth acceptance of violent behavior (Attar et al. 1994). On the other hand, improving neighborhood quality has been shown to improve youth outcomes. For example, recently released findings from the Moving to Opportunity demonstration show low income families that move into neighborhoods with lower poverty levels feel safer. And, families that move into neighborhoods with higher levels of social cohesion report more positive effects on youth, especially with respect to mental health (Sanbonmatsu et al. 2011)).

Multiple and cumulative risks are negatively associated with cognition, emotional adjustment, social behavior, and physical and mental health.

In measuring “barriers to employment,” several studies find disconnected mothers have more barriers compared with other former welfare recipients.

Children with multiple risks not only fare worse than their peers with fewer risks, but the compound harm of multiple risks appears to be worse than the total sum of risks (NRCIM 2000; Shonkoff, Boyce, and McEwen 2009). Similarly, risks that on their own may have little effect on outcomes become highly

⁵ Here residential mobility, or “turbulence,” is defined as experiencing two or more of the following within the past 12 months: moving from one state to another; moving to a different home; moving in with another family; two or more changes in employment by either a parent or a parent’s spouse; two or more school changes; or a significant decline in the health of the child, parent, or parent’s spouse.

⁶ See <http://www.bocyf.org/children_who_move.html>.

associated with poor outcomes when combined with other risks (Evans 2004; Evans and English 2002). In one study, researchers estimate the impact of social risk factors—such as low parental education, low family income, single-parent household, racial minority status, not having insurance, family violence, poor maternal mental health, and unsafe neighborhoods—on a variety of child health outcomes, including parent-reported health, dental health, socioemotional problems, and weight. Children with six or more social risk factors have 17 times the risk of poor health outcomes. The authors see this result as strong evidence that the negative impact of multiple risks is greater than the sum of each individual risk (Larson et al. 2008).

Children exposed to multiple risks in addition to poverty (e.g., unstable housing and maternal substance abuse) have less favorable outcomes than children with fewer risks. They often have socioemotional difficulties; problems with communication, cognition, and health; and more internalizing and externalizing behavior problems. One study shows that children facing more risks (mother-reported community risk, maternal depressive symptoms, inadequate income, and inadequate parenting) have higher levels of self-reported internalizing behaviors (Jones et al. 2002). Another study found that a mother’s literacy scores and depressive symptoms predict children’s performance on achievement tests and self-reported engagement in school (Hair et al. 2002).

Cumulative stressors, including substandard housing, family turmoil, community violence, and separation in early childhood, were associated with difficulty self-regulating (e.g., delayed gratification) and higher psychophysiological stress (e.g., resting blood pressure) for low-income children ages 8–10, regardless of race and whether they lived in an urban or rural neighborhood (Evans and English 2002).

Young children and children with disabilities have increased vulnerability to developmental risk.

Disconnected mothers are more likely to have infants or children under age 5 than other former welfare recipients or other low-income single mothers.

Disconnected mothers are somewhat more likely to have a child with a physical or mental disability and more likely to have a child on SSI.

Children who are very young or who have disabilities may be more vulnerable than other children to developmental harm, given other family risk factors.

Young children. Very young children are particularly vulnerable to the risks discussed above. Recent research suggests that infancy and early childhood are critical periods for healthy development. These studies—synthesizing findings from economics, developmental psychology, and neurobiology—suggest that brain development may be permanently and negatively altered through repeated high stress, or “toxic stress,” in very early childhood. Exposure to toxic stress in infancy or

the preschool years may increase the chances of stress-related disorders and disease, and even cognitive impairment, in adulthood. When young children do not have supportive caregivers to help them cope with stressful events, that stress can cause physiological changes that may lead to poorer social and cognitive outcomes (Knudsen et al. 2006; NSCDC 2004a, b, 2005, 2007, 2010a, b; Shonkoff 2010; Shonkoff and Levitt 2010).

Child health and disability. In a low-income sample, as was expected, children with identified learning, mental, and physical disabilities scored lower on measures of cognitive abilities (language/vocabulary, literacy, mathematics) and social skills (social participation, self-regulation, externalizing and internalizing behaviors) (Hanson et al. 2011). Children with mental or physical disabilities are more likely than nondisabled children to experience abuse and neglect and to have multiple and substantiated reports to child protective services (Connell et al. 2007; Fluke et al. 2008; Jaudes and Macky-Bilaver 2008;

Marshall and English 1999). This heightened risk of abuse and neglect poses a developmental risk that may be greater than risks related to the disability itself.

What are the important differences among subgroups of disconnected families?

Disconnected mothers are not a homogenous group, and the risks they face may vary. Understanding the varied circumstances that contribute to being disconnected from work and welfare is important for understanding the potential risks to children (Slack et al. 2007). One study found that disconnected mothers tend to fall into three groups: mothers who had recently given birth, mothers looking for work, and mothers who were cohabiting and not looking for work (Osborne and Knab 2007).

Whether a mother lives with other adults also could affect the risks to her children. Loprest and Nichols (2011) find that approximately 32 percent of disconnected mothers do not live with other adults. Are these children worse off because they do not have access to the resources offered by other adults or better off because other adults (for example, roommates) could pose a danger to them? The short answer is that we don't know. Another third of disconnected mothers are cohabiting and the final third are living in complex family structures with other adults. The literature investigating the developmental impacts of family and household structure is extensive, but somewhat inconclusive. The literature on risks for child abuse and neglect suggests that children in single-parent families and those with a parent's partner or spouse (who is not biologically related to the child) in the household are particularly at risk compared with children in homes with both biological parents (Berger 2004, 2006; Brown et al. 1998; Paxson and Waldfogel 1999, 2002). Adding more complexity and instability in family structure may pose risks to children even apart from the advantages and disadvantages of each structure in itself. Although not found in for all ethnic groups, Fomby and Cherlin (2007) find a significant association between the number of family structure transitions and poor behavioral outcomes for white children.

Finally, the subgroup of disconnected mothers who are not citizens deserves particular attention because this population is growing and because potential policy interventions may be considerably different from interventions for other disconnected mothers. Loprest and Nichols (2011) estimate that 14.1 percent of disconnected mothers in 2004 were noncitizens; that figure increased to 17.4 percent in 2008.

INTERVENTIONS FOR IMPROVING CHILDREN'S OUTCOMES

A. Increase and Stabilize Family Income

1. Make child-oriented modifications to interventions that enhance work support benefits, improve income stability, and prevent disconnection.
2. Target the period around pregnancy, birth, and infancy.
3. Increase income and simultaneously enhance children's home environment, health, or school performance.

B. Support and Enhance Parenting

1. Home visiting and Early Head Start.
2. Treatment for parental depression.
3. Parenting programs.

C. Improve Children's Outcomes through Direct Interventions

1. Early childhood and K–12 education.
2. Medicaid and CHIP.
3. Children's nutrition and food security.
4. Access to children's services.

D. Help Children in Noncitizen Disconnected Families

1. Child-only benefits.
2. Policy options for Medicaid, CHIP, and SNAP.
3. Improved access to benefit programs already available to children in noncitizen disconnected families.
4. Enforcement strategies that prevent detention and deportation of parents and that support children when separation happens.

Interventions to Improve Children's Outcomes

Strategies to help children in disconnected families include interventions to boost family income, enhance parenting, and support children directly.⁷ Reviewing all the interventions proposed over the years to achieve these goals would be beyond the scope of this paper. Instead, the paper focuses on interventions that are particularly relevant to children in disconnected families, based on the specific evidence available about these families' characteristics and the risks they pose to children. Thus, it seeks interventions at the intersection between research on disconnection and research on child development.

In the first section, on interventions to increase and stabilize family income, the paper seeks this intersection by bringing a child development lens to income interventions that have been proposed elsewhere for disconnected families. It also identifies interventions that have not, as far as we know, been proposed specifically for disconnected families but that appear promising given what we know about those families' characteristics. Because bringing a child development lens to family income highlights the value of stability—key for children's development, which unfolds over time—the discussion throughout the paper includes strategies for keeping family income stable by preventing disconnection, as well as strategies for intervening after families become disconnected.

The second and third sections, on supporting parenting and directly intervening in children's lives,

approach the intersection of children and disconnected families from the opposite direction. These sections sift through interventions that have been proposed for children in low-income families to identify those that seem particularly suited to the specific characteristics of the disconnected. In some cases, the evidence is sufficient to suggest particular options; in other cases, we still know so little about disconnected families that we can only suggest policy areas worth exploring in more detail.

⁷ A fourth way of helping children in these families is through interventions that improve children's broader neighborhood environments, such as the Moving to Opportunity demonstration. While we believe this approach is very important, the data about disconnected families do not offer enough evidence about neighborhood settings; therefore, we recommend this area for further research but do not discuss it here.

The final section explores a subgroup of disconnected families whose underlying reason for disconnection could be very different: families in which the disconnected mother is a noncitizen. The options described here address the specific barriers to eligibility and connection experienced by noncitizens.

One question, though, deserves attention first—does *being* disconnected pose a barrier to receiving help? Since disconnected parents are neither working nor receiving cash assistance, are they isolated from other public and private programs and service providers as well? If so, what additional challenges does that pose for intervention strategies?

Studies show that a large share of mothers who are disconnected from employment and cash assistance receive SNAP benefits or Medicaid for themselves or their children. According to a national study and a synthesis of the research, about half of disconnected mothers receive SNAP and about half are covered by Medicaid (Loprest and Nichols 2011). Around 80 percent of these families have at least one child who participates in Medicaid (Farrell 2009; Zedlewski and Nelson 2003).⁸ In 2008, about 35 percent of disconnected mothers received benefits from the Supplemental Feeding Program for Women Infants, and Children (WIC), significantly more than the 27 percent of all low-income single mothers who received WIC (possibly because of the ages of children in disconnected families).⁹ About the same share of disconnected families receive child support (about one-third) and a slightly smaller but still substantial group receives public housing assistance (about one-fifth to one-quarter). Finally, while a small share receives unemployment insurance (7.8 percent of disconnected mothers report receiving it in 2008), that represents almost double the 4.1 percent share among all low-income single mothers (Loprest and Nichols 2011). No study indicates what share of families have contact with a public agency through at least one of these routes, but clearly, with around 80 percent receiving Medicaid for their children, the proportion with some public connection is large.

The studies that focus specifically on disconnected families do not typically address connections to other service providers who might have a relationship with mothers or children, such as doctors, teachers, child care providers, social workers, home visitors, or early intervention specialists. But these links are important for assessing whether families are isolated from opportunities to help them. One recent study does provide insight into the service connections of poor and severely depressed mothers—a group that might be expected to be most isolated. Using data from a national sample of infants to study these families, the researchers find that by the time infants in these families were 9 months old, they had an average of six well-baby visits (Vericker, Macomber, and Golden 2010). Thus, particularly for mothers with younger children, pediatricians' practices appear to offer an opportunity for building connections, along with WIC clinics and the Medicaid and SNAP agencies.

These findings can be seen in two lights. On the one hand, the mothers' own SNAP and Medicaid participation suggest lower levels than would have been anticipated, given the families' low income. As noted below, the immigrant status of almost one in five of these mothers could be a partial explanation, as could income from others in the household, but it is likely that these programs are missing many eligible families. One of the intervention approaches described below focuses on filling these gaps.

⁸ There are several reasons many more children than parents in low-income families participate in Medicaid, all of which may apply here: far more generous eligibility levels for children than for parents (who are ineligible in some states even at less than half the poverty level), eligibility requirements that allow U.S.-born children of immigrants to enroll while their parents often cannot, and a variety of effective enrollment strategies that have increased participation dramatically among eligible children (Golden and Fortuny 2011).

⁹ Since WIC serves pregnant women and mothers with infants and toddlers, the large proportion of disconnected mothers with young children could affect this higher participation rate. Also, WIC does not exclude mothers based on citizenship or immigration status.

On the other hand, these data don't suggest that disconnected mothers are largely isolated from public programs. They are by definition not participating in TANF, but at least half participate themselves in SNAP or Medicaid and far more have a child participating. And compared to all low-income single mothers, a larger share of disconnected mothers is participating in WIC and unemployment insurance.

A. Increasing and stabilizing family income

Poverty is a major risk factor for children, but boosting family income is not necessarily sufficient to improve children's outcomes. Research suggests that several factors influence the effect on children: the level and stability of the income boost, the child's age, changes in daily child care and parental availability associated with the income increase, and whether the income boost is combined with other interventions that are positive for the family.

Level and stability of income boost. In general, small and temporary increases in income do not have effects on children; stable increases that take family income above a threshold are more likely to have an effect (Blau 1999; Mayer 1997). A review of income experiments suggests that the positive effect of earnings supplements on children is reduced by a short welfare time limit, which presumably reduces duration and stability (Morris, Knox, and Gennetian 2002).

Timing of income boost. Several different strands of research suggest that poverty at birth or during early childhood may be particularly damaging. Research summarized earlier indicates that infants and very young children are particularly vulnerable to damage from high levels of stress ("toxic stress") and that poverty at birth has a greater effect on a child's long-run outcomes than poverty later in life. Some (though not entirely consistent) evidence suggests that positive effects from increased income may be greater for preschool and younger school-age children than for older children or adolescents. Research on earnings supplements, which are conditioned on increased work, suggest modest positive effects for preschoolers and elementary school children but possible damage for adolescents—though it is hard to disentangle the effects of greater income from the changes in children's care (Morris et al 2002; Morris, Gennetian, and Duncan 2005).

A study of the earned income tax credit's (EITC) boost to family income found positive effects on academic achievement for school-age children as a whole, with some evidence suggesting larger effects for children ages 5–10 compared with children ages 11–15 (Dahl and Lochner 2008). The New Hope Project looked at the impact of an income boost on parental well-being and subsequent effects for preschool and elementary age children and found positive impacts. Older children (ages 9–12) were more likely to be involved in structured, out-of-school activities at both the five- and eight-year follow ups. At the eight-year follow up, youth who had been older children during the demonstration were more likely to have positive attitudes toward and greater preparation for employment (Miller et al. 2008; Morris et al. 2005).

Changes in children's daily care and parental availability. When families' income goes up because parents are working more, children's day-to-day environment changes. Particularly in single-parent families, the parent may be less available to care for his or her children and may rely more on out-of-home care. Research does not offer a simple answer about whether these changes are good or bad for children. Most likely, the effect depends on the child's age, the availability of good child care, and possibly on such other factors as a parent's stress.

For preschool and elementary-age children, both the Project New Hope study and MDRC's review of welfare-to-work studies indicate that income boosts associated with more center-based child care and

structured out-of-school activities are beneficial. Project New Hope focused on a subsidy for purchasing child care; the welfare initiatives studied by MDRC had varying policies including child-care search assistance, encouragement of formal care, higher income-eligibility limits, and direct payments to child care providers (Miller et al. 2008; Morris et al. 2005).

For very young infants, a greater number of hours in care is associated with poorer child behavioral outcomes, regardless of the quality of care and family income. Additionally, in part because high-quality care for infants and toddlers is costly, many child care settings for this age group in the United States are not high quality, and research suggests that low-income families are more likely to have lower-quality care (Adams, Tout, and Zaslow 2007). For adolescents, MDRC's review of welfare experiments found some indication of negative effects when mothers' income rises through work, probably due to reduced supervision.

Income combined with other interventions. The many studies that have linked poverty to worse child development outcomes often highlight family background and home environment, as well as the direct effects of low income. Given the importance of such intermediate steps as parental stress and the ways parents engage with children, many researchers have suggested that combining income improvements with strategies to improve parenting and the home environment could be more effective than either alone (Berger, Paxson, and Waldfogel 2009; NRCIM 2000).

Based on this research and the evidence about disconnected families, three groups of interventions to enhance income look especially promising viewed through a child-outcome lens. This is not a comprehensive list of income boosts; rather we highlight specific child-oriented features of existing proposals and identify new proposals tailored to what we know about children in disconnected families.

Make child-oriented modifications to interventions that enhance work support benefits, improve income stability, and prevent disconnection.

Interventions proposed by other researchers to raise disconnected mothers' income generally focus on increasing their use of public benefits, keeping mothers connected to work or TANF (and thus preventing disconnection, as discussed earlier), or ensuring income stability when a parent does become disconnected. Modifying these proposals for the greatest effect on children means paying particular attention to the stability of the income boost and the ways each intervention affects children's daily lives and the settings where they are cared for.

Improved participation in benefit programs. The extremely low income of disconnected women suggests that many who do not participate in benefit programs such as SNAP, Medicaid, and housing subsidies are probably eligible. Thus, researchers have suggested that helping disconnected mothers apply for and use public benefits is a promising way to raise their income (Blank and Kovak 2009; Loprest and Zedlewski 2006).

Research does not tell us whether mothers who are disconnected from employment and TANF are more or less likely than other low-income mothers to be disconnected from other programs such as SNAP and Medicaid. On the one hand, they have lower rates of participation in those programs than mothers on TANF, because TANF often automatically links them to Medicaid and SNAP (Loprest and Zedlewski 2006). In addition, some of the characteristics of disconnected mothers, such as the share who are not U.S. citizens, are associated with lower participation rates than average. It also seems plausible that personal challenges such as health and mental health problems and low literacy could make it harder to maintain participation in all the benefit programs, but little evidence exists. On the other hand, compared to all low-income single mothers or all single mothers whose income is under the poverty level, such characteristics of disconnected families as low hours of work and having children under age 6 are

associated in at least some studies with higher than average participation rates for Medicaid and SNAP (Mills, Compton, and Golden 2011).

But whether or not disconnected mothers have a harder time gaining access to Medicaid, SNAP, and other benefits than other low-income families, there is considerable evidence that state and federal policies and business practices contribute to families' failure to get and keep benefits and that making it easier to apply for, renew, and verify eligibility for benefits can increase participation (Mills et al. 2011; Rosenbaum and Dean 2011). Some of the most promising reforms could be well-suited to families with barriers that make it harder for them to handle complex or demanding application processes; these reforms focus on making the process as automatic as possible, for example, by "auto-enrolling" children who are already in a SNAP household into Medicaid or by pre-completing forms with the information about income already on file so families will just have to accept or correct them, not find and provide documents multiple times (Dorn et al. 2011; Rosenbaum and Dean 2011). However, some observers have expressed concern that other reforms intended to speed the process could have unanticipated consequences for the most vulnerable families—for example, reforms that use call centers and online processes to speed response could make it harder to reach a caseworker with whom a family has a relationship (Rosenbaum and Dean 2011). As states implement these reforms, evaluations should refine the evidence about strategies that work best for particularly vulnerable families, including disconnected families.¹⁰

Looking at this strategy through a child outcomes lens suggests a particular focus on stability and benefit retention, not just initial enrollment, to help families keep benefits for as long as they are eligible rather than "churn" in and out of programs. Many recent studies have shown high levels of turnover in CHIP, Medicaid, and SNAP among children or families who lose coverage at renewal but then re-enter quickly, suggesting that they failed to meet procedural requirements rather than actually being ineligible. Researchers have also examined whether changes in state policy can reduce churning and have found that requiring families to renew more frequently appears to lead to shorter periods of participation in Medicaid, CHIP, SNAP, and child care subsidy programs (Meyers et al. 2002; Mills et al. 2011; Ribar, Edelhoch, and Liu 2008; Summer and Mann 2006). Innovations to make the renewal process less frequent, less onerous (for example, auto-completing forms, as described earlier), and better coordinated across programs (for example, synchronizing redeterminations or presuming eligibility for one program based on information on file for another) all show considerable potential for improving families' stability on benefits. While no evidence indicates whether disconnected families are more or less likely than others to suffer from churn, the challenges they face could certainly make procedural requirements particularly daunting for them and the removal of those barriers particularly beneficial.

Keeping working families from becoming disconnected. Losing a job is by far the most common reason for becoming disconnected among low-income single mothers (Loprest and Nichols 2011). Given the importance of income stability for children, this suggests helping low-income single mothers with interventions that can preserve jobs, help mothers rapidly find new jobs, or maintain income after job loss. Many interventions of this type have been suggested, including

- employment retention and advancement programs offering counseling, case management, and either provision of or referral to other services (Hendra et al. 2010);
- re-employment services, such as subsidized or transitional employment and skills training or remedial education combined with appropriate services. Particularly for disconnected mothers, these services need to include interventions that address employment barriers, including physical

¹⁰ The evaluation of Work Support Strategies, a state-based demonstration of improved delivery of work support benefits that is described more fully in the next footnote, will have a full evaluation with the potential to offer important evidence on these issues. See <http://www.urban.org/worksupport/>.

and mental health problems, low literacy and education, and caring for disabled children or other family members. Proposals have been made for “hard-to-employ” mothers and TANF recipients (Bloom and Butler 2007; Loprest and Martinson 2008); and

- greater participation in Unemployment Insurance among low-wage workers in general and women and parents in particular (O’Leary and Kline 2010).

Among the many proposals to help preserve low-income mothers’ employment, a child outcomes perspective suggests that two deserve special mention, because they have the potential both to prevent parents’ disconnection from work and to directly enhance children’s development. These are increasing the availability of child care subsidies and improving the policies and business practices that shape how such subsidies are delivered to families. Considerable evidence documents the role of child care subsidies in reducing disruptions to work and increasing the likelihood that parents will be employed (Forry and Hofferth 2011; Mills et al. 2011; Tekin 2005). Project New Hope and several syntheses of the welfare reform experiments offer some support for the idea that child care subsidies that helped parents find better quality or center-based care contributed to improved child outcomes, at least for preschoolers (Miller et al. 2008; Morris et al. 2002; Morris et al. 2005).

Yet child care subsidies reach only about 30 percent of those deemed eligible under state standards (HHS 2008; Mills et al. 2011), largely as a result of restricted federal and state funding. In addition, state policies for eligibility determination and redetermination may undercut family stability rather than contribute to it. For example, if states require that a mother loses her child care subsidy eligibility when she loses her job, she’ll have a harder time returning to work because she has to care for her child while searching for a job. Meanwhile, the child has lost a stable care setting.

In a detailed review of child care stability and the ways that child care subsidy systems do or do not support it, Adams and Rohacek (2010) recommend four broad types of actions: (1) improving policy and business practices (such as not ending subsidies immediately when a job ends) to make sure the subsidy system itself does not contribute to volatility; (2) supporting a stable pool of child care providers; (3) helping families choose care well in the first place (so that disruption of child care does not spiral into job and income loss); and (4) targeting vulnerable families that use child care erratically or have other volatile circumstances. While more research is needed to understand the child care histories of disconnected mothers, the large number of mothers who report that caregiving responsibilities are keeping them from work suggests that all these strategies are worth exploring.

Keeping mothers on TANF from becoming disconnected. Losing TANF benefits is another common way to become disconnected. For those single mothers who exit the TANF program, about one-fifth become disconnected for at least the next four months (Loprest 2011). Interventions to prevent mothers from losing TANF include strategies to find and retain work described above, as well as interventions to keep families connected to cash assistance. Proposed interventions include intensive engagement prior to full-family sanctions or prior to reaching TANF time limits (e.g., Pavetti and Kauff 2006). Blank (2007) has proposed a program that recognizes some women will not be able to work temporarily or part time, particularly those with health problems that impede work but are not significant enough to qualify for disability benefits. The program would provide temporary cash assistance, thorough assessment, and intensive case management services toward eventual work. Several states have or previously had similar initiatives within their TANF program to serve women with serious barriers (Loprest et al. 2007).

Taking a child outcomes perspective and focusing on the characteristics of disconnected mothers suggests an additional area that deserves attention: TANF rules and program services for mothers with infants. Federal law already allows states to exempt a mother on TANF from work requirements until her child turns 1, and these mothers are not counted in the state’s work participation rate. Nonetheless, only half the states exempt mothers for this full time and nine do not provide exemptions (Hahn, Kassabian, and

Zedlewski forthcoming). If all states adopted this policy, it could potentially serve as a bridge to the more ambitious interventions suggested below.

Target the period around pregnancy, birth, and infancy.

About one in seven disconnected mothers has a child under age 1, a significantly larger proportion than other low-income single mothers (Loprest and Nichols 2011). And, as discussed above, children are particularly vulnerable at birth and infancy to poverty and instability—making interventions targeting income support toward this period of life worth exploring.

Paid family leave. When parents must stay home with an infant (or to care for a seriously ill family member), paid family leave covers lost income. Some evidence suggests that paid family leave may also prevent job loss. One study finds that when women, particularly low-income women, do not have paid time off after giving birth, they are more likely to leave the labor force (Hofferth and Curtin 2006).¹¹ Paid family leave may also have direct positive outcomes for children, because mothers who stay home right after birth can interact with the baby, breastfeed, attend well-baby appointments, and avoid hasty and potentially damaging child care choices. A review of the research on parent and child impacts of parental leave policies finds evidence of improved health outcomes for children and, from a cross-national study of 16 countries, reduction in infant mortality (Galtry and Callister 2005).

Two states, California and New Jersey, have fully operational paid family leave programs. Both are closely related to the temporary disability insurance programs in their states and require connection to the labor force. To evaluate California's paid family leave program, Appelbaum and Milkman (2011) surveyed workers and employers in California, with a focus on low-wage workers. Their study suggests that paid family leave has some positive effects for low-income families, including improving parents' ability to care for a new child (newborn, foster child, or adopted child). Those in low-quality jobs report increased levels of wage replacement while on leave (the paid leave program in California offers to compensate eligible workers for up to six weeks at 55 percent of their weekly earnings), as well as increased employment retention after taking leave, compared to those who did not access the paid leave benefit. Seventy-two percent of the participants in low-income jobs reported that it positively affected their ability to arrange for child care. However, the study also suggests that some workers, particularly those in low-quality jobs, do not know about the program or have trouble accessing it. Some disconnected mothers probably are not connected enough to the labor force to benefit, but almost 8 percent of disconnected mothers reported receiving unemployment insurance (twice the share of all low-income single mothers), indicating connection to the labor market. Thus, this subgroup could potentially meet work connection requirements for family leave (Loprest and Nichols 2011).

At-home infant care for low-income parents. Minnesota gained considerable attention by using its child care subsidy resources to create what was essentially a paid family leave program targeted at low-income working families—the At Home Infant Care program. The program was set up in 1998, repealed due to lack of funding in 2003, and reinstated in 2004. Families eligible for the child care subsidy but not on cash assistance can receive a one-time benefit of up to 12 months for taking care of their infants at home. Montana piloted a similar program in 2002. No research that we know of has assessed the strengths and weaknesses of this program.

Targeted TANF program for mothers of infants. Drawing on the evidence already cited, states could design a targeted TANF program for low-income pregnant women and mothers of infants. The program could have three core components: income support during infancy, services designed to support a return

¹¹ Additionally, Hofferth and Curtin (2006) find that single mothers return to work more slowly than mothers in two-parent families and that African American mothers return faster than white mothers.

(or entry) to work at the end of the year, and support for infants' early development and high-quality parenting.

- Income support. Outreach to bring disconnected pregnant women and mothers of infants into TANF to participate in such a program might be possible even in state fiscal and political contexts that could not support outreach to all disconnected women; mothers of infants might be a small yet important group that could garner support. States could also consider supplementing the basic TANF benefit with incentives under a conditional cash transfer program that rewards mothers financially for such child-centered activities as keeping to the schedule of well-baby visits. (As indicated in the next section, evidence to date suggests that such transfers do have a positive effect on family income and on some parental behaviors when averaged across all families, but the effects have been larger for families less like disconnected families—such as married-couple families and those with full-time work.)
- Job-preparation services. Some support for the idea of targeting job services to parents with infants comes from a recent evaluation of an Early Head Start program that offered these services to very low income pregnant women and mothers of young children. The evaluation found limited impacts on employment overall (in part because of implementation difficulties), but it did find greater impacts for pregnant women and mothers of infants than for mothers of toddlers (Hsueh, Jacobs, and Farrell 2011). States could also take advantage of the mother's year at home to help her seek out quality child care and stabilize the baby's setting before the return to work.
- Support for infant development and parenting. In addition, an effective program for pregnant women and mothers of young children should provide or link to support for infant development and mothers' parenting, whether through Early Head Start, home visiting, or another approach. States are in a strong position to reach out to more families as a result of the expansion in home visiting funded by the Affordable Care Act (described more fully later). In addition, each program could help with case-finding for the other: pregnant women or mothers of infants in the TANF program could be priorities for home visiting, while pregnant women and new mothers identified for home visiting through prenatal care, hospitals, or WIC clinics (all currently used methods to identify high-risk women and babies for home visiting) could also be connected to the special TANF program.

Increase income while intervening directly to improve other aspects of children's lives, such as their home environment

Modest increases in family income are not likely to enhance children's outcomes in isolation. Paired with effective interventions that also address other aspects of children's lives, though, they could have a greater effect. As discussed earlier, expanded access to child care subsidies provides one example of this strategy—and researchers have concluded that the positive effects on children may come both from increased income and from spending time in better out-of-home settings.

Another example of this strategy might be to combine interventions of different types—for example, to increase participation in work support programs while also targeting families for Early Head Start or home-visiting interventions. Two-generational, income-plus-child-development approaches are not easy to implement, but there is some evaluation evidence supporting them. For example, a recent HHS review of home-visiting programs found that Early Head Start (home-based model), Healthy Families America, and Nurse Family Partnership had positive impacts on family self-sufficiency as well as child development outcomes (Paulsell et al. 2010). A recent evaluation of employment services embedded into three Early Head Start programs in Kansas and Missouri found modest effects, partly because of the challenge of implementing an extension to the programs' mission (Hsueh, Jacobs, and Farrell 2011).

Another strategy for combining improvements in income with other positive changes in children's lives is to use financial incentives to change behavior in a way that improves children's environments and

concurrently to support family income. Just as TANF seeks to link income to work participation, pilots of these strategies have explored whether it is possible and desirable to link income to improved parenting or other activities on behalf of children.¹² In Project Match, a Chicago-based organization, staff give parents credit for activities with their children and in their communities as part of a ladder toward work. In one program, an intervention for public housing residents, these activities gain reward points for families, which can be redeemed for gifts or to pay bills (Herr and Wagner 2007). In New York City, an experiment called Opportunity NYC–Family Rewards is testing the effects of financial incentives for parents not only to work but also to get involved in their family’s health and children’s education (improving children’s school attendance and achievement). These payments supplement New York’s basic benefits, such as TANF, providing families with an opportunity to earn additional income—they are not conditions on TANF receipt. Early findings indicate that the experiment was successful in reducing hardship and getting money to families—who earned on average \$6,000 in incentives over the two years—and in improving some but not all of the desired child and family outcomes (for example, better educational outcomes for a subgroup of high school students, more preventive dental care) (Riccio et al. 2010).

Variations on this approach could be considered as a child-oriented supplement to basic TANF benefits, as could using other funding. To be relevant to disconnected families—either by preventing disconnection from TANF or by helping families already disconnected from TANF—the program design would have to engage them in a way TANF does not. The Project Match experience suggests that parents who are not at that point in their lives able to make steady progress toward work may nonetheless be able to take focused steps for their children. Project Match also includes skilled case management, consistent with some evidence of the role of relationships in effective service delivery to families facing multiple challenges.

On the other hand, the evidence from the NYC pilot is less promising on this question, whether families facing multiple challenges can stay sufficiently involved to reap the financial benefits and improve children’s environments. In the pilot, the families that earned the most from incentives were “more educated, more likely to be working full time, and more likely to be married or in a domestic partnership than parents in other families” (Riccio et al. 2010). One possible reason is that the NYC pilot does not involve case management or other service expansion, potentially limiting its reach to the most fragile families. Variants on the approach could pair the financial incentives with services like those considered in the next two sections.

B. Supporting and enhancing parenting

Children’s development depends crucially on their parents. Many interventions have been developed in different fields of research to enhance parenting. Some interventions arise from an early child development tradition that seeks to enhance parenting and parent-child relationships while also engaging children directly. Other interventions treat problems that hinder parenting, such as depression, substance abuse, and domestic violence. Some studies of these interventions include specific attention to the effects of treatment on parenting and parenting behavior, and experts have called for a focused ramping-up of research on these issues because treatment of parents has such potential to improve child outcomes (NRCIM 2009). (cite to IOM report on depression). Still other interventions have arisen from studies of

¹² Currently, several states impose various behavioral requirements on TANF recipients and their dependents. Behavioral requirements related to parenting and child well-being include monitoring school attendance, maintaining a minimum grade point average, having children immunized, obtaining regular check-ups for children, and other health requirements. Failure to comply with these behavioral requirements can affect initial and continuing eligibility, depending on the state. As of July 2009, 30 state TANF programs had school-related requirements, 25 had immunization requirements, and 6 had health-screening requirements (Rowe, Murphy, and Mon 2010).

parents who seek or are steered to get help with parenting, often because of problems in their relationship with a child or their concern about the child's behavior.

This section focuses on three types of interventions that lie within these traditions, all characterized by considerable policy interest, a strong research record at least for some programs within the category, and some link between the intervention and the data available about disconnected families. However, the discussion is far from comprehensive. Future research that fills in the picture of disconnected mothers' characteristics as parents and the developmental status of their children would refine the list, making possible a more thorough review of the evidence.

Home visiting and Early Head Start for parents of young children

We discuss home-visiting programs and Early Head Start as interventions for very young children (birth to age 3) because they have demonstrated effectiveness in rigorous evaluations.

Home-visiting programs reach pregnant women and families with young children in their homes. While programs have developed from a variety of service perspectives and goals—maternal and child health, child development and school readiness, parenting and reduction in child maltreatment, family economic self-sufficiency, and others—they share the service strategy of building a close relationship between a home visitor and a family at a particularly vulnerable time. The home visitor can provide support, encourage behavioral change, and link families to other outside services. According to one estimate, 400 publicly and privately funded home visitation programs now serve 500,000 children (Ammerman et al. 2010). Over the next four years, states will have access to \$1.5 billion provided by the Affordable Care Act to expand and strengthen home visitation. Thus, it is particularly timely to think about whether home-visiting programs should target disconnected mothers and what benefits they might offer for children's development.

A rigorous systematic review completed for HHS finds that seven home-visiting programs have evidence of effectiveness for children and parents: Early Head Start–Home Visiting,¹³ Family Check-Up, Healthy Families America, Healthy Steps, HIPPI, Nurse Family Partnership, and Parents as Teachers. While many different outcome areas were considered, six of the seven programs had positive results for child development, school readiness, and parenting. The remaining program, Healthy Steps, had results in child health only (Paulsell et al. 2010). Another example of a program that had positive effects on economic self-sufficiency and child health within families was the Public Health Nursing—Early Intervention Program. This program had extensive positive effects, ranging from improved postpartum maternal education outcomes and educational transitions to positive effects on number of days infants were rehospitalized after birth and the proportion of children with up-to-date immunizations (Koniak-Griffin 2011).

Home visiting offers opportunities to reach isolated and troubled mothers, because of the convenience of in-home services and the focus on building relationships. In focus groups on maternal depression in their communities, many low-income mothers gave several reasons that home visiting was a very good way to help mothers with depression (some of these mothers had experienced home visiting, while others had not). Compared to getting help in another setting, such as a doctor's office, they thought home visiting was particularly appealing because a mother feels in control in her home, she can build a relationship with the home visitor over time (rather than be asked to reveal personal problems in a one-time visit), and she can feel more comfortable that the home visitor will have context for any problem she reveals—for example, the home visitor will see her interact with her children and won't jump to conclusions about her unfitness as a parent if she says she is sad or stressed (Golden, Hawkins, and Beardslee 2011).

¹³ Early Head Start has home-based and center-based variants, as discussed below.

On the other hand, little evidence exists about whether home visiting is actually effective for depressed mothers. One thorough review concludes that “home visitation services alone are insufficient to bring about substantial improvement” for depressed mothers (Ammerman et al. 2010). Home visitors themselves report difficulty engaging mothers with mental health problems and feel great uncertainty about how to respond (Golden et al. 2011). Besides mental health challenges, researchers have also examined some of the other challenges facing disconnected mothers, such as food insecurity and material hardship, and they have generally concluded that families with the largest number of risks and challenges are harder to engage in home visiting and that positive outcomes are harder to produce for these families.

Therefore, from the perspective of disconnected mothers facing serious challenges, home visiting is promising—particularly compared to other approaches that require them to go out and find a service—but existing program designs likely need to be enhanced. As states expand home visiting, they should explore strategies that improve programs’ capacity to reach the most isolated and vulnerable mothers and to meet their and their children’s needs effectively.

For example, three enhancements worth exploring for depressed mothers are partnerships between mental health clinicians and home-visiting programs, intensive mental health consultation and supervision for home visitors, and a combination approach in which clinicians would meet with the most depressed mothers and intensively supervised home visitors would work with the others (Ammerman et al. 2010; Boris et al. 2006; Golden et al. 2011). In addition, there is some experience with intensive home visiting targeted to particularly vulnerable families—specifically, the hard to employ—within the TANF program. Building Nebraska Families is an example of program that improved work for these recipients, showing significant positive effects for improving outcomes for these deemed very hard to employ. But while it offered a family education component with information on child development, outcomes for children were not reported (Meckstroth et al. 2009).

Early Head Start’s center-based model is another potential intervention for disconnected mothers and may be more helpful than the home-based model for mothers who are working. In FY2009, Early Head Start (EHS) as a whole served more than 66,000 children under the age of 3 and their families in more than 650 programs nationally (HHS 2010d). Eligibility is limited to very low income families.¹⁴ Programs offer early childhood development services through a center-based or home-based model, along with family engagement and parenting, health care, and other services. A rigorous evaluation that has tracked children through the 5th grade identifies small but consistent positive effects for children on a range of dimensions, including cognitive and socioemotional development and language development. The study also shows positive impacts on parenting, including increased support for language and learning, improved home environment, more supportive parenting, more varied and less harsh discipline methods, and improved father-child relations. Parents in the treatment group also show more engagement with employment and training activities and fewer subsequent births. The evaluation also suggests that EHS protects children to some degree from the effects of parental depression, improving parenting even while depressive symptoms remain (HHS 2002, 2010c).

However, EHS’s capacity is very small relative to the need. A focused effort to link disconnected mothers to EHS slots might require expansion supported by federal or state resources and will likely bump up against some implementation challenges. A pilot effort to link EHS with mothers in the child welfare system did not keep mothers and babies in the program for long—an average of 11 months, just over half of the average length of engagement for other EHS families—because of institutional problems in coordinating the two systems and because EHS staff had difficulty engaging mothers who were being required to attend (Golden 2009; HHS 2009).

¹⁴ With some exceptions to allow Early Head Start programs to serve disabled children and higher-income children who might benefit from Early Head Start services, Early Head Start programs are required to ensure that 90 percent of the families they serve have incomes below the federal poverty level.

Two-generational programs for preschool-age children include family literacy, Head Start, and other high-quality child care and preschool programs. However, a full review is well beyond the scope of this paper. Two-generational family literacy programs—which seek to enhance parental education, young children’s school readiness, and parents’ involvement in their children’s education—might hold promise for disconnected mothers, since they focus specifically on the risk to children posed by parents’ limited education, a clear factor in disconnected families. A recent review addresses one slice of this topic, the effectiveness of family literacy programs for young children of immigrants. That review concluded that many of the strategies are very thoughtfully designed but evidence of effectiveness remains incomplete, in part because some control group parents have independently sought out educational services (Crosnoe 2010). A two-generational program combining EHS and self-sufficiency services, currently under evaluation, increased the likelihood that infants and toddlers would be in center-based care but did not affect parents’ self-sufficiency, in part because it was difficult to implement the self-sufficiency services. The report did, as noted earlier, find more positive results for mothers with infants than for mothers of toddlers (Hsueh, Jacobs, and Farrell 2011).

Treatment for parental depression

We discussed earlier the high prevalence of depression among disconnected mothers and the risks maternal depression poses for children. Treatment of parental depression is a well-supported approach to reducing risk to children (NRCIM 2009). Unfortunately, few low-income parents get help, even for severe depression, even though treatment combined with parenting support offers considerable promise for reducing the risks to children (Miranda et al. 2003; NRCIM 2009). In a national sample of infants in poverty, over two-thirds of mothers with severe depression symptoms did not speak with a professional about an emotional or psychological problem even once in the past year (Vericker et al. 2010). Other research has suggested that reasons for not seeking treatment include financial barriers (lack of health insurance), the effects of the illness itself (depression makes it harder to reach out for help), the broader stigma associated with mental health problems, specific concerns about child protective services and child removal, practical obstacles such as lack of child care and transportation to care, and a whole host of problems with provider availability and capacity (Golden et al. 2011).

Effective approaches to filling this gap are likely to rely on multiple programs and strategies. As noted earlier, home-visiting programs with enhancements to meet these mothers’ particular needs offer a great deal of promise (Golden et al. 2011). Medicaid and CHIP rules affect low-income parents’ access to depression treatment, as well as the quality and effectiveness of the treatment, so improving these policies is another important strategy. With Medicaid coverage for parents expanding in 2014, fleshing out the components of an effective policy to promote mothers’ depression treatment could pay off substantially in the coming years (Golden and Fortuny 2011). Examples might include determining the best ways to define the mental health benefit package for parents or to measure high-quality delivery of depression services. The WIC program has extremely high levels of participation even among the most severely depressed mothers of infants in poverty (Vericker et al. 2010), making it an opportunity for engaging mothers, perhaps through colocated case management or other strategies.

Parenting programs

A number of intensive parenting programs have shown evidence of improving parenting and children’s behavioral and conduct problems (Horwitz et al. 2010; Hurlburt et al. 2007; NSCDC 2007). However, the programs backed by research evidence are not the ones generally used by child welfare agencies (Horwitz et al. 2010) or in family support settings in the community (HHS 2001).

For the most part, programs with successful outcomes require more intensive involvement from parents, more clinical skill and supervision of clinicians, and more total time than the programs frequently used by child welfare agencies (Golden 2009; Hurlburt et al. 2007). Some of these programs offer universal components with one or more levels of intensive interventions for those who need them (Horwitz et al. 2010), while others are targeted toward specific groups, such as parents of children with behavior problems.

Among family support programs, more effective programs have an explicit goal of changing parents' behavior, use professional rather than paraprofessional staff to work with parents, provide opportunities for parents to meet in groups, and focus on specific groups of children, such as those with developmental delays or behavior problems (HHS 2001).

Without knowing more about disconnected mothers and their children, including children's developmental status and behavior and mothers' perception of their relationship with their children, it is hard to know how parenting programs might fit into a strategy to improve outcomes for these children. Perhaps most appealing would be to make effective programs available to mothers who feel their children's behavior problems affect their ability to keep a steady job. For low-income mothers with jobs, such programs could be a useful part of a strategy to prevent disconnection; for mothers on TANF, they could be part of an employment or re-employment strategy (or an intensive outreach process before a family is sanctioned or reaches the time limit) (Meckstroth et al. 2009; Pavetti and Kauff 2006). Perhaps most important is to avoid spending parents' scarce time on interventions that don't work, although redirecting parenting interventions to evidence-based approaches is clearly a large task.

Since many disconnected mothers are living with, but not married to, their partners, one question for further research is whether well-designed interventions can enhance parenting and reduce risks to children in the context of cohabitation, perhaps by improving the relationships of unmarried couples (which may include biological fathers), promoting healthy marriage, or including nonresident fathers in parenting. The Building Strong Families project, sponsored by HHS, assessed the impacts of programs providing relationship skills training and support services to unwed couples with young children (HHS 2010b). Across the eight sites, the study found no significant impact on relationship longevity or quality, marriage, or father involvement. More research is needed, including measures of child well-being, to assess how programs designed to improve parents' relationships affect families.

C. Improving children's outcomes through direct interventions

Public programs aiming to improve children's outcomes (other than through income support) include early childhood education, K–12 education, early intervention and special education for children with disabilities, public health insurance through Medicaid and CHIP, nutrition programs (including SNAP, WIC, the child and adult feeding program, and school lunch and breakfast programs), mental health and social services programs, and community activities such as parks and libraries. At the federal level, health is the largest of these, followed by nutrition and education; at the state and local levels, education is the largest followed by health (Isaacs et al. 2010).

Choosing specific interventions from this list to best meet the needs of children in disconnected families is a daunting task. Research to date tells us little about the specific circumstances of children in these families. Also, most of these policy areas have their own extensive research base, and a full review is beyond the scope of this paper. As a result, we have not sought to define interventions but rather to look for promising terrain: intersections between the needs of children in disconnected families, the evidence about service systems they and their mothers are likely to encounter, and the specific work and life situations of these families. Within each of these promising areas, more detailed research could help map the terrain and define the intervention.

Early childhood and K–12 education

High-quality early childhood and preschool programs enhance young children’s development directly, not just by way of their parents.¹⁵ Given the enormous research base about high-quality programs for low-income children, what special insights can the lens of disconnected families add?

First, as discussed earlier, children in these families appear to face a large number of risks that endanger the architecture of the developing brain. Shonkoff and colleagues suggest the development and testing of specific childhood mental health interventions within the context of early childhood programs. Other experts have similarly proposed that intensive mental health interventions for children who have faced the greatest adversity should be nested within early childhood programs and schools (Shonkoff et al. 2009).

Second, as discussed above, at least a share of disconnected families moves frequently, which can affect young children’s school achievement. As part of the National Academy of Sciences Board on Children and Families’ workshop on the impact of mobility and change on young children, schools, and neighborhoods, participants identified next steps worth exploring for research and policy, for example, a Michigan program that provides family support services specifically for students who had experienced frequent moves (Schmidt 2009).¹⁶ Head Start, which has a mandate to prioritize homeless children for services, may offer another way of reaching and addressing children’s needs in these highly mobile families (P.L. 110-134).

Third, the limited research on children in disconnected families suggests that they are young and that they may be particularly likely to have a disability. The Individuals with Disabilities Education Act, Part C, Early Intervention Programs, provides resources to states to support a network of services for infants and toddlers who are disabled or at risk of disabilities. However, federal funding is capped and states may restrict eligibility to fit the funding; as a result, the services and the breadth of access vary greatly among states. Access barriers may particularly affect low-income children. A comparison of the demographic characteristics of infants and toddlers in Early Head Start, WIC, and Part C found that the Part C children were far less likely to be poor (32 percent compared with 95 percent in EHS and 67 percent in WIC) and to have a mother who had not graduated from high school (Harbison, Parnes, and Macomber 2007).

Thus, the evidence suggests on the one hand that early intervention services may not serve low-income children well and on the other that young children in disconnected families have elevated need for these services. Whether to try to make this connection even though it is difficult—through federal mandates or technical assistance to the states, with or without additional resources—is a question worth discussion by HHS and ED. In the case of child welfare, there is a federal mandate, although we did not identify an assessment of how well it has worked. Specifically, because of concerns that a large number of infants and toddlers reported to the child welfare system had developmental delays, federal law has required since 2003 that all children under age 3 who have a substantiated report of child abuse or neglect must be referred to early intervention (HHS 2003). A similar approach toward the young children of disconnected mothers could involve incentives or requirements for states to refer young children of TANF mothers to early intervention (for assessment or services) if children’s health or developmental challenges come up as a reason parents are unable to meet requirements, or in all cases where TANF parents of young children are at risk of becoming disconnected (such as families about to be sanctioned or time limited). The rationale behind a referral for all families at risk of being disconnected would be twofold: to ensure that the young children at risk of developmental delay have a connection to services and advocacy even if their families leave TANF, and to help parents stay connected with TANF when a child’s needs underlie the parent’s difficulty in complying with program requirements.

¹⁵ See Adams, Tout, and Zaslow (2007) for a review of the literature on the impacts of quality early care and education on children’s development.

¹⁶ See http://www.bocycf.org/children_who_move.html.

Medicaid and CHIP

Each child should have a pediatrician who screens for developmental delays, provides health education and advice to the child's family, and makes referrals for medical and mental health services to treat any delays. The 80 percent of children in disconnected families who are covered by Medicaid ought to be receiving this attention through a comprehensive benefit package called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).

Yet very often, EPSDT does not live up to this goal, for reasons that run the gamut—eligible children are not enrolled or not consistently enrolled in Medicaid, they do not have a regular pediatrician, specialty care is not available, screening and assessment are not consistently provided and not tracked by the state, referrals to services outside the pediatrician's office are not well coordinated, early childhood providers who might be able to offer some services are not eligible under the state's Medicaid plan, and so on. It is hard to know whether these obstacles are greater for disconnected families than for other low-income families: the parental challenges common among disconnected families make it hard to follow up on children's care, but so do the high demands and limited flexibility of low-wage employment. That said, the stakes are certainly especially high for disconnected families, given the high risks that their young children face. A recent Urban Institute series of reports on young children identifies the reasons for gaps in EPSDT services and offers a series of policy options and fixes aimed at state health policy decisionmakers (Golden and Fortuny 2011; Hanlon 2010; Kenney and Pelletier 2010; Pelletier and Kenney 2010).

Continuity in children's Medicaid eligibility and in their connection to a pediatrician should be a priority for state policymakers. For disconnected families in particular, "express lane" eligibility practices that automatically qualify children as income-eligible for Medicaid when they receive SNAP would be very beneficial, as would policy and practice changes that minimize the burden of re-enrollment, to reduce children's transitions out of health insurance (Rosenbaum and Dean 2011).

Children's nutrition and food security

Only about half of disconnected mothers are enrolled in SNAP. While some mothers may be ineligible because they are not citizens or because their household income from other family members is too high, many are likely eligible but not participating. Nationally, USDA estimates about two-thirds of eligible adults, and slightly fewer working parents with children, participate in the program. Studies have identified many different barriers to participation, including unawareness of program rules or eligibility, a negative perception of the program, and burdensome application and redetermination processes that require many office visits and long waiting periods. Participation rates vary greatly by state: in 2008, participation rates for the working poor in the two lowest-ranking states, California and Rhode Island, were 35 and 40 percent respectively, which is less than half the rates in Maine (85 percent) and West Virginia (91 percent) (Mills et al. 2011)—suggesting that state policies and practices may affect participation.

To address these barriers, the federal government has encouraged ambitious changes to make it easier and more automatic to enroll families in SNAP and prevent them from churning off the program. Many state governments have responded by modernizing SNAP to improve participation and service delivery. A nationwide evaluation of those efforts found that almost all agency staff believed that increased client access and improved participation were key results of the modernization strategies (Rowe et al. 2010). Building on past state and federal innovations, Rosenbaum and Dean (2011) catalogue improvements in policy, business processes, and use of data that can enhance participation in SNAP and Medicaid. Other nutrition programs can also reduce risk to children of disconnected mothers. WIC reaches almost all mothers with infants—96 percent among infants whose mothers were poor and reported severe depression, using one national data source (Vericker et al. 2010). Typically, participation goes down after

infancy, but WIC clinics could be a location to reach mothers who have more substantial challenges and link them to services.

Access to children's services for parents at risk of disconnecting from TANF

As noted earlier, researchers have proposed that states prevent disconnection by providing special attention and services to TANF families with major health and mental health needs and families about to be sanctioned or to hit the time limit (Blank and Kovak 2009). The primary goal of these proposals is to support continuity in family income by enabling mothers to meet TANF requirements, transition to SSI, or move to employment. Potentially, such a proposal could reduce risk to children by assessing how a mother's situation would affect child development and by linking families to direct child-focused services. For example, if an assessment finds that a TANF mother has depression and that it poses a risk to parenting, the state could link the family to mental health treatment and a high quality early childhood program or home visiting. If a mother said that her children's school behavior problems were preventing her from meeting TANF obligations such as job search, the state might link her to an effective parenting program and additional supports at school. If the mother loses TANF, a standard part of her exit could be ensuring that the child is linked to Medicaid and a health provider, nutrition programs, home visiting, and other services.

Judging from past experience, successful initiatives would need to overcome several challenges. Relevant children's and parents' services might be capped or have waiting lists. TANF staff may not have the credibility or experience to successfully assess parents or refer them to assessments that deal with issues as personal as children's well-being and parenting. And legislative and executive branch stakeholders may not believe that a TANF agency should focus on these issues. Welfare agencies that have successfully implemented two-generational initiatives typically have a history of defining their mission broadly (for example, the TANF agency may be closely linked to a broader child and family focus within a human services cabinet secretariat) or else can explain clearly why children's development is part of the welfare and employment focus (Golden 1992). For example, such an answer might be grounded in evidence that children's difficulties frequently undercut their parents' stability at work or that children's early problems cause them to do poorly in school and enter the system themselves when they grow up.

D. Improving outcomes for children in noncitizen disconnected mothers

Many disconnected mothers are noncitizens (17 percent in 2008, compared with only 10 percent of all low-income single mothers) (Loprest and Nichols 2011). Most likely, the children in these disconnected households are almost all U.S.-born citizens: 88 percent of all children of immigrants were citizens in 2009, and the share is even higher, 96 percent, for children under age 6.¹⁷

The policy framework for disconnection is very different for noncitizens. While this group of families is diverse,¹⁸ many noncitizen mothers might be legally unable to work or ineligible to obtain benefits, ruling out the usual strategies for ending disconnection. Specifically, the significant proportion who are unauthorized are precluded from working legally and receiving benefits in almost all states, though citizen children in these families are eligible for all major safety net benefits, such as Medicaid. While many lawfully present immigrants are able to work (depending on their specific immigration status), many may be prohibited from receiving TANF, food stamps, or Medicaid for a five-year period after their arrival in the United States—unless states provide substitute benefits funded by state-only resources.¹⁹

¹⁷ Urban Institute analysis of the Integrated Public Use Microdata Series (IPUMS) datasets drawn from the 2008 and 2009 American Community Surveys.

¹⁸ Noncitizens include lawfully present immigrants, such as lawful permanent residents, refugees and asylees, and other foreign-born persons who entered for a temporary period, for work, as students, or because of political disruption or natural disasters in their home countries, as well as unauthorized immigrants.

¹⁹ Some immigrants (e.g., refugees and asylees) are exempt from the five-year ban.

Immigrant children and pregnant women, including the unauthorized, are eligible for health coverage under certain state options (Fortuny and Chaudry, 2011; Golden and Fortuny 2011).

Research by the Urban Institute and others on mixed-status families, where children are citizens but one or more parents are not, has highlighted the considerable risks to children arising from the intersection of the low-wage labor market, immigration enforcement policy, and the policy framework for public benefits programs. For example, research on how children are affected when immigration enforcement detains or deports their parents has identified a high likelihood of food insecurity, as well as emotional and developmental impacts (Chaudry et al. 2010). Some options for interventions targeted at this group of disconnected families include the following.

Child-only TANF benefits for eligible children of ineligible immigrant parents

According to Administration for Children and Families' administrative data, 35 states report that they serve some children in child-only TANF cases because their parents are ineligible due to citizenship status. These ineligible parents could be authorized immigrants who are ineligible for TANF (for example, because they are within their first five years in the United States) or unauthorized immigrants. States that report no cases may still be providing child-only benefits but reporting them to HHS as "other" child-only cases or not including them in the HHS report. Providing these benefits in all states would give very poor families an option for public assistance.

Policy options for Medicaid, CHIP, and SNAP that provide maximum coverage to noncitizen parents with children

States have many choices to expand the availability of health insurance and nutrition assistance, as well as income support, for parents and children. For both Medicaid and SNAP, as well as TANF, states can use their own funds to cover authorized immigrants during the five-year federal ban on eligibility, as well as unauthorized immigrants. As of 2011 7 states do so for food assistance and 15 for health coverage, but coverage in most states is limited to select immigrants (e.g., victims of domestic violence) and does not cover all immigrants (Fortuny and Chaudry 2011). For health coverage only, federal reimbursement options are available for a broader range of authorized immigrants and certain unauthorized immigrants. The Children's Health Insurance Program Reauthorization Act (CHIPRA) allows states to cover legal immigrant children and pregnant women, but not other parents, through Medicaid. And the "unborn child" option allows states to cover pregnant women, including the unauthorized, under CHIP. Twenty-two states and the District of Columbia offer health insurance coverage to legal immigrant children and/or pregnant women under CHIPRA, and 14 states cover pregnant women, regardless of immigration status, under the unborn child option. Eight states have both of these options (Fortuny and Chaudry, 2011). HHS and USDA could consider ensuring that states have full information about the choices available to them to provide maximum assistance to these families.

Improved access to benefit programs already available to children of noncitizen parents

A number of studies show that eligible citizen children of noncitizen parents participate in such programs as SNAP and Medicaid/CHIP at lower rates than citizen children of citizen parents (Henderson, Capps, and Finegold 2008; Kenney et al. 2010). The reasons include fear of deportation or effects on later citizenship, lack of knowledge, and language barriers (Mills et al. 2011). Additional reasons at the state and local office levels, identified through site visits conducted as part of a project for the Office of the Assistant Secretary for Planning and Evaluation (ASPE) on immigrant access to health and human services, include staff confusion about eligibility rules for immigrants and mixed-status families, unduly difficult application forms, and inadequate translation services (Perreira, et al., forthcoming).

Two approaches seem particularly likely to address this problem for children of no-citizen disconnected mothers. First, the broader strategy suggested earlier to increase benefit participation for all disconnected mothers and their families would likely enhance participation to some degree, by making the application

and renewal processes less confusing and demanding for all families; for example, automatically using eligibility information from one program to enroll children in another should help all children, including children of disconnected immigrant mothers, receive the full benefit package for which they are eligible. Second, there is limited evidence about strategies that might be particularly helpful for immigrant families. A forthcoming brief from the ASPE project identifies promising strategies for enhancing immigrant access, including better information to caseworkers and supervisors in local offices so they can handle the extreme complexity of immigrant eligibility, partnerships with trusted community organizations, and the design of applications to prevent requests for unnecessary and potentially intimidating information, such as social security numbers for persons not in the assistance unit (Crosnoe, et al., forthcoming).

Enforcement strategies that prevent detention and deportation of parents and that support children when separation happens

Based partly on research findings about the effect on children, ICE has adopted humanitarian guidelines for workplace raids that reduced the frequency of family separations (Chaudry et al. 2009). Researchers who have studied the effects of enforcement on citizen children recommend next steps to take this humanitarian approach further. They propose extending these guidelines to other types of enforcement besides workplace raids and allowing parents to work and support their families during the sometimes lengthy adjudication process, if they are contesting deportation and have a potentially valid claim. Researchers also note the important role that schools play in providing stability for children and supporting their recovery from the traumatic experiences of a raid—and recommend that schools and early childhood programs plan for such a role (Chaudry et al. 2010). Depending on the underlying reasons for disconnection among noncitizen mothers, these recommendations could prevent disconnection that arises from family breakup or job loss related to deportation or detention. For example, if a mother’s disconnection arises from her husband’s deportation, which leaves her an unemployed single parent, policy reforms that reduce the use of immediate detention and deportation for parents and allow them to work while contesting a deportation claim could prevent disconnection.

Research gaps and possibilities for future research

In this paper, we provide evidence that many of the challenges disconnected families face are also risks to children’s development. We’ve also described promising interventions based on research about families experiencing these risk factors. However, there are many gaps in the literature and possibilities for future research that could add to our understanding of children in disconnected families.

More evidence needed about disconnected families

One of the gaps in our knowledge is the lack of information on prevalence of certain risks to children living in disconnected families. A number of the risks to child development identified here are measured infrequently or not at all in studies of disconnected families. To move beyond inferences based on broader child development research and better target appropriate interventions, we need more direct information on risks among the various types of disconnected families. Knowing more about the child’s home and neighborhood environment is important, including the level of stimulation in the home (e.g., developmentally appropriate books and toys, positive encouragement and support from caregivers), the quality and safety of the home (e.g., toxins, electrical problems, hazards, and crowding), and neighborhood characteristics (e.g., the concentration of poverty). Parenting stress and domestic violence are also important risks to measure. We also need to know more about child food insecurity and hunger (as opposed to household food insecurity) and the effects of eviction, homelessness, and housing

instability. Because of the evidence that instability of many kinds can harm children, studies should also address instability in school, child care arrangements, and household composition, not just housing.

One important aspect to keep in mind is that children's development happens over time, meaning that the consequences of any given risk likely depend on whether the risk is chronic or happens only once, whether it is temporary or long-lasting, and how it interacts with the child's particular developmental stage. In addition, the impacts may show up later, after the child is exposed to the risk. For all these reasons, longitudinal information and study are critical for examining children's outcomes.

Characteristics and outcomes of children

As we discussed earlier, few studies on disconnected mothers have much information on characteristics and outcomes for their children. Besides age and child disability (which itself is often measured narrowly as receipt of child SSI benefits), numerous other important measures could be examined. These include child health, obesity, nutritional status, health insurance coverage, unmet healthcare needs, and well-child visits. Research is also needed on age-appropriate developmental milestones (including children's cognition, social adjustment, and behavior), school outcomes (e.g., attendance, engagement), and child participation in early education programs or after-school activities. We could also learn much by measuring child abuse and neglect reports and substantiated reports among disconnected families. Examination of these child characteristics and outcomes for disconnected families compared with other groups, such as low-income single mothers, would be a first step toward determining if children in disconnected families are faring worse than children in other families and along what dimensions.

Subgroup differences

It is important to study different subgroups of disconnected families as their varying circumstances may lead to differences in their well-being and may require different interventions. Families that left TANF or lost benefits may differ from those who become disconnected because they lost a job. And those who lost benefits or work because of serious personal challenges, such as depression or domestic violence, may require different interventions than those who lost work because of problems with child care or caring for a child with a disability. Whether these women have had sustained work histories or more sporadic work is also an issue.

Disconnected mothers who are cohabiting or living with other relatives may be different in important ways that affect children from disconnected mothers who are living without other adults. For the first group, both the resources provided by the partner or relatives and their positive or negative relationships with the child are important. For the second group, a major risk may be the mother's more limited sources of support. Also, as discussed in the intervention section, mothers of infants may be a particular subgroup for study, as well as children with no-citizen disconnected mothers. Each of these subgroups may have different risks, child outcomes, and intervention options.

Finally, while research suggests that a fairly high proportion of disconnected families remain that way for a year or more, the differential impact on children of time spent disconnected should also be examined. For example, do short periods of being disconnected have longer-term impacts on children? These questions call out for longitudinal research that examines disconnected families and the impacts on children over time.

More evidence needed on how risks affect children in disconnected families

Research has demonstrated how certain risks harm child development, but we don't know how those risks affect children in disconnected families specifically. Absent this information, we examined research on risks to children's development (often in low-income families) and hypothesized a similar result for disconnected families. However, it is possible that some risks, such as depression or low education, might lead to worse outcomes for children in disconnected families because their mothers have less access to

supports than other low-income mothers. These children may be affected differently by poverty because their mothers lack work and cash assistance. And many children in disconnected families face multiple risks that can have compound effects we need to know more about.

Data on disconnected families and children are limited

Having laid out these gaps and needs for additional research, it is important to acknowledge the limitations in available data to fill these gaps. The proposed studies will require information on families' work and benefit receipt, risk factors, and child outcomes. The research on disconnected families cited earlier relies on datasets that simply do not include much child information. National datasets such as the Survey of Income and Program Participation and the Current Population Survey do not have the family and child measures necessary. In addition, since the population of disconnected families is relatively small, a large representative dataset or targeted data collection may be necessary to garner a big enough sample size for analysis.

That said, other sources of data on children may be adaptable to study disconnected families, such as datasets from the National Institute of Child Health and Human Development's Study of Early Child Care and Youth Development, the Early Childhood Longitudinal Study, the National Longitudinal Survey of Youth, and others that have more detailed information on children. A necessary first step, however, would be to scrutinize their capacity to identify families' welfare and work status. Although not a nationally representative study, the Fragile Families data, which are mostly on low-income unmarried parents in large U.S. cities, have been used for some related analysis (Osborne and Knab 2007) and could yield more study. In-depth targeted data collection efforts, mostly developed around the time of welfare reform, have a breadth of relevant measures and have already been used to measure risks for disconnected families. The samples of low-income mothers are large enough to allow analysis of disconnected families, though they typically target specific geographic areas (e.g., the Women's Employment Study, Three-City, and Illinois Families Studies). Researchers may be able to push further on analyses of these data to examine children in disconnected families. The usefulness of these efforts also suggests the value of new targeted surveys, especially longitudinal surveys, though these can be costly.

Another possible source of information is administrative data. In a longitudinal file of linked benefit and earnings data, it is possible to identify disconnected families—those that have left TANF benefits, are not receiving SSI, and are not working. To capture families that have never received TANF, one could still examine administrative records to find parents who are participating in other benefit programs but are not in TANF and are not working. The child outcome data would be limited to information perhaps from the child welfare system or the child care subsidy system. Several states, including Wisconsin and South Carolina, have linked administrative data from child welfare to other benefit program data. Less commonly linked data that have child outcomes include administrative data from schools, early childhood education and intervention programs, and Head Start. Information on neighborhoods could potentially be linked based on recipient addresses. However, administrative data alone typically have limited information on the risks faced by disconnected families, so these data may be better used as a sampling frame for conducting targeted surveys.

These data we described could be used as a starting point for selecting families to carry out qualitative analyses. In-depth interviews and focus groups with disconnected mothers can be an important way to gather information on the multiple complex and connected risks they are facing and on their perspectives of and experiences with interventions and service systems.

Studies of intervention impacts are needed

Finally, we need a better understanding of the effects of potential interventions for disconnected families and subgroups of disconnected families. As noted earlier, we need more information on how interventions that enhance income and directly address child issues affect the outcomes for children in disconnected

families. For example, as we pointed out, tests of conditional cash for specific positive child development actions have shown some positive outcomes, but results are less encouraging for parents with low levels of education. Some studies have evaluated home visiting and early childhood programs for vulnerable families, but many more pilot interventions need to be evaluated, including programs for sanctioned TANF recipients or those nearing or hitting TANF time limits and more specific attention paid to families with risk factors such as depression and mental health problems.

The disproportionately high rate of young children among disconnected families suggests that it is important to evaluate intervention impacts through the lens of parents with very young children. For example, understanding whether there is any differential impact across states of choosing the TANF exemption for children under age 1 could be illuminating. More information is needed on whether and how much programs accommodate or consider young children's needs when helping women with substance abuse and other problems. It would also be beneficial to study the impacts of paid leave on disconnected families in California or New Jersey, with a breakdown for mothers with limited work experience or low education.

To better understand the possible impact of child care-related interventions for disconnected mothers, we need to know more about the role of child care in losing (and not finding) work. Are the child care issues for disconnected mothers different from other low-income families'? Does the disproportionately high percentage of families with young children suggest that interventions focus on problems related to child care for infants?

Research suggests that many disconnected mothers are using benefits and services even if they're not using TANF. These programs may serve as potential points of access to refer mothers to other supports, give them information about child resources, or even provide screening for risks to child outcomes. It is not clear whether and how much this is happening or where it might be working. Examination of promising models of cobenefit determination that work for this group of families would be useful.

Overall, the research gaps in understanding the impacts on children in disconnected families are large. While much is known about risks to children's development and potential involvement in child welfare systems, we need to know more about these risks among disconnected families and the outcomes for their children. In particular, we need longitudinal data that can examine children over time as they develop and experience periods of disconnection as well as data on separate subgroups of disconnected mothers. The data we have to work with are limited, but there may be some less commonly used child-focused data, administrative data, and data collection efforts that could help. Finally, we need more evaluation of how disconnected families respond to and are affected by different intervention strategies.

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