Insights on Instability and Children's Development

Commentaries from Practitioners, Policymakers, and Researchers

EDITED BY GINA ADAMS

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Introduction

Gina Adams, Senior Fellow, Urban Institute

In November 2013, the Urban Institute brought together a distinguished group of researchers, policymakers, practitioners, funders, and other thought leaders to discuss growing concerns about instability in children's lives and its impact on their healthy development. This convening and the ensuing products were supported by the generosity of the Foundation for Child Development.

The important lessons from the convening, along with the agenda and list of participants, are discussed in a companion document, *Exploring Instability and Children's Well-Being: Insights from a Dialogue among Practitioners, Policymakers, and Researchers,* written by Gina Adams and Lisa Dubay (Adams and Dubay 2014). We asked a few of the participants, representing different perspectives, to write a short essay sharing their perspectives on the discussion and some of the key takeaway messages that they wanted to share. This compendium of essays is the result of that request, and it continues the rich dialogue and conversation from the convening.

We hope that these insights can be part of a long-term discussion about this important problem, and that it can help identify steps we can each take to provide more stability and security to families and children.

The Instability Cascade

Isaac D. Castillo

Family and child instability may start with a single event, but instability rarely affects only a single aspect of a child's life. In many instances, a lone instance of instability can trigger a cascade of additional events that cause further instability. This compounding effect on families and children makes instability a difficult concept to address.

It is not difficult to imagine a situation where a single destabilizing event could force a cascade of instability. Consider a two-parent, two-child household where both parents are employed. One parent may become unemployed unexpectedly (employment instability) and may not be able to find another job for a significant period of time. This unemployment would likely cause a large drop in income for the family (economic instability) that may make it difficult for the family to maintain their housing situation (residential instability). The family would then need to search for cheaper housing in a different neighborhood, which would likely cause the children to attend new schools (school instability).

This example highlights the fragility many families face. With 38 million households living paycheck-to-paycheck (according to the Brookings Institution), the family described above is not in a unique situation. Every day, families and children are a small (sometimes uncontrollable) change away from suffering an initial bout of instability that can quickly spiral into a worse situation.

As we work together to help stabilize families and children, it is important to keep the cascading and compounding nature of instability in mind. In a perfect world, interventions and policies would focus on preventing or addressing instability when it first occurs. These early interventions would be the most cost-effective approach and would help prevent families and children from experiencing multiple types of instability.

However, in many instances, we may not be able to identify family and child instability early or easily. Families may also face chronic instability developed over a period of several years. In these cases, the cascade of instability may have started with a small event that expanded over time to become persistent and self-sustaining.

With these situations, successful policies and interventions may need years of operation and support to make a difference. Change and success may not come easily and rapidly; those involved in addressing instability should remember that conditions that took years to develop may not be solved in a few short months.

Isaac D. Castillo is the director of data and evaluation for the DC Promise Neighborhood Initiative.

Taking the Next Step: Identifying When and How We Intervene if Instability Threatens Children's Well-Being

Hedy N. Chang

This thoughtful exploration highlights the need for researchers, practitioners and policymakers to find the answers to two important questions:

1. When does instability pose a threat to a child's well-being?
2. What can be done to ameliorate the adverse impact?

Clearly, change in circumstances is normal over the course of a life of a child and family. Some changes can even be positive. They occur because a family has a chance to move to a better school, move into bigger home, or follow a parent to a better job. As children get older, transitions to new schools naturally occur. Even when change is not planned, anticipated, or even desired, instability can often still have a positive effect because it teaches a child and his or her family new skills and habits including resiliency, tenacity, and grit in the face of adversity.

How do we know when instability is no longer a "bump in the road" to be overcome but a major threat to a child's well-being and the ability of their family to keep their child on a path to a better future? Previous research examining the connection between maternal risk factors and absenteeism from school (also a form of instability) offers useful insight. In her 2008 analysis, Romero found the best predictor of chronic absence (missing 10 percent or more of school for any reason) was cumulative risk, or the presence of three or more of the following risks: poverty, teenage or single parenting, low levels of maternal education, receipt of welfare, unemployment, poor maternal health, food insecurity, and a large family size. Drawing upon these insights, we could hypothesize that instability is most problematic when family structures are fragile and families face multiple forms of instability. When this happens, feelings of stress can become overwhelming and prevent a family from accessing sufficient resources to buffer the impact on their children's well-being. It is worth exploring whether adverse impacts are greater for younger children.

What can we do to ameliorate the adverse impact of instability?   One possibility is to become more adept at using data to identify and offer supports to students, families, and neighborhoods that are at risk because of fragile family structures and multiple forms of instability. We also need to better understand what is needed beyond just resources that address the source of such instability as being homeless or the loss of a job. For example, what would help families develop sensitive parenting skills that reduce the stress levels in their children triggered by instability? How can we ensure teachers and other service providers have the skills to help children cope and thrive despite the challenges their families face?

Hedy N. Chang is the founder and director of Attendance Works.

The Complex Nature of Instability in the American Household

Terry-Ann L. Craigie

Instability in the United States is becoming increasingly prevalent and this has strong implications for the well-being of children. Research has confirmed that instability is likely to yield adverse child outcomes in general. Consequently, policymakers, practitioners, researchers, leaders, and funders are taking specific interest in this phenomenon.

While instability can be defined simply as a "change in circumstance(s)," it can be somewhat difficult to characterize. Instability spans several domains including parental employment, family income, family structure, housing, school, and child care. Within these domains, however, instability can be classified according to its frequency, predictability, and intentionality. Frequent changes (i.e., chronic instability) are typically associated with toxic stress and lead to the most adverse child outcomes.

As we acknowledge the complex nature of instability in the American household, we must also try to understand the pathways through which children are affected. Instability can induce stress and a loss of resources, and these factors can ultimately affect parents' ability to buffer against the negative consequences on child well-being. Instability may also affect kinship, social support systems, and the ability of anchor institutions (such as schools, child-care, and health care providers) and public safety-net programs to effectively address negative outcomes.

Still in need of critical exploration, however, are the risk factors that lead to instability. The domains of instability are inextricably intertwined and it is often difficult to determine the initial cause of instability. Contextual factors significantly contribute to the onset and overall impact of instability. Certain child and parental characteristics (e.g., poor mental health and history of trauma) have been shown to exacerbate the negative consequences of instability; however, social support systems, anchoring institutions, and public safety-net programs can be used to help mitigate these consequences. Still, it is important to caution that these mechanisms could inadvertently create more instability. In particular, if eligibility for a safety-net program is tied to the parent's employment status, this may subsequently induce instability if the parent's status changes. Therefore, measures to help remedy policy-induced instability should be implemented. These include continuing access to important programs and services for families prone to instability; sharing data across programs and policies; and educating program staff on how to identify instability, its effects, and possible solutions.

Instability is complex and strongly linked to adverse child outcomes. To help curb the negative consequences of instability, anchor institutions and safety-net programs should work to stabilize the environment in which a child resides. As they relate to future research, the risks of instability, the interdependence of instability domains, and the causal versus associative effects of instability should be critically examined.

Terry-Ann L. Craigie is the Lenore Tingle Howard '42 Assistant Professor of Economics at Connecticut College.

Four Ways Policy Can Address Instability in Children's Lives

Olivia Golden

The Urban Institute's recent paper and convening underline how much we know about the developmental risks that instability—in housing, health care, education, daily routines, and caregiving—poses for children. The convening also highlighted the number of children, particularly low-income children, experiencing potentially damaging levels of instability.

What can we do? Four policy next steps stand out for me.

1. First, do no harm. Public programs can stop making instability worse. For example, when state policies cut off child care assistance as soon as a parent loses a job, the child will experience the loss of a caregiver as well as family income (and the income loss will likely be worsened if the parent has no child care assistance to search for a job). A recent publication by CLASP (Center for Law and Social Policy) and the Urban Institute highlights the policy solutions states can choose to avoid this double damage (Adams and Matthews 2014).
2. Where possible, public programs should interrupt the vicious cycles, a step better than doing no harm. For example, even if public policy does not succeed in preventing an eviction, it can require districts to keep the child in the same school, as in the McKinney-Vento Homelessness Assistance Act.
3. Public programs should also try to protect continuity and stable relationships in some aspects of children's lives, even when other aspects are unstable. School and early education are the obvious examples; when K–12, early education, and child care policies allow children to remain in one setting with the teachers they know, those connections provide an anchor even if other aspects of their world are chaotic. For example, in the Urban Institute's Facing our Future study of immigrant families, children and families who had experienced the detention or deportation of a parent often spoke of school as a key source of stability (Chaudry et al. 2010).
4. Public policies should take on instability challenges in the low-wage labor market. My colleagues Liz Ben-Ishai, Hannah Matthews, and Jodie Levin-Epstein at CLASP lay out in their recent brief *Scrambling for Stability* the extraordinary challenges created by unpredictable, last-minute schedules—challenges that primarily affect the low-wage labor force (Ben-Ishai, Matthews, and Levin-Epstein 2014). Another characteristic of low-wage work, the lack of access to any paid leave (including sick leave, family leave, vacation leave, or personal days), also contributes to destabilizing cycles—a recipe for turning any challenge, from a child's health issue to a car breakdown, into a cycle of lost pay, lost employment, and accelerating instability (Ben-Ishai 2014). Currently, proposed legislation at the national level (the FAMILY Act) and already-implemented legislation in three states (California, New Jersey, and Rhode Island) address the issue of paid family leave. Emerging solutions to the other issues are being discussed, enacted, and implemented in individual communities and states.

There is always more we can learn. But what we know now is enough to move us to action on these four crucial first steps.

Olivia Golden is the executive director of CLASP in Washington, DC.

The Impact of Instability on Children's Well-Being: A Convening of the Village

Ivor Horn

The Urban Institute's roundtable discussion created a unique opportunity for a diverse group of experts who see the impact of social determinants of health on the growth and development of children. The primary objective of the discussion was to share knowledge from their lens of experience in caring for and working with children and families, particularly those living in poverty. As a pediatrician with two decades of experience caring for vulnerable children and their families, I am keenly aware of the special challenges associated with poverty and kids.

When I see a parent in my practice, the child's medical care is often a small portion of addressing their overall needs. There are housing, education, child care, and financial issues that need to be addressed. I am fortunate to work in a health system that sees the value of partnering with organizations that focus on addressing these needs. This allows for better care for my patients and improves their health outcomes on a much broader scale.

The onset of the Affordable Care Act will require all providers to focus on addressing the social needs of their patients. The impact of instability on child health outcomes will now be the responsibility of all health care providers. Consequently, the lessons learned from this report should serve as a call to action.

Three messages from the roundtable discussion that are specifically important to providers who care for children who experience instability are as follows:

1. **Children of all racial, ethnic, socioeconomic, and geographic backgrounds can be susceptible.** It is imperative that we develop mechanisms in our practice settings to identify the occurrence of instability in children's lives and develop interventions to buffer its effects. We must also look for creative ways to bolster positive attributes that lead to resiliency in children and parents.
2. **New policies and programs are needed to halt the cascading effect of some forms of instability.** A key understanding from the discussion was the interconnectedness of services and their impact on stability. For example, a child's chronic medical condition may lead to work instability for their parent, causing a cascade of instability for the entire family. Parents should not be penalized for providing needed support to their children in times of crisis.
3. **We need a better understanding of the impact of chronic instability.** Does it lead to a "new stability" and does that cause such worsening outcomes as toxic stress, or can it lead to resilience in children and their parents who experience it? How do we tell the difference and what can we learn from how children and families respond?

The Urban Institute's discussion should be an eye opener for everyone who cares about children and families in poverty. We need more understanding of the problem, new or improved policies, and research to study the long-term effects of instability on children and their families.

The challenge of caring for children has always taken a village, but for those most vulnerable because of instability, it takes much more.

Ivor Horn is a community-based academic general pediatrician and Associate Professor of Pediatrics at George Washington University School of Medicine and Children's National Medical Center in Washington, DC.

Instability and Children's Well-Being in Immigrant Communities

Eliza Leighton

The new normal for many immigrant families is a state of instability in core familial relationships, economic security, and community. The instability is often caused by federal and, in some localities, state and local immigration policies combined with poverty and such issues as a lack of safe and stable housing, a lack of employment opportunities, and a lack of access to federal safety-net programs. While CASA de Maryland and others serve as anchor organizations for immigrant families, we work with children struggling academically, socially, and emotionally. Understanding which of these challenges are related to instability, and in what ways, is critical for designing and implementing effective programs.

Many of the following areas for further research are particularly relevant for immigrant communities:

- Does a consistent fear of instability have the same consequences as instability itself? Many immigrant children worry that a parent or family member may be detained or deported at any point and therefore may never have a sense of situational security.
- When a person feels, and often is, helpless to create stability, does that impact the effects of instability when it occurs? While some causes of instability can be reversed or directly addressed, this is not the case for many immigrants. If a person is undocumented, they cannot access many of the federal safety-net programs and may have trouble finding work. And if a person is deported, there is little or no recourse.
- How does being in a central role during times of instability affect a child?
- When a parent speaks or reads limited English or has low literacy in their native language, children assume the role of the main communicator with community institutions (schools, government agencies, etc.) and translator for their parents.
- What is the long-term effect of multigeneration families living in a state of instability? Does that impact a child's life both in the immediate and in how he or she thinks about the value and importance of planning for the future?

A deeper understanding of these questions is critical, and we already know that the many interconnected issues creating instability for immigrant families require a new level of coordinated response. No one organization alone will be able to meet these needs. There must be a new normal for stakeholders—working together across program areas and sectors to design policies and programs informed by research-based best practices that simultaneously address the needs of the whole child and whole family as part of an integrated model. At all times, but even more so in times of potential or actual instability, children cannot be expected to piece together services that support themselves or their families. Providing linguistically and culturally appropriate integrated supports that are easy and comfortable to access is an immediate step we can take to address the instability in immigrant communities.

Eliza Leighton has held many positions at CASA de Maryland, most recently director of Langley Park Promise Neighborhood.

What Can We Learn by Focusing on Children's Experiences with Instability?

Deborah Phillips

My comments focus on two questions: Why, and what, might a focus on children's experiences of instability add to an understanding of promising developmental pathways beyond the predictive role of other variables that capture a child's ecology, such as poverty; and how might that focus help identify powerful policy interventions?

Developmental and social psychology suggest that loss of control and learned helplessness are potent predictors of depression, anxiety, and withdrawal. Loss of control is fundamentally a function of unpredictability. Developmental neurobiology suggests that stress becomes most damaging when it is experienced absent a dependable, sensitive caregiver. Is there a pathway from environmental unpredictability to a caregiver whose dependability and sensitivity are compromised and thus, over time, to high childhood stress and its detrimental impacts? Developmental science, education science, and neuroscience all suggest that stress takes fundamental cognitive and emotional systems off-line, including emotion regulation, impulse control, working memory, control of attention, and responses to corrective feedback. The costs to early learning and social behavior are considerable and perhaps enduring. Do pathways from unpredictability or instability through stress (in both children and their caregivers) to worrisome outcomes for children and adolescents add to what we know about pathways that focus on poverty alone? Recent work suggests this may be the case (Belsky et al. 2013; Simpson et al. 2013).

A focus on instability could bring many insights to our field, among them the following:

1. Culture is a powerful protective factor in children's lives. Culture-based rituals, networks, and support systems that offer security and dependability amidst chaos may be among the most promising mechanisms through which this protection operates.
2. Instability offers a critical lens for two-generational work. Examining disruptions in parents' life courses as they intersect with disruptions in children's life courses would bring an important lens to this work. These insights are exemplified in the earlier work of Glen Elder, Ross Parke, and others who studied lives through time.
3. Instability is inherently a developmental, longitudinal construct that captures evolving circumstances over time, including how a single event sets in motion cascades of other events. Though challenging, efforts to capture these cascades of both positive and negative unfolding events will get us closer to the actual experiences of young children today.
4. Looking beyond poverty as a primary source of environmental risk provides an opportunity to explore cross-cutting notions of environmental risk and protection that affect children across income groups.

Concerning policy, work on instability raises unique issues around stabilizing eligibility, forging connections across programs that serve children at different ages, sustaining supportive networks and institutional connections for families whose lives have been disrupted, and addressing the stress that pervasive instability can place on systems and institutions (e.g., schools where many children are experiencing parental unemployment).

Deborah Phillips is professor of psychology and associated faculty in the McCourt School of Public Policy at Georgetown University.

Stability in Early Childhood Development: The Role of Child Care

Shannon Rudisill

The quality and stability of a child's relationships are the most critical factors in whether a child thrives developmentally and goes on to have success in school. Nurturing, long-lasting relationships are important for all children—but especially for the youngest children—who are learning to form secure attachments that will be the foundation for future relationships. Outside of parents and close family members, a child care provider is often in the next circle of close relationships for children.

Child care is a two-generation program; it supports both children's development and parents' work. Whether parents are able to hold a job is directly related to whether they have child care. At the same time, eligibility for public child care subsidies is tied to parent's employment—when a parent loses a job, that parent may also lose child care assistance. Research shows that clients receive child care assistance for a median period of only six to seven months.

The loss of child care and the loss of a job frequently happen at the same time, meaning that the parent, and more importantly the child, loses a key supportive relationship at a time when stress levels will be high. Not only do we miss the opportunity for a loving child care provider to buffer the child and family from stress, the loss of child care can exacerbate the effects of the job loss—more stress, greater loss of resources, and the loss of an anchor institution in the family's life.

Creating greater stability in child care is a core goal for the Office of Child Care (OCC). OCC, part of the Administration for Children and Families, US Department of Health and Human Services, administers the Child Care and Development Fund (CCDF), which provides child care fee assistance for 1.5 million children in low-income families each month. We're focusing not only on improving the quality of care that our children can access, but also stability, which we often call continuity of care.

OCC is helping states and tribes choose child care policies that lead to greater stability. We've issued policy guidance encouraging CCDF administrators to adopt policies that promote continuity.[1] We then proposed new CCDF regulations that would mandate key changes, such as offering 12 months of child care eligibility, providing child care during job search, and offering more consumer education to parents so they can make good child care choices and not need to change as often. We are also underscoring that child care is both a work support for parents and a child development program. The new rules would require states to take child development into account when authorizing subsidies, which will lead to quality, stable placements in which children can grow and learn.

Shannon Rudisill is director of the Office of Child Care, part of the Administration for Children and Families, US Department of Health and Human Services.

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1 "Policies and Practices that Promote Continuity of Child Care Services and Enhance Subsidy Systems," September 21, 2011, http://www.acf.hhs.gov/programs/occ/resource/im2011-06.

Addressing Instability in the Lives of Military-Connected Children

Elisabeth M. Stafford

A degree of intermittent instability is inherent to military family life. Parent service members engage in training activities and missions that often call them away from the family for days, months, or greater than a year at a time—especially in times of war. Periodic duty reassignment of the service member leads to increased frequency of moves for the family—up to three times as often as civilian counterparts, with an average of a move every two to three years. This leads to disruptions and changes in child care, education, peer group, community, and access to extended family support

In times of war, extended parental absence to the combat zone leads to an unprecedented level of instability within military families, with the specter of parental injury or death adding to the strain. In the case of physical and often invisible emotional injuries or the death of a military parent, the destabilizing effects can be catastrophic.

With changes in the 1970s that led to an all-volunteer, professionalized military force, military personnel demographics shifted toward those who were married with families. By the early 1980s, the Department of Defense (DOD) had recognized the need for structured programs to address family support needs and promote resilience and community cohesion as families faced the challenges associated with military life instability. For instance, the Exceptional Family Member Program enrolls individuals with special medical, educational, and mental health needs to assure support at new duty locations.

Today, oversight of family readiness and support is addressed at the highest levels of the DOD, and standardized programs are embedded throughout the DOD with continued oversight, leading to ongoing policy and program development. New-parent support programs, marriage enrichment retreats, parenting classes, family life counselors, and school liaison officers are all employed to support families.

To date, more than 2 million military service members have served in the post–9/11 wars in Iraq and Afghanistan; nearly 45 percent have children. During this time health, behavioral health, social services, child care, and educational professionals have come together to respond to the escalating family instabilities created by war-related events. These activities have led to increased development of wartime family support programs, such as Families Overcoming Under Stress (FOCUS), and outreach within the DOD and the greater community. In addition, the health care and education communities have been educated to screen for and support these military-connected children and families. As combat activities wind down, however, the lingering, continuing impacts of wartime destabilizing forces on the lives of military children and their families will likely require committed support by our nation for years to come.

Elisabeth M. Stafford is a retired US Army Colonel and professor of pediatrics.

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About the Contributors

Isaac D. Castillo is the director of data and evaluation for the DC Promise Neighborhood Initiative (DCPNI). Castillo is recognized as a thought leader in the creation of outcome measurement and performance management systems in nonprofit settings. At DCPNI, he oversees all data collection, performance management, and internal evaluation activities. Before coming to DCPNI, Castillo served as a senior research scientist at Child Trends, where he worked with nonprofits throughout the United States on the development and modification of performance management systems and evaluation designs. Castillo also served as the director of learning and evaluation for the Latin American Youth Center (LAYC) in Washington, DC. At LAYC, Castillo helped create Impacto Consulting to provide evaluation design, outcome measurement, and performance management technical assistance to other nonprofits, foundations, and government agencies. In 2011, Castillo was honored by the Superstar Foundation with a Lifetime Achievement Award for his overall contributions to the field of nonprofit performance management. You can find Castillo on Twitter at @isaac_outcomes.

Hedy N. Chang is the founder and director of Attendance Works, a national- and state-level initiative aimed at advancing student success by addressing chronic absence. A skilled presenter, facilitator, researcher, and writer, she coauthored the seminal report *Present, Engaged and Accounted For: The Critical Importance of Addressing Chronic Absence in the Early Grades,* as well as numerous other articles about student attendance. Deeply committed to promoting two-generation solutions to achieving a more just and equitable society, Chang has spent more than two decades working in the fields of family support, family economic success, education, and child development. She served as a senior program officer at the Evelyn and Walter Haas Jr. Fund and as codirector of California Tomorrow, a nonprofit committed to drawing strength from cultural, linguistic and racial diversity. In February 2013, Chang was named by the White House as a Champion of Change for her commitment to furthering African American Education. Chang is also the mother of two school-age sons who attend public school in San Francisco.

Terry-Ann L. Craigie is the Lenore Tingle Howard '42 Assistant Professor of Economics at Connecticut College. She graduated magna cum laude with a BA in economics from The Richard Stockton College of New Jersey and later received her MA and PhD in economics from Michigan State University, where her fields of specialization included labor economics and economics of the family. After completing her doctorate, Craigie continued her research at Princeton University in the Bendheim-Thoman Center for Research on Child Wellbeing. Her research focuses on the effects of family structure and stability on early child well-being, the determinants of black family formation, and child support receipts in complex families. She is a fellow of the Diversity Initiative for Tenure in Economics and has been selected as a Self-Sufficiency Research Clearinghouse Emerging Scholar.

Olivia Golden joined CLASP as executive director in August 2013. An expert in child and family programs at the federal, state, and local levels, she brings a track record of delivering results for low-income children and families in the nonprofit sector and at all levels of government. During the eight years that she served as Commissioner for Children, Youth, and Families and then as Assistant Secretary for Children and Families at the US Department of Health and Human Services, Golden was a key player in expanding and improving Head Start, creating Early Head Start, implementing landmark welfare reform, tripling the level of funding for child care, and doubling adoptions from foster care. As an Institute fellow at the Urban Institute from 2008 to 2013, Ms. Golden spoke, wrote, and led major initiatives on poverty and the safety net, families' economic security, and children's well-being. She brings to CLASP the leadership role in a major multistate initiative, Work Support Strategies, that provides six states with the opportunity to design, test, and implement reforms to improve low-income working families' access to health reform, nutrition assistance, and child care subsidies. Golden holds a doctorate and a master's degree in public policy from the Kennedy School of Government at Harvard, where she earned a BA in philosophy and government.

Ivor Horn is a community-based academic general pediatrician and associate professor of pediatrics at George Washington University School of Medicine and Children's National Medical Center (CNMC) in Washington, DC. She is an NIH-funded researcher with a focus on child health disparities and health care

communication, with a particular interest in the use of social media and mobile health technology with underserved populations. She leads the mobile health interest group at CNMC. She is also the principal investigator and program director of the HRSA-funded Washington, DC, Pediatric Primary Urban Scholarship in Health Program in the Division of General Pediatrics and Community Health at CNMC, which prepares future primary care pediatrician leaders to address the health care needs of underserved communities through research and teaching. Horn is a member of the Academic Pediatric Association and has served in leadership positions regionally and nationally, including as cofounder of the Race in Medicine Special Interest Group. She has made multiple appearances as a medical expert on the Today Show, Good Morning America Health, and local media outlets. She is a contributing author at MyBrownBaby.com and can be found on Twitter at @drivorhorn.

Eliza Leighton has held many positions at CASA de Maryland, most recently director of Langley Park Promise Neighborhood (LPPN). She designed and implemented a planning process funded by the Department of Education to craft a place-based, full-family model to ensure that all children and families receive the support they need to thrive. As part of LPPN, Leighton developed a parent engagement model, Learning Together, that received a Department of Education Investing in Innovation award and a partnership with Prince George's County Public Schools to open two new high schools for immigrant students. Prior to joining CASA de Maryland, Leighton focused on issues affecting children and families as the cofounder of Stand for Children and at Connecticut Voices for Children and NAACP Legal Defense and Education Fund. Leighton is a graduate of Wesleyan University and Yale Law School.

Deborah Phillips is a professor of psychology and associated faculty in the McCourt School of Public Policy at Georgetown University. She was the first executive director of the Board on Children, Youth, and Families of the National Research Council and the Institute of Medicine, and she served as study director for the board's report, *From Neurons to Neighborhoods: The Science of Early Child Development.* She also served as president of the Foundation for Child Development, Director of Child Care Information Services at the National Association for the Education of Young Children, and Congressional Science Fellow (Society for Research in Child Development) on the staff of Congressman George Miller. Her research focuses on the developmental effects of early childhood programs for both typically developing children and those with special needs, including research on child care, Head Start, and prekindergarten programs. Phillips has served on many task forces and advisory groups that address child and family policy issues, including the Task Force on Meeting the Needs of Young Children of the Carnegie Corporation of New York, the National Scientific Council on the Developing Child, the Head Start FACES Redesign Expert Panel, and the Secretary's Committee on the Maternal, Infant, and Early Childhood Home Visiting Evaluation. Phillips is a fellow of the American Psychological Association, the Eastern Psychological Association, and the American Psychological Society. In 2011, she received the Distinguished Contributions to Education in Child Development Award from the Society for Research in Child Development.

Shannon Rudisill is director of the Office of Child Care (OCC, formerly the Child Care Bureau [CCB]), where she has focused on improving quality in child care across the country, particularly for low-income children. From 2000 to 2007, Rudisill served as director of the Division of Technical Assistance at CCB. In that position, she initiated new projects in the areas of infant and toddler care, the social and emotional development of young children, and school readiness. In addition, she built bridges between these early childhood programs and programs at the US Department of Education. Previously, she was special assistant to ACF Assistant Secretary Olivia Golden and worked extensively on the Clinton Administration's child care initiative. During her tenure as OCC director, Rudisill has promoted child care policies and practices that are child-focused, family-friendly, and fair to providers. Her accomplishments include putting forward a reform agenda for reauthorization; overhauling the state, territory, and tribal child care planning process; and restructuring the OCC Technical Assistance network. This work has brought about a CCDF program concentrated on improving health and safety in child care programs, strong professional development and workforce initiatives, quality rating and improvement systems that set standards of excellence for child care providers, and a subsidy system that balances the importance of program integrity with child care access for vulnerable families. Rudisill also works closely with the Department of Education to build a high-quality, integrated early learning system through the Race to the

Top-Early Learning Challenge. She is a graduate of Duke University and has a Master of social work degree from the George Warren Brown School of Social Work at Washington University in St. Louis.

Elisabeth M. Stafford is a US Army Colonel and professor of pediatrics. She retired after 28 years of military service in 2009 as Adolescent Medicine fellowship program director and Adolescent Medicine Division Chief, Department of Pediatrics at the San Antonio Military Medical Center (SAMMC). She has continued with consulting and clinical and educational activities at SAMMC and other venues. Stafford's professional interests include mental health screening in the pediatric setting, adolescent and young adult health promotion, and preventive services. Over the past 14 years, she has focused her energies on raising awareness of the impact of wartime deployment on children, promoting the need for optimized military family support in times of crisis and war, and promoting the role of pediatricians as advocates for military children and families. Dr. Stafford has been a consultant to many national organizations promoting military family support initiatives, including the Department of Defense Office of Family Policy, Zero to Three, and the National Military Family Association. She currently serves on the Military Board of Advisors for Reach Out and Read and Advisory Board for Symptoms Media.