ADVANCING INTERGENERATIONAL MOBILITY THROUGH EARLY CHILDHOOD ECONOMIC SECURITY

REFERENCES AND SUPPLEMENTAL MATERIALS

GLOSSARY

This glossary contains a description of terminology used most frequently in this report.

Caregivers refers to any adults who are raising children, including but not limited to parents.

Child maltreatment refers to any form of physical or emotional abuse, neglect, or exploitation that causes or could cause harm to a child's health or well-being. It occurs when the perpetrator is in a position of responsibility, trust or power.

Economic security refers to the ability of individuals, families and communities to meet their basic needs.

Food security refers to reliable access to sufficient, safe and nutritious food that meets individuals' dietary needs and preferences to live a healthy life.

Intergenerational economic mobility, or **intergenerational mobility**, refers to children's opportunity to have a higher standard of living than their parents.

An **intermediary outcome** in research is a short- or medium-term marker that researchers may use as a milestone in evaluating an intervention. It is not the final outcome.

Paid family and medical leave generally encompasses various types of leave such as parental leave, medical leave, caregiving leave and others. In this report, the term refers to the aspects of paid family and medical leave policies that provide parents with paid time off following the birth of a child.

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METHODOLOGY

The brief's authors initially identified studies by referring to existing rigorous evidence reviews, utilizing these as a jumping off point for exploring identified research. This includes – but is not limited to – work by the Prenatal-to-3 Policy Impact Center, Chapin Hall, the Urban Institute, the National Academies of Sciences, Engineering, and Medicine, and ZERO TO THREE. We also examined the literature reviews within studies and conducted searches in Google Scholar and PubMed. In some instances, we had prior knowledge of certain studies or researchers' work, or additional studies were identified for inclusion by PolicyLab researchers who served as expert reviewers. In terms of study selection, we followed the below guiding criteria regarding study design, population, and outcomes. We sought to portray, where it existed, the breadth of evidence across three areas for children: educational, health and economic outcomes.

We conducted our main literature review for this report in the spring and early summer of 2025. We added several additional studies that met our guiding principles that were published leading up to the report's finalization in January 2026.

The Predictive Scheduling and Diaper Assistance sections of the report provide information on the context and current landscape of these policies and explore studies that are relevant, but there is currently significantly less evidence for these two emerging strategies. Only one study met our guiding criteria for each. leave and others. In this report, the term refers to the aspects of paid family and medical leave policies that provide parents with paid time off following the birth of a child.

Study designs: This review includes a mix of peer-reviewed experimental, quasi-experimental and observational studies. We prioritized experimental and quasi-experimental studies when possible. The majority of the studies that we reviewed are quasi-experimental, using statistical techniques to infer causality. Many of these studies take advantage of varied implementation of policies across different U.S. states and over time.

Many studies in this report examined children's or caregivers' eligibility for a given policy. Therefore, the results reported may be considered conservative, as they do not reflect the effect of the policy or program on direct recipients only, but rather on a larger population of individuals, some of whom received the intervention and some of whom did not.

Study populations: We focused on studies of prenatal and early childhood populations. When studies with these populations were not available, we extended our review to include studies of young children and caregivers. Some studies investigate outcomes of being exposed to an intervention not only in the prenatal and early childhood period, but also in later years.

Study outcomes: Where the evidence exists, we focus on long-term outcomes of interventions that individuals were exposed to as young children or their mothers were exposed to while pregnant, including their health, educational, and economic outcomes in adulthood. Where evidence on longer-term outcomes is not available, we explore outcomes earlier in a child's life, such as child health and development and caregiver health outcomes. These are known predictors of children's long-term health and well-being. Given variation in specific outcomes explored in different bodies of literature, each section of this report is organized slightly differently so as to accurately reflect the existing evidence. Across all studies, we only included results with p-values that were less than or equal to 0.05, the threshold that we defined as statistically significant.

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CONCLUSION

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