

Direct Payments

Evidence Summary

The Evidence Summaries have not been conducted or written as rapid reviews, systematic reviews or comprehensive literature reviews. Instead they were designed and written as brief notes intended to give the Independent Review of Children's Social Care a quick overview of some of the evidence on a particular topic or question. They are only being published for transparency and given their limited scope, are not intended as a resource for wider purpose.

Introduction

The United Kingdom, as well as the United States and Canada, are considered to be liberal welfare state regimes. They are characterised, in contrast to Scandinavian and continental European countries, by a residual model of social welfare where general welfare (e.g. income) is supplied through the market and employment, and residual welfare (e.g. social care and poverty relief) for those most in need are administered through the state (Esping-Andersen 1990). Two particular ways in which residual welfare is administered are through tax credits and direct payments. Direct payments are typically means-tested. This evidence summary should be considered alongside the Matrix created by WWCS and EIF for the Independent Review of Children's Social Care. It will take a deeper look at these policy instruments, particularly in the United States, which contributes a significant amount of research to the outcomes of direct payments in terms of child maltreatment and children's social care. Additionally, direct payments as delivered in low- and middle-income countries will be explored.

Some considerations should be taken when exploring these policies. The first of which is that a significant portion of included studies come from the United States. A key reason for this is because the federal governance system of the US creates variation within and between states, allowing for natural experiments that can generate causal inference of policy changes.

Another consideration that must be taken is the quality and rigour of the evidence available. Causal evidence, particularly of high quality, is considered to be the most internally valid and reliable source of evidence. Within this hierarchy, from strongest in descending order, are systematic reviews (meta-analyses and narrative synthesis), randomised controlled trials, quasi experimental designs, and non-causal methods like longitudinal designs and correlational studies. In addition to the current state of evidence, this evidence summary engages with the quality of the evidence so that results can be interpreted with appropriate amounts of caution.

Thirdly, a recent meta-analysis of child maltreatment antecedents found a small effect of low socioeconomic status on risk of child maltreatment ($d = .34$, 95% CI: 0.13, 0.54) (van Ijzendoorn et al. 2020). This research, in context, rated socioeconomic status lower than parental experience of their own maltreatment in childhood, parental personality traits, and parental victimisation of intimate partner violence. This suggests that socioeconomic status, while statistically significantly associated with child maltreatment, must be considered in addition to other factors.



Temporary Assistance for Needy Families

One of the longest standing cash transfer programs in the United States is the Temporary Assistance for Needy Families programme. States are given block funding from the federal government to provide families with financial assistance through direct cash payments and other support services, which can include child care assistance, job training, and work assistance. Essentially, a state is given a lump sum of money each year, which they are allowed to use in whichever way they choose within some broad limitations. This flexibility is supposed to allow states to cover the needs of their own particular contexts and populations.

Logic

The programme was established as part of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), which was a set of sweeping reforms that aimed to 'end welfare as we know it' and move to a system where receipt of government welfare can be conditional on work status. The broad aims of TANF allow states to spend the grant in a variety of programmes that can greatly vary across the country. The aims of the programme include

1. Assisting needy families so children can be cared for in their own homes or the homes of relatives
2. reducing the dependency of needy parents by promoting job preparation, work, and marriage
3. Preventing pregnancies among unmarried persons
4. encouraging the formation and maintenance of two-parent families (Office of Family Assistance, 2019).

For the cash assistance aspect of TANF, which is the focus of this review, estimates as of 2021 demonstrate that:

1. In every state, maximum levels of benefit leaves a family of three below 60% of the federal poverty line
2. in more than one third of states, it leaves a family of three below just 20 percent of the poverty line
3. In most states, benefits have dropped by at least 20% in inflation adjusted terms (Center on Budget and Policy Priorities, 2020).

Eligibility

To be eligible for the programme, an applicant must be resident of the state that they are applying in, be a US citizen or legal resident, be unemployed or underemployed, and have 'low or very low' income. They must also meet any of the following three requirements: have a child of 18 years or younger, be pregnant, or be 18 years or younger as well as being the primary bread (Dept. of Labour, 2021). Beyond these federal guidelines, states can set benefit levels at their own discretion.

Administration

Each state makes its own individual decisions regarding TANF cash assistance, but generally, most TANF requirements apply to families receiving assistance. Assistance is often, but not exclusively, in the form of a cash benefit. For the individual states, the law sets standards stipulating that at least 50% of all families and 90% of two-parent families be "engaged in work" (Falk, 2017).



State of the research

Due to the broad goals of TANF and the amount of variation in TANF spending by states, evaluations at the national level are not feasible. Specifically, in regards to the first goal mentioned above, our searches of the academic databases used for the matrix, as well as the Administration for Children & Families Office for Planning, Research, and Evaluation website, were not able to provide any single study that explicitly addresses this research goal.

There is a limited amount of causal evidence that explores the direct effect of TANF receipt on child maltreatment. Some of these studies specifically look at the effect of sanctions that limit the amount of direct payment received. One such study found that there is a significant relationship between having a sanction and having a report of child neglect, as well as reports of child maltreatment (Slack et al., 2007). Another more recent study, which utilises a difference-in-differences methodology that allows for causal inference, shows the different components of TANF administration that affect child maltreatment outcomes (Spencer et al. 2021). Analyses found that an increase of \$100 for the maximum cash benefits and an increase coverage of eligible families receiving was associated with significant decreases in self-reported physical abuse scores. Compared to the states that did not have the benefits or a benefit reduction limit, a lifetime or periodic limit of TANF was associated with a significant increase in physical abuse. The results of this study implies that increasing access to benefits to those eligible, as well as increasing benefits levels, may reduce child maltreatment.

Strong correlational, not causal, evidence of TANF explore the effects of sudden drop off of benefits. The Aid to Families with Dependent Children (AFDC) programme preceded TANF. AFDC, contrary to TANF, did not have work requirements or time limits. Two robust studies that measure the effects of families losing AFDC benefits as TANF came into place (Wells & Guo, 2003, 2006). Both studies found that loss of income from AFDC direct payments were significantly associated with slower rates of reunification. Families who lost a significant amount of income due to reductions in cash assistance were more than twice as likely to remain in an out-of-home placement after 1 year as compared to families who did not lose this income. While the results of these TANF/AFDC studies are correlational, a causal study measuring loss of welfare benefits in Denmark found that reductions in welfare payments resulted in a 1.3% increase in out-of-home placements for children (Wildeman & Fallesen, 2017). These findings strongly suggest that sudden loss of income from direct payments may increase the risk of children entering and remaining in children's social care out-of-home placements.

Where TANF was directly integrated into child protective services agencies, there is relatively strong causal evidence that implies that integration increases the detection of maltreatment and neglect. Integration falls along the spectrum of complete independence of agencies, as is typical, to full integration of agencies where they are co-located, have shared training and funding structures, and have shared information systems. While the study was not able to unpack mechanisms that explain the results, the authors make some important points. Firstly, the effects are strongest when measuring outcomes on a one-year lag, compared to an immediate analysis or a two-year lagged analysis. This suggests that there may be a training effect where social workers who are given training are most likely to detect cases after training, and that these effects fade over time. Alternatively, it may also suggest that integration of these two systems increases vigilance of child maltreatment. This aligns with other research on multi-agency collaborations that suggests that integration of various agencies may lead to increased vigilance of families (Ogbonnaya & Keeney, 2018).



Tax Credits

This section will bring into focus two of the primary tax credits given to families in the United States; the Earned Income Tax Credit and the Child Tax Credit. While tax credits exist in many other places, research on tax credits and child maltreatment primarily come from the United States.

Logic

The Earned Income Tax Credit (EITC) was established in 1975 in order to reduce poverty in addition to encouraging and rewarding work. Additionally, the Child Tax Credit (CTC) established in 1997 to provide additional relief for working families. Tax expenditures rose in popularity in the United States due to the perception that they are both reductions in government spending and a reduction in tax collection, which has generally speaking received bipartisan support (McCabe, 2018).

Eligibility

Amount of tax return for the EITC depends on income, marital status, and number of children, where families who make below \$41,100 and up to \$56,000 may be eligible, which in 2018, affected 22 million working families (McCabe, 2018).

The CTC is implemented at the federal level, where a family may receive up to \$2,000 in relief per child aged 17 and under, in addition to a \$500 non-refundable credit for families that have non-child dependents with certain qualifications (McCabe, 2018). Similar to the EITC, the credit is subtracted from the amount a family owes in federal income taxes.

Administration

Tax credits in the US are administered in two forms; nonrefundable and refundable. When a tax credit is non-refundable, a family only receives a credit for the amount of money they owe to the government, regardless of the amount of the credit. So if a family owes \$400 in taxes, but is eligible for a credit of \$600, those extra \$200 are rendered invalid. However, if the tax credit is fully refundable, the excess \$200 would be received as a check that the family may use at their own discretion. Families, in most cases, receive tax credits once a year, which can act as forced savings.

At the federal level, the EITC is refundable. In addition to the federal EITC, thirty individual states, along with Washington DC and Puerto Rico provide their own state level EITC (Center on Budget and Policy Priorities, 2021). Most of these utilise the same eligibility rules as the federal credit, as well as its once-a-year payment frequency. At the current moment, 27 states have EITCs with some amount of refundability, while 5 states have EITCs without any refundability and 20 states do not have any form of EITC.

State of the evidence

Two studies were included in the matrix. Rostad et al.(2020) measured the variation between state EITC policies and child maltreatment outcomes. Using a fixed-effects regression model, they found that having a state-level refundable EITC was associated with an 11% decrease in foster care entries compared to states that did not have an EITC. They also found no significant effects of non-refundable EITC policies on foster care entry. While the results sound promising, the model was not able to control for variations in other state policies such as TANF and public health care, or for the



amount of money necessary to cause a reduction in foster care entry, so the effects of the tax credit alone cannot be discerned.

Berger et al. 2017 found that there was a small to modest relationship between increased income from tax credits and child maltreatment and social care outcomes. A \$1000 increase in income is associated with a 3-4% decrease in behavioural neglect, and an 8-10% decrease in CPS involvement. Results were particularly strong for low-income single-mother families and a more modest relationship for families with three or more children.

Both studies utilise considerably weaker methodologies compared to TANF and cash transfers in low and middle income countries, which is not surprising given the difficulty in being able to link individual income, tax credit, and child social care outcomes. While there is some evidence of a relationship between tax credits and child maltreatment, the exact mechanisms of how and why they are related have yet to be studied rigorously.

Cash transfers in Low and Middle Income Countries

Logic

The logic of the creation of Conditional Cash Transfers (CCTs)(the predominant form of cash transfers in low and middle income countries) came from the significant amount of income inequality within Latin American countries, where the programmes originated. The social safety nets across Latin America, although they differ across the region and significantly differ from those of high income countries, share a general trend where the entire population is not covered. Similar to the United States, and somewhat similar to England, many government social benefits are dependent on participation within the formal labour force, as seen with many tax credits and TANF.

What significantly sets Latin America and other regions apart from this is the significant portion of the population in the informal labour sector, which is not eligible for a significant portion of state benefits such as social security or unemployment insurance. For this reason, conditional cash transfers were created, essentially creating a two-tier social safety net - one that covers those in the formal sector and a different one who covers the extremely poor in the informal labour sector. The underlying logic of these programmes is that short term poverty reduction can lead to investment in human capital that will improve outcomes for future generations.

Eligibility

The population covered in cash transfers vary greatly, but eligibility requirements are generally broad in order to encompass as much of the population as necessary. Two examples of the most established and replicated CCT programmes are Mexico and Brazil. Each program covers 25% of the country's total population (5 million people in Mexico, 11 million in Brazil) because they fall below the country's poverty threshold (Ferreira, 2009).

Administration

The Mexican government was one of the first countries to implement the direct cash transfer programmes in 1997 with the establishment of *Programa de Educación, Salud y Alimentación (PROGRESA)* now renamed *Oportunidades*. The programme would give regular cash payments to



women on the condition that they complete regular healthcare visits and school attendance for their children. Since this programme was established, cash transfer programmes have expanded across the world in low and middle income countries, with varying levels of eligibility and conditionality. Expansive programmes, such as Oportunidades, are nationwide and are conditional upon education and health visits for children. Other programmes, such as *Chile Solidario*, only target the country's lowest 5% of the population in poverty, and come up with individual action plans with social workers that work to move families out of poverty in a more self-sustaining way.

State of the evidence

The first CCT programmes to be implemented were done so with evaluation in mind by using randomisation and delayed starts in order to allow for a rigorous randomised controlled trial design with control groups. Due to this, the short term impacts of CCTs are very well established and studied. Outcomes studied included poverty alleviation, improved nutrition and health, and increased school attainment outcomes such as attendance.

As CCTs began in the late 1990s, long term effects are now able to be studied. A recent scoping review of the evidence (Millán et al. 2019) measures the long term outcomes on children who were affected by cash transfers in utero, and also children who were first exposed to cash transfers during school age. Unlike short-term outcome measures, the design of these studies is largely longitudinal and non-randomised, which limits the opportunity of causal inference. A review of the evidence shows that there may be long-term positive effects on schooling, but there is little to no evidence on the effect of CCTs on later labour market outcomes.

There is also currently little to no evidence to suggest any robust impacts on parenting or child maltreatment. Historically, the primary of the outcomes are to increase school attendance, improve health access, and alleviate immediate poverty. Child maltreatment or even most mechanisms that could lead to child maltreatment, like maternal mental health, are not well studied.

A recent systematic review (Zimmerman et al. 2016) examined the impact of cash transfers on the mental health of children and young people in low and middle-income countries. Eleven of the thirteen included studies demonstrated a positive effect on mental health in at least one measure, and no studies found that cash transfers had a negative effect on mental health.

A meta-analysis of the included studies in the review discussed above, yielded a positive yet insignificant effect of cash transfers on depressive symptoms, with a high amount of heterogeneity among study results that could not be explained by country setting, study design, or conditionality requirements for programme participation. The narrative synthesis inferred that higher levels of cash transfers were associated with reduction of symptoms, where this was less of the case for lower benefit amounts. The overall results of the review suggest that cash transfers alone are not sufficient in improving the mental health of children and young adults, and that there may be heterogeneity from country to country, warranting careful consideration as to whether these policies are easily transferable between different countries and cultures.

In recent years, there has been a focus on cash “plus” programmes that combine cash transfers with other cross-sector interventions and services. A recent systematic review comparing the effectiveness of cash-plus programmes compared to those that are cash only, discussed two programmes that added child protection components (Little et al. 2021).

Both interventions utilised home visiting and took place in Niger and Rwanda, both in high poverty and food insecure contexts, one of which had a very high prevalence of violent child discipline. Both programmes yielded reductions in violent discipline, though once meta-analysed, these were not



shown to be more effective than programmes that utilise cash only. Though individual studies suggest a trend toward positive results for cash-plus programmes, these findings should be interpreted with caution due to the significantly different policy contexts and the limited amount of studies so far.

Other programmes: Cash and children's social care

Individual budgets, currently utilised in disability and aged care, are allocated to allow individuals to purchase particular services from particular providers (Plath et al. 2021). The theories of change in these programmes are different from those previously mentioned in this summary. Whereas the cash transfers use the logic of reducing family burden by increasing outcome, the logic of individual budgets is to allow families choice in which providers and interventions they may use to improve their own outcomes. The logic is that families know what their service needs are, and service providers will have to compete with each other to offer their best services, creating a neoliberal market for social care. This programme, implemented in Australia, was piloted in order to understand its impact on the safety and well-being of vulnerable children. The primarily qualitative pilot observed a variety of successes and challenges. For successes, families were offered a wider range of support than they would have otherwise received, thanks to the variety of options available from government, private, and not-for-profit organisations. For challenges, social workers were given more complex roles which led to tensions between clients and the success of the programme, potential discriminatory judgment on who was able to utilise programmes based on their home situation (e.g. adult domestic violence, substance dependency), and unpredictable budgetary requirements between families. The pilot did not find evidence for a strong link between these personalised budgets and service provision and timeliness. At the time of writing, there does not appear to be a robust impact evaluation of this programme, so findings should be interpreted with caution.

In a somewhat adjacent line of work are recent pilot studies on devolved budgets in England (Westlake et al., 2020). The underlying logic of these interventions are that social workers providing direct services to families know what is best to create meaningful and sustainable change for the safeguarding of children, one of these ways being the purchase of resources and services directly for families to address their basic needs. Without the bureaucracy of obtaining funds typical in business as usual practice, social workers were able to quickly allocate funds to families without having to obtain approval or fill out extensive paperwork. Funds were utilised for items and services that would not be available through typically available services, such as material items like cars or debt relief. Funds were also utilised to provide items and services in a quicker manner than through typical procedures and processes, such as food and household utilities. The interventions were delivered primarily to families with Child in Need plans, with about a third of participants involved in a Child Protection Plan, and a small amount of participants being looked after. Participants in the pilots reported 'clear benefits' of this devolved budget model for children and families. though no robust impact evaluations were conducted so these findings must be interpreted with caution. It should also be kept in mind that the results of these pilots, both its implementation and its outcomes, were also used with families that were described as not being at the edge of social care. Findings for this evidence summary may suggest the need to test the intervention at scale in order to better understand whether this logic aligns with the logic of direct cash payments, especially as this intervention allocates money through social workers rather than directly to families, as is the case for the majority of the other interventions mentioned in this evidence summary.

Underlying mechanisms

As alluded to in the beginning sections of the matrix document, one potential causal mechanism where direct payments may make a difference in child maltreatment outcomes is the Family Stress Model (FSM). To summarise, the model posits that economic hardship leads to economic pressures, which leads to parental psychological distress, to interparental relationship problems and disrupted



parenting. Masarik and Conger (2017), revisits the FSM in light of updated evidence, finding continued evidence and support for the efficacy of the model.

Conclusion

The ultimate contrast between direct payments between high income countries like the US and low- and middle-income countries like Mexico and Brazil are the terms of conditionality. High income countries attach work requirements with the logic of incentivising work, while low- and middle-income countries attach health and education requirements to mothers for their children.

In the context of children's social care, we were not able to find evidence of direct payments explicitly administered with the explicit goal of reducing child maltreatment. Nonetheless, many of the studies included have found a significant relationship between income and children's social care outcomes, particularly with the relationship between loss of income and higher rates of children's social care involvement. There are many reasons for the paucity of research in this area. First, none of these cash transfer programmes are designed with the explicit goal of reducing child maltreatment or children's social care outcomes. In the case of TANF and tax credits, the primary goals are to reduce child poverty and increase incentives for parents to work. Any studies that measure the impact of cash on child maltreatment and social care outcomes are quasi-experimental and difficult to design, as they must use secondary data sets and oftentimes cannot measure impacts on the individual level. For the case of CCTs, although their designs are quite rigorous, they do not have any direct measurements of child maltreatment or social care outcomes, and secondary data analyses are not accessible due to a lack of systematised data collection on these outcomes. Other forms of individualised budgeting, as demonstrated in the pilots mentioned earlier, show that new models of cash and budget interventions are in development and may benefit from scaling up, accompanied with rigorous evaluation, in order to be able to robustly estimate their impacts on children's social care involvement.

When considering the transfer of these policies to England, there are some important points to raise based on research surrounding successful policy transfer. The following recommendations are taken from the framework of successful policy transfer as laid out in the policy research literature (Cartwright & Hardie 2012). First of all, it is important to see whether a policy 'works.' The research literature collected for this evidence summary makes it clear that money makes some difference when it comes to child maltreatment outcomes. This is seen across different countries, individual US states, and different direct payment policies.

Secondly, while assessing the transferability of these policies, the mechanism should be understood. There is value in further research on the mechanisms which sit behind poverty as a known contributory causal factor in child abuse and neglect, as well as testing the value of direct payments as a means to address it. Research has made it clear that "poverty is neither a necessary nor sufficient factor in the occurrence of child abuse and neglect" (Bywaters et al., 2016). As mentioned in the evidence matrix, some of these studies utilise the Family Stress Model to explain the results of their studies. However, research on the Family Stress Model is still mixed and not necessarily conclusive (*please refer to the Matrix for further detail*). Other potential models of the relationship between poverty and child maltreatment, are detailed in the 2016 report (Bywaters et al., 2016)

Thirdly, the same support and structural factors should be identified between one policy context to another. The policy landscapes between England and the wider United Kingdom and low-income countries are extremely different. These are laid out earlier in the evidence summary but must be



emphasised. There has been a historic legacy of policy transfer between England and the US due to their similar welfare states, but even though they are relatively similar, there are particular differences. The United States and United Kingdom both utilise means-tested benefits, but the United Kingdom, in contrast to the United States, offers universal healthcare benefits. Healthcare in the United States is one of the highest financial burdens on families that lead to poverty. Although there is means-tested availability of public health care, coverage is not necessarily guaranteed. Additionally, different states have different policies regarding public health insurance coverage.

This leads to another important point - besides the federal earned income tax credit and the child tax credit, TANF and state earned income tax credits, along with other anti-poverty benefits, vary state to state. Careful attention to this variation should be given when constructing policies outside of individual states.

The final important consideration is the difference between children's social care systems between England and the US, as well as within the US. Whereas children's social care is a centrally organised system in England, each individual state within the US has varying systems, with significant differences between systems resources, interventions delivered within each system, and even definitions of child maltreatment. For this reason, it cannot be assumed that effects of income on child maltreatment within the US will be replicated in the United Kingdom. An appropriate starting point to begin policy transfer would be to conduct more research on poverty and its impact on children's social care involvement within England, for which there is some recent and emerging literature (for example, Webb et al. 2020).

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