Long Beach Pledge:
Guaranteed Income Pilot Project
Phase I
Preliminary Final Report

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Executive Summary

Over the past 18 months the CSULB Research Team has conducted an evaluation of the first phase of the Long Beach Pledge, specifically studying the impacts of the GI payments on single parent recipients with one or more children under the age of 18 in their care. All recipients resided in the 90813 zip-code and had incomes below the federal poverty threshold for the size of their households. We have completed a randomized controlled trial study consisting of three surveys distributed to control and treatment groups. The control group consisted of single parents who applied for and were eligible for the study; the treatment group included the single parents who received the $500 monthly GI payments for 12 months. Surveys were administered before the payments started (and before participants knew whether they had been randomly selected for the program); after 6 months of GI payments; and approximately two months after the payments ended. In addition, interviews were conducted with approximately 40 GI recipients midway through the program; half of the interviewees were interviewed a second time two months after the program ended.

Primary Findings:

Overall, our findings show that guaranteed income works: it improves food and housing security and physical and mental health of parents and children. It also helps reduce debt and increases digital access. GI receipt did not have a significant impact on employment or participants' desire to work. While $500 a month is far from sufficient, it helps, and significantly so. Here are the eight most important takeaways:

1) GI recipients reported using the monthly payments primarily for food, rent and utility bills, other household necessities, and to pay overdue bills. A smaller portion of the payments were used specifically on children, including spending on clothes, activities, and family outings to the benefit of children's physical and mental well-being.

2) During the program, GI recipients reported significantly greater food security, including the amount, quality, and regularity of food and meals, compared with the control group. Two months after the program ended, greater food security among former GI recipients continued.

3) Midway through the GI program, recipients were more likely to report a reduction in debt than the control group. This remained true, but not significantly so, after the program ended; findings suggest that debt will increase as former recipients adjust to the loss of the GI.

4) Both during and after the program ended, GI recipients were significantly more likely to have high speed internet access in their homes, compared with members of the control group.

5) After six months of payments, GI recipients reported that they worried less often about making rent and utilities payments and about becoming homeless, than control group members. Two months after the payments ended, some of these positive impacts persisted, but were declining. GI recipients did, however, report that they were less likely to have moved in the past year, suggesting greater housing stability.

6) After six months of GI payments, recipients reported better overall health, less stress, and less physical pain than the control group. In post-program surveys, GI recipients continued to report less physical pain, but not significantly better overall health. Findings did show that recipients' mental health continued to be positively impacted by the GI program with recipients reporting somewhat less sadness, loss of interest, anxiety, worry, and irritability.

7) At the midway point, GI recipients were significantly more likely, compared with the control group, to perceive their children as being physically and mentally well, including experiencing less physical pain, greater contentment, and less worry. Two months after the payments ended, recipients continued to report somewhat greater child contentment, but not less physical pain or worry among their children.

8) Over the course of the 12-month program, GI recipients were significantly more likely than the control group to be able to access the health care that both they and their children needed—including dental and mental health care for their children.

A guaranteed income of $500 a month provided families with crucial resources that led to wide-ranging benefits during the 12 months of the program. As further evidence of the program's effectiveness, these benefits began to dwindle just two months post-program. Given that extremely low-income families struggle to obtain even the most basic necessities—coupled with the rising costs of rents, food, and other essentials—there was little reason to think that there would be long term benefits for most families. One year of a guaranteed income is not enough to help most families achieve lasting economic security or upward social mobility.

Our assessment shows that guaranteed income works; it helps families meet their basic needs and improves the physical and mental health of parents and children. But a sustained approach is needed to ensure the well-being of the most vulnerable parents and children in our community.

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Introduction

This report discusses preliminary findings from Phase I of the Long Beach Pledge: Guaranteed Income Pilot Project—Research and Assessment Study. Included in this report are findings from three quantitative surveys administered to GI recipients (the treatment group) and a control group, as well as two rounds of interviews with GI recipients. Surveys were administered at three points in time: a baseline survey was sent before eligible applicants knew whether they had been randomly selected for the program, a mid-program survey was distributed after the treatment group had received six payments, and a post-program survey was sent approximately two months after the program ended. Interviews were conducted at the same time as the mid-program and post-program surveys were administered. Mid-program interviews were conducted with 42 GI recipients, and post-program interviews were conducted with 21 of the previous interviewees.

Background and Methodology

Surveys

In late 2022 and early 2023, the City of Long Beach worked in conjunction with the Fund for Guaranteed Income (F4GI) to recruit applicants to the Long Beach Pledge. Eligible applicants had to live in the 90813 zip code, have children under age 18, and be a single-earner family living below the federal poverty threshold. F4GI evaluated eligibility and identified the single parent/caregiver families who were eligible for the study. They then randomly assigned eligible families to either the control or treatment groups. We were given a list of the single parent families in both the treatment (n=184) and control (n=79) groups and sent both groups the baseline survey on April 10, 2023, before applicants had been notified whether they had been selected to receive GI payments or not. Surveys covered a wide range of topics, including demographics; education; housing and living arrangements; employment; income and government benefits; housing and food security; debt; digital access; physical and mental well-being; health care usage; children's physical health, education, and mental/behavioral well-being; and parental concerns and perceptions about their children, their children's futures, and their relationships with their children. Participants were given a $50 debit e-card to compensate them for their time. Multiple emails were sent to encourage participation, and Centro CHA, a community organization operating in the 90813 zip-code, phoned members of the treatment and control groups to encourage participation. Ultimately, 148 GI recipients and members of the control group completed the survey, for an overall response rate of 56 percent.

The mid-program surveys were distributed to the treatment and control groups on November 1, 2023. Because 10 participants initially assigned to the treatment group opted out during the onboarding process, at mid-program the treatment group consisted of 174 GI recipients and the control group consisted of 79 participants. Two versions of the survey were sent out; most of the survey was the same as the baseline survey, and the same for the treatment and control groups; however, GI recipients were also asked a series of questions about their use of the GI funds and

their perceptions of the GI program and its application process. Again, survey participants were given $50 debit e-cards. The overall response rate was nearly 63 percent.

The post program surveys were distributed on July 1st to the treatment and control groups; again, the two surveys were largely the same, except for a series of questions that were specific to the GI recipients. The overall response rate for treatment and control groups was 51 percent.

Across all three time periods and both the treatment and control groups, the demographics of respondents was very similar. Approximately 90 to 95 percent of respondents identified as female. Nearly half were between 18 and 34 years old, and about a third were between 35 and 44 years of age. Between 56 and 60 percent of respondents identified as Hispanic or Latino/a; 24-26 percent identified as Black, around 6 percent as Asian, and approximately 10-13 percent as white. A few participants identified with other racial categories, or chose "other" or "prefer not to answer." Less than 10 percent chose more than one racial category. Across the surveys between 80 and 90 percent of respondents identified as citizens. Over a third of respondents had a high school education or equivalent, and about half had education beyond high school. Respondents had an average of 2 children living with them at the time of the surveys.

Interviews

In October 2023, after the sixth monthly GI payment was distributed, we sent an email to treatment group members requesting interviews. Interested participants filled out a brief google form and were contacted by a student research assistant to schedule a phone or Zoom interview. In total, 43 interviews were conducted, lasting on average between 45 and 90 minutes. Five interviewees reported either not having residential children or not being a single parent. Those interviews were removed from the analysis, leaving 38 interviews that were analyzed and discussed below. Interview topics included more in-depth questions about most of the topics addressed in the surveys.

Two of the interviewees were men; 36 were women. All but one interviewee was the parent of the child(ren) in their care; one was the grandmother. Four of the interviews were conducted in Spanish; the rest were in English. Seventeen interviewees identified as "Hispanic," "Mexican," or another Latino ethnicity; 12 identified as "African American" or Black (including one who said she was "African American and white"). Six interviewees identified as "white" or "Caucasian" and two were "Asian" or "Cambodian"; one identified as "mixed." Interviewees ranged from 24 to 60 years of age, with a plurality in their 30's. Only about 5 had not finished high school, and most had at least some college; several had completed their AA degree or a certificate program, and a few had a bachelor's degree. Two reported being enrolled in a 4-year college, and more were enrolled at a community college.

Interviewees had between one and 5 children; sometimes adult children were also living in the home. Twenty of the 38 interviewees reported living alone with one or more of their children. Five participants lived with their parent(s) and several others lived with other extended family members. Only one reported living with her significant other.

A second round of interviews were conducted in late June and early July 2024. We reached out to 25 of the previous interviewees to request a follow-up interview. We chose to contact participants

based on their responsiveness to questions during the first interview, with attention to achieving a similarly diverse participant pool. Twenty-one interviews were conducted; twenty of these were with women. Eleven interviewees in round two identified as Hispanic or "Mexican"; five identified as "Black" or "African American," three identified as "white," one as "Asian," and one as "mixed." Four of these interviews were conducted in Spanish. Interviewees had between one and five children under 18 living with them. Several had additional children (of all ages) who did not live with them and several had children over 18 who did live with them.

Impact of the GI Program at Mid-Program

Our evaluation showed five primary results at the time of the mid-program survey and interviews:

1. Participants used the GI primarily to purchase food and daily necessities, and to pay rent, utilities, and overdue bills. **As a result, GI recipients reported greater food security, reduced debt, and increased access to high-speed internet** compared with members of the control group.

2. **GI recipients reported feeling more secure about their housing situations** than control group members. Specifically, they worried less about making rent and utilities payments, and about becoming homeless.

3. **GI participants reported greater job satisfaction, with some describing new jobs that improved their economic situations**. This is evidence that receiving the GI is not a disincentive to employment, and may, in fact, help participants find better jobs.

4. **GI recipients reported experiencing less stress, worry, and less physical pain overall,** compared with members of the control group.

5. **GI recipients reported that their children had better physical and emotional health.** Compared with the control group, GI recipients reported that their children felt less pain, worried less, had greater levels of contentment, and had fewer emotional difficulties.

In the following sections, we address each of these issues and discuss them in light of the post-program survey and interviews.

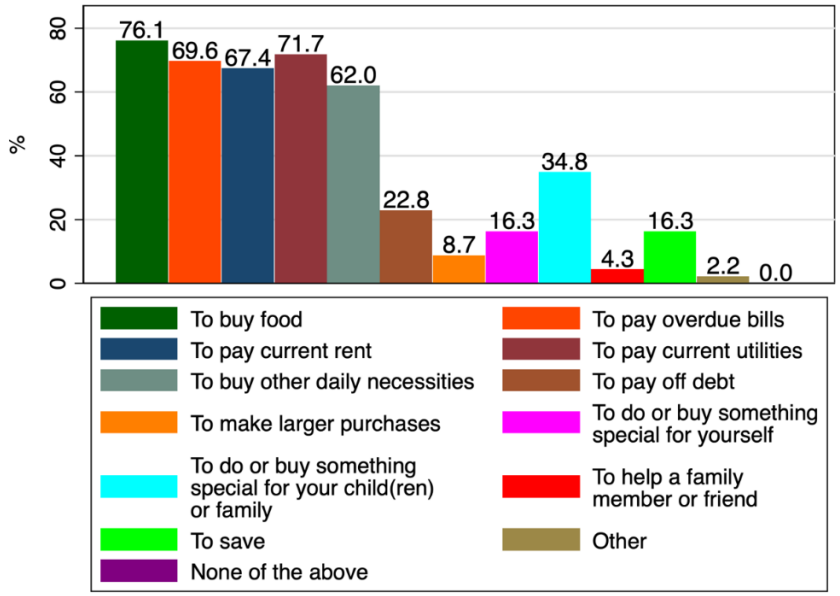
1. At mid-program, guaranteed income led to greater food security, reduced debt, and greater access to high-speed internet. Two months after the program ended, greater food security and access to high-speed internet persisted. However, while GI recipients were more likely to report reduced debt compared with the control group, the effect was no longer significant.

Overwhelmingly, GI recipients reported using this resource to purchase food and necessities, pay utility bills and rent, and pay overdue bills (Figure 1 below). This was true in both the mid-program and post-program surveys. Approximately half of participants reported that their use of

the guaranteed income had changed over time. However, there was little evidence of trends in spending patterns. Across all participants, differences in spending over time were minimal, except that in the latter half of the GI program, more participants (67.4%) reported using some of the money for current rent compared to at the mid-point (48.3%).

Linda, a white mother with three children, shared mid-way through the program, "It's extra money for me to be able to get [my children] better food [and] for them to have a home that has the lights on and…have clean laundry." In a post-program interview, Gloria, a Latina mother of four children, described how she similarly used the payments: "I was able to use it every month—different ways to help out with different things that would stress me out, whether it was bills, food, rent. It was there to, you know, as an extra factor."

Figure 1: How recipients used the GI payments
Post-program results



Food Security

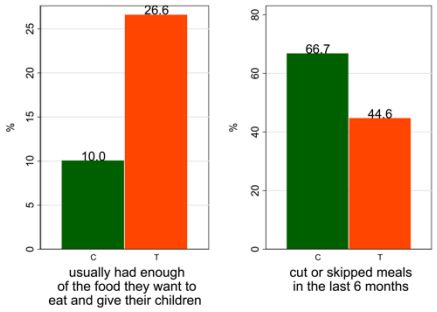
At both points in time, over three quarters of participants reported using some of the GI money for food (81.7% mid-program, 76.1% post-program). Six months into the program, ***GI recipients reported significantly greater food security, including the amount of food available, the regularity of meals, and the quality of food provided to their family members,*** compared with the control group.

At the post-program survey, greater food security among GI recipients continued, with 16.6 percent more of them, compared with members of the control group, reporting that they usually had enough of the kind of food they wanted to eat and give their children (Figure 2, left). Similarly, 22.1 percent fewer GI recipients, compared with control group members, reported

having to cut the size of their meals during the past six months (44.6% compared with 66.7%) (Figure 2, right).

Interviewees also discussed how the GI payments helped with food security. Carlos, a Latino father with five children, said in his post-program interview, "…at times we were able to eat. When we ran out of food stamps, we had that little bit of cash that we put to the side and then just being able to have (sighs) some type of income…" Similarly, Layla, a mixed-race mother with two children, described how she "had a relief from knowing that I wouldn't run out of food or resources for food…"

Figure 2: Food security
(C denotes the control group and T denotes the GI recipients)
Post-program results



The GI program improved—but did not ensure—food security, and some effects lingered two months after the program's end. Once the program ended, while the GI recipients still reported greater food security than the control group, there was no longer a statistical difference in the amount parents *worried* about food security.

Debt

At the mid-program survey, nearly two thirds of GI recipients (64.2%) reported using some of their GI payments to pay overdue bills, and a fourth (25%) reported using it to pay down debt. As a result, compared to the control group, ***18 percent more GI recipients reported that their debt had decreased in the past 6 months*** (27% compared with 9.1%). This difference is statistically significant.

The post-program survey also found that more GI recipients (22.3%) than control group members (15%) reported that their debt had decreased since the GI payments began; however, the difference was no longer statistically significant. It seems likely that some of the debt many members of the treatment group had been able to pay down while receiving the GI payments was quickly accumulating again after the program ended. Notably, approximately 45 percent of participants in both the treatment and control groups reported that their debt had increased since the GI program began.

In the post-program interviews we asked participants specifically about their debt and use of the money to pay overdue bills. A number of GI recipients talked about using the funds to get "back on track." Amari, a Black mother of one, talked about using the money for food, "just because prices are going up," and "to pay the light [bill so] we have light in our house." She said, "You know, just our bills are kind of back on track."

While the GI funds helped with debt for many, it was not sufficient to get everyone "back on track." Paloma, a Latina mother of one, said:

> Yes…[the guaranteed income]…did help clear some of the debt…we had two deaths in the family back to back. Like in one year—like it wasn't even a year. Like they're not even a year apart, so that we did have to contribute and all that. And we did get in debt with that. So we were able to clear out some of the debt. However, not everything has been cleared out.

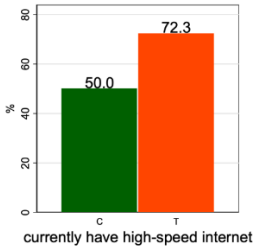
Participants also started to note how their debt was creeping back up since the program ended. Gloria, a Latina mother of four said:

> The main benefit is that it was helping us, um, helped us…try to get back on track with paying things that we owed. It was helping us food wise, just the things that we needed that you know we usually have to go into debt getting. And this time while we did it, now we're back into [debt].

Digital Access

At the time of the mid-program survey, ***GI recipients were significantly more likely to have high speed internet access.*** Nearly 14 percent (13.6%) more GI recipients than control group members said they typically had high speed internet access. Two months after the GI program ended, this difference had increased to 22.3 percent. Nearly three-quarters of treatment group members (72.3%) compared to only half (50.0%) of control group members had high speed internet two months after the GI program ended (Figure 3).

Figure 3: Digital access in household
(C denotes the control group and T denotes the GI recipients)
Post-program results



Other Uses of GI Funds

In addition to spending the GI on food, current and overdue bills and rent, and household necessities, about a third (32.5% at mid-program and 34.8% at post-program) of GI recipients reported that they used some of their GI payments to do something special for their children or families. Spending on children ranged from purchasing school uniforms and paying fees for extracurricular activities to participating in special activities and purchasing a simple ice cream treat.

In a mid-program interview, Gloria shared:

> I use it [Guaranteed Income]…to help me pay my bills. I try to put a little bit towards, like, back pay on the bills that I owe. I also use it if I have any extra like, towards the kids. If there's any activities going on, I try to save a little bit from that to put towards the kids. [The GI is] mainly for the bills.

During a post-program interview, Nora, a white mother of two, described a range of ways she used the money to support her kids:

> We were able to take a trip to the observatory so it was nice, we all got to spend time together and do that because we wouldn't have been able to afford it otherwise. So that was nice…[and] I was able to help them out with like notebooks, like their school supplies…[and] we were able to get a printer for school stuff and a new laptop so that helped out.

Additionally, many GI participants used a portion of the GI for other types of fundamental support, including childcare, healthcare, investments in longer-term security, employment-related expenses, and a variety of emergency situations. For example, Miranda, a Latina mom functioning as a single parent of three children while her husband is incarcerated, said in a mid-program interview:

> I use it to help me out with paying for some bills. Sometimes I need it…a little extra for paying for a babysitter…My mom used to be my babysitter, but she got diagnosed with cancer in May. And so I had to find someone else to come and take care of my kids, and my mom also.

Another mother, Layla, mixed-race, explained that she used some of the money to help her move away from her abuser. She said: "it literally helped me move from the place that he last kn[ew] me… to live, to an undisclosed location."

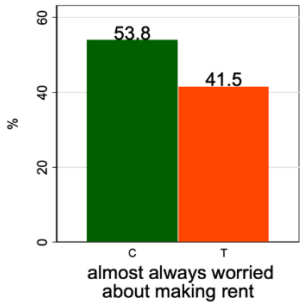
2. At mid-program, GI recipients felt more secure about their housing situations. While still true two months after the program ended, the impact was dwindling.

Midway through the program, GI recipients worried significantly less often compared with control group members about their ability to pay monthly rent and utilities on time, and they were less worried about becoming homeless. For example, 19.4 percent fewer GI recipients reported feeling "almost always" worried about their ability to make their monthly rent or utility

bills, compared with the control group. Relatedly, over 17.4 percent fewer GI recipients than control group members said that during the past six months they had worried about becoming homeless. Objective housing arrangements and/or conditions did not significantly differ between the two groups at the six-month mark of the GI program.

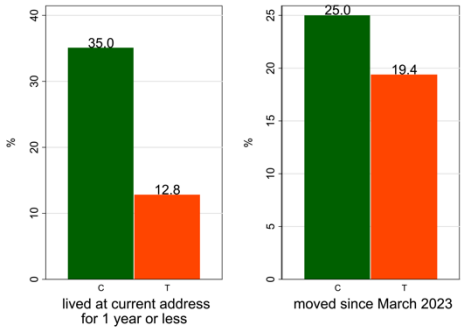
Some of these positive impacts continued post-program, but others appeared to be declining. Two months after the GI payments stopped, the treatment group was 12.3 percent less likely than the control group to worry "almost always" about paying rent and utilities, and instead was more likely to say they "often" worried about these things (Figure 4). This difference was statistically significant. Members of the treatment group also continued to be less worried about homelessness compared with the control group (47.6% compared with 54.3%, respectively); however, this difference was no longer statistically significant.

Figure 4: Subjective indicators for housing security
(C denotes the control group and T denotes the GI recipients)
Post-program results



Post-program surveys also revealed that GI recipients were significantly less likely than control group members to have lived at their address for less than one year (12.8% compared with 35%), and somewhat less likely to have moved since March 2023 (19.4% compared with 25%) (Figure 5). This suggests that the GI payments were impactful in supporting housing stability.

Figure 5: Housing Situation
(C denotes the control group and T denotes the GI recipients)
Post-program results



Interviews further illuminated the challenges GI recipients faced making rental and utilities payments on time and/or in full, and how the GI payments helped. In her mid-program interview, Gloria, a Latina mother of four children, shared:

> [I have not been late on rent]…within the past couple of months, just because I have that extra help, so I'm usually short like $100 or so. But with the past four months, [because of the GI], I've been able to be complete with the rent.

Aaliyah, a 25-year-old Black mother of two, also shared in her mid-program interview how the GI had helped her with "just keeping a roof over our heads" by beginning to get caught up with rent: "Yeah, definitely pay[ing] off more debt. I was definitely behind on my rent. I'm actually still behind, but I'm not as behind (laughs)."

Rent increases were a frequent concern during both sets of interviews, which is not surprising given that about 60 percent of participants' rent had increased March 2023, according to the post-program survey. Paola, a Latina mother with four children, shared in her post-program interview how even with housing assistance—which only about 14 percent of recipients had—rising rents cause grave concerns:

> Unfortunately, with Section 8 they only pay so much, which does help a lot, but with the rent, like if they keep increasing the rent, it comes out of my welfare. So if they keep increasing it, like all my welfare is gonna be going to the rent, which affects pretty much everything else. So that's why I [am] like getting worried about them raising the rent again.

3. Six months into the GI program, GI recipients reported greater job satisfaction than the control group; however, this impact did not last. Post-program, a small percentage of GI recipients, but no control group members, reported a "significant increase" in their employment income during the past year, which is supported by interview data.

While there were no significant differences between GI recipients and those in the control group in terms of employment situation (percentage employed, unemployed, or outside the labor force), hours worked, or other objective measures, there were several notable findings across the mid-program and post-program surveys. At the mid-program survey, a statistically significant difference existed when asked about participants' satisfaction with their current employment situations. ***At the mid-program survey, no members of the control group reported being "very satisfied" with their employment situation; however, nine percent of GI recipients said they were "very satisfied."*** By the post-program survey, the job satisfaction of GI recipients had dropped slightly below that of the control group (although the difference was not statistically significant).

Although impacting very few families, 3.2 percent of GI recipients reported that their employment income had increased "significantly" in the past year, while no control group members reported such an increase. This result was statistically significant. Mid-program interviews revealed that about a quarter of interviewees had found new jobs since starting the GI program, and among those with new jobs, a few reported jobs that paid above the poverty

threshold, sometimes significantly so. In a post-program interview, Aaliyah, a graduate student and Black mother of three, reported that she was working as a teacher and doing well. Selena, a Latina mother with custody of one child, reported post-program that she was making $3000 a month working for a nonprofit that provides transitional housing to people in recovery; while a modest salary, this puts her significantly above the poverty line for a family of two.

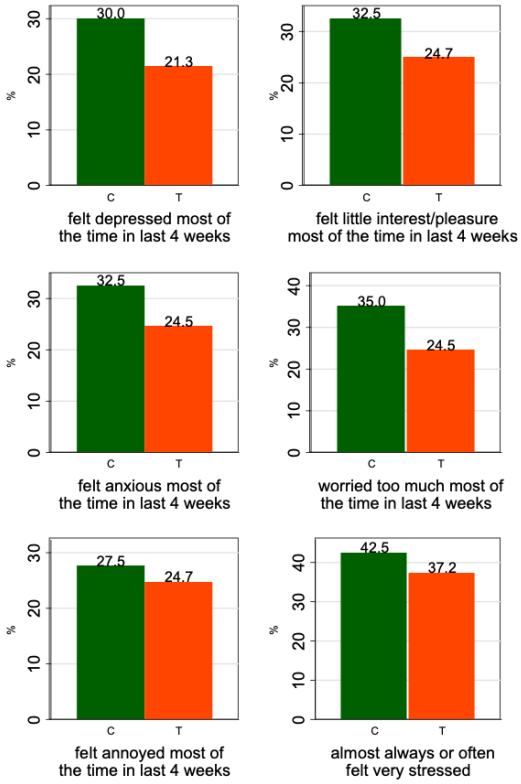
We do not know if the GI program is responsible for these families' improved financial situations; however, interviews suggest that a monthly guaranteed income, in some cases, facilitated further education, training, or licensing necessary to attain "better" employment. For example, Natalia, a Latina mother with three children and a new, better job at the time of the mid-program interview, said that she had used some of the money to pay for a certified nurses' assistance license fee, a real estate license test, scrubs for herself, and a tutor for her daughter.

While it is unknown whether the GI program had any specific impacts on recipients' employment, it is clear that ***receiving the guaranteed income did not discourage recipients from engaging in paid employment*** outside of the home.

4. Midway through the program, GI recipients reported better overall health, less stress, and less physical pain. Some of these impacts remained after the program ended.
Not surprisingly, six months into the program, ***GI recipients reported less stress overall, suggesting improved mental well-being***, compared with the control group. While a quarter (25%) of the control group reported worrying too much, or having trouble controlling their worrying "nearly every day," only 10.7 percent of the treatment group reported this frequency of worry. When asked how often they felt significantly stressed, the disparity was similar, with 42.5 percent of the control group saying "almost always" or "often" compared with 37.2 percent of GI recipients.

In the post-program survey, GI participants no longer reported significantly less stress than control group members. However, it still appears that GI receipt had a positive impact on participants' stress levels and mental health overall, even two months after the payments ended. Survey respondents were asked a series of six questions about how often they felt depressed, anxious, worried, etc. While differences between the GI participants and the control group members were not statistically significant in the post-program survey, in each case, GI participants reported feeling distressed less often than control group members did (Figure 6). For example, GI recipients were less likely to report feeling down or depressed most of the time[i] (21.3%) compared to members of the control group (30.0%). The persistence of this trend across all six similar measures is notable.

Figure 6: Mental Health and Stress Indicators
(C denotes the control group and T denotes the GI recipients)
Post-program results



Mid- and post-program interviews also highlighted how the GI payments reduced stress and improved mental health for many. The following post-program quotes show the relief most participants felt while receiving the GI payments:

> Yeah, it [GI] was definitely taking a lot off of me as far as like not having to figure out where the money's going to come from and the guilt of asking other people for help. So, it-it did give me a little sense of more independence… (Jenn, Asian mother with two children)

> Yes. So, so since we started speaking, I haven't donated plasma. I haven't had to resort to that thankfully. (Paola, Latina mother with four children)

> It also helped me like, not isolate, and go out with my kids, my youngest one. (Selena, Latina mother with one child in her home)

> Mm, well. It reduced my stress, mhmm, as I said, it was one less worry, and I think more than once, it helped me to control my stress and anxiety more. (Xiomara, Latina mother with one child)

Although some positive impacts of the GI appear to have continued at least two months after the payments ended, this was not the case with recipients' perceptions of parenting. While GI recipients were significantly less likely than control group respondents to say they were "too tired or worn out to engage with my child(ren)" at the mid-program survey, at the post-program survey they were 12.6 percent *more* likely to report being too tired to engage with their children "often" or "almost always." The following post-program quotes were in response to questions about whether and how their post-program situations impacted their parenting and children.

> Sometimes I'm just--I'm so serious that I'm like, oh, I'm going to just lay down I don't want to do anything today. (Linda, white mother with three children)

> Mm-hm, yes, like being physically...how would I tell you... [not] present at the moment when he's doing something, sometimes I am thinking about one thing or about the other. (Xiomara, Latina mother with one child)

> Yeah, like 2 weeks ago, right before school's gonna end, I accidentally screamed in front of them in traffic and they were like, why are you screaming? So, like I can see the big impact like, ohh damn, I-I don't scream around them. So yeah, it's like the stress is getting to me."(Layla, mixed-race mother with two children)

The link between stress and overall health is likely one reason why ***GI recipients were significantly less likely than the control group to characterize their overall health as "poor" at the time of the mid-program survey.*** Midway through the program, just 2.5 percent of GI recipients reported their overall health as "poor" as compared to 11.4 percent of the control group. Among those in both groups who reported having a chronic health condition (approximately a fourth of respondents), 11.5 percent of GI recipients reported it was "extremely well managed," while no control group members described their condition this way. Similarly, no GI recipients said their chronic condition was managed "not well at all," while 27.3 percent of control group members described their condition this way in the mid-program survey. Relatedly, ***midway through the program, GI recipients also reported feeling significantly less physical "pain and discomfort" in the last 4 weeks,*** compared with the control group. On the mid-program survey, only 5.7 percent of GI recipients said they had experienced a "great deal" of pain, compared with 18.2 percent of the control group. Relatedly, nearly a fourth of GI recipients (23.8%) reported no physical pain or discomfort, compared with only 13.6 percent of the control group.

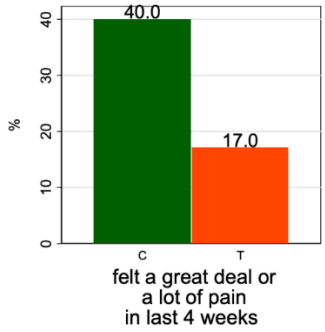
In her mid-program interview, Nora, a white mother with two children, described how stress impacted her level of physical pain:

> I have anxiety so…I get like, headaches and migraines and stuff. I have like…it's kind of like arthritis. It's in my nerves…my hands start hurting, going numb and stuff like that. It's—I deal with that feeling—so, it's just like little things start to hurt more than they would normally.

Two months after the payments ended there was no longer a difference in how GI recipients and the control group reported their overall health, or how well they felt they were able to manage their chronic health conditions. However, ***GI recipients continued to report less physical pain in***

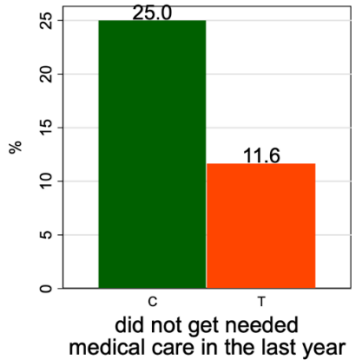
the post-program survey. While 40 percent of the control group said they had felt "a lot" or "a great deal" of physical pain or discomfort in the past month, only 17 percent of GI recipients responded in these ways (Figure 7). In addition, GI participants were significantly less likely than control group members to report that they had been admitted to the hospital in the past year.

Figure 7: Physical Health and Pain
Post-program results



One of the most important health related findings had to do with greater health care access for GI recipients, who were 13.4 percent less likely than control group members to say that they had gone without needed health care in the past 12 months. This difference was statistically significant (Figure 8).

Figure 8: Percentage of respondents who did not receive needed medical care in the last year
Post-program results



6. **Midway through the GI program, recipients reported that their children had better physical and emotional health compared with control group participants; however, most of these differences had disappeared two months after the program's end. Post-program surveys also showed that during the past year, children's access to health care was significantly better among GI recipients than among control group respondents.**

Four significant findings at the midway point showed that compared with the control group, GI recipients perceived their children as having better physical and emotional well-being. First, 19 percent fewer GI recipients than control group members reported that their child had

experienced “a lot” or “some” physical pain in the past 4 weeks. Second, GI recipients were 13 percent more likely than control group members to describe their child(ren) as “often” or “almost always” satisfied or content. Next, when asked about children’s emotional difficulties, 15 percent more GI recipients compared with members of the control group said their child(ren) had “never” or only “rarely” experienced such difficulties. Finally, GI recipients were 21 percent less likely than control group members to report that a child was worried or fearful “almost always,” “often,” or “sometimes.”

Two months after the program ended, GI recipients no longer reported that their child(ren) experienced less pain compared to what the control group reported among their child(ren). Nor were GI recipients more likely to report that their child(ren) were “often” or “almost always” satisfied or content with themselves. They were, however, significantly less likely to report having a child who is “rarely” or “never” content with themselves. Additionally, there were no longer any significant differences between GI recipients and control group members regarding children’s emotional difficulties or fearfulness.

In the post-program interviews, parents reflected on some of the ways they used the GI money that had important and direct impacts on their children’s emotional well-being. Nia, a Black mother with three children, said:

> But I was able to make sure her hair was done—and we are African American, so with that being the case, we wear braids or we wear styles that are more conducive to our lifestyle. So … I was able take care of [her] physical grooming… She was able to have sneakers, boots. She was able to have sandals, you know? I mean, she was able to have the right shorts. Pants. T-shirts. I was able to buy more bras for her because again, [her] figure’s changing so I have to try to—you know—there's a lot of things that would help,… I think mentally for her, because of course you'll feel better. Yeah. Your boobs went from a 32 to a 36, you know, so now you're not squeezed in the 34. You have the actual 36 that you need. You know, your waist size, pants, you were wearing a 9. You've increased, so you have the proper 14, but you're not worried about them hiking up in your cheeks a little too much because your thighs are big. You know what I mean? So it was a lot of comfort that she was able to obtain from the Long Beach Pledge.

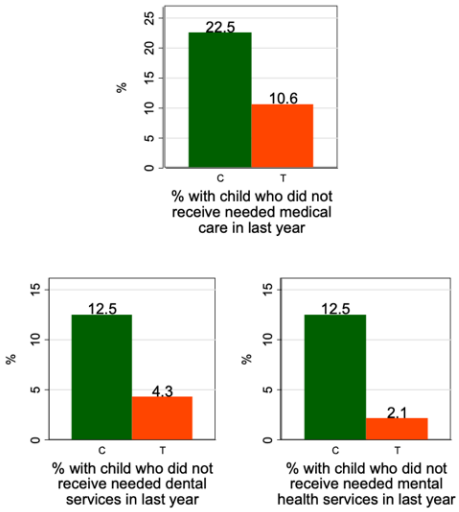
Carlos, Latino a father with five children, similarly talked about the importance and impact of his children having clothing that fit:

> The impact that [the GI program] gave my daughters in the beginning, it was spectacular because seeing them smile, being able to go to school, showing off with new shoes and new clothes instead of having some hand me downs or clothes that didn't fit them… [My daughter’s clothes were] already…real tight but [having new clothes and shoes helped them] to feel that…confidence of being [and] feeling very beautiful…

The post-program survey also showed that the children of GI recipients were significantly less likely to go without needed health care compared with the children of control group members. GI recipients were 11.9 percent less likely than control group members to report having a child who did not receive needed medical care in the past 12 months (figure 9). Similarly, 10.4 percent

fewer GI recipients than members of the control group said they had a child who didn't receive needed mental health services, and 8.2 percent fewer said they had a child who didn't receive needed dental services.

Figure 9: Children's Access to Healthcare
(C denotes the control group and T denotes the GI recipients)
Post-program results



These findings suggest that the additional income from the GI program has profound impacts on children's well-being, or, perhaps, that it relieves so much stress on parents that they perceive their children to be significantly better in terms of health and well-being. Further evidence of this is that at the midpoint, 20 percent fewer GI parents selected their children's mental health as a top worry compared to parents in the control group. This difference had shrunk to 5 percent by the post-program survey. Whether the findings suggest improved well-being of children, or significantly less worry and stress among parents, or both, they indicate widespread impacts from the GI program that extend far beyond the most obvious benefits of helping families secure food and housing. However, the study also shows that these impacts begin to disappear soon after the payments end. As families' economic situations worsen without the guaranteed $500 a month, children's well-being and/or parents' perceptions of it also worsen.

Conclusion

Our overall assessment is that guaranteed income works: it improves food and housing security and the physical and mental health of parents and children. It also helps reduce debt and increase digital access. And it does *not* have a significant impact on employment or desire to work.

The mid-program assessments found significant impacts of the GI on housing and food security, mental and physical health, debt and digital access and other areas of need. Families used the GI payments predominantly for food, housing/utilities, other household necessities, and to pay off

overdue bills and other debt. Compared with control group members, GI recipients experienced significantly less worry about housing costs and the risk of homelessness, and were able to provide more and better-quality food to their families. In addition to basic necessities, parents used some of the funds to buy things for their children, pay for children's activities, or spend on family outings. Parents reported that children's overall well-being improved as a result; specifically, they reported more contentment and less worry among their children.
Midway through the program, GI recipients also reported less stress and anxiety themselves, and better physical health—including less pain—than control group members. They were also significantly less likely to say they were too tired to engage with their children, compared to the control group.

Post-program surveys and interviews found families continued to spend the GI funds in these ways over the second half of the program. When asked retrospective questions about the past year, GI recipients reported fewer unmet health care needs for themselves and their children compared with the control group. Greater food security also persisted. Two to three months after the GI program ended, however, some of the other impacts had waned. Worries about housing security were again similar to those expressed by the control group. Parents receiving the GI no longer saw their children as less worried and were now significantly *more* likely than control group members to report being too tired to engage with their children.

GI recipients knew that the payments would only last 12 months, but, of course, they differed in their responses to the program's end. Some, all too familiar with the precarity of poverty and social service resources, took it in stride, having emotionally, if not financially, prepared for the program's end. But many others approached the end of the payments with trepidation, reporting extreme stress and anxiety as they lost a significant part of their monthly incomes. As Amari said, "The ending of the program—knowing that it's near—your anxiety level gets up there. No matter what you want to say, your anxiety level gets up there because you know this is it. And you're praying the whole time…

[i] "Most of the time" combines answers of "nearly every day" and "more days than not."