

Long Beach Guaranteed Income Pilot Project Mid-Program Evaluation Report Phase 1

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(Thanks to Kimia Karaminejad Ranjbar for her invaluable research assistance and insight while writing this report.)

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Long Beach Guaranteed Income Pilot Project Mid-Program Assessment Report: Phase 1

Executive Summary

This Executive Summary highlights preliminary findings of significance from the Long Beach Guaranteed Income Pilot Project – Research and Assessment study. Included in this summary are results from 38 in-depth qualitative interviews with GI recipients and a mid-program quantitative survey, all of which were conducted approximately six months after monthly GI payments began in May 2023. A randomized controlled trial was used for the quantitative study, allowing for statistical analysis of differences between those who received the GI payments and those who were eligible but who were not randomly selected to receive them. Surveys were sent to both the treatment group (i.e., those receiving the GI) and to a control group (i.e., those who applied and were eligible for the program, but were *not* randomly selected to receive the GI). Surveys were identical except for questions asked only of the treatment group, such as how they spent the GI payments. We received 122 (66% response rate) completed surveys from the treatment group and 44 (56% response rate) from the control group.

All study participants were single-headed householders with children, living below the federal poverty line at the time of their applications to the program, who resided in the 90813-zip code. The overwhelming majority of survey and interview respondents identified as women (approximately 93% and 95%, respectively). A plurality of study participants (approximately 57% of survey respondents and 45% of interviewees) were Latinx, more than a fourth of participants were Black (approximately 27% and 32%, respectively), and fewer were white (approximately 13% and 16% respectively) or Asian (approximately 7% and 5%, respectively). These demographics were reasonably aligned with GI applicant data. Ages ranged from 24-60 among interviewees and 18-64 for survey respondents, with most participants being 25-44 years old.

Preliminary findings show five primary results, each of which are briefly expanded upon below.

- 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.

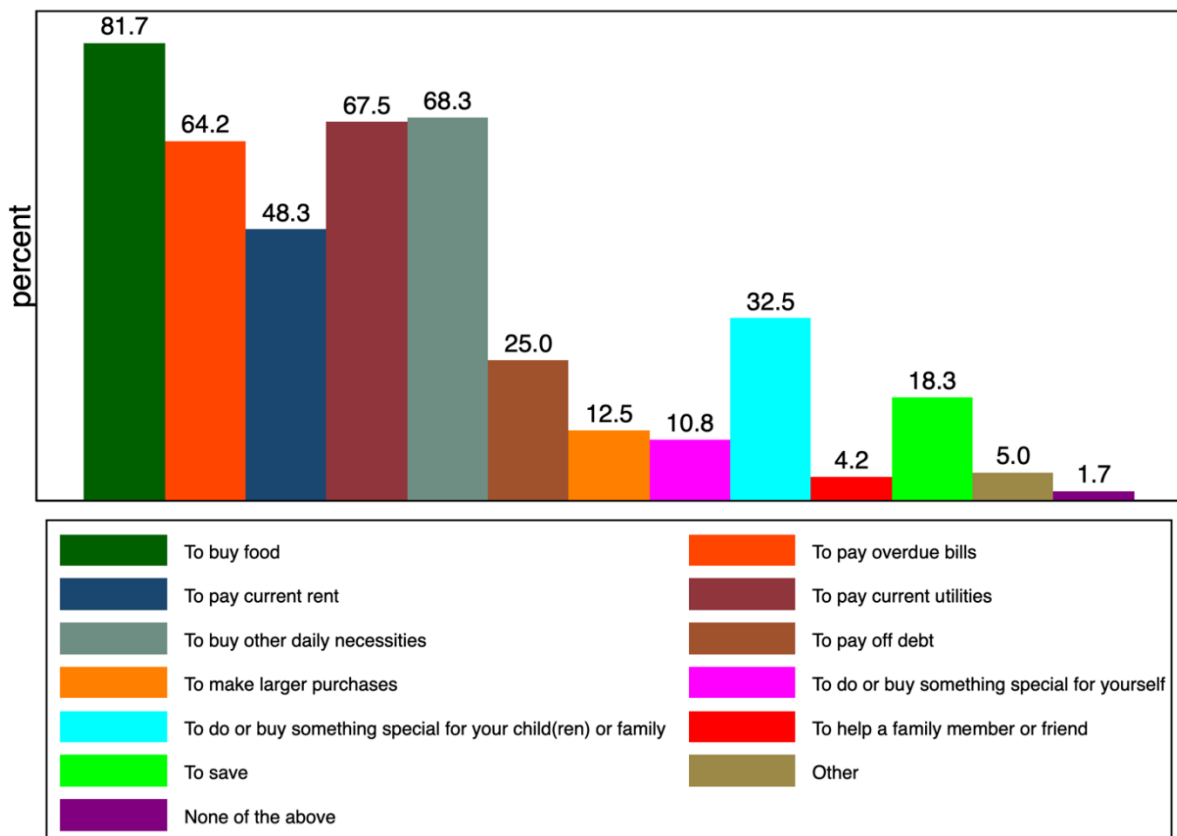
Compared with the control group, GI recipients reported that their children felt less pain, worried less, had greater levels of contentment, and had fewer emotional difficulties.

1. Guaranteed Income Led to Greater Food Security, Reduced Debt, and Greater Access to High-Speed Internet

Overwhelmingly, GI recipients reported using this resource to purchase food and necessities, pay utility bills and rent, and pay overdue bills (Figure 1 below). Linda a 33-year-old white mother with three children shared:

“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.”

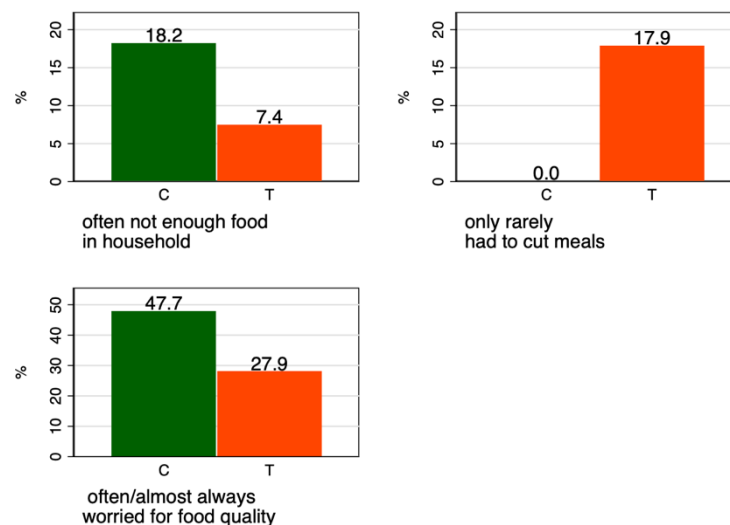
Figure 1: How recipients used the GI payments



Food Security

Nearly eighty-two percent (81.7%) of recipients reported using the GI to purchase food for their families (see Figure 1 above). 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. As Figure 2 (upper left) shows, only 7.4 percent of GI recipients reported that there was “often” not enough food for everyone in their household, compared with 18.2 percent of the control group. Similarly, while all control group members reported that adults in their household had to reduce their food intake at least some of the time because of a lack of household food or concern there wouldn’t be enough food, nearly 18 percent (17.9%) of GI recipients reported that they only rarely had to reduce their food intake (Figure 2, upper right). Further, GI recipients were significantly less likely to worry “almost always” or “often” about the quality of food they could provide their families. While nearly half (47.7%) of the control group worried “almost always” or “often,” just over a quarter (27.9%) of GI recipients worried this much about food quality (Figure 2, lower left.)

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



Debt

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%). (See Figure 3.) This difference is statistically significant.

Digital Access

GI recipients were significantly more likely to have high speed internet access. Compared with the treatment group, nearly 14 percent (13.6%) more GI recipients said they typically had high speed internet access (Figure 4.)

Figure 3: Change in debt
(C denotes the control group and T denotes the GI recipients)

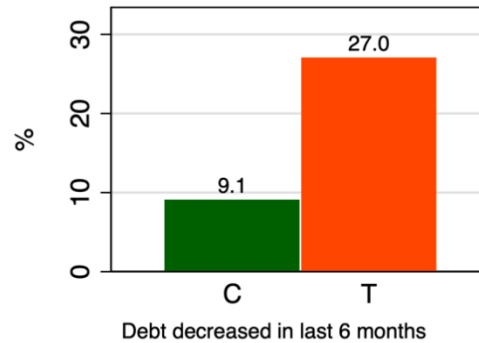
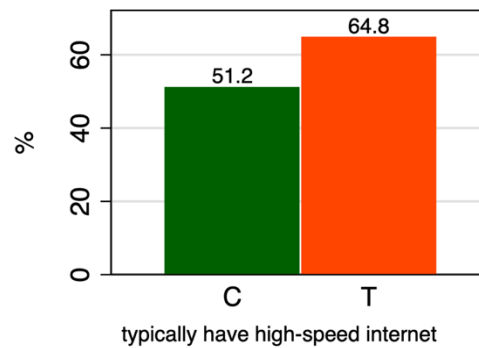


Figure 4: Digital access in household
(C denotes the control group and T denotes the GI recipients)



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%) of GI recipients reported that they used some of their GI payments—typically after using most to cover basic needs—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. As Gloria a 32-year-old Latina mother with four children 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.

Similarly, Amari a 29-year old Black mother, with a 12-year old daughter explained:

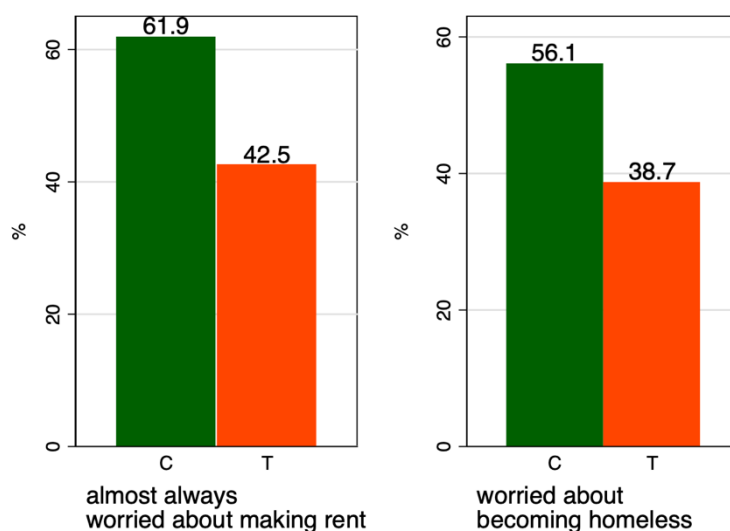
The light bill has been paid. The gas bill has been paid. I'm not struggling as hard as I was to make income to make ends meet. We have had a few little extra things that we weren't able to do [before].

While the GI was overwhelmingly used to provide food and daily necessities, it was also used to provide fundamental support including childcare, healthcare, emergency relief, investments in longer-term security, and employment-related expenses. Miranda a 25-year-old Latina mom functioning as a single parent of three children while her husband is incarcerated said:

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.

2. GI Recipients Felt More Secure about Their Housing Situations

Figure 5: Subjective indicators for housing security
(C denotes the control group and T denotes the GI recipients)



GI recipients reported that they worried significantly less often about their ability to pay monthly rent and utilities on time, and that they were less worried about becoming homeless, compared with control group members. 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 (Figure 5, left). 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 (Figure 5, right). Objective housing arrangements and/or conditions did not significantly differ between the two groups at the six-month mark of the GI program.

During interviews, recipients described the ongoing challenge of making rental and utilities payments on time and/or in full, and how the GI payments were helping. For example, Gloria, a 32-year-old Latina mother of four children shared that since receiving the GI:

[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 how the GI has helped her with “just keeping a roof over our heads” by beginning to get caught up with rent:

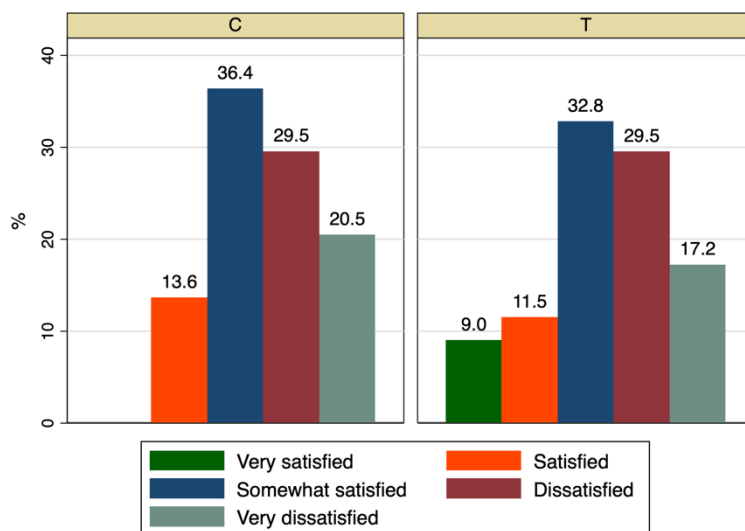
Yeah, definitely pay[ing] off more debt. I was definitely behind on my rent. I'm actually still behind, but I'm not as behind (laughs).

3. GI participants reported greater job satisfaction, with some describing new jobs that improved their economic situation.

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 due to caretaking, disability, etc.), hours worked, or other objective measures, there was a statistically significant difference in terms of satisfaction with their situation. In fact, ***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”*** (Figure 6).

Interviews offer a possible explanation for this difference. About a quarter of those interviewed had found new jobs since applying to the GI program. In a number of these cases, the jobs—often in the medical/caretaking field—paid above the poverty threshold for their families, sometimes significantly so. Thus, we know that a portion of participants had experienced positive economic change since the program was initiated. While we do not know if the GI program is responsible for these families’ improved financial situations, interviews suggest that a ***monthly guaranteed income, in some cases, facilitated further education, training, or licensing necessary to attain “better” employment.*** For example, a 33-year-old Latina mother with three children and a new, better job, reported using 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 the specific impact of the GI on employment is unknown, it is clear that ***receiving guaranteed income did not discourage recipients from engaging in paid employment*** outside of the home.

Figure 6: How satisfied are you with your current employment situation?
(C denotes the control group and T denotes the GI recipients)



4. GI Recipients Reported Better Overall Health, Less Stress, and Less Physical Pain.

Not surprisingly, in addition to reporting greater job satisfaction and less stress regarding housing and bills, *GI recipients reported less stress overall, suggesting improved mental wellbeing*, 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 (Figure 7, left). When asked how often they felt significantly stressed, the disparity was similar, with 54.5 percent of the control group saying “almost always” or “often” compared with 36.9 percent among GI recipients (Figure 7, right).

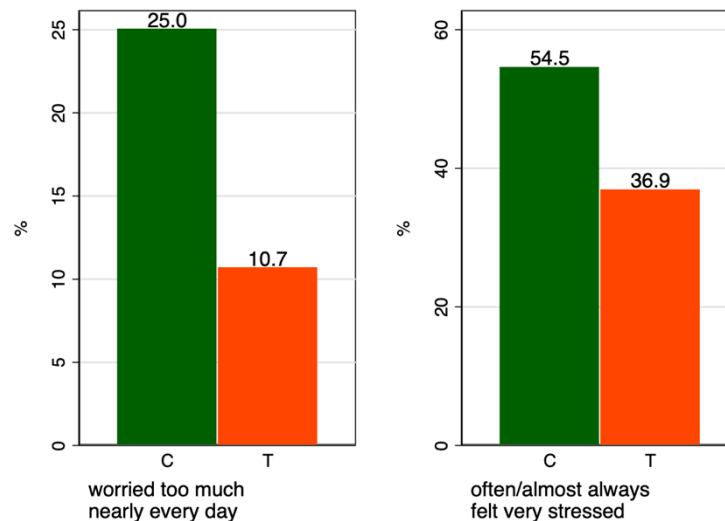
Interviews illuminated these statistical findings. Jenn a 35-year-old Asian mother who had a toddler and was pregnant said that she had a “fear of not being able to take care of the kids and myself financially, and then having to do everything on my own.” She said the resources provided through the GI program helped to relieve some of this stress. As shared by Linda a 33-year-old white mother of three,

I think [the GI] helps with my stress because...I’m going to have a little extra money a month to, uh, pay my bills and stuff. So yea, I think [my stress is] improved.

Serena, a 24-year-old Black mother with one child, explained that for her the program has meant that:

I wouldn't have to keep waiting on my paycheck, and sometimes [the GI] comes...when I really need it. And when it comes, it helps so much. It takes some relief off my back—and right now I'm not working. So, like, that's a huge help for me.

Figure 7: Mental health measures
(C denotes the control group and T denotes the GI recipients)



There are also indications that the GI improved parents' ability to parent—or at least their perceptions of parenting. ***GI recipients were significantly less likely to report being too tired to engage with their children.***

Stress and mental health are, of course, inextricably linked to physical health. Nora a 42-year-old white mother with two children described the way that stress impacts 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.

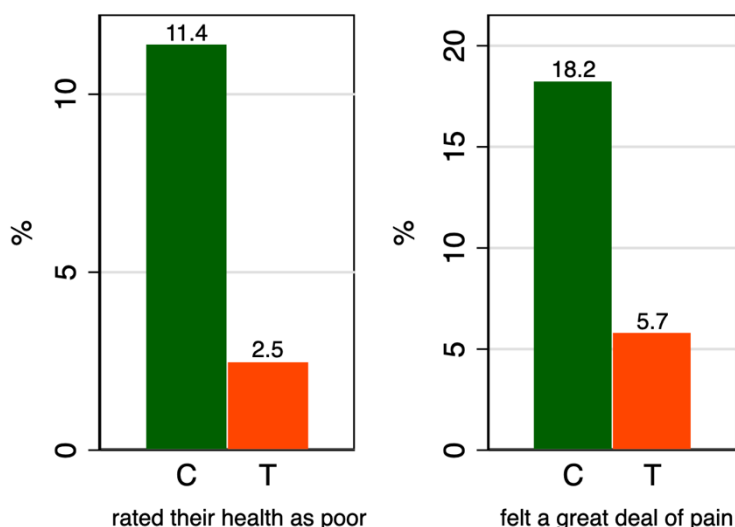
Similarly, as Aaliyah a 25-year-old Black mother with two children, said,

[Stress impacts] my sleep, my eating, I'm short on patience. I definitely get more flare ups. So I just know my body changes, my body feels weird. I get overwhelmed. Everything makes me want to cry. And I shut down.

The link between stress and overall health is likely why **GI recipients were significantly less likely to characterize their overall health as “poor”** compared with members of the control group. As seen in Figure 8 (left), just 2.5% of GI recipients reported their overall health as being “poor” as compared to 11.4% of the control group. Similarly, **those receiving the GI also reported feeling significantly less physical “pain and discomfort” in the last 4 weeks**, compared with the control group. Only 5.7 percent of GI recipients said they had experienced a “great deal” of pain, compared with 18.2% of the control group (Figure 8, right). Relatedly, nearly a fourth of recipients (23.8%) reported no physical pain or discomfort, compared with only 13.6 percent of the control group. Further, among those in both groups who reported having a chronic health condition (approximately a fourth of respondents), 11.5% 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 (see Figure 10 in the full quantitative report).

In addition to the connection between stress, mental health, and physical health, there is evidence from interviews with GI recipients that some used the GI payments to cover health-related expenses, including a tooth extraction, over-the-counter medications, glasses, gym memberships, and transportation to doctor’s appointments. These uses of the GI may also explain the greater physical wellbeing of GI recipients compared with the control group.

Figure 8: Health measures
(C denotes the control group and T denotes the GI recipients)

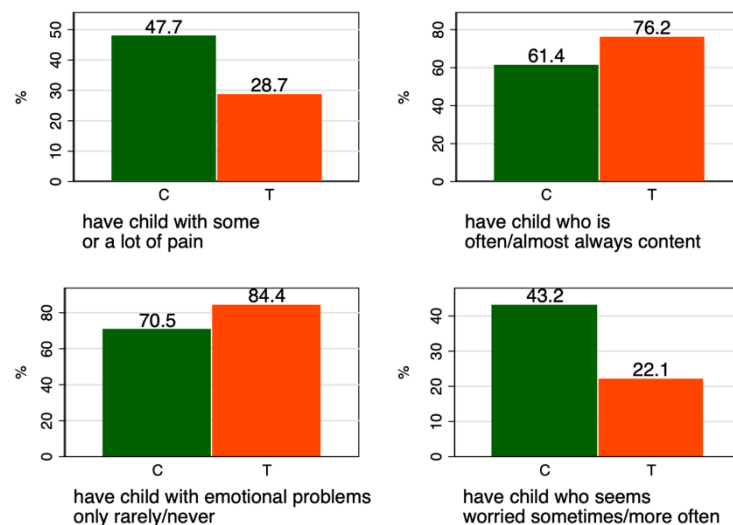


5. GI recipients reported that their children had better physical and emotional health.

Four significant findings show that GI recipients, relative to the control group, perceived their children as having better physical and emotional wellbeing. First, compared with the control group, 19 percent fewer GI recipients reported that their child had experienced “a lot” or “some” physical pain in the past 4 weeks (Figure 9, upper left). Second, GI recipients were 13 percent more likely than control group members to describe their children as “often” or “almost always” satisfied or content (Figure 9, upper right). 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 (Figure 9, lower left). 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” (Figure 9, lower right).

These findings suggest that the additional income from the GI program has profound impacts on children’s wellbeing, or, perhaps, that it relieves so much stress on parents that they perceive their children to be significantly better in terms of health and wellbeing. Further evidence of this is that 20 percent fewer GI parents selected mental health as a top worry regarding their children relative to parents in the control group. Whether the findings suggest improved wellbeing 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.

Figure 9: Children
(C denotes the control group and T denotes the GI recipients)



Summary:

As expected, guaranteed income recipients overwhelmingly (88.3%) reported that the GI has been “extremely” helpful for them and their families. Recipients also found the program to be accessible and efficient, with 89 percent saying that the application process was easier than those

of comparable programs and 91.7 percent noting that monthly GI payments were received as scheduled and that they had not encountered problems or challenges with the program.

The overall results of the mid-program assessment clearly indicate that—even after just six months of receiving a \$500 monthly GI—impacts on families are not only positive in the most direct and expected ways, such as improving food and housing security and decreasing debt, but the GI has had significant impacts on participants' overall health and wellbeing. In addition to helping families pay for household essentials, there are significant indications that the GI payments are also being used for strategies to assure longer-term family security and development (e.g., savings, training and education, healthcare, and opportunities for children). Further, results show significant impacts in the areas of mental and physical health, including a relative reduction in stress and anxiety, a reduction in physical pain, better management of health conditions, and the ability to provide more healthy and consistent meals for all family members. Such impacts have ripple effects on families and children, as seen in the greater physical and mental wellbeing reported for the children of GI recipients. Children also experience poverty-related stresses, as well as being affected by parents' stress. A less-stressed parent, who experiences less physical pain and less worry, is likely able to provide more attentive, patient parenting, thus leading to improved child-wellbeing.

While the LBGI program has clear impacts in reducing economic insecurity, deprivation, and – as a result – relieving stress, it is also clear that families' economic needs go far beyond what \$500 a month can provide. Further, the temporary nature of this program loomed in the minds of many participants. While participants were resigned to the length and limitations of the program, many expressed a nervousness and anxiety about how they would make ends meet after it ended.

Preliminary Report on Mid-Program Survey

Phase I

Introduction

This report highlights preliminary findings of significance from the quantitative portion of the Long Beach Guaranteed Income Pilot Project – Research and Assessment study. Included in this report are results from the mid-program quantitative survey which was conducted approximately six months after monthly GI payments began in May 2023. A randomized controlled trial was used for the quantitative study, allowing for statistical analysis of differences between those who received the GI payments and those who were eligible but who were not randomly selected to receive them. Preliminary findings show five primary results, each of which are expanded upon below.

- 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 than those not receiving the GI.
- 3) **GI participants reported greater job satisfaction, and no differences were found in rates of employment or hours worked.** These findings suggest that receiving the GI is not a disincentive to employment.
- 4) **GI recipients reported experiencing less stress, worry, and 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.

Background

The CSULB Research Team conducted a mid-program survey for the Long Beach Pledge program from November 1- November 29, 2023. Previously, out of 263 eligible applicants, 184 were randomly assigned to receive the Guaranteed Income (GI) payment of \$500 per month. Henceforth, we will refer to those 79 applicants who were not randomly assigned to receive the GI payment as the *control group*. Ten participants assigned to receive the GI dropped out during the onboarding process, creating potential bias in survey responses. To control for this, the survey was sent to all 184 applicants who were initially assigned to receive the GI as well as to the 79 in the control group.¹ Two versions of the survey were sent out, one for the GI recipients and one for the control group. The GI recipient survey was sent to the 174 GI recipients who were successfully onboarded and the control survey was sent to the 79 participants in the control

group and the 10 dropouts. After accounting for email bounces, 256 people were invited to participate. Reminder emails and phone outreach were conducted and the deadline was extended twice to encourage higher response rates. Most surveys were completed after the invitation and reminder emails. ² Participants were compensated with \$50 debit e-cards for their time. The survey was completed by 122 GI recipients and 44 members of the control group. Thus, mid-program survey response rates were 66.3% for the GI recipients and 55.7% for the control group. The response rate was 10.6 percentage points higher among GI recipients than for the control group. Though large, the difference is not statistically significant. Still, differences in the response rates may be due to differences in how the GI recipients and control groups feel about the program given that the control group is not receiving payments.

Demographics and a Check for Balance

An important first step in analyzing the impact of the GI payment on the GI recipients' group is to confirm that there is a "balance" between the two groups, or that no systematic and significant differences exist between the GI recipients and the control group in terms of demographics, household size, and household composition. None are expected as participants were assigned randomly to groups, but some might arise due to chance. It is important to document them so that we can control for them in cases where outcomes might be affected when we estimate the impact of the program.

Tables 1, 2, and 3 report averages related to demographics, household size, and household composition based on results from the mid-program survey: column 1 reports the average for the control group, column 2 reports the average for the GI recipients, and column 3 reports the number of participants who responded. An asterisk indicates that the difference between the GI recipients and the control group is statistically significant.

<i>Table 1: DEMOGRAPHICS</i>			
	Average for control	Average for GI recipients	# of responses
<i>age: 18-34 years</i>	47.7%	50.8%	166
<i>female</i>	88.6%	94.3%	166
<i>Asian</i>	4.55%	7.4%	166
<i>Black</i>	27.3%	26.2%	166
<i>Hispanic</i>	59.1%	56.6%	166
<i>White</i>	13.6%	12.3%	166
<i>other race</i>	6.8%	1.6%	166
<i>citizen</i>	94.9%	88.7%	154
<i>more than high school</i>	47.7%	50.8%	166
<i>vocational program</i>	22.7%	14.8%	166
<i>own car</i>	65.9%*	50.8%*	166

During the baseline survey, we established that the GI recipients and the control group were very similar based on their demographic characteristics and circumstances. Table 1 demonstrates that again for the mid-program survey, the control group was very similar to the GI recipients' group in terms of demographics: about half of both were 18-34 years old, roughly 90 percent were female, about 60 percent were Latinx/Hispanic, roughly 30 percent were Black and 12-13 percent were white. The proportion of Asians is about 3 percentage points higher for GI recipients, but the difference is not significant. The proportion who have more than a high school degree is roughly half for both groups. The proportion currently attending a vocational program is 8 percentage points lower for the GI recipients than in the control group but the difference is not significant. One of the few statistically significant differences between the two groups was in car ownership. About 15 percent more participants in the control group reported owning a car compared with GI recipients. In tables with many comparisons, however, the presence of a few isolated statistically significant differences is usually attributable to chance. We think this might be the case here. Nevertheless, car ownership is a factor that we controlled for when we analyzed the impact of the program on outcomes such as employment and housing.

Table 2: HOUSEHOLD SIZE

	Average for control	Average for GI recipients	# of responses
<i>household size</i>	4	3.8	166
<i># of children living at home</i>	2	2.2	166
<i># of children in household of school age</i>	1.8	1.7	127
<i># of children in household less than 5 yrs old</i>	0.4*	0.6*	166

Table 2 shows the average household size and the average number of children of different ages living in the household. The average household size was about four and the average number of children was about two for both groups. The average number of children of school age was also similar for households in both groups. Importantly, GI recipients had a significantly greater number of children under 5 years old than participants in the control group. Of course, those averages are difficult to interpret (a participant cannot have 0.4 of a child) but they are still a useful metric indicating that GI recipients on average had more young children than members of the control group.

Table 3 reports additional statistics related to household composition. About 30 percent of respondents in both groups had a partner and roughly 11 percent from both groups reported living with a partner. About 15 percent in both groups reported living with other family members such as siblings, parents, or grandparents. About 95 percent of both groups had children living with them.³ Compared to the control group, 17 percent more GI recipients reported having children too young for school; the difference is large and statistically significant. This confirms our earlier observation

that GI recipients tended to have more young kids, on average. This is an important source of imbalance that we controlled for when we estimated the impacts of the GI payment on children-related outcomes like childcare. Overall, there were no other significant differences between the two groups.

Table 3: HOUSEHOLD COMPOSITION

	Average for control	Average for GI recipients	# of responses
<i>have partner</i>	31.8%	27%	166
<i>live with partner</i>	13.6%	9%	166
<i>live with parent/ grand-parent/ sibling</i>	13.6%	14.8%	166
<i>live with child</i>	95.5%	95.1%	166
<i>have children too young for school</i>	20.5%*	37.7%*	166
<i>have children in school who need supervision</i>	52.3%	58.2%	166
<i>have children in school who can stay alone</i>	29.5%	23.8%	166

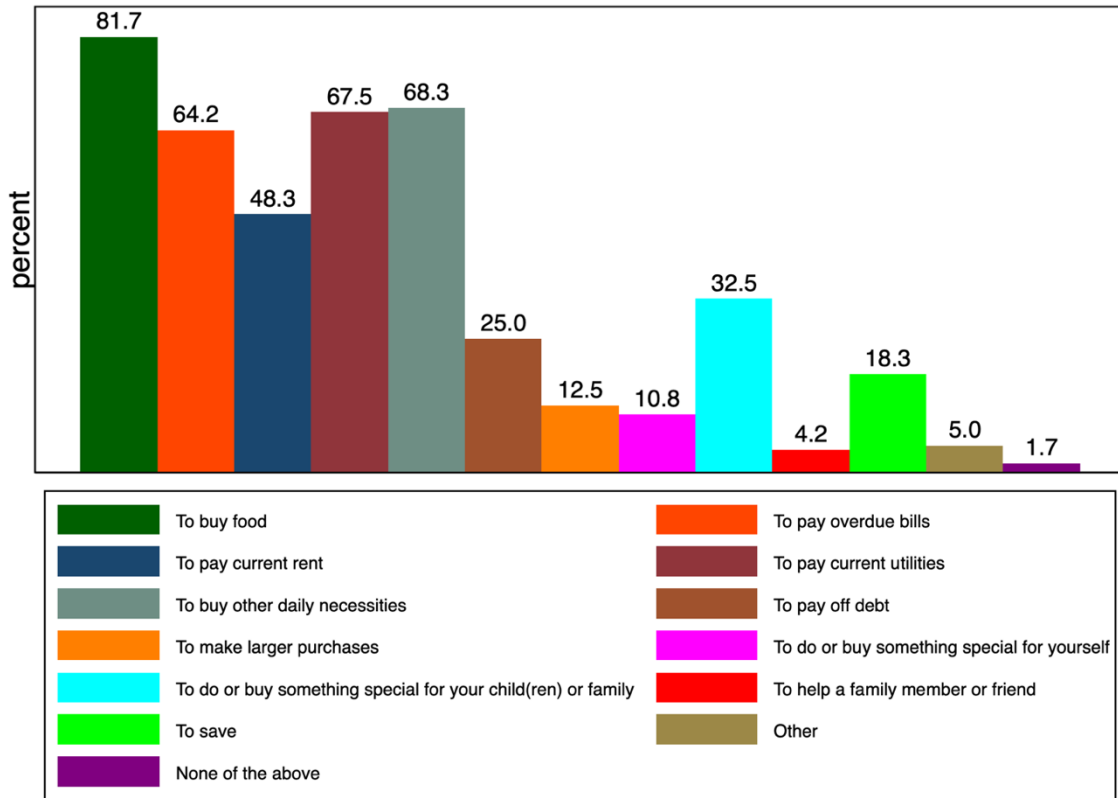
We did not find any significant differences between the government benefits received by the GI recipients and those received by the control group. The percentage of participants who received food stamps, CalWORKs, housing vouchers and SS/SSI/SSDI was not significantly different between the two groups, nor were the cash amounts received from CalWORKs and social security benefits statistically different.

We also found no significant differences across the two groups in other types of assistance participants received. The proportion of GI recipients receiving assistance from child support, family, friends, church, or school was not significantly different from the control group.

GI Payment Use

More than 97 percent of recipients reported that the GI was “moderately,” “very,” or “extremely” helpful. When asked how they have used the GI payments, 81.7 percent replied that they used it to buy food and 68.3 percent said they used it to buy other daily necessities. Other extremely common responses included paying for current utilities (67.5%), overdue bills (64.2%), and their current rent (48.3%). Approximately a third of GI recipients (32.5%) reported using some of the payments to buy or do something special for their children and family. In addition, a quarter of participants (25%) said they used some of the funds to pay off debt. Figure 1 summarizes these findings. Each of these common ways participants use the GI payments led to further impacts, which are discussed below.

Figure 1: How Recipients Used the GI Payments



Impacts of the GI Program

Housing

Participants' housing situations had not changed significantly since the baseline survey. Roughly 80 percent of both groups lived in apartments and rented with a month-to-month lease or no lease. Not surprisingly, the GI program had not yet impacted these outcomes. In the mid-program survey, we also collected data on homelessness. Three people in the control group and three GI recipients self-reported as homeless; a larger percentage of the control is thus homeless but the difference across groups is not statistically significant.

Importantly, 11% more control group members reported living at their address for 6 months or less. In other words, compared to the control group, fewer GI recipients had moved months since the GI payments started. This difference is significant and suggests that housing security may be better for the GI recipients than for the control group.

Figure 2: Objective indicators of housing security
(C denotes the control group and T denotes the GI recipients)

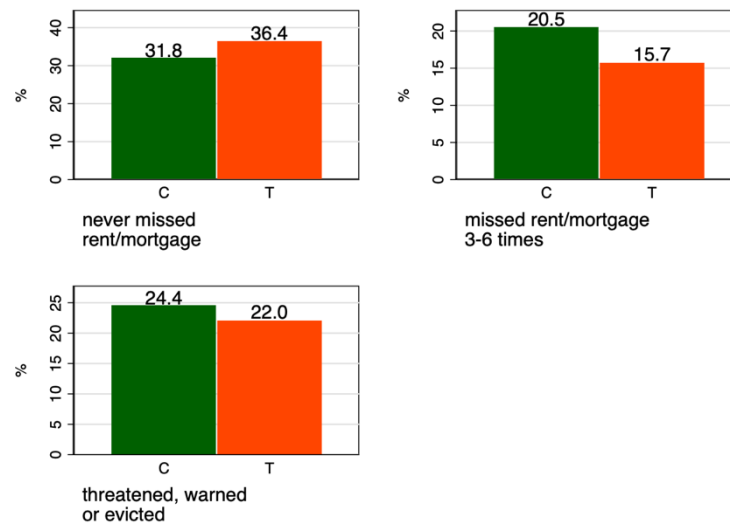
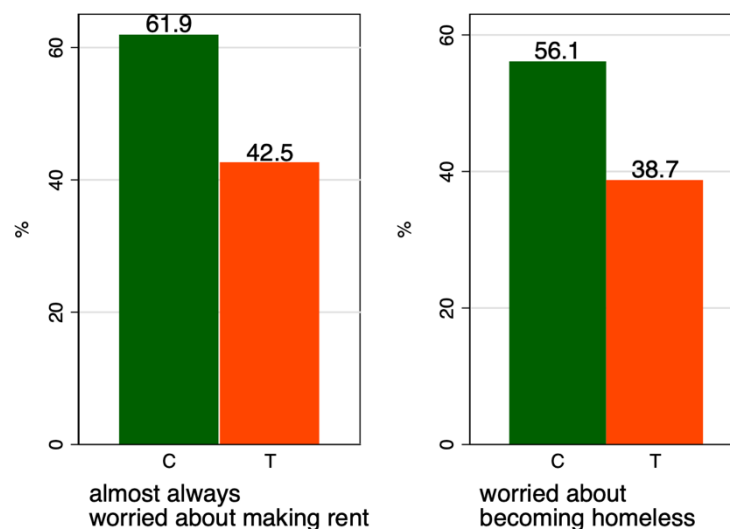


Figure 2 reports some additional objective indicators of housing security. Although we see some positive trends compared to the control group—a greater percentage of GI recipients had never missed rent in the last 6 months; a smaller percentage had missed rent 3-6 times in the last 6 months; and a smaller percentage had been threatened with, warned about, or evicted—none of these differences are statistically significant.

Figure 3: Subjective indicators for housing security
(C denotes the control group and T denotes the GI recipients)



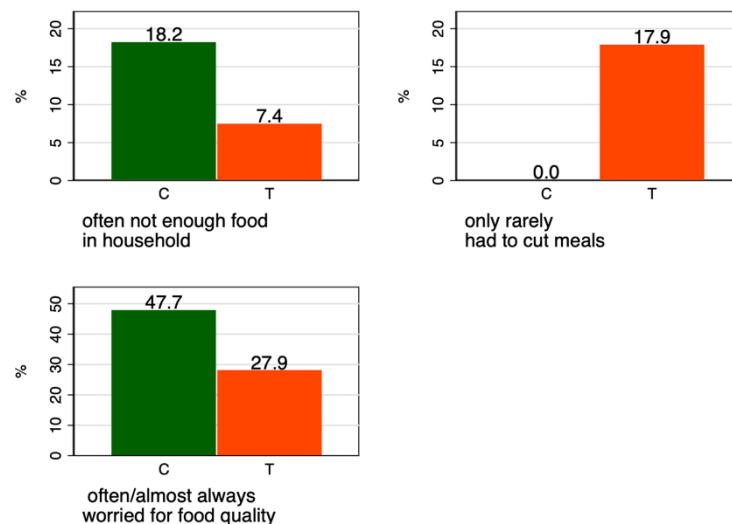
Although we do not see significant improvement in objective indicators of housing security, there were statistically significant findings in how participants “felt” about their housing, suggesting a greater sense of housing security. Figure 3 (left) shows that 19.4 percent fewer GI recipients relative to the control group worried about paying rent “almost always.” While many still worried

“often,” or “sometimes,” the intensity of their worry was lower. Figure 3 (right) also reports another indicator suggesting that participants were feeling more secure: a significantly smaller proportion of GI recipients (about 17% fewer) had worried about being homeless over the last 6 months. Relatedly, a later question asked participants to identify their significant sources of stress and the percentage of GI recipients who identified housing/living arrangements as a significant source of stress was 19 percent lower than among those in the control group. Importantly, we identified no other significant differences between the overall sources of stress across the two groups.

Food Security

GI recipients reported significantly better food situations in their households compared to the control group. Figure 4 (upper left) demonstrates that 10.8 percent fewer GI recipients relative to control group members reported that there is “often not enough food” for everyone in their household. The difference is statistically significant. Instead, GI recipients tended to report that only “sometimes” there was not enough food, or that the food was enough but not the types of food they wanted to eat or give to their children. Also, a higher percentage of GI recipients reported that there was enough food of good quality, compared to the control group.

Figure 4: Food security
(C denotes the control group and T denotes the GI recipients)



A similar percentage of respondents in both groups reported having cut or skipped meals in the last six months because of a lack of money. But among those who reported having reduced or skipped meals, GI recipients reported doing so significantly less often than the control group. As Figure 4 (upper right) demonstrates, while none of the control group members who reported reducing or skilling meals in the past six months said they did so only “rarely, nearly 18 percent of GI recipients who had reduced their food intake did so only “rarely,” as opposed to “almost always,” “often,” or “sometimes.”

Figure 4 (lower left) also shows that 20 percent fewer GI recipients relative to the control group reported being worried “often” or “almost always” about food quality during the previous four weeks. This difference is large and statistically significant. Another significant difference

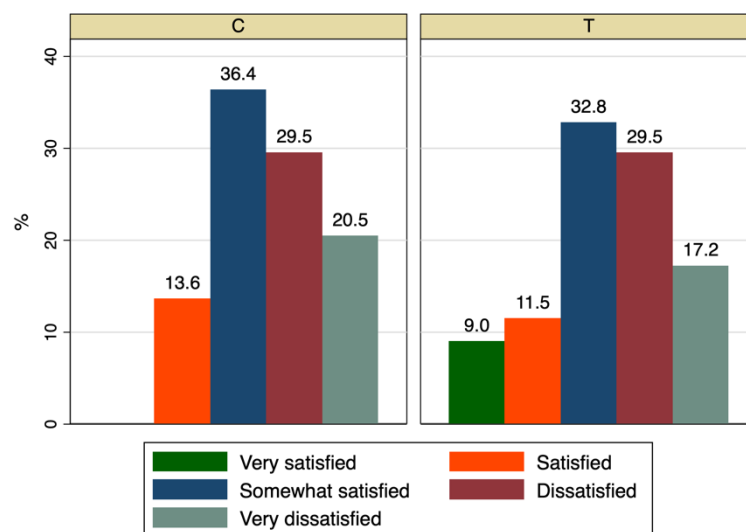
between the two groups is that 11 percent more GI recipients worried about food quality only “rarely,” instead of more frequently.

Several other indicators were also better among GI recipients compared to control group members, although they were not statistically significant: in the last 6 months, 6% fewer GI recipients relative to the control group reported using a food bank “often” or “almost always,” 6% fewer GI recipients reported relying on school meals “often” or “almost always,” and fewer GI recipients had trouble paying for various necessities like children’s clothing and shoes, cleaning products and toiletries, and phone and internet service. Finally, of those who had trouble paying for necessities in the last 6 months, a greater proportion of GI recipients reported having trouble paying “sometimes” and “rarely” rather than “almost always” and “often.” While these differences are not statistically significant, they are worth paying attention to, particularly as the evaluation of the program continues.

Employment

We did not find significant differences between GI recipients and the control group in objective outcomes related to employment, including the percentage of participants working for pay in the last 4 weeks, the percentage currently unemployed, the percentage not currently in the labor force (not working because they were a taking care of family, retired, disabled or in school), weekly hours worked in the last 4 weeks, and job search behavior in last 4 weeks. There was also no difference between GI recipients and the control group in terms of desires related to work status, including the percentage who wanted to work more hours, get additional jobs, or change their type of work in the last 4 weeks. This suggests that the GI payments were not a disincentive to work.

Figure 5: How satisfied are you with your current employment situation?
(C denotes the control group and T denotes the GI recipients)



Although there was no evidence of changes in their employment situations, GI recipients reported being more satisfied with their employment situations than participants in the control

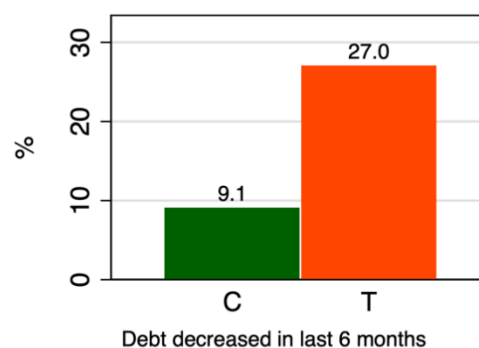
group. Figure 5 demonstrates that 9 percent more GI recipients relative to the control group reported being “very satisfied” with their employment situation. This difference is large and statistically significant. This finding was somewhat surprising. We did not collect information about the length of time people had worked in their current positions, thus it is possible that job satisfaction was greater among GI recipients because more had found “better” jobs in recent months. In the subsequent survey, we will gather additional data that will allow us to explore this further.

Debt

Notably, 18 percent more GI recipients relative to control group members reported that their overall debt had decreased in the last 6 months (see Figure 6 below). The effect is statistically significant and large, suggesting that the GI program has had a positive effect on participants’ overall debt.

While the overall debt had decreased for GI recipients, this was not true for all types of debt. For example, 17 percent more GI recipients relative to control group members reported having car loan debt and 12 percent more GI recipients than control group members had cash advance debt. These differences are also large and statistically significant. The larger percentage with car loan debt might be explained by the fact that 12.5 percent of GI recipients reported using their GI payments to make larger purchases, which might include cars. Buying a car usually requires taking on a new car loan. Purchasing a car could also be related to new or improved employment situations. On the other hand, the greater percentage of GI recipients with “pay-day” loans is harder to explain. We hope to explore why more GI recipients take on cash advance loans in phase 2 of the program.

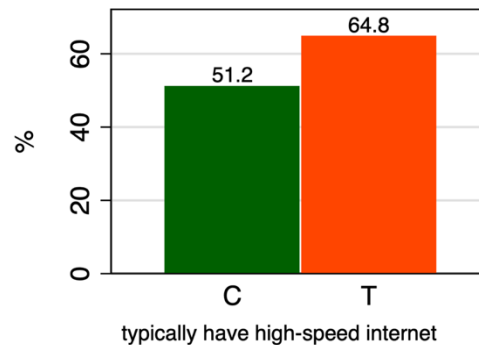
Figure 6: Change in debt
(*C denotes the control group and T denotes the GI recipients*)



Digital Access

We asked participants whether they had a computer, tablet, or smartphone in their household and if so, how many; we also asked if they typically had high-speed internet. There were no significant differences in terms of household devices between GI recipients and the control group; however, significantly more GI recipients (14% more) reported typically having high-speed internet in their homes (see Figure 7). This suggests that the GI program may have improved digital access.⁴

Figure 7: Digital access in household
(C denotes the control group and T denotes the GI recipients)



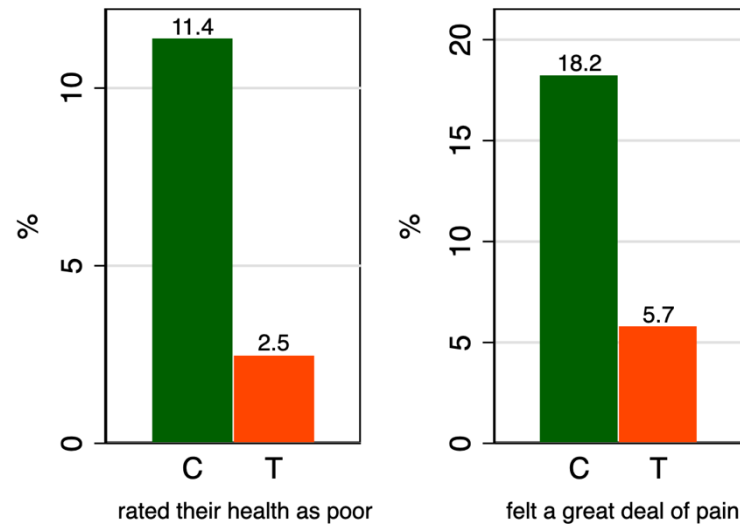
Health and Health Care

There are no significant differences between GI recipients and the control group regarding insurance coverage and whether respondents had a primary physician. About 80 percent in both groups were covered by Medi-Cal or Medicare and another 7 percent had private insurance. Thirteen percent had no health insurance. Roughly 70 percent said they had a primary physician. There are also no significant differences in whether respondents in the two groups used medical services over the past year. There is, however, evidence of differences in the frequency of use of different types of medical services between the two groups. For example, significantly more GI recipients (about 37 %) relative to control group members reported going more than once in the past year to urgent care or a medical clinic and significantly fewer GI recipients (about 38%) reported seeking care for themselves at an emergency room. These differences are significant and persist even after controlling for car ownership, the presence of young children in the household, spillover effects, and living with a partner. We are not sure why these differences exist, but plan to explore the mechanisms further in future analyses. We found no significant effects on other aspects of medical care access and use.

Physical Health

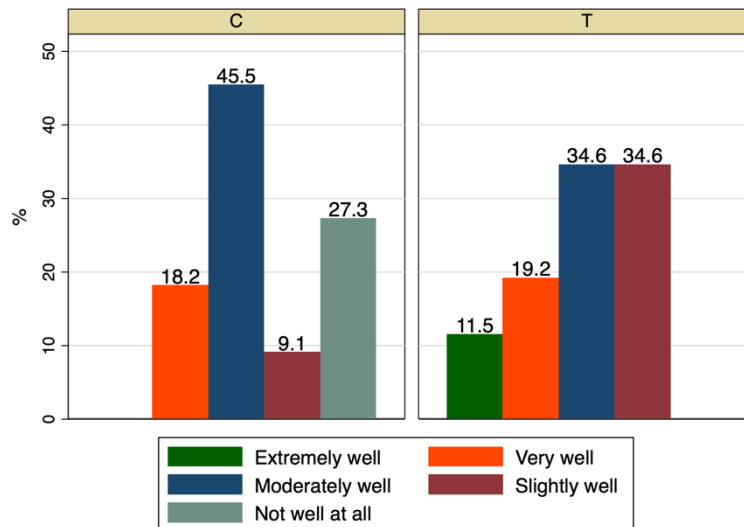
The GI recipients reported significantly better health in several key measures compared with the control group. A significantly smaller percentage of GI recipients compared with control group members rated their overall health as “poor,” rather than “fair,” “good,” “very good,” or “excellent.” As Figure 8 (left) shows, 9 percent fewer GI recipients reported poor health relative to the control group; this difference is statistically significant. While GI recipients and control group members were equally likely to rate their health as “excellent,” more GI recipients reported their health as “very good” compared with the control group. There were also differences in respondents’ ratings of their oral health. Though not statistically significant, nearly 9 percent more GI recipients rated the condition of their teeth and mouth as either “excellent” or “very good” compared with the control group.

Figure 8: Health measures
(C denotes the control group and T denotes the GI recipients)



Significantly fewer (12%) GI recipients relative to the control group reported experiencing “a great deal” of pain and discomfort in the last 4 weeks (see Figure 8 right), instead reporting lower levels of pain (“a lot,” “a moderate amount,” “a little”) or no pain at all.

Figure 9: How well are you able to manage this condition?
(C denotes the control group and T denotes the GI recipients)



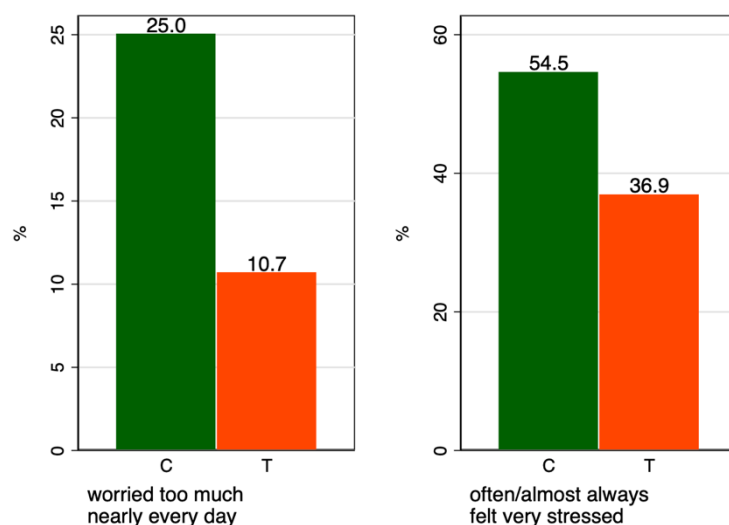
As expected, there were no significant differences in the proportion of participants diagnosed with a chronic condition across groups (30% for control and 23% for GI recipients). But of those diagnosed with one, GI recipients were significantly more likely to report being able to manage it well. Specifically, 12 percent more GI recipients relative to the control group reported managing their chronic condition “extremely well.” Further, over 27 percent of the control group reported

managing their chronic condition “not well at all,” whereas no GI recipients with a chronic condition responded this way. This difference was also statistically significant. (See Figure 9.)

Mental Health

There is also some evidence of better mental health among GI participants compared with control group members. We observe no significant differences across groups when looking at general indicators of depression, lethargy, anxiety, irritability, and sleep time. However, significantly fewer GI recipients relative to the control group reported feeling worried and stressed. Compared with the control group, 14% fewer GI recipients reported worrying “too much” or having trouble controlling their worrying “nearly every day” over the last 4 weeks (see Figure 10, left). Instead, they reported worrying only “more days than not,” “several days,” or “never” over the last 4 weeks. Although not statistically significant, 9.4% more GI recipients than control group members said that they “never” worried too much during the past 4 weeks. Overall, the GI program appears to have reduced the intensity of worry that participants report.

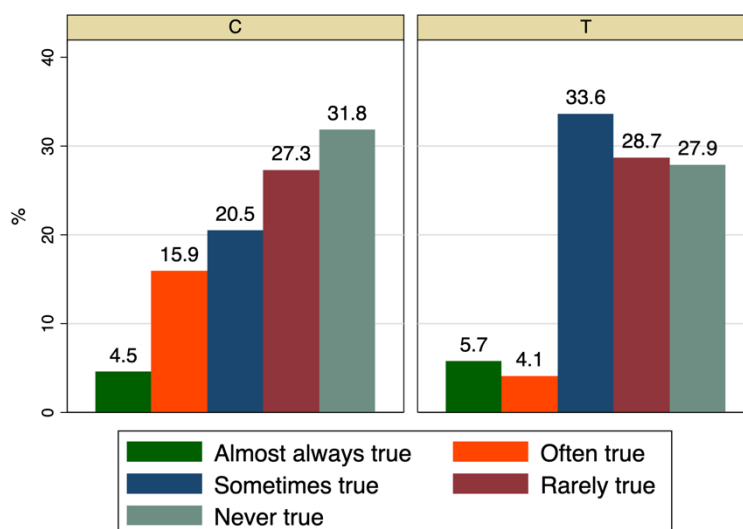
Figure 10: Mental health measures
(C denotes the control group and T denotes the GI recipients)



Next, GI recipients also reported an overall lower level of stress compared with the control group. Figure 10 (right) shows that compared with the control group, 17 percent fewer GI recipients reported feeling stressed “almost always” or “often.” The difference is significant and large.

Lower stress among the GI participants might lead to better relationships with their children. There is some evidence suggestive of this. GI recipients less frequently felt too tired to engage with their children (see Figure 11). Thirteen percent more GI recipients selected “sometimes” relative to the control group and 11 percent fewer GI recipients selected “often,” compared to members of the control group. These effects are large and statistically significant.

Figure 11: How true is the following statement? “I often feel too tired or worn out to engage with my child(ren) in the ways that I would like.”
(C denotes the control group and T denotes the GI recipients)



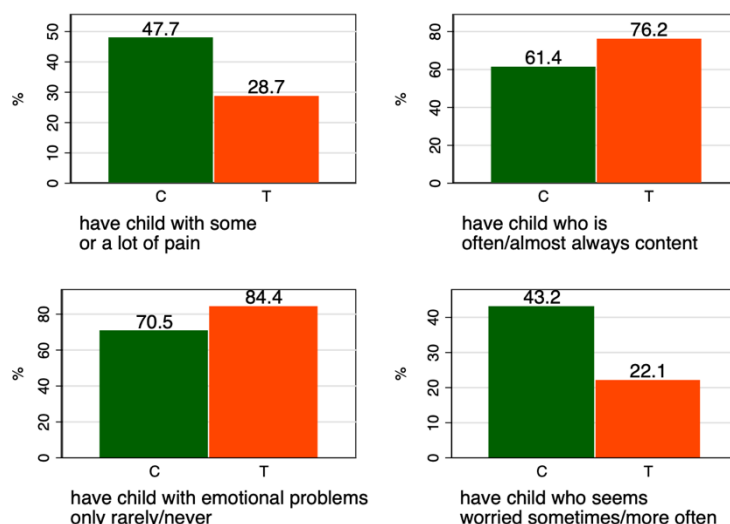
Children’s Wellbeing

Several significant findings regarding children’s wellbeing suggest positive impacts of the GI payments on children’s physical and emotional health, possibly because of the reduction in stress experienced by the parents or guardians. For example, we asked parents and guardians how much physical pain or discomfort they thought each of their children had experienced over the last four weeks. Compared to parents in the control group, parents receiving the GI were 19 percent less likely to report that they had a child who experienced “a lot” or “some” pain (see Figure 12, upper left). Instead, they were significantly more likely to report that their child experienced no pain.

We also asked how often each of the children in their care seemed satisfied or content with themselves in the last four weeks. Compared to the control group, GI recipients were 13 percent more likely to report that a child in their household seemed satisfied or content “often” or “almost always” (see Figure 12, upper right). Those in the control group, on the other hand, were significantly more likely to report that their children seemed satisfied and content with themselves only “sometimes,” “rarely,” or “never.”

Significant findings also emerged when parents were asked how often emotional difficulties or behavioral problems limited each child’s ability to engage in fun activities or schoolwork during the past 4 weeks. Compared to the control group, GI recipients were 15 percent more likely to report that they had a child who experienced emotional difficulties only “rarely” or “never” (see Figure 12, lower left).

Figure 12: Children
(*C denotes the control group and T denotes the GI recipients*)



When asked how often each of the children in their care seemed worried or fearful during the past 4 weeks, GI recipients were 21 percent less likely than members of the control group to report that a child was worried or fearful “almost always,” “often,” or “sometimes” (see Figure 12, lower right). Instead, GI recipients were more likely to report that their children were worried or fearful only “rarely” or “never.” Parents receiving the GI payments not only reported that their children’s mental health was better but they also reported being less worried about it: 20 percent fewer GI parents selected mental health as a top worry relative to parents in the control group. This difference is large and statistically significant.⁵

Seemingly related to their greater confidence in their children’s mental well-being, when asked what would be helpful for their school age children’s learning, GI recipients were 12 percent less likely than control group members to select more counseling or other assistance from the school to help with their child’s behavior or emotional issues.

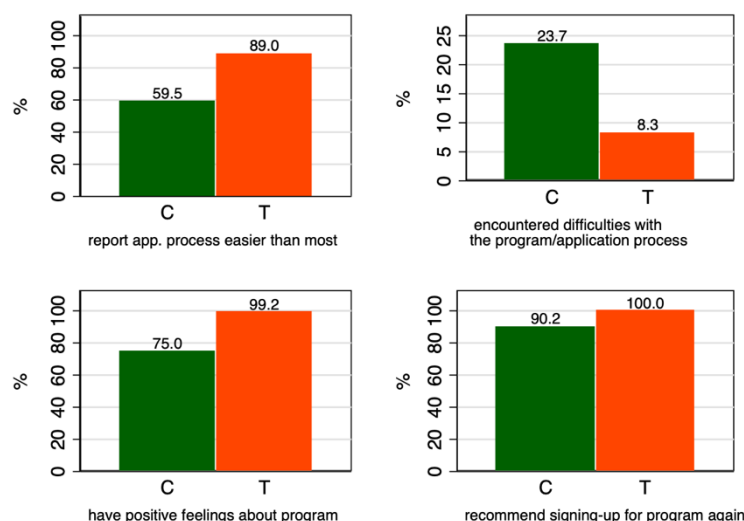
No significant effects of the GI payment on children’s access to healthcare or use of medical care were found; nor were there effects on absenteeism, behavior, or performance in school.

Views about the GI Program

As Figure 13 shows, overall, GI recipients rated the program significantly more positively than those in the control group, although both groups had positive feelings about the program. Compared with the control group, about 29 percent more GI recipients reported that the application process for the GI program was easier than for most other programs they had applied for previously (see Figure 13, upper left). The GI recipients were asked whether they experienced any difficulties with the program or receiving their payment while the control group members were asked a similar question about whether they encountered any difficulties with the application process. Fifteen percent fewer GI recipients reported experiencing difficulties related

to the program, compared with the control group, although a minority of respondents in both groups reported difficulties (see Figure 13, upper right). Seventy-five percent of the control group had positive feelings about the program, compared with nearly all (99.2%) of GI recipients (see Figure 13, lower left). And finally, nearly all respondents in both groups (90.2% of the control group and 100% of GI recipients) would recommend that others apply to the program if it was available in the future (see Figure 13, lower right).

Figure 13: Opinions of the GI Program
(C denotes the control group and T denotes the GI recipients)



Conclusion

GI recipients used the GI payments primarily to purchase food and daily necessities, and to pay rent, utilities, and overdue bills. Based on the randomized controlled trial’s mid-program survey for Round 1 of the evaluation, we find that GI recipients reported significantly better outcomes along multiple dimensions: housing security, food security, debt, digital access, and perceived physical and mental health of both parents and children. These results, while preliminary, suggest widespread benefits of the GI program for low-income families.

¹ We found no significant bias due to the dropout of participants from the program. In order to control for this potential bias, however, it is also important to note that our group of “GI recipients” includes all participants who were originally assigned to receive the GI payment, even those who dropped out. In short, because only 5.4% of participants assigned to the program dropped out, there is no difference between the impact of being offered the GI payment and actually receiving the GI payment. Please refer to the Methodological Appendix for a more detailed discussion on this issue.

² More details about the implementation of the survey as well as response rates and data cleaning can be found in the Methodological Appendix.

³ At the time of the verification which established eligibility for the GI program, all participants who were invited to complete survey should have had their children living with them.

⁴ The effect is statistically significant after controlling for spillovers (whether the participant knows another recipient in the program), whether they have young children, own a car, or have a partner living with them. Controlling for spillover effects (social connections) seems to magnify the impact of the GI program on having internet at home to 15%. This makes sense as people who are more “connected” are both more likely to know (another) GI recipient and more likely to have internet access. Thus, not controlling for introduces an omitted variable bias which lead us to underestimate the effect of the GI program on internet access.

⁵ Interestingly, compared to parents in the control group, 10 percent more of the parents receiving the GI selected job opportunities as a top worry for their children.

Evaluation of the Long Beach Pledge: Preliminary Qualitative Findings

Phase I

Introduction

In early 2023, the City of Long Beach began its guaranteed income (GI) program, the Long Beach Pledge, administered by the Fund for Guaranteed Income. In phase 1 of the program, 250 single-earner families with children under 18, residing in the 90813-zip code, and with incomes below the federal poverty threshold, began receiving guaranteed payments of \$500 a month for a period of 12 months. Families applied for the program in November 2022 through January 2023; eligible families proceeded through a verification process, and 250 were randomly chosen to be part of the GI program.

The City of Long Beach contracted with the CSULB research team to evaluate the program, specifically the impact of the program on single-parent families receiving the payments. Approximately six months into the year-long program, our research team began the qualitative part of the evaluation, interviews with ~40 members of the treatment group, in other words single parents or guardians who were receiving the GI payments. This report details our preliminary findings from the first round of interviews.

Methods

In late October 2023, the research team sent an email to all members of the treatment group (N=174) requesting their participation in an in-depth interview. A link was provided to a google form where interested participants could provide their email address, phone number, availability, and preferred language and mode of interview (phone, zoom, or in-person). Ultimately, 57 distinct Long Beach Pledge participants filled out the google form and were contacted to schedule an interview. Over the next five weeks, between mid-October and early November, (months six and seven of the GI program), three student research assistants conducted a total of 43 interviews.

Interviews ranged in length from approximately 45 minutes to 2 hours. Six of the interviews were completed in Spanish, the rest were in English. Based on interviewee's preferences, 37 of the interviews were conducted over the phone, and six were conducted via Zoom. All were audio-recorded, transcribed, and translated as needed by the interviewer. The research team then used a combination of analytical memos, group discussions, hand coding, and a collectively developed spreadsheet to code and organize findings. This report focuses only on the responses of the 38 interviewees who reported being residential single parents.¹

Participant Demographics and Background

Interviewees whose responses were included in the report include 36 women and two men. Thirty-five of the women reported being the mother of the children in their care; the other woman was a grandmother who was the primary caretaker in her household. Both men were

single fathers. Four of these interviews were conducted in Spanish. Seventeen interviewees identified as “Hispanic,” “Mexican,” or another Latino ethnicity; 12 identified as “African American,” or “Black,” including one who identified as “African American and white”; six stated being “white” or “Caucasian” only; two reported identifying as “Asian” or “Cambodian”; and one identified as “mixed.” Interviewees ranged in age from 24 to 60, although none reported being in their 50’s. Eighteen were in their 30’s, ten in their 20’s, and nine in their 40’s.

Overwhelmingly, participants had at least a high school diploma or equivalent; only about 5 had not completed high school. In fact, most participants reported having some college, and several had earned their AA degree, or completed a training program (e.g. medical assistant). One participant was enrolled in a master’s program, another reported having completed a master’s degree (albeit not from a WSCUC accredited school), and a third had their B.S. degree. Two others reported being enrolled in 4-year colleges.

Interviewees had between one and five children living with them; in some cases adult children were also part of their households. Minor children’s ages ranged from newborn to 17; one participant was pregnant with her second child. Twenty-eight of the participants reported living alone with some or all of their children. Several participants, however, reported living with only some of their minor children. In these cases, mother’s other children usually lived with their fathers. In addition to their children, five participants reported living with their parent(s), and several others lived with other extended family members. Only one interviewee reported living with a significant other.

Housing situations varied, but a number described overcrowded living situations. For example, one father lived with five daughters, ages 9 to 15, in a two-bedroom apartment. One mother lived with three young children in a one-bedroom apartment; another lived with two children in a single room. At least half of interviewees expressed concerns about rising rent, and almost one-third reported being late on rent in recent months. Others lived with extended family, often in overcrowded living arrangements because they could not afford rent on their own. Only about 13 interviewees received housing vouchers or reported living in other types of designated low-income or affordable housing; several others mentioned being on the wait list for a voucher.

In addition to overcrowding, a number of interviewees described severe issues with the quality of their housing. These included things like cockroaches and rodents, leaks and resulting mold, broken heaters, and plumbing issues. While a few interviewees mentioned landlords who were responsive to fixing issues and/or understanding about late rent, more discussed either being afraid to contact their landlords or having done so to no avail. Another common concern was the safety of the neighborhood; at least 11 participants discussed concerns about the neighborhood where they live, and the safety of their children.

Most of the interviewees had some type of employment (including a couple currently on maternity leave, but with jobs they would return to). In several cases, however, participants worked few regular hours or worked informally and irregularly, often for very little pay. For example, one mother assisted the manager of her housing complex, making \$200 a month. Another mother reported working irregularly as a babysitter, making only \$20 a day when she did. However, there was no sign that the GI payments were discouraging work. In fact, about a

fourth of the interviewees reported having started a new job in recent months (after applying for the GI program). Among these, seven appeared, at the time of their interviews, to be earning wages that would put their families above the poverty line.² One of these specifically talked about using the GI funds for expenses related to beginning her employment (CNA license, scrubs, etc.)

While the majority of interviewees were employed, and many had new and better jobs than previously, there were sixteen participants who said they were not currently employed. Of those, three had a disability and were receiving Social Security Disability Insurance or Supplemental Security Income. Five others mentioned the need for childcare before they would be able to work; in some cases, they needed specialized childcare (one mother had a disabled toddler) or they wanted familial/trusted childcare before leaving their child(ren). Several other participants discussed actively looking for work.

In addition to earnings, housing vouchers, and the few SSI/SSDI benefits participants received, most interviewees reported receiving other government benefits. Fourteen reported receiving CalWORKs; approximately 32 (over 80%) were receiving CalFresh. Eleven received WIC (and another used a family member's WIC). One reported receiving unemployment insurance. Only four reported receiving child support (not necessarily court ordered), and one of those said it was inconsistent. Several others mentioned relying on community organizations/food banks or familial assistance.

How Participants Used the GI

While participants discussed myriad ways they used the GI payments, several key uses dominated their responses: rent/utilities/bills, food, transportation, toiletries, and, of course, a variety of things for their children. When asked questions about how they spent their money, most (n~32) participants included rent, utilities (including phone bills), or a more generic "bills" in their responses. Often, they discussed using some of the GI income to catch up on back payments for rent or bills, or to pay off other debt. For example, Aaliyah³ a 25-year-old Black mother of two, who has since begun a full-time job, said she used the money for:

Just keeping a roof over our heads. It helps out a lot with my bills, especially because when I first got it, I wasn't working, so I was really just getting the county [welfare] . . . which is not a lot. It was like \$2000 a month or something and my rent alone is, like almost \$1800, so it really wasn't. [The GI] was helpful because that was like an extra 500 that I didn't have to spend on my rent or I could use to put towards other bills or my kids.⁴

Later she talked about how the program was helping her get caught up on her 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)." Similarly, Gloria a 32-year old Latina mother with four children responded to a question about being late on rent by saying:

Not within the past couple months, just because I have that extra help, so I'm usually short like \$100 or so. But with the past four months I've been able to be complete with the rent.

In addition to rent and bills, participants talked about using the money for a variety of “necessities.” Nineteen caregivers specifically discussed using the payments for food. At least eleven participants reported using some of the money for transportation related expenses, including car payments, gas, car repairs, and other forms of transportation. More than a fourth of interviewees mentioned using some of the money for toiletries (including diapers and female hygiene products), cleaning supplies, or household supplies. Linda a 33-year-old white mother with three kids, two of whom live with her, said “It's extra money for me to be able to get them better food [and] for them to have a home that has the lights on and ... have clean laundry. And necessities.” Paola a 33-year-old Latina, with five children, said, “It helps with the things I need in the house [like] mouthwash, toothpaste, cat food, cat litter, necessities, gas, food. Sometimes like my food stamps ran out or like we just want to get something to eat while we're out. That's what I've been using it on mostly.”

Although for most parents, bills or food topped their list of uses for the GI money, most parents also talked about using some of the money directly for their children—for school supplies, school uniforms, to cover extracurricular activities, and to “treat” them. The following quotes exemplify the ways parents and guardians used the money, first to secure necessities, and then to provide things for their children that they were not previously able to provide:

The light bill has been paid. The gas bill has been paid. I'm not struggling as hard as I was to make income to make ends meet. We have had a few little extra things that we weren't able to do [before]. I don't know if people call that extra or not. But we did go on a little trip. We took the train to Santa Barbara. (Amari a 29-year-old Black mother of a 12-year-old daughter)

I use it ... 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 guaranteed income is] mainly for the bills. (Gloria a 32-year-old Latina mother of four)

The first time I got it, yes, I use[d] it... I went to the Dollar Tree, the 99 Cent store or sometimes buy food with it too and sometimes pay for my phone bill too. Then buy stuff for my kids. I mean it is, it's helpful too, but sometimes--you know everything [is more expensive] than you expected, but it's OK, we're doing good. (Sophea a 37-year-old Cambodian mother of three children)

... my son is the oldest right, the one who is 16 years old. And he says, oh, “Mommy, you're going to pay the electricity bill.” I tell him, “yes, now I am.” [And I can pay for] even a craving, right, an ice cream or something he wants” (Valeria a 38-year-old Latina mother of two children)

A few parents talked about using some of the money for childcare. Miranda, a 25-year-old Latina mom functioning as a single parent of three children while her husband is incarcerated said:

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.

In addition to these common uses of the GI funds, some parents reported particularly noteworthy uses. For example, Amari a Black, 29-year-old mother of one noted that she paid for life insurance for her daughter and a tooth extraction. She also said the guaranteed income helped her prepare to go into a nursing program at a local community college. Natalia a 33-year-old Latina mother with three children used some of the money for a certified nurses' assistant license fee, a real estate license test, scrubs for herself, and a tutor for her daughter.

Health, Health Care, and Impacts of the GI on Participants' Wellbeing

Most interviewees reported having health insurance, usually Medi-Cal. Four had private insurance through their employers (in at least one case, they also had Medi-Cal). Three mothers said they did not have health insurance; based on other information, it is likely that these three mothers are undocumented. When asked about their health (physical and mental), several interviewees specifically mentioned chronic pain, a couple reported heart issues, two more reported cancer, and several others mentioned other serious, chronic conditions (e.g. lupus, gastritis) that likely also caused chronic pain. However, the most common complaints were related to sleep, stress, and/or mental health issues. More than half of participants talked about experiencing significant sadness, depression, and/or anxiety, either in their current lives or in the past. A number of participants also talked about their children's mental health, particularly their children's anxiety.

Although only a few participants discussed their depression as directly tied to their financial situations, most reported their finances and concerns about their children's well-being as primary sources of stress. Layla, a 34-year-old mixed-race mother with two kids, said she was "real anxious. My biggest fear is that the government will shut down. There won't be funds for us to continue living how we are living. I'm anxious about raising my credit scores so I can look into other programs with Section 8 that have first time home ownership..." Jenn, a 35-year-old Asian mother who had a toddler and was pregnant, said she had a "fear of not being able to take care of the kids and myself financially and then having to do everything on my own." Nia, a 26-year-old Black mother of three said she was stressed "just trying to figure out how to make ends meet or ... trying to get the kids [a] little extra." She went on: "I had a baby a month before my daughter's birthday. It was just kid of stressful trying to... for one, I didn't have the money to do anything for her. I didn't have the energy either. That was kind of like stressful." In most cases parents' worries about finances were directly linked to their concerns about being able to care for their children sufficiently. Xiomara, a 26-year old Latina mother of one, talked about both family stressors—when her sister moved away—and financial stressors—when she couldn't pay her bills on time—as primary stressors. She worried that her loneliness and depression were impacting her young child: "I think that, sometimes emotionally I'm not well and in some way

he can perceive it or notice it. I try not to let him notice it, but well, yes, I feel like he senses it too.”

Mothers also described the impact stress had on their physical health and wellbeing. Sonia a 36-year-old Latina mother of four children said “I have headaches and I can’t sleep.” Linda a 33-year-old white mother of three children (two of whom lived with her), described her response to stress: “I will feel nauseous. I will feel jittery, like if I drink too much caffeine or something. I’ll feel like that side effects without any coffee, like that’s just like an example, but... maybe when it’s happening like I, yeah, I won’t eat...” Approximately three-quarters of respondents reported a lack of sleep. At least 16 interviewees discussed sleep issues related to stress and/or mental health issues. Others said their lack of sleep had to do with their sleep conditions, babies/children, other health conditions, or being too busy to sleep. Nora a 42-year-old white mother of two (one of whom was under 18) described the way stress impacted her level of 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.”

Similarly, another mother, Aaliyah a 25-year-old Black mother with two children, said, “[Stress impacts] my sleep, my eating, I’m short on patience. I definitely get more flare ups. So I just know my body changes, my body feels weird. I get overwhelmed. Everything makes me want to cry. And I shut down.”

In discussing the GI program and its impact on their lives and stress levels, participants reported that the program is helpful and relieves stress. Sonia a 36-year-old Latina mother of four, said, “Oh my God. Yes, it’s a reliever.” Nora, a white, 42-year-old mother with one minor child said, “It’s helped my stress level obviously, so that’s my mental health, you know?” Linda a 33-year-old white mother of three said, “I think it helps with my stress because ... I’m going to have a little extra money a month to, uh, pay my bills and stuff. So yeah, I think it’s improved [my stress].” Explained Serena a 24-year-old mother of one child, the program has meant “I wouldn’t have to keep waiting on my paycheck, and sometimes [the GI] comes ... when I really need it. And when it comes, it helps so much it takes some relief off my back—and right now I’m not working. So, like, that’s a huge help for me.” While few mothers seemed to talk with their children (especially young children) about their financial need or the GI program, one mother said, of her teenage son, “Well, yes, he gets worried [about bills], but since he knows right now that they’re giving me that (GI), he gets excited. He’s glad that I’m paying [the bills].” (Valeria, a 38-year-old Latina mother of two children)

Yet while the program had clear impacts in reducing economic insecurity and deprivation, and—as a result—relieving stress, it was clear that fami’ economic needs go far beyond what \$500 a month can provide, and thus that any reduction in stress was relative. Further, the temporary nature of this program loomed in the minds of many participants. When asked how they felt about the upcoming end of the year-long program, participants were both resigned to its length and nervous about how they would make ends meet after it ended. While some parents said they had lived without the additional income before and would figure out how to live without it again,

more noted significant concerns. The following quotes are representative of participants' responses when asked how they felt about the program coming to an end.

Pretty anxious. Trying to figure out the best way to make this money work for the coming up months that I won't get the aid. So that would be like couponing, like looking for deals. And do a little stockpile maybe. That's what I've been thinking about. (Layla, 34-year-old mixed race mother of two children)

Not good. Yeah, not really. Again, I mean, I—we'll have to deal with it, but I, when I got an e-mail saying that, hey, this is kind of an alert that it's gonna [end in April]... It now becomes like, you know, the stress level kind of increases a little bit. You know, then like lack of sleep or stress, you know the mental thing. The relationships may be affected or putting your stress, so yeah. (James, 43-year-old White father of two young adult children).

Bad... Yeah, I'm just preparing myself to have to go back to plasma donating unless something else comes up. But ... like I said, I thought about babysitting, but I don't know if I have the energy for that, but I think I'm going to have to just get the energy for that because I'm not going to want to keep getting poked that much longer. (Paola, 33-year-old Latina mother of five children)

I'm a little nervous, you know, again, because I'm just—I feel like I'm six months in and I'm just starting to get into a settled position, but now I'm like, trying to focus on having a cushion or like paying off some debt. So then I could create an emergency fund. And so, like, I don't have enough time. I'm a little nervous, but I think if I continue to just stay focused on making sure that, you know, maybe not put all the \$500 to paying off debt, maybe just putting, you know, \$100 to savings. Or 200 dollars savings when I can so that by the time it comes to an end, you know, maybe I have \$600 or \$700 as a savings versus nothing, you know.” (Tamara, 41-year-old Black mother with one child)

Parents differed in their survival strategies and their approach to the short-term assistance. Some pushed the worries aside. Some anticipated extreme deprivation, stress and/or survival measures (i.e. donating plasma), and some tried to prepare by saving now for what was to come.

Perspectives on the Long Beach Pledge

In addition to evaluating the impact of the Long Beach Pledge, we also asked participants how they heard about the program, how they felt about the application process, and what they thought could be improved about the program. Participants learned about the program in very diverse ways—including social media, *The Long Beach Post* or other news outlets, flyers in their buildings/neighborhoods, through social service providers, and from family or friends. No one or two sources dominated, which speaks to how essential it is to use a wide variety of means to advertise City programs such as the Long Beach Pledge.

Virtually all participants described the application process as easy and straightforward, with at least one mother noting that it was easier than applying for other forms of government aid:

Yeah, it was a lot easier. It wasn't like a huge verification process and stuff. Like, I didn't need social [security numbers] and birth certificates and proof of address, and like a whole bunch of other stuff. I just needed my ID and, you know, all the information about the house. But other than that...it wasn't too much that I couldn't handle. (Nia, 26-year-old Black mother with three children)

Several participants did note that the wait time was long after applying; several also noted that the portal and customer service line were very helpful.

Unsurprisingly, the most common responses when asked what would make the program better had to do with extending the program and/or reaching more people. Nineteen respondents recommended some sort of program expansion. Even most of those who didn't specifically express their wish for a longer, or ongoing GI program worried about the program ending or expressed the ways the end of the program would impact their families negatively. In addition to wishing the program would be extended, eight participants (over 20%) said they would have liked the program to offer more resources along with the payments. Jenn a 35-year-old Asian mother who had one child and was pregnant, said "obviously, like the money is a big help. But I also feel like if we were provided with different resources of where we can get, you know, certain things...like more affordable food or, you know, help with our mental health..." She added that it is hard to look for these things on your own "because it's always like going from one person to another to another and at that point you just feel like not even trying anymore." Several interviewees suggested case management to accompany the program and help connect participants with things like affordable housing, budgeting/financial planning, etc.⁵ Aaliyah a 25-year-old Black mother with two children, said "it might be more beneficial for somebody to have a case manager, or you know, sometime like that." Similarly, Aleesha, a 34-year-old Black mother with five children, said the City or program could "maybe find resources for the people who are receiving it so that they won't...need it."

Conclusion

Interviews revealed participants' substantial financial concerns and the way the GI program has helped to alleviate some of the most dire hardships and financial stressors. The interviews also showed that the GI money was being used in several key ways. First, to pay off debt and catch up on late rent and bills. Secondly, to purchase food, toiletries, and other necessities, including transportation and medical needs. Third, some of the money was being used specifically for participants' children, especially for "treats" for their children and families. Most of the "treats" parents mentioned were small and represented things that middle class families do without thinking—such as buying their children ice cream. The ability to provide their children with these experiences, and other things, such as new school uniforms and school supplies, clearly mattered to parents, who expressed pleasure and relief at being able to do things with their children, or say "yes" to small requests that they had previously been unable to afford. While difficult from these interviews to assess the impact of the program on participants' children, many parents talked about being able to do special things with their children, or purchase occasional toys or other treats.

Notably, about a fourth of participants had begun new employment since applying to the GI program, with a number of these reporting new earnings that likely put them above the poverty threshold. These findings provide evidence that the GI program is not disincentivizing employment, but may, in fact, be encouraging or facilitating employment, or higher-paying employment.

Overall, parents greatly appreciated this program. However, rising costs of rent and food were foremost in their minds, and they worried how they would manage when the program ends. Even with the program, families struggled to keep up with bills and afford necessities. Not surprisingly, many expressed a desire for the program to be extended beyond a year, or to be extended to more families.

¹ During the course of the interviews, several of the interviewees—all of whom, as members of the treatment group, were, at the time of their application, supposed to be residential single parents/caregivers of children under age 18, living below the poverty line in households with a single income-earner—reported information that called into question their eligibility for the study. In some cases, their eligibility for the Long Beach Pledge Program was also called into question; however, we focus on their eligibility for the study. Single parents/caregivers were defined as those who were unmarried (legally single) *and* not living with the other parent of any of their children. Two interviewees stated that they did not have children living with them. Therefore, these interviews have been removed from our analysis. Several (n=4) interviewees reported being married and/or living with the other parent of one or more of their children. These interviews were also removed from the study unless otherwise specified. While it is possible that in some cases, circumstances changed between the time of the application and the time of the interview, in the cases of interviews removed from the analysis, there was no indication that the residential or marital situation had recently changed. One interviewee reported being married, however her husband and father of her children was incarcerated. That interview was included in the analysis, since she is functionally a single parent. Another interviewee reported that his only children were 18 and over. Given that he may have had a 17-year-old high-school at the time of his application for the program, making him eligible, we have included his interview in the analysis.

In addition to questions of eligibility revolving around residential parent and single parent statuses, in several cases we also had questions about the eligibility of participants based on income. However, because of the difficulty of defining “household” and thus the number of income-earners, as well as the difficulty of assessing poverty status through a qualitative interview, we did not remove anyone from the analysis based on our assessment of their income eligibility.

² One of these was currently on maternity leave—but would return to a job that likely would pay above the poverty threshold. There were also three participants who—based on their description of their hourly pay and hours worked—may have been making more than the poverty threshold for a family of their size, even at the time of their application.

³ All names used in the report are pseudonyms.

⁴ Quotes have been minimally edited for readability. For example, “ums” and repeated words have been removed. More substantial edits and deletions are noted with brackets and ellipses.

⁵ We feel it is important to note that what participants appreciate about the program, especially in relation to other types of public assistance, is the lack of hoops they must jump through to get or keep the program. To this end, and to adhere to the spirit of *guaranteed* income programs, any resources such as case management, should be available but not required in future iterations of the program.