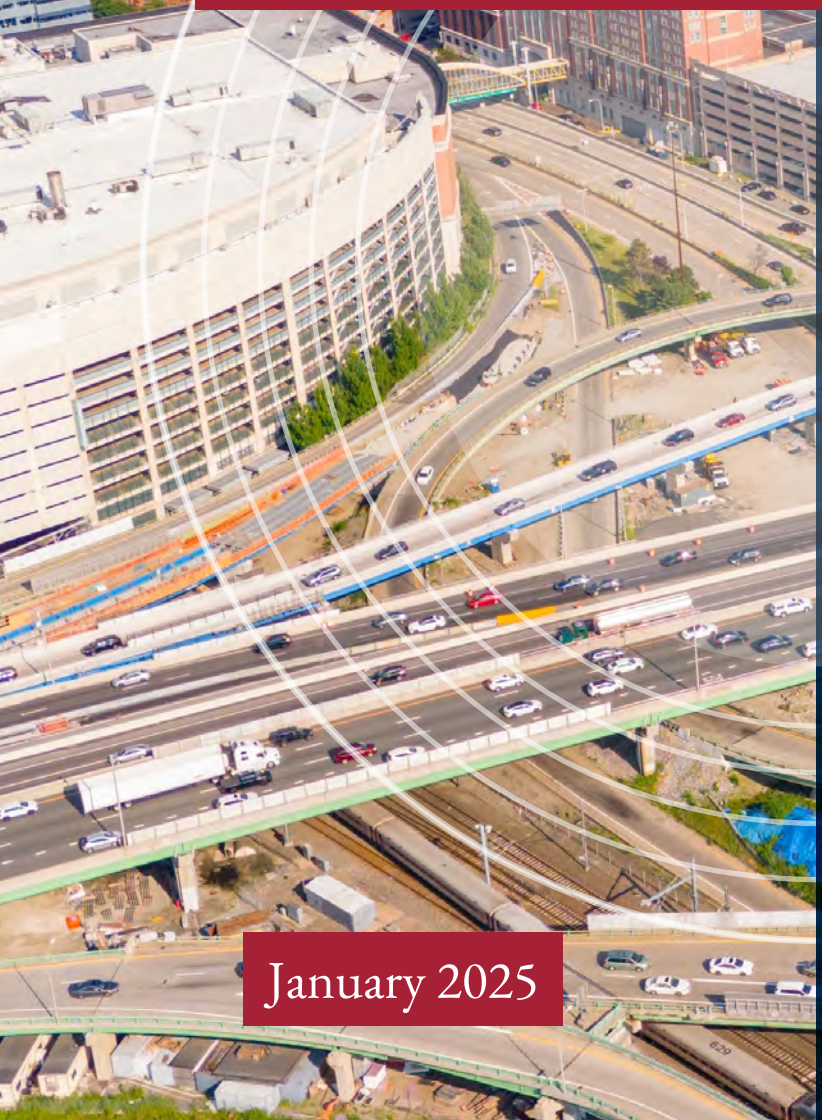
CENTER FOR GUARANTEED INCOME RESEARCH
Social Policy & Practice
University of Pennsylvania

The American Guaranteed Income Studies: Providence, Rhode Island



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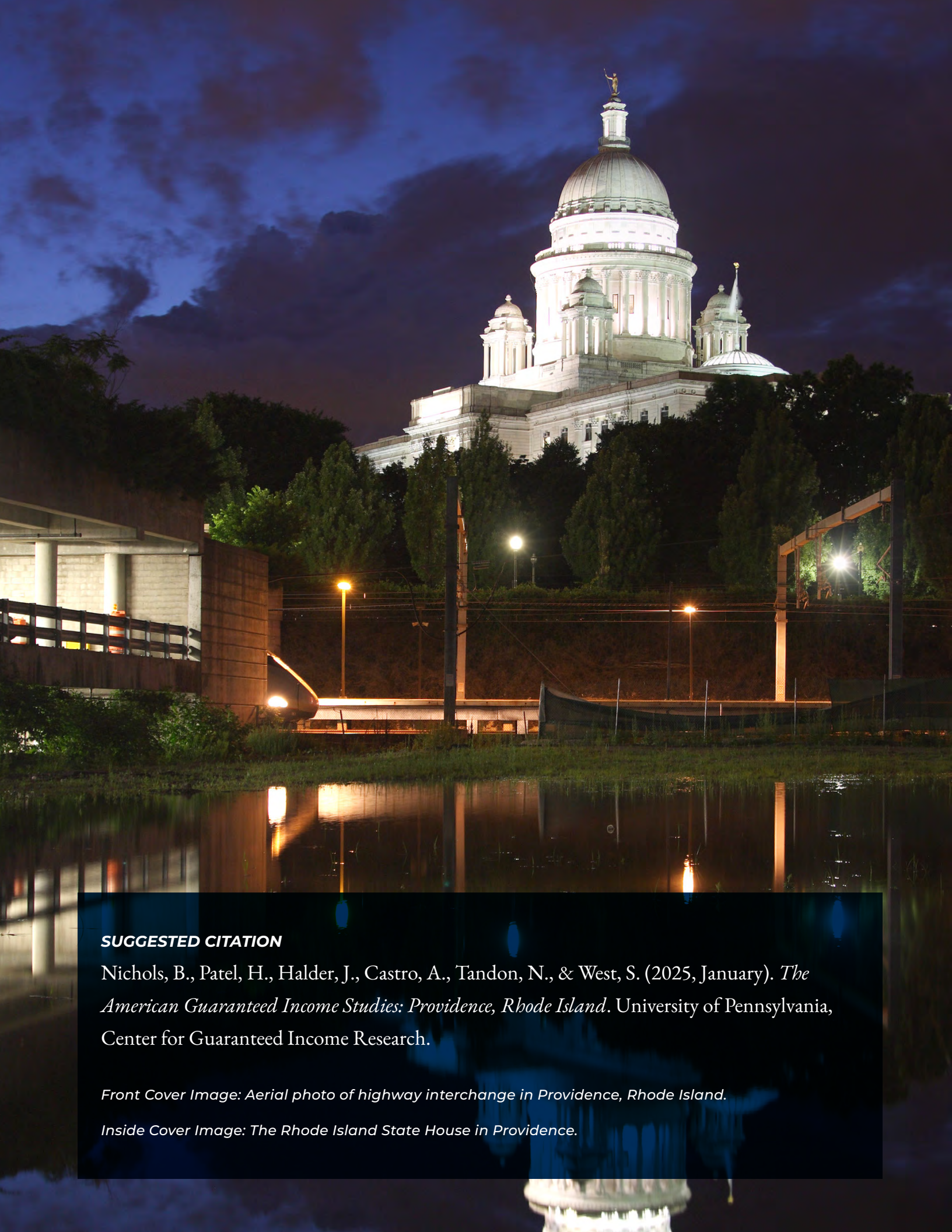

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Front Cover Image: Aerial photo of highway interchange in Providence, Rhode Island.

Inside Cover Image: The Rhode Island State House in Providence.

The American Guaranteed Income Studies: Providence, Rhode Island

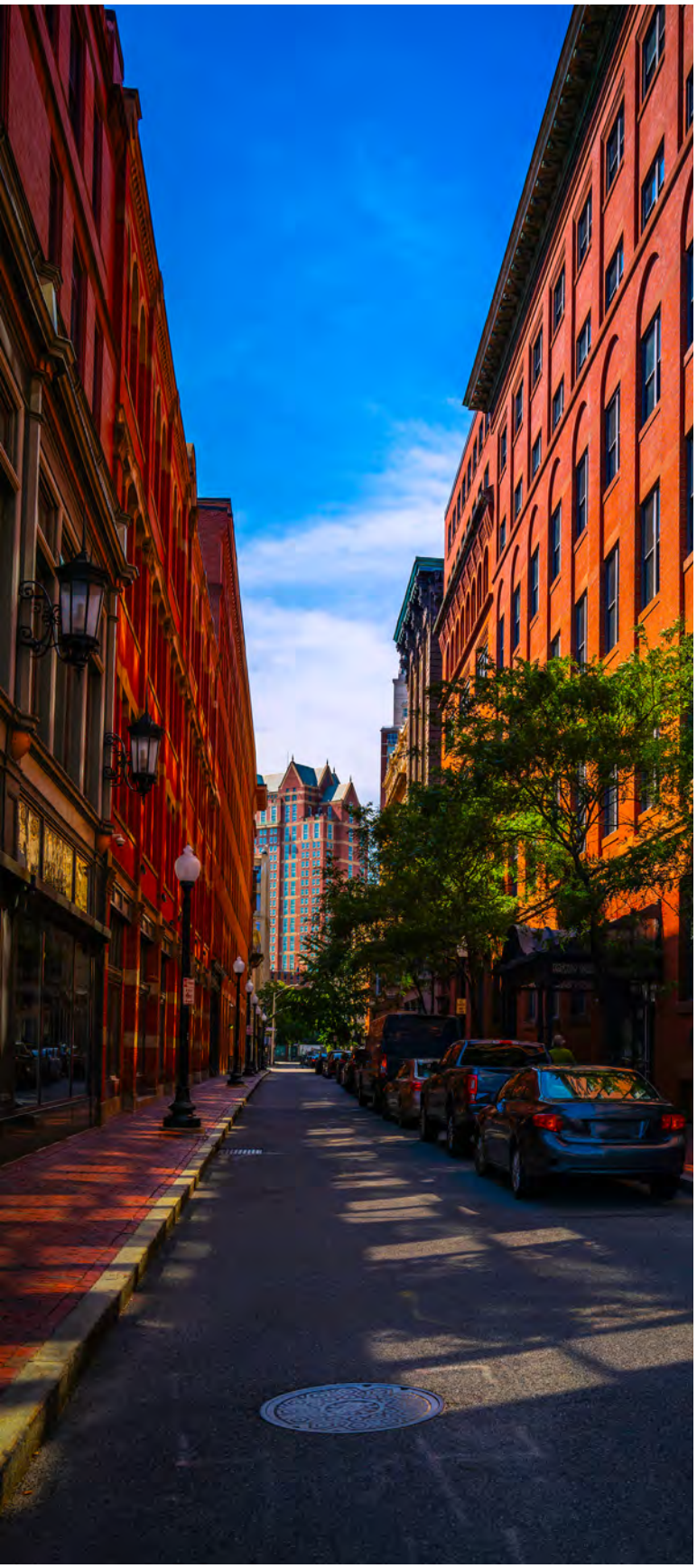
Executive Summary

The Providence Guaranteed Income Program (PGIP) was launched by Mayor Jorge Elorza, Mayors for a Guaranteed Income, and Amos House in November 2021 to address the deepening poverty and structural inequality in Providence, Rhode Island. To be eligible, applicants had to be a resident of the City of Providence, at least 18 years of age, and have an income below 200% of the Federal Poverty Line. One hundred and ten people were assigned to the treatment group and received $500 in guaranteed income (GI) per month for 18 months. An additional 132 people were assigned to the control group, and did not receive the GI. The average age in both the treatment and control groups was 41, around 75% of each group was female, and the sample was racially and ethnically diverse. Average household income for both groups hovered between $12,000–14,000, well below the cutoff for eligibility.

Housing expenses were a large driver of financial stress for the sample. Housing scarcity drove the lack of affordable housing. Many participants were pooling resources or "doubling-up" with friends and families to pay rent and cover basic expenses. Over 50% of the treatment and control groups were experiencing severe housing cost-burden. However, the treatment group was more likely to improve the quality of their housing or their neighborhood. GI also helped reduce homelessness in the treatment group.

While financial well-being scores and income did not change significantly, participants in the treatment group reported a significantly higher ability to afford a $400 emergency and financially support friends or family than the control group. Participants reported that the GI allowed them to improve their quality of life, no longer having to choose which bills to pay or staying in an unsafe job for low wages. GI gave people the bandwidth to forego exploitative employment that did not allow them to make ends meet and instead be able to rest and prioritize their well-being, allowing them to heal and seek better job opportunities. In addition, it provided support outside of the social benefits system, which was often cumbersome, dehumanizing, and insufficient. In this way, the GI helped to also restore a sense of personal dignity and self-worth in participants.

The results demonstrate that although $500 per month in GI was not sufficient to overcome structural inequality, it allowed people to strengthen supportive social ties and invest in their communities and networks. In the first 6 to 9 months, GI allowed people to tend to their immediate personal and financial needs and find their footing. At the 12-month and 18-month marks, participants began extending this externally, with the GI facilitating reinvestment in community and social networks, increased involvement in children's schooling, and greater civic participation and engagement.



Summary of Key Findings:

1. Treatment group participants were more likely to vote in local elections after 6 months of GI, and more likely to sign petitions after 12 months of GI. At 24 months, 6 months after GI payments ended, participants in the treatment group were significantly more likely work or volunteer for a political party, and either attend or organize a protest, demonstrating the potential of GI to enable and/or inspire civic engagement.

2. GI facilitated a transition out of homelessness and an increase in the quality of both housing and neighborhoods for treatment group participants.

3. GI improved financial well-being among treatment group participants, smoothing income volatility. GI also increased treatment group participants' ability to afford a $400 emergency expense and extend help to family or friends, the latter of which suggests that GI strengthened existing community ties and collective aid practices.

4. Participants in the treatment group were significantly more likely to attend parent-teacher conferences and PTA meetings, indicating increased time and energy for parenting and engagement in their children's education.

Acknowledgements

Amos House and the Center for Guaranteed Income Research (CGIR) at the University of Pennsylvania would like to express our deepest gratitude to all who supported the Providence Guaranteed Income Program. We thank former Mayor Jorge Elorza and his administration for their support of this pilot at its beginning and thank current Mayor Brett Smiley and his administration for their ongoing support of these efforts.

Most of all, we thank the residents of the City of Providence who participated in this study, sharing their experiences with us and letting us into their worlds. This work would not be possible without their openness and candor.

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MAYORS FOR A GUARANTEED INCOME

Founded by Michael D. Tubbs, MGI is a coalition of mayors advocating for a guaranteed income to lift all of our communities and build a more resilient, just America. Since launching in 2020, MGI has grown its ranks from 11 to over 125 mayors, supported the launch of 50-plus guaranteed income pilots across the country, and delivered more than $250 million in direct, unconditional relief to everyday Americans. MGI has also launched two affiliates, Counties for a Guaranteed Income and United for a Guaranteed Income Action Fund. MGI's work has ensured that guaranteed income spreads from a single moment in Stockton, CA to a national movement—pushing the conversation forward in cities, state capitals, and Congress.

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Background

At over 400 years old, Providence is one of the oldest cities in America. Founded in 1636, Providence became a refuge for people persecuted for their religious beliefs. In fact, an explicit tenant of religious tolerance for all inhabitants is written into the founding charter of the colony of Rhode Island (Library of Congress, n.d.). As a result, early residents were Baptists, Quakers, Jews, and Huguenots who arrived after fleeing religious persecution from the Puritans who had settled in other areas of New England. Long before European colonization, the land surrounding Providence had been, and continues to be, the homelands of the Narragansett tribe, as well as smaller tribes in the area that had the protection of the Narragansett, including Nipmuck bands, the Niantics, Wampanoag, and Manisseans. In order to found Providence, Roger Williams acquired land use rights from the Narragansett sachem in 1635 (Narragansett Indian Tribe, 2016).

The newly formed colony experienced relative peace, but tensions rose because of concerns over the destructiveness of grazing colonial livestock, interracial insensitivities, growing unease as English cultural norms began encroaching on Indigenous practices, and as a result of an aggressively expanding Puritan confederation (Stokes & Stokes, 2021; Warren, 2020; Warren, 2024). This tension came to a head during King Philip's War. While the colonial residents of the colony of Rhode Island worked to maintain peace with the Narragansett, Puritans from surrounding colonies saw the Narragansett as a threat. In 1675, a militia of over 1,000 Puritans attacked the main fort of the Narragansett, burning the Indigenous people's homes and food supplies, and killing an estimated 300–600 Narragansett inhabitants—an attack which became known as the Great Swamp Massacre (Warren, 2020; Warren, 2024). In retaliation, the Narragansett joined the anti-English war efforts and in 1676, burned the settlement of Providence to the ground (Warren, 2024). The war came to an end in the spring of 1676, with the English colonizers effectively enslaving or banishing the Narragansett. This reframed the

relations between the Narragansett and the English colonizers of Rhode Island, resulting in the loss of Indigenous political and cultural autonomy in the region (Warren, 2018).

In 1708, 32 years after being burned to the ground, Providence had a population of 1,446 people. By 1800, the population was 7,614, and by 1832, the date of the city's incorporation, Providence boasted a population of over 18,000 people (King, 1882). This precipitous growth continued through the 1800s, in large part as a result of Providence's location. Situated at the convergence of the Narragansett Bay and the Providence River, Providence was protected from the elements but still accessible to transatlantic ships (Providence Working Waterfront Alliance, 2007). Providence thus became a hub of fishing and commerce, particularly commerce related to the transatlantic trade of enslaved peoples (AAPI History Museum, n.d.). In fact, in the 18th century, 60% of slaving voyages that departed from North America left from Rhode Island (Salkind, 2013). In 1787, slave trade was made illegal by state law, but international commerce continued to drive economic growth in Providence. Trade from China, Europe, Latin America, and the West Indies generated massive profits for local merchants (AAPI History Museum, n.d.). In 1770, Providence became home to the seventh oldest institution of higher education in the country when Rhode Island College—later Brown University—moved from Warren to Providence (Encyclopedia Brittanica, 2024).

Providence's location also led to it becoming one of the centers of the industrial revolution in the United States. In 1790, the first water-powered textile mill was constructed just outside of the city, and within the next 50 years, Providence experienced a wholesale conversation from agrarianism to a fully industrialized economy, with newly built railroads linking the textile mills that popped up along the Providence River to the rest of the Eastern seaboard. This allowed for the mass transportation of raw materials, finished products, and passengers. The co-emergence of industrial production and transportation further cemented Providence's role in global trade. In addition to textile mills, Providence boasted iron foundries, the Providence Steam Engine company, and a rifle company. When the Civil War broke out, manufacturers in Providence became the primary outfitters of the Union army, both in terms of textiles and weaponry—Builders Iron Foundry manufactured canons for Union warships, the Providence Steam Engine Company built engines used on Union war sloops, and the Burnside Rifle Company provided rifle parts. Taken together, Providence was an industrial boom town (Rhode Island's Industrial Revolution, 2018).

The early, rapid industrialization of Providence meant that it was also a hub of migration, both internal and international. Post reconstruction, Black southerners moved northwards looking for economic opportunity (Landeck, 2024). While a law of manumission was passed in Rhode Island in 1784, racial divisions were strictly codified in other ways, including an anti-miscegenation law which specifically prohibited White people from marrying Black or Indigenous residents, as well as residential segregation. The growing African American community established deep civic roots in Providence, creating an active Africa Society, as well as religious, civic, and educational institutions (Stokes & Stokes, 2021). Cape Verdeans began immigrating to the region in the late 1800s, with immigration accelerating in the early 1900s. Working as longshoremen, fishermen, mariners, and dockhands, many Cape Verdeans settled in the Fox Point and College Hill neighborhoods (Stokes & Stokes, 2021). Europeans also came to Providence; so many Portuguese, Italian, and Irish immigrated to the US through the port of Providence that it became known as the Ellis Island of Southern New England (Kernan, 2014).

Between 1911 and 1934, more than 84,000 people arrived in the US through the city's port (Kernan, 2014). By the end of the 19th century, more than 60% of Providence's residents were foreign born. Migrants from both the South and Europe became the backbone of the city's industrial labor force.

The Moshassuck and Woonaquatucket Rivers merge into the Providence River in the heart of downtown. By 1904, these rivers were completely covered in concrete, creating what would come to be known as the "world's widest bridge," which aided in industrial transportation across town and hid from city residents the realities of industrial waste running in the water beneath their feet (Providence Losing a Bridge to Gain a Riverbank, 1985). Many Providence residents had access to electricity, telephones, and automobiles, making the city the height of industrial modernity; there were also improvements in public works which fostered a robust business climate (A & L Tirocchi Dressmakers Project, n.d.-a). This dedication to infrastructural industrialization, the advantageous geographic location, and the organization of the labor force charted the course of Providence's economic and social rise, as well as its decline. By the 1920s, Providence was the site of significant labor rights movements, including the 1922 New England Textile strike, as mill workers began protesting long hours, substandard pay, and unsafe working conditions (Parker, 2023). Unionized workers and aging manufacturing infrastructure raised the cost of production for Providence factories and mills, and they began feeling significant competitive pressure from non-union factories in the south (A & L Tirocchi Dressmakers Project, n.d.-a).

The great depression of the 1930s and early '40s drastically impacted Rhode Island's economy, hitting Providence particularly hard. In the 1920s, 34,000 people—over half of Rhode Island's working residents—labored in textile mills. By 1938, this number was down to 12,000 (A & L Tirocchi Dressmakers Project, n.d.-a). As the railroads went bankrupt, the mills also began to close up shop, decimating the local economy and provoking an era of significant economic decline. It was during this time that Providence became known for its abandoned downtown and the hulking empty textile mills (Motte & Weil, 2000). Similar to other northern cities at the time, the 1950s and '60s were a period of continued deindustrialization and depopulation as many (predominately White) Providence residents left the city for the surrounding suburbs. Between 1950 and 1960, Providence lost more of its population than all other American cities except Detroit (Salkind, 2013).

While many White residents were moving to the suburbs, poorer Black residents and immigrants of color who remained in the city were experiencing displacement through failed projects of "urban renewal" including the construction of I-95, which cut through the Fox Point neighborhood, and the expansion of Brown University's campus into College Hill (Pickens, 2022; Salkind, 2013). To stop the destruction of historical buildings, a group of wealthy "first families" formed the Providence Preservation Society in 1956, as an experiment in pro-market preservation. Between 1956 and 1967, the PPS meticulously restored over 150 residences using private money. However, these restorations often took place in historically African American and Cape Verdean neighborhoods, pushing Black residents into other areas of the city in order to bring back the "glory" of the city's historic past (and increasing its present-day economic stability) (Greenfield, 2019, p. 105; Salkind, 2013).

In the 1970s, the local government reignited their efforts to revitalize Providence, particularly the downtown area. In 1986, as part of the Providence River Relocation Project, the cement covering the river was stripped away and a massive river clean-up was undertaken with the aim of creating a system of scenic river walks. (The river is still considered heavily polluted, and cleanup projects are ongoing.) (Providence Losing a Bridge to Gain a Riverbank, 1985). Investments were made in the port to facilitate containerized shipping, historic downtown buildings were restored, and efforts were made to begin cleaning up parks and other public spaces (A & L Tirocchi Dressmakers Project, n.d.-b). During this same period, immigrants from the Dominican Republic, Puerto Rico, Guatemala, Cambodia, Haiti, and West Africa began arriving in Providence in large numbers. They were drawn to the city's proximity to New York and Boston, the ample housing stock, and relatively low cost of living. As a result of White flight and this new migration to the city, between 1968 and 1999, Providence's schools went from 77% White to 19% White (Jerzyk, 2009). These new residents moved into the south and west sides of the city, while "revitalization" efforts were largely focused on the east side and downtown.

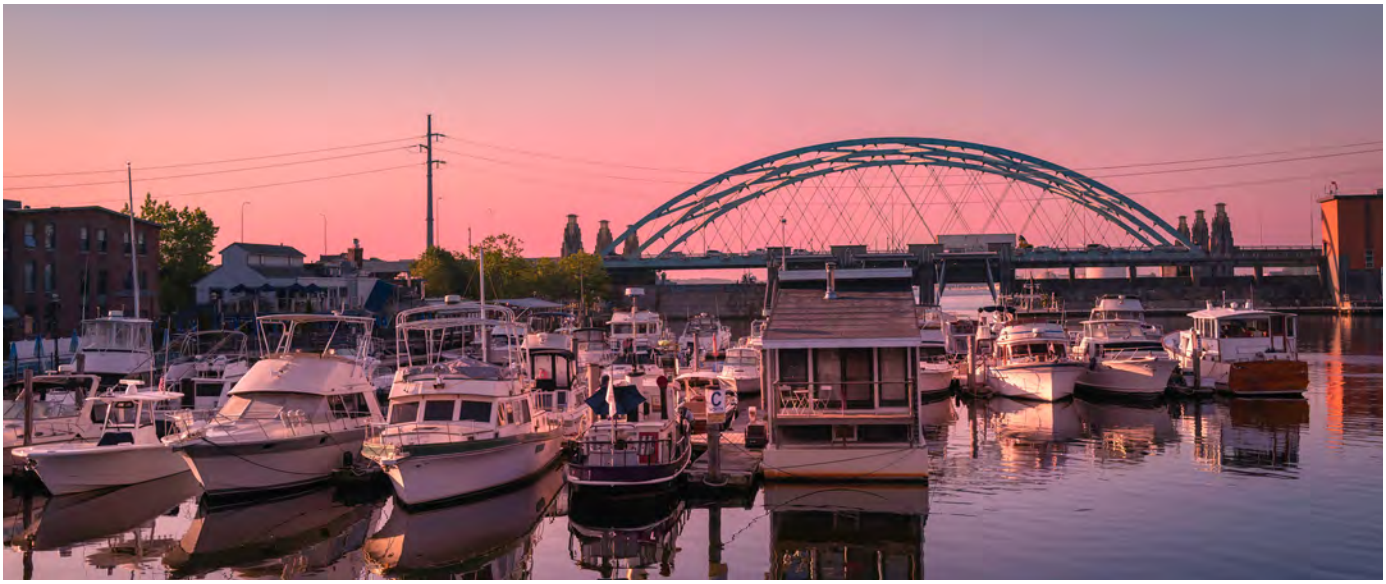
By 2000, Mayor Vincent (Buddy) Cianci was hailing Providence as a Renaissance city after pouring massive amounts of money into the downtown. The city now boasts offices, hotels, convention centers, sports stadiums, waterfront festivals, and markets. This form of economic development via event tourism rarely yields dividends for the local population (Getz & Page, 2016). Instead, it prioritizes large scale infrastructure development (like the building of a convention center) over other forms of public investment (Sanders, 2014). In Providence, residents, particularly on the west side of the city, have reaped few benefits from the city's "comeback" (Motte & Weil, 2000). Despite its lauded renewal, Providence suffered significantly during the 2008 housing market crash and subsequent foreclosure crisis, with foreclosures hitting multifamily housing particularly hard (Strongin, 2018). The recession resulted in Providence having some of the highest foreclosure rates, lowest personal income growth, and highest unemployment rates (passing 14% in 2010) in New England (Filindra & Orr, 2013). The housing stock in Providence is older, and because of a previous oversupply, little was done in the early 2000s to increase and improve housing stock outside of the areas targeted for historic preservation. Foreclosures enabled the emergence of speculative real estate development, which resulted in a number of historic mill buildings being converted into high-end housing stock (Strongin, 2018).

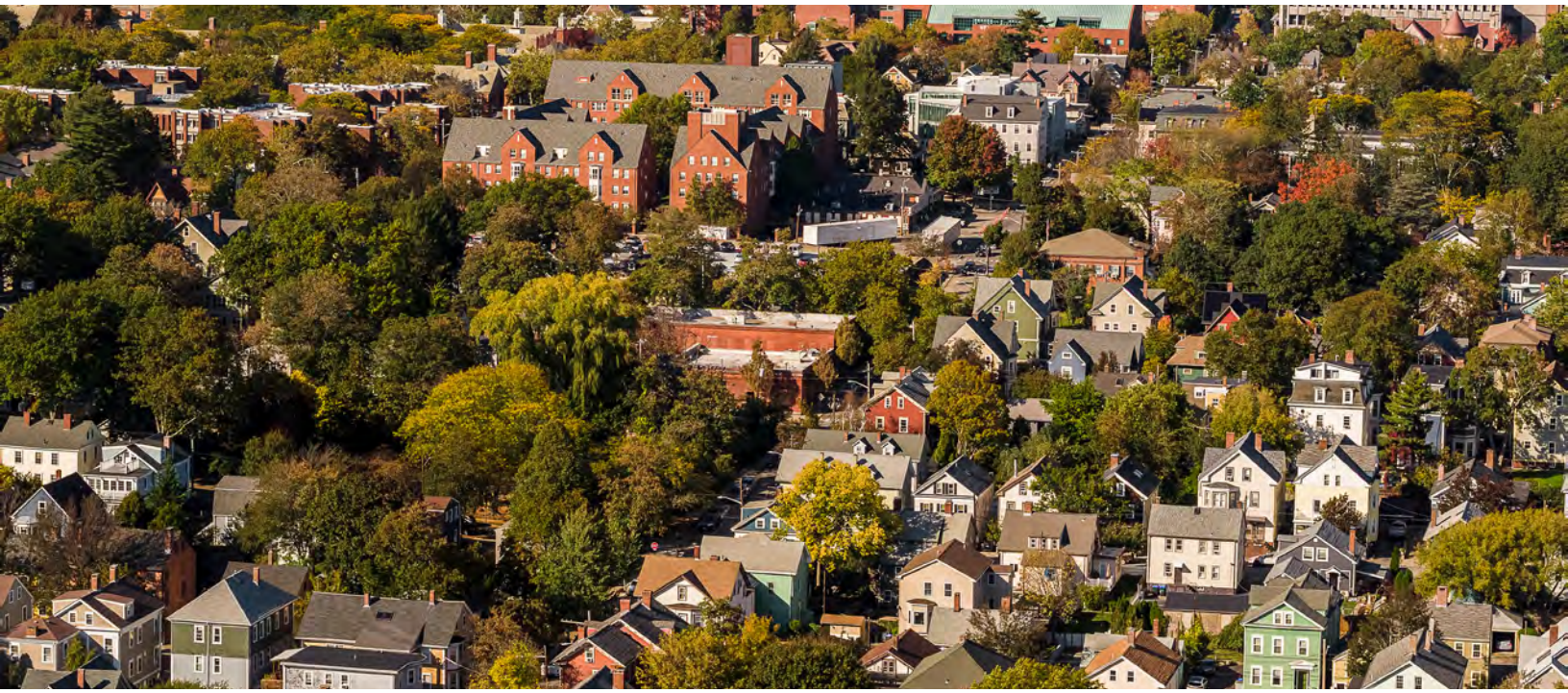
Over the past 10 years, the housing crisis in Providence has become increasingly urgent. Rising rental prices on the east side (because of "revitalization") and a related influx of new upwardly mobile residents has created a gentrifying push beyond the university campus area into surrounding communities and

West Providence. Historically immigrant and Black communities like Olneyville, Valley, and Lippitt Hill have experienced increasing displacement as new, more economically resourced White residents move in (Margulies, 2021; U.S. Census Bureau, 2023a). This city's dense historic housing stock, coupled with limited construction of new housing units, resulted in skyrocketing costs and a very tight rental market.

While the city of Providence today is a community anchored by major educational institutions like Brown University, Providence College, Rhode Island College, and Rhode Island School of Design and is known for its vibrant arts scene, colonial neighborhoods, and as a progressive mecca for a growing LGBTQ+ community, there are many residents for whom the cost of living is untenably high. Providence has made recent attempts to grapple with the ways in which its residences experience inequity, including establishing a controversial "race-neutral" reparations program designed to provide investments to small businesses and community organizations (Abdul-Hakim et al., 2023).

The Providence Guaranteed Income Program (PGIP) emerged as part of the city's efforts to address poverty and the conditions structuring inequity for city residents. Launched in 2021 by former Mayor Jorge Elorza, PGIP was designed to respond to the continuing impacts of the COVID-19 pandemic, rising housing costs, and inflation. PGIP provided $500 a month of unconditional cash to 110 Providence residents who were 18 years or older, with an income below 200% of the federal poverty line (not including individual Economic Impact Payments received from the federal government in response to the pandemic). At the launch of the program, more than 4,000 people applied for 110 spots, illustrating the degree of economic precarity city residents were experiencing. The pilot was initially funded through private philanthropy to run for 12 months and administered by Amos House, a community non-profit focused on providing services for Providence residents experiencing poverty and homelessness. In the summer of 2022, the city of Providence was able to extend the pilot for an additional 6 months using American Rescue Plan Act (ARPA) funding. By the end of the pilot, PGIP had maintained uninterrupted financial support for the initial cohort of participants over a consistent 18-month period, spanning from November 2021 to April 2023.





Demographics and Context

With a population of 190,792, Providence is known for its diversity and its role as a cultural and educational hub. Today, the city's economy is anchored by a mix of industries, with trade, transportation, utilities, and educational and health services collectively forming more than one-third of its economic foundation (U.S. Bureau of Labor Statistics, 2024).

According to the most recent U.S. Census (2022), the median age in the city of Providence is 32.6, which is lower than the median age of Rhode Island (40.7), and 52.2% of the total population is female. The demographic composition of the city of Providence reflects its diverse community: 45.6% of the population is White, 42.6% identify as Hispanic, and 15.2% Black or African American. The percentage of foreign-born residents (31.6%) is significantly higher than the national average of 13.7%, and 48.4% of Providence residents speak a language other than English at home, versus the national average of 21.7% (U.S. Census Bureau, 2023b).

The PGIP research sample demographics differed slightly from those of the city. The participants exhibited a similar age profile, with both groups averaging 41 years of age. Both the control and treatment group were composed of 74% female participants. Approximately 57% of households in the control group and 62% in the treatment group had children; the average number of children in both groups was 1 and the average household size of both groups was 3. The majority of participants in the treatment group (76%) and control group (72%) were single. Both groups had 13% married participants, while the proportion of participants who were partnered was 8% in the treatment group and 15% in the control group. 55% of respondents in both treatment and control were non-Hispanic. 34% of control and 32% of treatment identified as White, 44% of control and 48% of treatment were

from other or mixed races, and 22% of the control group and 20% of treatment identified as Black or African American. The majority of households (72% control, 74% treatment) spoke English as their primary language at home, while 25% of control households and 24% of treatment households spoke Spanish as their primary language.

Table 1: Demographics

Providence, RI		Control	Treatment
SAMPLE SIZE		132	110
AVG. AGE OF RESPONDENT (YEARS)		41	41
GENDER (%)	Male	24	24
	Female	74	76
	Other	2	0
CHILDREN IN HOUSEHOLDS (%)	Yes	57	62
AVG. NUMBER OF CHILDREN IN HH		1	1
AVG. HH SIZE		3	3
ETHNICITY (%)	Non-Hispanic	55	55
RACE (%)	White	34	32
	African American	22	20
	American Indian/Alaska Native	2	3
	Native Hawaiian/Pacific Islander	0	2
	Asian	5	5
	Other/Mixed	37	38
MARITAL STATUS (%)	Single	72	79
	Married	13	13
	Partnered/In relationship	15	8
PRIMARY LANGUAGE AT HOME (%)	English	72	74
	Spanish	25	24
	Other	3	3

Providence, RI		Control	Treatment
EDUCATION (%)	High school or less	75	65
	Some college	1	2
	Associate's degree (2-year college)	7	14
	Bachelor's degree (4-year college)	5	6
	Trade or technical school	8	13
	Other	4	1
ANNUAL HH INCOME ($)	Median	10,038	12,000
	Mean	12,201	13,627

Approximately 21.3% of the population of Providence lives below the poverty line, a number that exceeds the national average of 12.5% (Data USA, 2022). Moreover, racial and ethnic economic disparities persist. The Hispanic population in Providence represents the largest racial or ethnic group living below the poverty line, followed by White and other groups. An estimated 16.8% of Hispanic women and 14.1% of Hispanic men in Providence are living in poverty, compared to 7.2% of non-Hispanic White women and 4.39% of non-Hispanic men. The median household income in Providence is $61,365, which is below the national average of $75,149, and the median house value is $293,000, higher than the national median house value of $281,900. Providence's median rent is $1,214, slightly lower than the nation's average of $1,268 (U.S. Census Bureau, 2023b).

In the PGIP study, nearly all of the participants stated that their Baseline income was less than $43,920 per year, which is below 200% of the federal poverty threshold for a household of three. In fact, household income for PGIP participants was significantly lower, with the control group reporting a mean annual income of $12,202 and the treatment group reporting a mean annual income of $12,000. SSI beneficiaries made up 18.52% of the treatment group, compared to 17.53% of the control group, and the majority of both the treatment and control were Supplemental Nutrition Assistance Program (SNAP) recipients.

In Providence, 34.5% of residents hold a Bachelor's degree or higher, just above the national average of 34.3%. Additionally, 82.9% of residents have completed high school or higher education, slightly below the national average of 89.1% (U.S. Census Bureau, 2023b). In the study, the treatment group had a higher proportion of individuals with Associate's degrees and graduates of trade or technical schools (33%) compared to the control group, of whom 75% had completed high school or less.

Methodology

Theoretical Framework

As laid out in the Pre-Analysis Plan (ABT Associates, 2023), in a context of economic scarcity, unconditional cash (also known as GI) represents a pathway for relieving material hardship and smoothing income volatility, thus creating space for alternative ways of being (Mani et al., 2013; West & Castro, 2023; West et al., 2023). Critical for the emergence of alternative ways of being is the development of hope, in which people can imagine specific goals, feel a sense of agency and visualize a pathway towards achieving those goals (Snyder et al., 1991, p. 287; Lybbert & Wydick, 2018). While often construed as an individual process, the capacity to hope and act on that hope is deeply embedded in human connectedness, informed by the degree to which people feel as though they matter to others and can be relied upon (Baker et al., 2021). Predictable, unrestricted cash payments have the potential to give participants a cognitive break from chronic scarcity, freeing up energy to attend to other elements of their lives.

In Providence, multiple overlapping forms of structural injustice have created conditions of unrelenting scarcity for many residents. The tightening housing market emerging from the foreclosure crisis and resulting dispossession of private homeowners, the influx of new residents from surrounding regions, and aging housing stock has resulted in the rapidly rising cost of housing (Fields, 2018). Employment opportunities which skew towards lower-wage work, inflationary pressures on basic goods resulting from the global pandemic, and institutional barriers to social welfare benefits have generated conditions of chronic economic scarcity over the past decade (Ballentine et al., 2022; Heinrich, 2016).

To understand resilience under conditions like these, which can appear inescapable, our theoretical framework draws on research that examines how individuals maintain a sense of optimism while navigating adversity (Leung 2019; Leung et al., 2021; Mead et al., 2021). This work is also informed by

research on how residents of structurally disenfranchised communities cultivate networks of support and strategies of collective survival to endure conditions of economic scarcity (Maddox, 2024; Stack, 1974). We draw on literatures of reciprocity and mutual aid to explore how economic vulnerability becomes a site of connection and strategic organization (Mould et al., 2022). While mutual aid and reciprocity have become particularly relevant during the COVID-19 pandemic, they are not sufficient to overcome extreme material scarcity (Spade, 2020; Springer, 2020). However, participating in community-level mutual aid and reciprocity does reinforce critical social support networks for people, bringing them out of their homes and into their communities.

We bring literatures on mutual aid and reciprocity into conversation with research on hope and tragic optimism to better understand how, in the face of ongoing material struggle, GI may open space for participants to feel a sense of connection and collective responsibility within their communities and offer time to reengage as participatory civic actors.

This research was conducted as a parallel mixed-methods (QUANT + QUAL) randomized controlled trial (RCT). All research methods were reviewed and approved by the Institutional Review Board at the University of Pennsylvania. The research answers the following research questions:

- How does GI affect participants' quality of life?
- How does GI affect participants' income and through what mechanisms?
- What is the relationship between GI and participants' subjective sense of self?
- How does GI impact civic engagement?

This experiment followed a parallel mixed-methods design. All quantitative and qualitative analysis were conducted separately and were not integrated into meta-inferences until within-strand analysis was complete (Tashakkori & Teddlie, 2009).

Quantitative Methods

The PGIP pilot implemented an RCT to assess the effects of providing a monthly GI of $500 over an 18-month period. Following the Baseline survey in August 2021, 242 participants were selected from a larger pool of approximately 4,000 applicants who met the eligibility criteria. Participants had to reside in Providence, RI and have an annual income below 200% of the Federal Poverty Line, excluding any income from the American Rescue Plan. 110 participants were assigned to the treatment group, receiving monthly payments of $500 for 18 months starting in November 2021, while the remaining 132 participants were placed in the control group. The data was collected at 6-month intervals following the collection of Baseline data in August 2021: 6 months after the first disbursement in November 2021 (April 2022), then again after 12 months of GI (October 2022), after 18 months of GI (April 2023), and at 24 months (October 2023), which was 6 months after payments ended. The randomized sample was weighted to include 44% identifying as Hispanic or Latino, 16.5% as White, 15.2% as Black or African American, and 16.8% as belonging to other racial categories.

Multiple Imputation by Chained Equations (MICE) was employed to address missing data. MICE

iteratively predicts missing values using relationships between variables in the dataset, producing several complete datasets that are pooled for analysis. This method allows for robust handling of missing data, accommodating different data types and complexities such as bounds and skip patterns. (Azur et al., 2011). Generating multiple imputations addresses the statistical uncertainty associated with the missing data. The chained equation process involved iteratively imputing missing values for both demographic and key outcome variables by performing regressions on each variable with missing data, using other variables in the dataset as predictors, and cycling through this process multiple times to update the imputations based on the observed relationships in the data. Outliers were managed by replacing them with winsorized values, a method that adjusts outliers to a defined percentile within the data.

The imputed data generated with MICE was analyzed using a Linear Mixed-Effect Model (LMM) to evaluate the impact of GI on participants. The LMM incorporates both fixed effects—which in this study is represented by group (treatment vs. control) and the different time points—and random effects, which account for individual-specific variation (Pinheiro & Bates, 2000). Basic inferential statistics, including adjusted means for continuous variables and chi-square tests for categorical variables, were used to compare differences between the treatment and control groups.

Qualitative Methods

In August of 2022, one year after the Baseline survey and halfway through the 18-month disbursement period, the qualitative team recruited 29 individuals to participate in semi-structured interviews. Of the 29 individuals, 25 were from the treatment group and four were from the control group. Twelve participants canceled their interviews, yielding a total of 17 qualitative interviews, all from the treatment group. Cancellations were largely due to illness and other pandemic-related challenges, highlighting the degree to which COVID-19 remained a pressing concern for the duration of the pilot. Participants were offered the opportunity to interview in-person or via Zoom to minimize COVID-19 exposure and accommodate participants' work and childcare schedules. Of the 17 interviewees, seven opted to use Zoom.

Interviews ranged from 1.5 to 2 hours long. Participants were compensated for their time with a $40 gift card and chose their own pseudonyms for anonymity. The interview protocol was informed by literature on scarcity that connects chronic material hardship with a reduced sense of personal agency, which in turn limits goal-setting, curtails hope, and negatively impacts health and well-being (Sayre, 2023; Shah et al., 2012). The interview protocol included prompts on relationships, community, health and well-being, pooling behaviors, benefits interaction, financial decision-making, care work, deservingness, program design, and policy and program take-up. All interviews were recorded on a DVR, professionally transcribed, de-identified, and coded.

As described in the Pre-Analysis Plan (ABT Associates, 2023), qualitative analysis relied on the first five stages of Braun & Clark's (2012) thematic analysis approach on a semantic level and used grounded theory (Charmaz, 2014) for latent themes. All coding occurred in Dedoose by human beings without the use of AI. The semantic-level coding included values and process coding to understand decision-

making and strategies around finances, parenting, health, relationships, and community. The latent level included coding based on the theoretical framework to understand agency, hope, structural vulnerability, and care work (Saldaña, 2021). Structured memo-writing occurred throughout the research process, beginning with data collection through analysis. Memos included "thick descriptions" at each stage of analysis to determine how semantic and latent themes were related within the data (Ponterotto, 2006, p. 358).

Findings

1. Structure, Survival, and Community Building

From Stack (1974) to Desmond (2012) to Lomnitz (1977), scholars have long grappled with asking how families structurally trapped in poverty survive impossible odds. Do kin networks, reciprocity, and trust still provide a means for collective survival (Stack, 1974; Lomnitz, 1977)? Or has inequality and the cost of housing forced the proliferation of disposable ties (Desmond, 2012), and broken trust and social isolation (Wilson, 2012)? Perhaps the story is far more dynamic than policymakers dare believe, with scarcity taking its toll on minds, bodies, and relationships (Raudenbush, 2020), and inequality robbing families of full access to mutual aid (Newman, 2000) and its "cultural assets" (Lloyd et al., 2022, p. 1). The experiences of families in PGIP suggest the latter. Chronic scarcity and insufferable housing costs marked their lives well before the pandemic upended it, but that represents an incomplete picture of the ways they sustained their community and reacted to economic injustice.

Despite the challenges they faced, participants described their lives in relation to broader communities of support and healthy forms of chosen vulnerability. Although similar economic circumstances can create situations of forced vulnerability, where one is forced to place "trust or dependence in people, social ties or systems out of necessity and lack of choice" (West et al., 2021, p. 19), the narratives found in Providence reflected interdependent networks serving as vital lifelines for support. These collective strategies allowed them to navigate the structural barriers they confronted in Providence while finding hope in relationships, service, and community-based organizations. Bibi, despite her own food insecurity, spent her time "serving the homeless food" because she saw her struggle in others, saying, "I love to help… I can see a family because I know how it is. I can see a mother, a single mother, you know, struggling."

Others shared housing with friends and family, navigated collective forms of childcare, and showed up for one another to attend to their loved ones' material and social needs. For example, Ingrid relied on a network of support within her family. An immigrant from the West Indies, Ingrid raised her three children in Providence and spoke of how her children provided a strong sense of social support when she had to have surgery: they made sure she was never alone, brought her food, and took time off from work to provide her full-time care. Yasmin, a single Latina mother of two, said that when it came to her network, "I don't feel like I'm bothered when it comes to them and it's—it's just, they help and it's—it's just a genuine feeling."

However, the challenging economic circumstances that participants faced strained networks of support and, consistent with the literature (Newman, 2020), impeded access to pre-existing strategies of collective survival. As the data illustrates, the cost of living during the pandemic pushed collective strategies to a breaking point, but GI provided one way of returning collective assets back to the community through social networks and small steps towards civic action. For single moms like Yasmin, receiving the GI may not have alleviated all of her financial struggles, but it provided a path for her to reinvest in others. She explained:

> *I was able to, you know, even if it was to give my dad gas money or be able to bring them, you know, a little bit of food or whatever I could do. Um, so it's been a big help.*

The Pandemic-Era Economy

The PGIP pilot began shortly after the third COVID-19 stimulus payment was issued. The country was still grappling with the massive social, economic, and political effects of the global pandemic, and participants' experiences during the pandemic impacted their needs and well-being leading up to the receipt of the GI (Ho & Maddrell, 2021; Moen et al., 2020; Ogurlu et al., 2020). However, these needs did not originate with the pandemic; rather, the pandemic served to amplify pre-existing structural barriers and inequities that already constrained the lives and pathways of pilot participants, such as access to affordable housing and employment with wages that would enable participants to meet their basic needs. These findings are consistent with other research conducted on the impacts of the pandemic, finding that the pandemic disproportionately resulted in economic precarity for women and people of color, who were forced out of the labor market at higher rates through layoffs and in response to the demands of caregiving (Calarco et al., 2021; Collins et al., 2021; Dias, 2021; Moen et al., 2020).

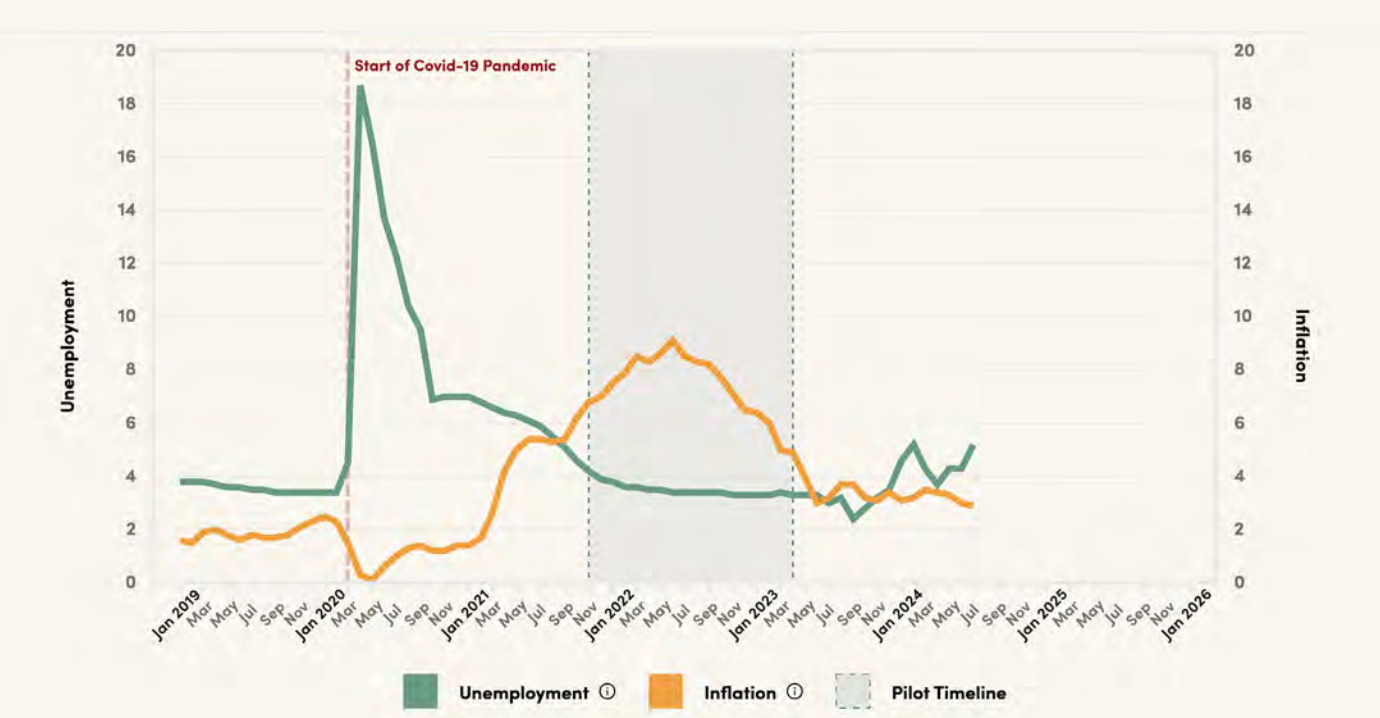
Coupled with the housing shortage, residents of Providence already struggled to find employment that paid sufficiently well to support their basic needs. Heading into the pandemic, Rhode Island had a strong downward trend in unemployment. However, employment in the state has been increasingly concentrated in lower-wage sectors. For example, in 2018, Rhode Island added 900 new jobs in the transportation and utilities sector while simultaneously losing 1,500 jobs in the higher-paying business services and professional sectors (Bourne et al., 2019). By 2022, healthcare and social assistance, retail trade, and accommodation and food services made up 41.7% of private employment in the state, representing some of the lowest average annual wages out of all employment sectors (R.I. Labor Market Information Division, 2024). Hence, while the state's pre-pandemic unemployment levels were low and rebounded back down to 2.7% by June of 2022, the employment opportunities available to residents remained concentrated in occupations that did not pay enough for them to cover their basic needs. In fact, close to 70% of the state's high-growth occupations do not pay an hourly wage that would enable workers to be affordably housed (Bourne et al., 2022).

For pilot participants, the pandemic exacerbated the conditions which made it difficult to thrive in Providence. Many participants reported losing their jobs as a result of the pandemic—for some, this job loss caused a downward economic and social spiral, resulting in homelessness, isolation, and deepening personal debt. Others lost consistent childcare; this compelled them to become full-time caregivers and leave their employment outside the home. Participants also experienced macroeconomic trends related to the pandemic such as the rising prices of food, gas, and rent. It is impossible to disentangle the results of PGIP from the context of the global pandemic. However, the pandemic did not cause the circumstances of economic precarity that participants experienced, but rather served to worsen preexisting economic hardships and inequity.

Over the course of PGIP, the cost of living in the city was rising. While this inflationary trend was present nationwide since the early stages of COVID-19's spread, Providence's extremely limited

housing supply, fewer opportunities for higher-paid employment, and a benefits systems constrained by administrative burden made it particularly difficult for pilot participants to move from struggling for survival to financial stability.

Figure 1: The Timeline of PGIP Against Inflation, Unemployment Rates



Source: Center for Guaranteed Income et al., n.d.

Housing

Prior to the COVID-19 pandemic, the state of Rhode Island faced a housing supply shortage, which was particularly acute in Providence. After the 2008 financial crisis, in which Providence experienced the highest foreclosure rates in New England, corporate investors began buying up residential housing stock in town as a new "asset class" (Fields, 2018). In addition to this consolidation in ownership, new construction ground to a halt. From 2012 to 2021, Rhode Island's annual housing production per 1,000 residents ranked 38th in the nation; by 2021, it was last (Rhode Island Foundation [RIF], 2023). Marginal housing production coupled with old housing stock, an increase in investment-based property purchases, and moderate population growth has led to a 30% decrease in housing vacancy rates since 2018 (RIF, 2023). So, despite downward trends statewide in unemployment leading up to the pandemic, rising home prices and rents were already causing economic hardship for Rhode Island residents in general, and Providence residents in particular (Bourne et al., 2019). Previously, a median single-family home in Providence cost $190,000, representing a 68% increase over the five prior years. Additionally, prior to the pandemic, 45% of households in Providence were cost-burdened, meaning they were spending 30% or more of their income on housing (Bourne et al., 2019). By 2022, at the time of the PGIP pilot, these housing constraints had only worsened. The Providence metro area had an annual increase of 23.8% for rental prices, one of the highest year-over-year increases in the country. Moreover, multi-family construction declined, median home prices rose, and 33% of owner households and 46% of renter households were cost-burdened (Bourne et al., 2023).

Residents turning to the Section 8 Housing Choice Voucher Program were confronted with multiple obstacles. Those able to get onto a waitlist spent years waiting for a voucher only to find that landlords would not accept them. From 1998 until 2016, it was not even possible to get onto the Providence Housing Authority voucher waiting list; but in 2016, the waiting list opened from November 11th until November 16th (Dunn, 2016). In 2022, there were 24,000 people on the housing voucher waitlists statewide, with an average statewide waiting time of 24 months (Botelho, 2022). However, residents of Providence experienced even longer wait times. At the writing of this report, the wait time for a family apartment in Providence, according to the Providence Housing Authority, is 8 to 10 years (Providence Housing Authority). Discussions of how COVID-19 amplified struggles to stay in housing or find new housing are woven throughout our qualitative interview data.

Case Study: Dania

Dania is a single mother of three who describes herself as "trying to survive." Originally from the Caribbean, she spent her early adulthood in Florida and then relocated to Massachusetts over a decade ago. Dania left Florida because she felt New England would offer better schools, and said that during the pandemic, "I love the school… They're really good." Dania takes advantage of all the parks and recreational activities that Providence offers, with a special fondness for spending time with her children at Roger Williams, but also notes that Providence's downtown is for the "high class"—a "different type of people." In Florida, she worked as a CNA for patients with dementia, but her license did not transfer to Rhode Island, so she found work in a factory instead.

Dania does not make enough money to support her family but also cannot take on another position without childcare. At the time of the pilot, Dania was still receiving extra food stamps under the COVID-19 expansion, but was worried that the benefit would soon end. She often found herself strategically navigating the benefits cliff, knowing that if she earned a little bit more income, her benefits would get cut, and her income would not be sufficient to make up the gap (Ballentine et al., 2022).

Safety net benefits in the United States contain a cliff effect. This means that earning even a few dollars over the limit for aid can prompt immediate and unexpected losses in support. The cliff effect forces low-income people to choose between skipping raises or extra shifts at work and their public benefits. If a raise or extra shift cannot offset the loss in benefits, then families are penalized with lost income and opportunities.

Dania and her children spent nearly a year living in a homeless shelter after escaping an unhealthy relationship, but she could not afford housing on her own and remained stuck on the Section 8 waitlist. Living at the shelter meant trading the control and surveillance of a toxic relationship for the control and surveillance of living in a shelter. Dania felt like her autonomy was taken away: she could not prepare meals for her children, or make decisions about their daily schedule, and she resorted to keeping a small cooler in her car to give her daughters the food that they liked. Dania experienced multiple barriers to moving out. Landlords were requesting 3 months of rent (2 months plus a deposit) up front, and the quality of the housing she found was abysmal. As she explained:

> ***The rent too is really high. People are asking for too much. They want you to do extra, three times the money that you make, that you pay for your rent and that's not right. I think they need to fix that problem. Sometimes you're looking for an apartment and you can, they won't give it to you because you***

don't make enough, you don't make enough money for that, so you got to be struggling. But you end up in a nasty basement where to live and they're trying to— I went to see one before I moved here, 1400 [dollars], and the roof was all dirty. They don't have a kitchen. I'm like, "Are you serious?"

When Dania finally did find housing, she was relieved, but the pandemic struck shortly thereafter, and this presented new problems. Schools were shut down, but Dania still had to go to work, and she resorted to leaving her children home on their own (the eldest was a teenager at the time). While her girls were home alone, the landlord would enter Dania's house and yell at them without Dania's permission. Dania quit her job so that her children would not be abused by the landlord in her absence.

When Dania tried to get help from the court system, she was informed that her best option was to move and find a new landlord. Newly unemployed, in a poor housing situation, and caring for three children during a pandemic, Dania found herself in an incredibly difficult position. She was scared to move out of her apartment, because she did not think she would find a new place to live—but staying was becoming untenable.

At the time of the interview, Dania was employed full-time again and had recently moved into a new apartment with her children. She expressed gratitude for the change: "God, I'm out of there, even though I'm struggling a little bit to do my stuff, I left from there." The GI has helped her pay her utilities and cover the costs of household hygiene products like toilet paper and shampoo. When asked who should receive GI, Dania focused on the working poor—people like herself who fall on the wrong side of the benefits cliff:

I think those are the people that really need it, because everything if you work, they cut everything, they don't help you at all. I'm getting extra food stamps because of the pandemic. But once that's over, I'm not going to get nothing. I think those are the people that really need it. Single mothers.

For Dania, housing is one of biggest barriers to financial stability, and she noted that the cost of housing in Providence is "why a lot of people live with five and six people in the house, because they can't afford it."

Housing Cost and Quality

Due to its smaller size and being sandwiched between expensive housing corridors in Connecticut and Boston, Providence has long had a housing crisis. As renters and homeowners are priced out of other areas, they are increasingly pushed towards Providence as a less-expensive satellite city. With a growing population and a dynamic economy, there has been substantial demand for workforce housing. Low housing inventory, due both to the aging housing stock and to the increasing availability of short-term rentals, has exacerbated the crisis (RIF, 2023). According to the U.S. Census Bureau 2022 American Community Survey, the total number of occupied housing units is 69,597 out of 75,257, and only 5,660 housing units are vacant (U.S. Census Bureau, 2023a). By the end of 2023, the sale to price ratio in Providence, which is the difference between a housing property's initial price and final purchase price, increased by 2.9%, higher than national growth of 0.5%, indicating higher demand (Providence, RI Housing Market, n.d.).

According to a 2023 market report, Providence requires 810,549 housing units to accommodate its population and workforce; however, the metro area currently offers only 705,332 units, resulting in a deficit of 105,217 homes (*Providence Affordable Housing Report: Q1 2023*, 2023). The city's housing stock consists of 60% owner-occupied and 40% renter households, with 46% of renters considered cost-burdened. Moreover, 80% of the region's households cannot afford the median home price of $362,000 (HousingWorks RI, 2023). The monthly cost gap between renters and homeowners in Providence is smaller than in any other city in Rhode Island, with renters paying an average of $2,073, slightly less than the $2,685 paid by homeowners (Bourne et al., 2023).

Over the last year, Providence experienced the highest rise in rents in the country (Velasco, 2024). Even for city residents who are able to cope with these rising monthly payments, there is an additional obstacle: PGIP participants reported that most landlords require income verification at three times the monthly rent, effectively guaranteeing that only non-cost burdened tenants have access to rentals. In 2021, the fair market value price of a two-bedroom apartment in Providence was $1,291 per month, while the minimum wage there was $11.50 an hour (Department of Labor and Training, n.d.; U.S. Department of Housing and Urban Development, 2024). Working a 40-hour week at the state minimum wage would result in a monthly income of $1,840 before taxes, far below the $3,873 a month of documented income landlords are requesting for the average two-bedroom apartment. Even for individuals with Section 8 vouchers, landlords are imposing the same income requirements as they would for private market renters.

The conventional measure of housing affordability in the US classifies households as moderately cost-burdened if they spend more than 30% of their income on housing expenses, while those spending more than 50% of their income are considered severely cost-burdened (Office of Policy Development and Research, 2014). PGIP treatment group participants consistently had higher monthly rents than the control group, but not significantly greater incomes, leading to a significantly greater housing cost burden for the treatment group. At Baseline, 85% of participants in the treatment group were spending more than 30% of their income on rent, compared to 78% in the control. Although the percentage of participants experiencing moderate cost burden decreased by the 24-month mark, the treatment group still had a higher percentage (81%) experiencing this burden compared to the

control group (67%). Additionally, at Baseline, 65% of households in the treatment group reported severe cost burden, compared to 55% in the control group. By the end of the 24-month period, this slightly decreased to 63% in the treatment group and 51% in the control group, but both groups still spent more than 50% of their income on housing.

In fact, several participants were spending well more than 50% of their income on housing, far surpassing the threshold for the severe cost-burden category. At Baseline, 42% of the control group and 45% of the treatment group reported that over 75% of their income went towards housing. For the control group, this percentage decreased to 38% at 6 months and remained at around that percent until the 24-month mark, where it decreased further to 33%. For the treatment group, however, the percentage of participants paying over 75% of their income on housing dropped steadily during the months when they were receiving GI, declining to 41% at 6 months, 31% at 12 months, and 29% at 18 months. However, at the 24-month mark, 6 months after GI payments ended, the percentage of participants in this category rose back up to 45%, mirroring Baseline rates. At no time point was the difference between the treatment and control groups statistically significant.

Table 2: Housing Cost-Burden over Time, Control vs. Treatment (in %)

	COST-BURDENED (>30%)		SEVERELY COST-BURDENED (>50%)	
TIME PERIOD	CONTROL	TREATMENT	CONTROL	TREATMENT
Baseline	78	85	55	65
6 months	66	73	52	58
12 months	70	69	52	52
18 months	72	77	50	50
24 months	67	81	51	63

The higher housing cost burden in the treatment group could be attributed to the fact that more participants in the treatment group were renters or homeowners, who face higher direct housing costs, compared to the control group, where a larger proportion of people lived in public housing or with friends or family throughout the study, likely reducing their housing expenses.

The quantitative results are further supported by the information found in the NAHB/Wells Fargo Housing Opportunity Index for the Providence metropolitan area, which measures the percentage of homes affordable to a family with a median income. This rate was 35.0% in the third quarter of 2022, down from 53.5% in the third quarter of 2021 and 66.9% in the third quarter of 2020. The decline in affordability over the 2-year period was driven by the rise in housing cost that outpaced average income; in Providence , specifically, this included a 12% rise in median income against a 26% increase in the median home sales price (Office of Policy Development and Research, 2022). As of 2023, the housing affordability gap in Providence is $15,305, meaning workers need to earn an additional 30.99% to qualify for and afford the median rent in the greater Providence area (Providence Affordable Housing Report: Q1 2023, 2023). The Housing and Transportation Affordability Index offers a more comprehensive perspective on this affordability, factoring in both housing and transportation costs

at the neighborhood level. According to this index, residents of Providence spend, on average, 37% of their income on housing and transportation (Center for Neighborhood Technology, n.d.).

Overwhelmingly, participants expressed that it was impossible to find affordable housing in Providence, particularly for individuals and families who are working at or close to minimum wage. This can also push people into difficult living arrangements—such as staying with an abusive partner, doubling-up, or overcrowding. Representative of this housing burden, a number of pilot participants were experiencing homelessness during the pilot, had lived in and out of shelters, or were living with family because they could not afford a place on their own.

For some participants and their families, housing precarity was brought on by experiences of interpersonal violence. Faith's daughter ended up homeless after a series of domestic violence incidents with the father of her unborn child led to his incarceration. She was unable to afford her apartment on her own. At the time of her interview, Meghan and her children had just left a family shelter where she and her children had had to stay as a result of an altercation between one of her children and his father. The experience was so bad that her older daughter ended up leaving to live with Meghan's mother. Meghan's trajectory to the shelter was provoked by the housing crisis in more ways than one. When Meghan had tried living on her own, the only apartment she was able to afford was "mouse infested," and so she returned to living with the father of her children out of desperation.

For other participants, their housing situations were amplified by the pandemic. Sam had been working in a restaurant when COVID-19 struck. He lost his position when the restaurant shut down and decided to move back to his home country of Jamaica. When he returned to Providence, he was unable to find employment that paid well enough for him to rent an apartment and has been living on a friend's couch. The housing burden is so significant that even people who have historically been considered part of the professional working class are finding themselves relying on Section 8 vouchers. As Kaylah describes in relation to her sister, who is a public school teacher:

> *Exactly that's— This is— We're talking $22 an hour. And, and that's not the minimum wage in Rhode Island, the minimum wage is not $22 an hour, I believe it's 13 or 14. So, and if you don't, you have to come in with two people, you can't just walk in like me, I can't just go in there and find the apartment, because they're not going to give it to me. I cannot get an apartment, because it's only me. I'm not trying to get a boyfriend so I can get an apartment either. That's not what I'm gonna do, because I'm not gonna end up getting miserable or getting somebody bad just so I can have a house and it's not gonna work, I'm not doing it. So I don't know what am I going to do.*

Kaylah went on to explain that even with Section 8, landlords still want applicants to have high documented income:

> *Even though Section 8 pays most of all that rent and your portion would be $30, $40, they still want you to afford that $1,500, $1500, you know what I'm saying? And lights, gas and electric and cable. They want to make sure you can afford all that in order for*

> *you to move into the house. That's the only prejudice part about living in Rhode Island Providence.*

For those who were able to find housing, they were forced into situations with landlords who did not properly care for the property or who were abusive to their tenants. Since Providence has no rent control ordinances once people are in an apartment, participants reported that landlords raised their rent as they wished, with no warning, and little accountability for their behavior (Leslie, 2024). Participants described landlords who would not let family visit them at home, even when they were sick and needed care, as well as landlords who created genuine safety hazards by not attending to the proper upkeep of rental units. In her interview, Kaylah, a Black woman in her 50s and the custodial caregiver of three grandchildren, described how her landlord cut corners with the electrical wiring in her apartment, causing an electrical fire. Kaylah and her grandchildren lost everything and were forced to move out of the apartment while the damage was being repaired. Extreme housing unaffordability forced Kaylah and other pilot participants to accept substandard housing conditions.

In this context, GI may have provided an opportunity for people to improve the quality of their housing or neighborhoods. At Baseline, both the treatment and control groups had similar proportions of participants reporting that they lived in better neighborhoods and homes than they had 6 months ago. However, as the study progressed, the treatment group showed more substantial improvements in both areas compared to the control group. By the 24-month mark, 6 months after the GI payments ended, a greater percentage of participants in the treatment group had moved to better neighborhoods (35% compared to 29% in the control group) and reported living in better-quality homes (45% compared to 40% control). One possible explanation for these findings is that the treatment group had a higher ratio throughout the study of participants who were either homeowners or renters compared to the control group. Additionally, the control group had a higher ratio of respondents living in public housing, who were perhaps less likely to change their housing during the study period.

Homelessness

While GI was not enough to fully overcome the structural barriers that participants faced with regards to housing, the cash payments helped participants navigate some of these housing struggles, enabling them to transition out of homelessness into more stable housing.

Table 3: Housing Status over Time: Treatment vs. Control (in %)

	BASELINE		6 MONTHS		12 MONTHS		18 MONTHS		24 MONTHS	
	T	C	T	C	T	C	T	C	T	C
Renter	71.8	59.1	68.2	61.4	71.8	57.6	70.0	60.6	73.6	57.6
Homeowner	9.1	6.1	9.1	6.8	10.9	6.8	10.9	7.6	10.9	6.8
Rent-to-own	0.0	0.8	0.9	0.8	0.9	0.0	0.9	0.8	1.8	0.8
PHA	6.4	15.2	7.3	14.4	7.3	15.9	8.2	12.9	6.4	16.7
Friends or family	8.2	11.4	6.4	8.3	3.6	11.4	6.4	10.6	5.5	10.6
Other	0.9	2.3	3.6	3.0	2.7	4.6	0.0	3.8	0.9	2.3
Homeless	3.6	5.3	4.6	5.3	2.7	3.8	3.6	3.8	0.9	5.3

Across Rhode Island's coordinated entry enrollment services, 72% of unhoused families enter the system from Providence County, and of 38% of these are from the City of Providence (RIF, 2023). Experiences with homelessness were common across the qualitative dataset. For example, Ryan, a 26-year-old Black man, lost his job due to the COVID-19 pandemic. The subsequent loss of income resulted in him experiencing homelessness. At the time of the pilot, he would spend his nights sleeping on the couches of various friends. During the day, he would go to his mother's house to care for his new baby while the mother of his child worked. He explained how he lost his housing:

> ***Ryan**: I was actually... I was renting because I had a, a better job at the time, it was during the COVID thing, like, if we're working outside with people and going door-to-door. Um, so I think we had to stop that because it was, you know... The COVID thing, the restrictions, things like that, you know, working directly with people. So we were, like, high... highly at risk, so we had to stop.*
>
> ***Interviewer:** Okay, and so is it like you just couldn't stay there because you couldn't afford the rent anymore?*

> ***Ryan:*** *Um, well, my job... I had to stop. I had to stop working because of my job, because of the COVID restrictions, so I just couldn't pay the rent since we had that little, that little hiccup between the COVID and things like that.*
>
> ***Interviewer:*** *Yeah, COVID, is like, threw a wrench in everyone's lives, it's awful.*
>
> ***Ryan:*** *Um, then we had... Did the rent relief and things like that, but my landlord, he was, like, already fed up with the, uh, fed up with us because of the, uh, whatever else was going on, and I guess they didn't really care about what was going on with, you know, the world and things like that until, and so they put, like, the eviction notice on moratoriums on. And then it was, like, kind of more lenient but still, he was like... you know, it was just bad blood, and you didn't want to, like, still stay there. It's just too much animosity in the air, and I don't believe that's best.*

Ryan has been effectively homeless since the pandemic and was hoping the GI payments would help him secure stable housing. However, he found that the GI did not act as an income guarantee for landlords, and they were not willing to rent to him.

> ***Ryan:*** *Um, I was trying to find housing as soon as I had got this money, but they didn't accept me because I wasn't making enough income and, um, they didn't really guarantee that I, like, if I had, like, this income thing for like two or three years, then I would have been able to get a, a home. But it was just like, "Oh, you're just in a program that, you know, we don't know how much money you're going to be getting this year, or probably 6 months down the line, you won't be getting it anymore or whatever." So I had a tough experience. It's really hard to find housing in Providence, period, because it's so packed and things like that, and if you do find it, um, like, you're lucky and it's probably, like, a really small spot.*
>
> ***Interviewer:*** *Right, right. How... So how long have you been kind of looking for a house? Like something...*
>
> ***Ryan:*** *We're in 2022 right now, so 2020.*

While Ryan did not report a change in his housing status at the time of the interview, over time, the percentage of treatment participants reporting homelessness significantly decreased (x^2 =7.4, p=0.03), while the rate of homelessness in the control group remained unchanged. At Baseline, the treatment group had a lower percentage of participants experiencing homelessness (3.6%) compared to the control group (5.3%). Most respondents in the treatment group who were homeless at Baseline reported moving into rental housing or began living with friends or family.[1]

1 The definition of homelessness in this research synthesizes the Department of Housing and Urban Development (HUD) and McKinney-Vento standards, focusing on individuals, especially children and youths, lacking stable nighttime residences and living in temporary, inadequate conditions, or facing ongoing housing instability, as outlined by federal guidelines (National Center for Homeless Education, n.d.; U.S. Department of Housing and Urban Development, n.d.). At each time point, the rate of homelessness was calculated by recategorizing text responses from the question "If you selected 'Other Housing Status,' please specify" into the category of Homelessness.

Yasmin's story is an example of GI-supported housing stability. At the time of the pilot, Yasmin was dealing with an unexpected rise in her rent. She was grateful for this apartment—previously, she had been in public housing and described the experience as a negative one for her children. Once she began to make a little extra income, she moved out of public housing and into an apartment. However, a few months after the pilot started, the landlord raised the rent. The GI payments helped Yasmin keep up with this new unexpected cost while she looked for a more affordable apartment.

> *When I moved, my rent was initially at first $1250, and then just a few months ago, um, probably like a few months right after this program actually started for me, um they raised it up to $1400... So, um, it's been like—it's hard, because, you know, every—I get paid every two weeks, and $1400 on my own is nothing included. Um, so, um, that's also a big thing where the program came in, um, helpful, because that literally happened a few months after this program started. I think it was back in February when the rent was raised to $1400. So that definitely wasn't a part of my financial plans when it came to my paycheck, um, because I was already pushing trying to get that $1250 together by the end of the month. Um, so that definitely helped.*

Without the GI payments, Yasmin feared she would have been pushed into homelessness again. The GI supported housing stability for her and her children.

Housing was a central concern for the GI recipients in Providence. The monthly payments were not large enough to overcome the macro-level housing crisis in the city; however, they did help people avoid eviction. Participants saw the GI as a potential pathway to new and better housing, though it was often difficult for them to actualize that goal. Sam, at the end of his interview, asked his interviewer if he perhaps knew of any housing, not Section 8,

> *just anybody who you know who's really trying to rent an apartment or something like that. Because I try to put at least $100 aside every month from the $500 to try to find a place. So whenever I find a place, a basement, an attic, wherever I find, I can give them a little.*

Sam views finding his own place as a way to have freedom and start building a career from his passion for cooking, as he explained:

> *Well, with me having my own place, I have more freedom and could be able to do more things. As I was even thinking about um, my own uh YouTube channel where I cook and display my food over and stuff like that.*

2. Employment

"I like working, but I like living, too."

As participants in the PGIP reflected on their employment experiences in light of the COVID-19 pandemic, rather than reproducing narratives of deservedness grounded in the inherent value of work (Fraser & Gordon, 1994) and conceptualizations of working as a necessary to the fulfillment of citizenship obligations (Abramovitz, 1996; Lister, 1997), they grappled with the meaning of dignified work in light of the difficulties they and their communities experienced.

Faberman et al. (2022) found that workers in jobs that required a lower educational degree level and had higher social contact dropped their number of desired work hours during the pandemic, and this drop was sustained afterwards. These were workers considered to be at the front lines of the labor force: called "essential" by both the government and the media, they were also the most at risk for infection. For higher-wage workers, the pandemic often meant remote work, but for those whose jobs had low levels of autonomy and flexibility and who were required to be in person, aspirations for economic security competed with concerns over personal safety and caregiving (Kaufman & Taniguchi, 2021; Malmendier, 2021; Schudde et al., 2022).

The participants in this pilot experienced a range of employment-related challenges during the pandemic—they learned that their employers had little regard for their health and well-being; they struggled to balance their work with childcare once schools were closed; and for many, they felt acutely their own disposability as they were suddenly let go from their positions. These experiences seemed to alter their relationship to work. Participants wanted to be gainfully employed, but under specific conditions. They were seeking employment that compensated them so that they could

support themselves and their families and wanted working conditions that treated them with dignity. Participants often described using the GI payments to give themselves the time and space necessary to find superior post-pandemic working conditions.

The trend in full-time employment followed a similar pattern for both the treatment and control groups, increasing by the end of the 24 months in October 2023. However, the increase was slightly greater for the treatment group, rising from 17% to 33%, compared to a rise from 19% to 30% for the control group. This trend mirrors the broader employment recovery in Rhode Island, where by December 2023, the state regained all 108,700 jobs lost during the pandemic, suggesting that external economic factors influenced both groups (R.I. Labor Market Information Division, 2024).

The percentage of participants employed part-time or seasonally varied over time. At Baseline, 14% of the treatment group and 15% of the control group worked part-time or seasonally. By the 6-month mark, the treatment group saw a seven percentage-point increase in part-time or seasonal work, while this rate among the control group remained unchanged. By the 24-month mark, 16% of the treatment group and 15% of the control group were still in part-time or seasonal employment, showing minimal change from the Baseline figures. The proportion of stay-at-home parents or caregivers in the treatment group decreased from 11% to 9%, and slightly increased in the control group from 10% to 11%. Both treatment and control groups saw a slight increase in the percentage of students from 2% at Baseline to 5% at the 24-month mark.

Although the treatment group initially had a higher percentage of unemployed participants seeking work (31%) compared to the control group (24%), both groups experienced a significant decrease in unemployment over time. By the 24-month mark, the percentage of participants who were unemployed and looking for work dropped to 12% in both groups. This trend aligns with the broader job recovery seen in Rhode Island during the post-pandemic period (R.I. Labor Market Information Division, 2024).

Table 4: Employment Trends over Time, Treatment vs. Control (%)

	BASELINE		6 MONTHS		12 MONTHS		18 MONTHS		24 MONTHS	
	T	C	T	C	T	C	T	C	T	C
Employed full time	17	19	22	23	26	25	25	28	33	30
Employed part time/ seasonally	14	15	21	15	16	18	15	16	15	11
Stay-at-home parent or caregiver	11	10	14	10	10	11	6	8	9	11
Business owner/ Self-employed	3	1	5	7	6	11	6	4	4	8
Gig work	0	1	7	5	5	8	7	6	5	8

	BASELINE		6 MONTHS		12 MONTHS		18 MONTHS		24 MONTHS	
	T	C	T	C	T	C	T	C	T	C
Retired or disabled	19	25	9	16	16	15	18	20	15	11
Student	2	2	5	11	5	5	4	6	5	5
Unemployed and looking for work	31	24	11	7	13	5	14	7	12	12
Unemployed and not looking for work	4	3	7	6	2	2	4	5	4	5

The period of the GI pilot was one of transition for many of the recipients. After having been let go from a job, or needing to quit their positions during the pandemic, people were figuring out their next steps. For some, that meant returning to their old careers, but on their own terms. Meghan worked as a CNA during the pandemic but found that the stress of mothering and witnessing death and human suffering was too much for her to manage. She left her position in an eldercare facility to take care of her children. At the time of the interview, Meghan had only recently started working again and had decided to return for limited hours so that she could spend more time with her children. Being home with them during the pandemic made her realize how much she valued being around them, and she is hoping to shift careers so that she can work from home permanently. Regarding her new orientation towards the workplace, Meghan said, “I’m not going to kill myself for these people, because if something happens to me, they’re just going to replace me. Like I like working, but I like living too, like, Jesus. Yeah.” The sentiment in this comment was echoed by a number of participants who wanted to prioritize their own mental and physical well-being over their participation in a labor force that did not seem to value them.

Concerns about pay, and what it means to be paid fairly, came up frequently during the qualitative interviews. The experience of working full-time, sometimes working multiple jobs, and still not being able to make ends meet made participants question the degree to which they were valued in the economic system. Daisy Rae, who saw the minimum wage going up but no increases in her own paycheck as a certified medical assistant, shared this sentiment. She expressed skepticism about the value of hard work if that hard work is not, in turn, valued. Similarly, Ryan lamented that despite inflation, his salary has not kept up:

> *It’s just not enough if you compare to, like, um, things like how it was before and it used to be… A lot of things used to be a lot more cheaper, things got a lot more expensive over these last, like, 2, 3 years. So I mean, I would think that the wages would, you know, reflect that, but I guess not.*

While these participants viewed employment as a positive goal, and something they were striving for, they also seemed to reevaluate the degree to which working was taking a toll on their mental and physical health. Tillie explained that she used to embody the ethic of hard work, working through

injuries, and not taking time to care for herself. As a result, she describes herself as "broken today," and said, "I tell everybody, if you get hurt on a job, take the time off, do what you got to do. Because if you don't, you'll pay dearly later." Participants also often discussed what a "good" job would be in non-economic terms. For example, Piah counsels her children, "Don't go for a cheap job, go for, you know what I'm saying? A job that's really going to take care of you and your family," while Samantha describes consciously limiting her aspirations in the workplace because she sees how the higher-paying positions "destroys people."

Receiving the GI right after the pandemic gave Tina, a Black mother of four, the space to reevaluate her career trajectory. Tina tried to work through the pandemic, but with four children it eventually became unmanageable, and she left the workforce to take care of them.

> *I was working. Yep. And then I had to take time off because I'm, um, because my kids in the school schedule, and the way to school stop shutting down and everything, and I was just like, I can't do it. I'm a mom at the end of the day, I have four kids, and they're in school, and I don't have like, you know, I don't have people to watch them all day, all four of them. So I had to take time out.*

Tina explained that in her previous position, she was expected to manage people without the tools to make the business run more smoothly, a workplace environment which created a lot of stress, and resulted in her health declining.

> *It looks like nobody in there could do nothing right. I always have to follow behind people and do their job and do my job at the same time, and no. And then when I try to fire anybody or write them up or whatever, it doesn't go through, so why should I—I have to continue to deal with the stress. No, I'm not doing that… I definitely did not get paid enough for that job at all. I could honestly say that was the stress. Oh my goodness. I was in the hospital for two— I was in the hospital two times when [inaudible]. Um, uh, the first time was for my blood pressure, and then the second time was cool and stuff. But yeah.*

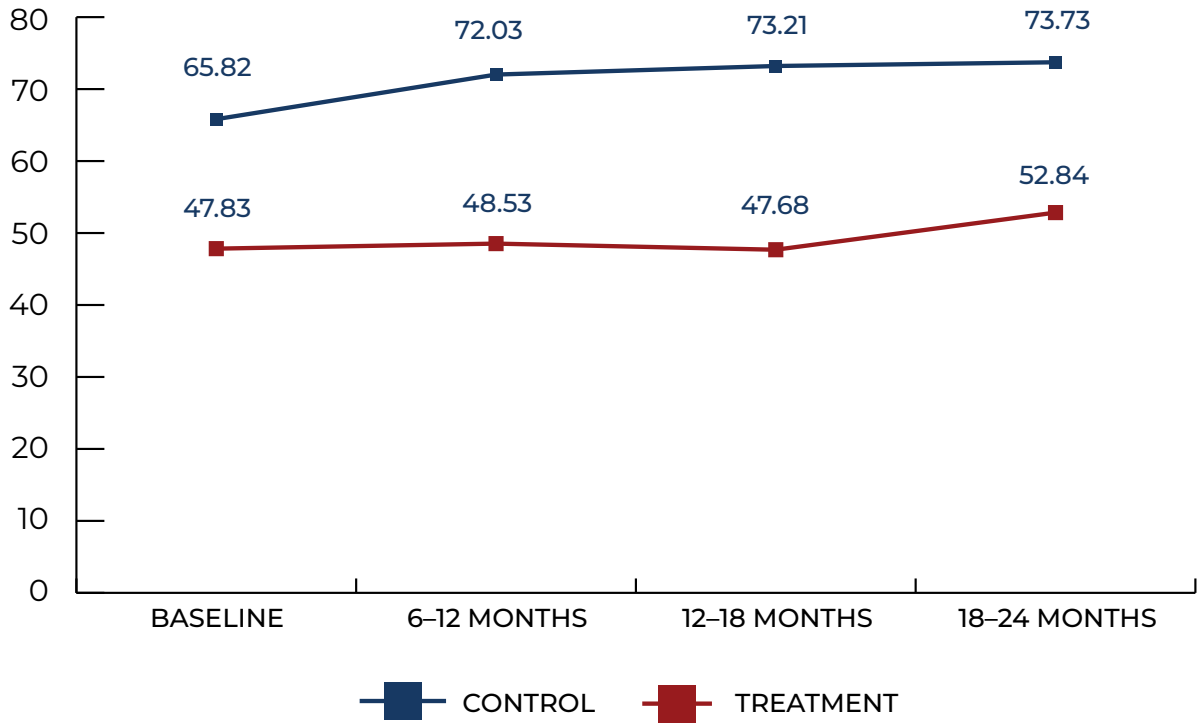
Tina explained that despite being able to get her old position back and thus have more household income, she was no longer willing to put herself through the physical stress of working under those conditions. At the time of the interview, she was using the GI to help meet her household expenses while actively looking for a better job.

Income

The treatment group reported a marginally higher income than the control group across all data collection points, but this difference was never statistically significant. Both groups had incomes below 200% of the federal poverty threshold for a household of three, indicating financial vulnerability and

difficulty in meeting basic needs (Institute for Research on Poverty, n.d.). At Baseline, the treatment group's average annual income was $13,627, compared to the control group's $12,200. Six months after the first disbursement, a mean difference of $1,723 remained between the treatment and control groups' annual incomes.

Figure 2: Income Volatility over Time: Treatment vs. Control



Income volatility plays an important role in the financial health and stability of individuals and families. At Baseline, the treatment group reported a lower level of income volatility (47.83) than that of the control group (65.82), and this difference was statistically significant (B=-0.14, *p*=0.002). The treatment group's income volatility scores remained relatively constant throughout the study period, but peaked at 52.84 6 months after the GI payments ended. In contrast, the control group's income volatility scores rose from 65.82 at Baseline to 72.02 at the 6-month mark, and remained at close to that level for the remainder of the study. At each time point, the treatment group's income volatility was significantly lower than that of the control group. The treatment group's lower income volatility across all subsequent time points might have a substantial impact on the treatment households' sense of financial security (Elmi et al., 2017). These results suggest that GI may have prevented a rise in, but did not reduce, income volatility for the treatment group. This supports previous qualitative findings that GI may allow people to maintain their existing survival strategies or act as a financial buffer, absorbing financial shocks and protecting people from worsening financial vulnerability.

Quality of Life: Mental and Physical Well-Being

Given a context which coupled entrenched inequity with a global pandemic, it is perhaps unsurprising that prior to the start of PGIP, participants were experiencing chronic levels of distress as measured by the Kessler Psychological Distress Scale (Kessler et al., 2003). Lower scores on the Kessler Psychological Distress Scale indicate less distress. The clinical cut off for those who are likely to be well is <20, 20–24 suggests mild distress, and 25–29 indicates moderate distress. At no point during the pilot did either the treatment or control group register scores under 20. Rather, distress levels largely remained in the range indicative of mild mental distress across all timepoints. At Baseline, the treatment group was mildly distressed (M=23.90), while the control group was moderately distressed (M=25.32). After 6 months, both groups improved, reaching the mild distress category. Average distress scores increased in later time points and, by the 24-month follow-up, the treatment group had a slightly lower score (M=23.50) than the control group (M=24.45). At no point were the two groups' Kessler scores significantly different. However, the GI may have helped participants in the treatment group remain in the lower end of the mild distress range, whereas the control group, on average, inched closer to the moderate distress category. In addition, many factors contribute to individuals' mental health, and those factors may have been out of reach of the GI's impact.

Table 5: Kessler Psychological Distress Scores over Time, Control vs. Treatment

TIME PERIOD	CONTROL	TREATMENT
Baseline	25.32	23.90
6 months	23.33	21.19
12 months	25.23	22.92
18 months	24.61	24.47
24 months	24.45	23.50

CHAOS

The mental fatigue caused or worsened by financial scarcity impacts not just individuals, but entire households. To this end, the quantitative arm of the PGIP study utilized the Confusion, Hubbub, and Order Scale (CHAOS) (Matheny et al., 1995) to assess the climate of the home environment. At Baseline, CHAOS scores for the treatment and control groups were nearly identical, at 28.83 and 28.33, respectively. These scores were in the Moderate-Low range. After 6 months of GI payments, both groups' average scores remained in the Moderate-Low range. However, the treatment group's average CHAOS scores dropped to 27.44, while the control group's average score rose to 29.88, approaching the threshold to move into the higher category of Moderate-High. This difference was statistically significant (B=-2.94, p=0.001). In subsequent time points, CHAOS scores for both groups remained at around 29, suggesting that the GI's impact on CHAOS was temporary and that participants experienced a consistently moderate-low level of household confusion and disorder.

Health and Wellness

The quantitative arm of the PGIP study also assessed perceived stress and general physical health. Average scores for the Perceived Stress Scale (PSS) (Cohen et al., 1983) ranged from 7 to 9 for both the treatment and control groups, indicating a moderate level of perceived stress. The average PSS scores between the two groups were not statistically significant at any point in the study.

General health was measured by the RAND 36-Item Health Survey (SF-36) (RAND, n.d.). At no time point were the differences between the average SF-36 scores of the treatment and control groups statistically significant. However, while the quantitative data seemingly shows little to no impact of the GI on physical and mental health, qualitative data from the interviews demonstrates that the GI offered participants an opportunity to prioritize their wellness, even if temporarily.

For instance Christina, experienced a significant amount of on-the-job stress. She worked in customer service, then at a call center, and went on to become a bus driver with a demanding schedule. She eventually had what she termed a nervous breakdown at work, which caused her to leave the position. She explained the GI allowed her to feel less preoccupied about finding a new job and instead focus on caring for herself and addressing her growing anxiety. Faith, a 43-year-old White woman with four children, applied for SSI because she has been experiencing mental health issues and "wanted to fix [her] head first" before reentering the labor market. The GI gave her the space to take care of herself. Similarly, after receiving GI, Piah, who was recently diagnosed with cancer, was able to stop babysitting to make ends meet and could instead focus on her cancer treatments. William, who also struggled with health issues, explained that leaving the workforce was a way of "just trying to make sure I get my [body] together and get everything right." The payments gave him "peace and relaxation," adding that the dependable monthly income was allowing him to take his time finding a new job that met his needs.

Financial Well-Being

To further assess financial well-being of the study participants, the Financial Well-Being Scale developed by the Consumer Financial Protection Bureau (CFPB) was utilized. This scale accurately and consistently measures how secure individuals feel, and their freedom of choice based on their financial status and capabilities. It evaluates participants' ability to handle emergency expenses, secure their financial future, manage money, and their perceptions of their financial situation, all while considering participants' ages. Scores can range from 0 to 100, with higher scores reflecting higher financial well-being (CFPB, 2015).

The Financial Well-Being score ranged between 39 and 44 for both the treatment and control groups throughout the study, indicating a medium-low level of financial well-being. At Baseline, the treatment group had a higher average score than that of the control group (39.42 vs. 38.05). Respondents with scores in this range frequently experience financial troubles and credit issues and have little savings (CFPB, 2015). After 6 months, the treatment group (M=41.24) continued to have a higher average score than the control group (M=40.48). This increase continued at 12 months; however,

at 18 months, the mean score of the treatment group dropped slightly and was lower than the control group (control=42.17, treatment=40.36). At the 24-month mark, the average score of the treatment group (M=40.63) was slightly higher than the control (M=40.16), although none of these gaps were statistically significant, nor did they demonstrate any impact from the GI on the participants' financial well-being. Research indicates that lower financial well-being scores are influenced by lower income levels, although income is not the sole factor in explaining variations in these scores (Michael Collins & Urban, 2020).

Couple the preexisting structural inequities in Providence with the lasting damage of the pandemic on their livelihoods and expenses, and we see that the while the $500 GI payment was appreciated and helpful, often ensuring that people did not to sink further into debt, it does not appear to be enough money for people to make meaningful progress towards long-term goals and to change their financial futures. As Tina explained, "There's not really too much you can do with $500, but it did help, you know." Rather than establishing and working towards long-term financial goals, participants found themselves having to spend the GI to take care of very basic needs. Participants reported predominantly spending the money on food and paying their bills.

However, the GI helped participants find a sense of dignity in smaller ways. For example, Christina expressed relief that the money enabled her to purchase small household items while still covering her monthly bills. Prior to the pilot, Christina's only income was the $150 a week that she earned caring for her grandson. The pilot helped her to buy items like shampoo and face cream, rather than asking her daughter for them, and thus brought her a sense of self-reliance.

> *Oh, I was so happy because I was like, you know, if I actually want to buy something for myself instead of just bills, bills, bills, bills, I can, you know, because the $150 was just like okay, I have to pay these cards, I gotta pay these bills, and it's like okay, if I want to buy a nail polish or if I wanna to buy a cream for my face or you know, like, simple little things, you know, I can, I can actually, you know, or even like, you know like a shower curtain, I can buy the shower curtain or change something in the house. So yeah, it feels— and I hate having to depend on people, like I hate having to oh, can you buy me this, or oh, I don't have any shampoo, can I use your shampoo? Can you buy me shampoo? You know.*

William, who is in his 60s, has battled severe health concerns. He is on dialysis, has had heart surgery, and was hospitalized with COVID-19 for nearly a month. He shares a home with his daughter and her children and receives state disability payments and food stamps, which cover the bare minimum but has not allowed him to have financial independence. For William, the pilot money meant he did not have to choose between which bills he was going to pay. While he still found he could not quite cover all of his expenses, he was at least able to "pay something." Rising costs meant that the $500 was not quite enough, but it helped. As he explained:

> *The choices. [I thought] the program would have given me, you know, enough, but it's like the more you get, the more it is. But it— it helps, because as I said, I would have to*

> *make the choices, [to lapse on] something. Now I can pay that something and just be a little short, but it's paid.*

Prior to receiving the GI, when her household income was not enough to cover both the gas and the electricity, Kaylah would write checks to both companies but then purposefully send them to the wrong company. She prayed this stalling strategy would allow her to keep the utilities on so her grandchildren would have heat and light while she scrambled to find extra money. With the GI, Kaylah was able to pay the bills to the correct companies without getting hit with the late fees that she used to find herself paying. This new reality, one in which she is not constantly worried about bill collectors coming to her door, is not financial security, but it does provide a cushion for her and her grandchildren and has temporarily alleviated some of her financial stress.

> *I'm, I'm not like comfortable, but I know no one's gonna knock on the door, my phone's not gonna ring and it's gonna say, excuse me, you haven't paid your bill this month. So that changed, all right um, so that's where I'm at right now. There's nobody knocking on my door saying, excuse me, I'm just with the electric company, will come shut the electricity off. No, I just paid the bill. Yes, we sent it to the gas company, and they said it was fake too. I don't get that to worry about. Uh-huh. But yeah, that's what I said, it's been— It's not, I can't say I'm sitting on a wooden chair with a soft cushion, put it that way.*

Yasmin described herself as not ever wanting to be a burden on others. For Yasmin, the extra cash helped to accommodate the rising cost of food while her SNAP benefits remained consistent. She was also able to buy school supplies for her children, and while she did not want to spend the money regularly, since she knew the pilot was coming to an end, it was a comfort to know that it was there.

> *I knew by, you know, the mid-time of the month, the 15th, I know I had that extra cash that was coming in to rely on, and I was able to buy more food with that or, um, necessities that I needed from my home or, um, it's just been extremely helpful. Um, even now like, um, getting my kids back to school, um, I was able to use, you know, the $500 this month to be able to start, um, their school shopping. Um, and it's like, you know, if I feel like I'm going to come up short on something, it's like I have that that I can rely on. And I don't want to—I— I don't—I don't use it as "it's there," and I'm gonna—because I know, eventually, it comes to an end, but it's just good to know that, you know, for the time being, um, it's just—it's just been extremely helpful.*

One of Yasmin's goals for the pilot was to keep between $500 and $1,000 saved at all times. Unfortunately, she was not able to meet that goal. Between a lapse in pay after a recent promotion at work and other unexpected expenses related to her family, she quickly spent her savings, but explained that the GI allowed her to stay current with her bills and rent "for that time being."

Qualitative interviews demonstrate that GI participants used their payments to buy basic necessities

including food. Quantitatively, food security was assessed using the U.S. Department of Agriculture's Household Food Security Short-Form Survey (U.S. Department of Agriculture Food and Nutrition Services, 2023). At Baseline, over 50% of participants in both the treatment and control groups reported being unable to eat preferred foods or having to eat non-preferred foods due to lack of resources. These percentages dipped slightly at the 6-month and 12-month marks, but later increased to around 60% at the 24-month mark. At no point were differences between the treatment and control group on these two measures statistically significant. This pilot corresponded to a time when food prices were skyrocketing in the aftermath of the COVID-19 pandemic, which may explain some of this trend. In addition to this, concerns regarding the ability to pay utility bills remained consistently high with slight fluctuations, reflecting broader economic pressure.

At Baseline, 32% of the control group and 39% of the treatment group reported very low food security, defined as eating less food due to lack of resources. This percentage dropped for each group at 6 months before beginning to rise again. By 24 months, this percentage rose to 55% for the control group and 41% for treatment, and this difference was statistically significant (p=0.005).

Table 6: Household Food Insecurity

IN THE PAST FOUR WEEKS...		YES (%)	
	TIME POINT	CONTROL	TREATMENT
Did you worry that your household would not have enough food?	Baseline	61	66
	6 months	56	47
	12 months	55	52
	18 months	64	56
	24 months	67	59
Were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	Baseline	55	55
	6 months	36	39
	12 months	54	42
	18 months	59	54
	24 months	60	60
Did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	Baseline	52	54
	6 months	36	41
	12 months	47	43
	18 months	53	46
	24 months	60	56
Did you or any other household member have to eat less in a day because there was not enough food?	Baseline	32	39
	6 months	21	20
	12 months	34	34
	18 months	40	38
	24 months	55	41

IN THE PAST FOUR WEEKS...		YES (%)	
	TIME POINT	CONTROL	TREATMENT
Did you worry that your household would be unable to pay a utility bill?	Baseline	68	76
	6 months	61	56
	12 months	67	68
	18 months	70	69
	24 months	66	77

Case Study: Samantha

Samantha is a White woman living with her fiancé and their elementary-age son. She notes with pride that her roots in New England reach back generations: her great-grandfather was a lobster man. Samantha was picked on as a child for being poor and wearing homemade clothing. She ascribes her compassion for others to this experience, as she does not want to replicate the suffering she herself endured. After getting her GED, Samantha graduated from a culinary certificate program and has been working in the food service industry for many years.

Samantha's fiancé also works in food service, and despite their industriousness, they have experienced homelessness twice since the birth of their child. After losing their housing, they wanted to find an area to set up a tent and camp while they scraped together enough money to find housing again, but they feared their son would be taken away from them if they did that—so they spent time in a family shelter which Samantha describes as "terrible," filled with black mold, a place where "they were treating us like we had been incarcerated, they treated us like we were criminals, they treated us like we did it to ourselves." For Samantha and her fiancé, being in the shelter was worse than being on the streets, but they had few other options that would ensure their family could stay together. They rented a room in a motel and lived there until they found a small one-room apartment where they were able to fit two beds and a TV.

Samantha was able to build a "beautiful community" in her neighborhood and a strong relationship with her landlord. When the two-bedroom apartment on the floor below them opened up, Samantha and her family moved in with a roommate in order to help afford the $1,200 monthly rent. Samantha knows that this apartment is a blessing. She has been on a Section 8 waitlist for 8 years already. She explained, "We are in a housing crisis still in Rhode Island, that there's not enough homes for people, there's not enough, um, what is the word? Economically sound. Like we can't afford them."

During COVID, both she and her fiancé lost their positions working in restaurants, and while Samantha worked to stay busy home-schooling her child—and took classes herself to get certifications in alcohol awareness, common allergens, and digital literacy—the sustained period of unemployment was financially devastating for their family.

Despite having stable housing, Samantha and her family continue to struggle. With years of experience in the restaurant industry, Samantha is still only making slightly above minimum wage as a prep cook. In April of 2022, Samantha returned to work part-time. An old injury makes the physical labor of her job challenging, and she is trying to slowly work back up to full-time employment. Since the pandemic, Samantha

has been trying to achieve a better balance between work, personal safety, and caring for her child. She hoped to find stability, but it remains elusive. Shortly after receiving the GI payments, Samantha's fiancé was injured and now needs surgery. They quickly went from being a two-income household with a GI payment to Samantha having to support their family alone working 25 hours a week.

> ***So unfortunately, we haven't been able to save anything, because the income shifted back to minimum again in the time we should have been able to save. Because we went from, you know, "Oh, my God, yeah, I have two incomes and this little 500 a month, I can put the 500 a month [away]." Then I went to, "Oh shoot, we have one income, the 500 is covering the bills that are still coming in."***

Samantha explained, "that money usually ends up— that money has helped us be able to get food. That money has helped us keep our lights on, that money has helped us," but has not been able to get her head above water. The structural conditions of high rent, low pay, and then the unfortunate injury that her partner suffered meant that as a family, they could not escape scarcity.

Notwithstanding, receiving the GI has been meaningful for Samantha in other ways. She explained that the GI, unlike other benefits programs, takes away the barriers to access. She noted that traditional benefits programs "make it so hard for underprivileged people to access some of the stuff that we literally at times just have the right to," and she thinks this is because these programs are grounded in the foundational belief that poverty is a form of laziness. Samantha discussed at length the impacts of the "administrative burden" (Heinrich, 2016) of other benefits programs, which caused her so much stress because of the constant need to reauthorize and fears that she was filling out paperwork incorrectly that she ultimately stopped participating, despite the extreme economic needs of her family. With the GI program, on the other hand:

> ***It gave me a little freedom, it gave me a little. Especially in the beginning of it where we didn't have— Like, it was really needed when I first got it. Like, it really gave me that self-worth back, the system takes so much self-worth away from us... You know, I never had to check in with you guys. I didn't have to like reassert halfway through, I didn't have to find my son's birth certificate all over again even though I've been on the system for five years. But no, "You got to prove who you are again." Why? I'm in your system. You're giving me healthcare, why do I need to reprove who I am again. So it took all that that stress away. I didn't have to worry about that.***

She was not able to escape survival mode, but Samantha emphasized the importance of sharing her story: “That’s one thing I’ve learned, if I don’t share my story, I can’t help others.” The GI positioned her to advocate for herself and others. As she explained, “If we don’t have, we can’t give back in the community. And we’re not all just, they’re taking like some of your money all day, we’re not just abusing the system. Some of us just hit hard times.”

3. Sourcing Hope in Community

Although a $500 guaranteed income was insufficiently sized for the level of financial strain in Providence, the ways that GI recipients responded provides key implementation lessons and theoretical insights into how interdependence, GI, and civic engagement function under severe economic strain. Pre-pandemic, recipients responded to material hardship by leaning on mutual aid and interdependence in their social networks. Consistent with the literature (Stack, 1974; Lumnitz, 1977), these social ties represented sources of meaning and hope while functioning as avenues for pooling resources and strengthening relationships under scarcity. When the pandemic exacerbated pre-existing forms of structural inequity, these social networks were stretched to a breaking point. Investing in and benefitting from mutual aid requires time, but financial scarcity thieves time from low-income families. Unpredictable and excessively burdensome low-wage work coupled with administrative burdens in the safety net and unpaid care work forced recipients away from relationship building and investing in their networks. The level of scarcity in Providence eliminated access to the relationships sustaining them when they needed it most, but this severance from interdependent cultural assets was only temporary. As the GI alleviated financial scarcity and the pandemic's impact waned, participants began reinvesting in cultural assets and engaging with the community around them through civic action and the school district.

In other RCTs testing unconditional cash, the first 6 to 9 months is where most change originates. However, in Providence, with a smaller cash payment in a higher area median income, the time horizon developed differently. Recipients' lives during the first 6 to 9 months of the pilot were characterized by stasis rather than movement, and they remained internally rather than externally focused as a result. Nonetheless, the quantitative findings illustrate that treatment group participants were more likely than control group participants to be able to weather a $400 emergency, more likely to vote in an election, and scored higher on the life attitudes scale which assesses meaning-making and connectedness under duress.[2] Importantly, no significant movement on pathways for hope were statistically significant during this time period. After one year of payments, this trajectory began shifting away from a static environment, however.

At 12 months, GI recipients were still better able to absorb a $400 emergency expense, more likely to sign a petition, and scored higher than control on the pathway domains of the Hope scale. By the last disbursement at 18 months, recipients continued scoring higher on financial well-being and pathways while beginning to reflect a more external rather than internal focus, including a greater likelihood to attend a parent-teacher conference, attend a Parent-Teacher Association community meeting, and were more likely to sign a political petition. In other words, as financial scarcity lifted,

2 One vexing question within social science and economic development is identifying why one individual may respond to severe deprivation with despair, but others hope. Hope is intimately linked with economic mobility (Lybbert & Wydick, 2018), requires antecedents like positive experiences with institutions, community, and relationships (Baker et al., 2018; Castro et al., 2021), the capacity for goal-setting and ability to visualize a pathway during uncertainty (Snyder et al., 1991). The Life Attitudes Scale assesses hope and meaning-making and self-transcendence when a pathway is functionally impossible such as during a pandemic, war or terminal illness (Leung et al., 2021). An emerging body of literature indicates that the life attitudes scale may capture some of the antecedents for hope as pathway within the positive psychology literature.

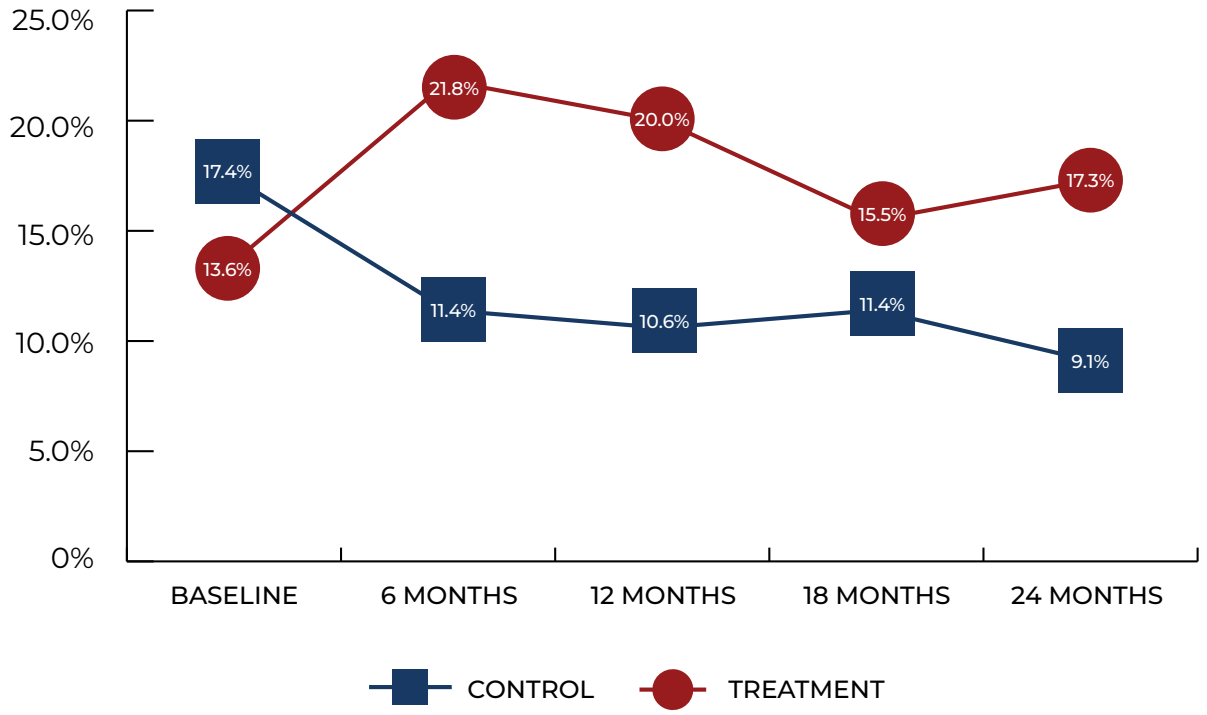
over time recipient perspectives on hope began reflecting movement, and this pathway functioned as a bridge to shift focus back towards community-level investment in the networks around them.

Two years after the start of the pilot and 6 months after the last disbursement, recipients were more likely than control to have the ability to financially support family and friends, were more likely to work or volunteer for a political campaign and were more likely to organize or participate in a protest. Taken together, this trajectory offers unique insights into how unconditional cash, in partnership with government, can foster civic and educational engagement alongside investment in social ties.

The First 6 Months

Small, unexpected expenses can significantly increase the financial strain on low-income households, making it harder for them to manage all types of household costs. A 2023 research report on the Economic Well-Being of U.S. Households by the Federal Reserve System highlighted that 37% of all adults in the United States would need to either borrow money or sell something, or else would be unable to cover a $400 emergency expense (Board of Governors of the Federal Reserve System, 2024). To assess the impact of GI on participants' financial resiliency, additional quantitative analysis was conducted on their ability to cover a $400 emergency expense. Results indicate that although the treatment group was less likely to be able to cover a $400 emergency than the control group at Baseline (13.6% vs. 17.4%, respectively), the GI had significant positive effects on this ability in the later time points.

Figure 3: Ability to Cover a $400 Emergency Expense: Treatment vs. Control (% Yes Responses)



Six months after the first disbursement, the treatment group showed a notable increase in their ability to cover such an expense, while the percentage of control group participants able to do so decreased. At 6 months, 21.82% of the treatment group was able to cover the expense compared to 11.36% in the control group, and this difference was statistically significant (B=1.74, p=0.012). This was maintained at the 12-month mark (B=1.67, p=0.032). At 18 months, the percentage of treatment group participants able to cover this expense dipped but remained higher than that of the control group (15.45% vs. 11.36%, respectively), although this difference was not statistically significant. After 24 months, despite no longer receiving GI payments, the treatment group continued to demonstrate the GI's positive effect (B=1.65, p=0.041) on participants' ability to cover a $400 emergency expense. In other words, the GI led to improvements that lasted beyond the duration of the payments themselves.

The Life Attitudes Scale (LAS) is used in research to assess individuals' overall attitudes toward life, focusing on aspects like meaning, purpose, and personal fulfillment; it has five subscales which evaluate affirmation of meaning and value of life, acceptance, courage, faith, and self-transcendence (Leung et al., 2021). Developed to understand how people can persist and maintain optimism under difficult circumstances with no foreseeable end, higher scores on this scale indicate a protective buffer against stress and hardship.

The Affirmation of Meaning and Value of Life subscale measures a belief in life's inherent purpose and value, regardless of circumstances; Courage assesses willingness to face obstacles while staying true to personal convictions; Faith reflects trust in a higher power during times of doubt; and Self-Transcendence measures an individual's ability to rise above personal limitations, situational constraints, and self-interest to contribute to humanity and make a meaningful difference in the world (Wong et al., 2002). In the study, the Affirmation, Courage, and Faith subscales showed significant improvement in the treatment group at the 6-month mark. This early improvement points to the individual/interior shifts that participants experienced in the initial phases of the pilot. These effects diminished over time, with no sustained long-term impact, and only the 6-month results were statistically significant. Unlike the other subscales, the impact of GI was noticeable on the Self-Transcendence subscale slightly later, specifically at the end of the 12-month mark. Higher scores on this subscale indicate a stronger capacity to focus on the greater good and transcend personal concerns for the benefit of others and society (Wong et al., 2002). The treatment group continued to have a marginally higher score compared to the control group on this subscale throughout the pilot; however, it was not statistically significant. Acceptance did not show any significant impact from the GI treatment in the study.

The effect of the GI on participants' ability to focus on the greater good was particularly evident in how they discussed need and deservingness. Rather than relying on common tropes of deservingness grounded in ideologies of what it means to be a contributing member of society, pilot participants mobilized ideologies of shared humanity to advocate for broader social support within the city, including a GI (Baumberg, 2016; Schneider & Ingram, 1993; Spicker, 1984).

For many participants, watching suffering being worsened by the global pandemic, and experiencing the relief that the GI payments brought, led them to reflect on the uncertainty of the current moment. Piah discussed this uncertainty in relation to people who judge others for needing benefits:

> *Like, that can happen to anyone, that could happen to the same people that judge you... Like now, like the COVID, monkeypox, and everything, that's— In the future, it already started affecting people to COVID but monkeypox, that's gonna be another damage, it's starting already and it's gonna affect people no jobs, and the best job, person that have the best job have to slow down or, or totally stop working. So that's what I'm saying, people never know.*

The concern that Piah expressed led her and other participants to focus less on people's productivity or the work people were doing, and more on their connections to one another. For example, Ryan described the current moment as one in which "the country is not in a good situation, so we all can't be in a good situation." In light of these circumstances, he felt that it was only fair that "everybody should have the help." He noted the sense that people were receiving lower wages relative to rising costs, the battle of everyday circumstances like needing to go to the doctor, or pay for your car, and as a result people were finding themselves unable to pay for the basic things they need to survive, like food:

> *That's, that's one you have to pay for that, and that takes out of your monthly money for food and things like that. So you have to juggle or battle which one you want to pay... This is the type of times we're in, everybody needs it. So I can't specifically bat somebody in, you know, say somebody spends, somebody else or whatever the situation is. Right now, we're all, you know... The country is not in a good situation, so we all can't be in a good situation. I mean, there's some people, good stewards out there that, you know, are rich and have a lot of money, but I feel like everybody needs it. Everybody needs a little help... I feel it should be given to everybody because it's, um... We're just, you know... I feel like as Americans, they're like under attack with, with bills and things that they, you know... Like there's, there's a lot.*

Yasmin, similarly, used her own struggles to consider what it would mean to create a different understanding of who needs support:

> *You would see like, a lot— I—I hear like a lot of people would say, "Oh, they receive this and they don't need it," type of thing. Um, and for me, it's like, coming from a place where I am employed full-time and—and you know, I make a decent amount of money, it's—and I receive those benefits—it's like, it's still a necessity to people.*

The focus on shared humanity, and thus shared suffering through challenging times, also led participants to talk about the GI payments with a desire to pay it forward. Sam, for example, explained that if he were able to get a job and save some money, he would like to call the program and "ask you guys to take me off it and give it to somebody who's in need of it, because I no longer need it." When the interviewer pushed him on this perspective, Sam said that he would not want the GI for the rest of his life because "it would make no sense for me to keep it," that he would,

> *let you guys know that I'm financially stable right now... I'm grateful for what you guys did for me. You guys keep me afloat. Keep my head above the water... So I think you guys could take this and give it to someone who was really needed it at this point.*

Kaylah also said she would like to pay the money forward if she were able to earn $23 or $24 an hour: "And you can say, I'll say, 'Okay, you can give that to someone else, because I'm all set now,' you know."

In the PGIP study, participants' civic engagement was assessed through nine questions regarding their involvement in various political activities. These included voluntary participation in elections; signing petitions; attending protests, political meetings, rallies, or speeches; and other civic actions. Another significant domain of impact in the early stages of the pilot was on how participants engaged as civic actors at the individual level. While we saw a higher percentage of the treatment group reporting engaging in political or civic activities post-Baseline across all nine survey items, at the 6-month mark, we did not see statistically significant impacts on time-consuming, community-oriented civic engagement. However, we found that at the 6-month mark, the treatment group had statistically significant higher rates of having voted in an election when compared to the control group.

Table 7: Civic Engagement

		YES (%)	
	WAVE	CONTROL	TREATMENT
In the past six months, have you voted in an election?	Baseline	40.15	45.45
	6 months	21.21	35.45*
	12 months	25	43.64
	18 months	28.03	41.82
	24 months	18.18	28.18
In the past six months, have you worked or volunteered for a political party or candidate?	Baseline	6.06	5.45
	6 months	3.03	7.27
	12 months	3.79	7.27
	18 months	2.27	6.36
	24 months	1.52	9.09*
In the past six months, have you attended or organized a protest?	Baseline	6.06	5.45
	6 months	3.03	7.27
	12 months	3.79	7.27
	18 months	2.27	6.36
	24 months	1.52	9.09*

*Indicates a statistically significant difference

Table 8: Political Participation

		YES (%)	
	WAVE	CONTROL	TREATMENT
In the past six months, have you signed a paper or online petition?	Baseline	35.61	32.73
	6 months	18.94	24.55
	12 months	18.94	31.82*
	18 months	21.21	30
	24 months	20.45	21.82

As the pilot continued, the findings shifted from interior and individual levels towards community-level outcomes. By the 12-month mark, in addition to voting, the treatment group also had a statistically significant positive outcome in relation to signing petitions on paper and online. While this continues to be an individually based, low barrier-to-entry form of civic engagement, it portended later changes as the treatment group moved from individual-level engagement to more collective and time-consuming activities.

These findings demonstrate a striking emergence of the treatment group participants as civic actors. The level of GI payments was not sufficient to facilitate economic mobility in the face of structural injustices, and thus pilot participants could not escape the material impacts of living under economic scarcity. However, both quantitative and qualitative findings demonstrate that the treatment group experienced a different form of change as a result of the GI—a change in their beliefs around overcoming challenges, their willingness to face obstacles, and in relation to their sense of self vis-à-vis the greater good. This increased ability to view their connection with a shared humanity leads back to the preexisting systems of reciprocity and community survival that the GI payments strengthened.

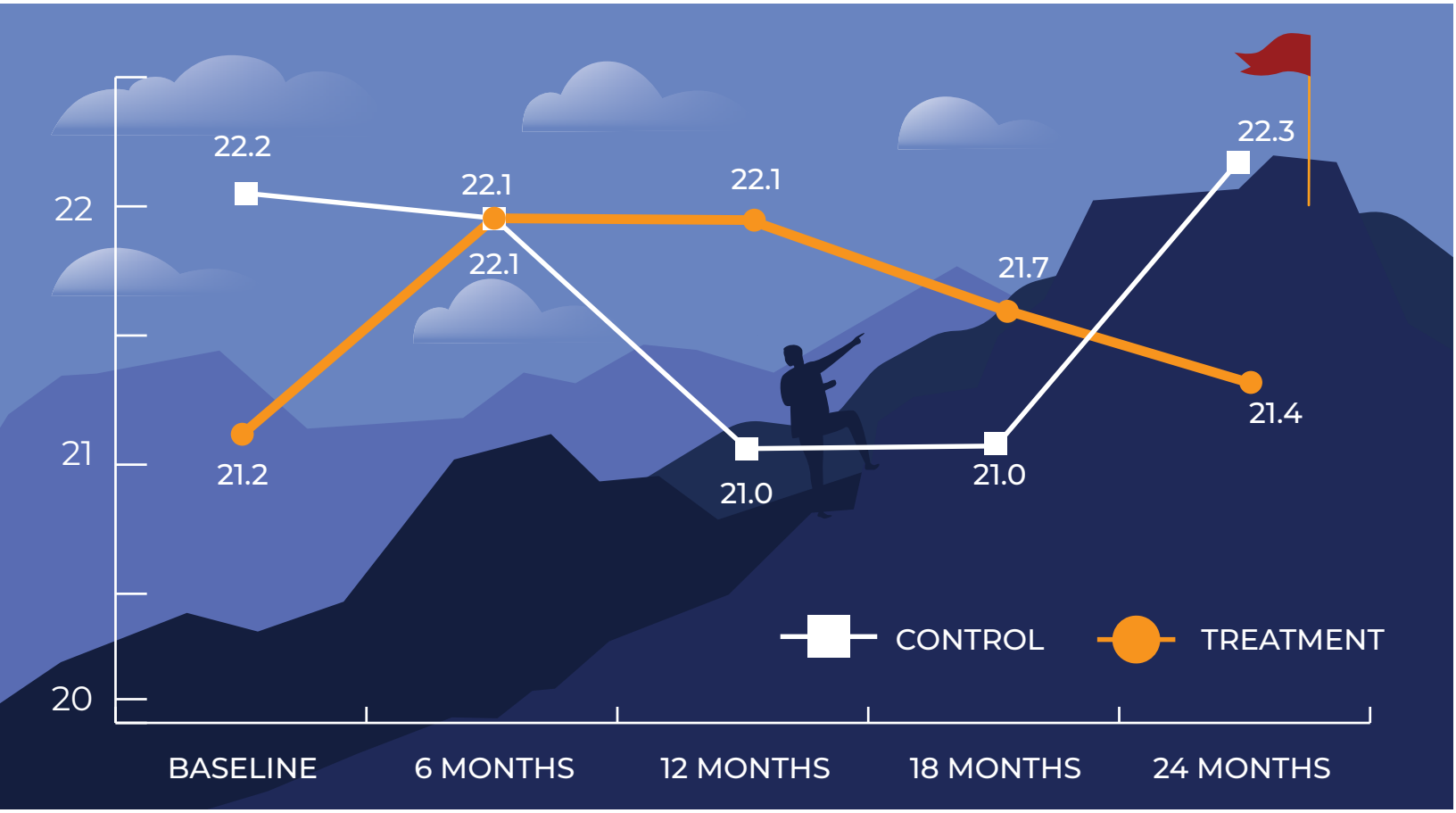
Months 12 Through 18

The Adult Hope Scale is designed to measure a person's dispositional level of hope (Snyder et al., 1991). It consists of two subscales, Pathways and Agency, that reflect critical components of hope. Pathways measures a person's perceived ability to identify multiple ways or strategies to achieve goals. It reflects a person's cognitive flexibility and resourcefulness in thinking of alternative routes to overcome challenges. Higher scores indicate a stronger belief in finding solutions to problems and reaching desired outcomes. The PGIP treatment group initially had a lower average Pathway subscale score than the control group but showed improvements over time. After 12 months and 18 months of GI, the treatment group reported higher Pathways subscores than those of the control group, and this difference was statistically significant. At the 24-month mark, the treatment group's score dropped below the control group, with an estimated impact of 0.07, indicating a slight reduction in the GI treatment effect compared to the previous follow-up, though it was not statistically significant. This suggests that while the GI had a strong medium-term effect on the Pathway subscale, its impact weakened in the long term.

The Agency subscale reflects a person's sense of determination and motivation to achieve their goals (Snyder et al., 1991). It measures the belief in one's ability to initiate and sustain action toward achieving desired outcomes, even in the face of obstacles. Higher scores on this subscale indicate greater confidence and persistence in pursuing goals. Throughout the study, Agency sub-scores ranged from 19 to 21, slightly higher than the middle range. Differences in Agency sub-scores between the control and treatment groups were generally small and not consistent, and did not reach statistical significance.

Total Hope scores, the combined score of both subscales, showed a similar pattern to the Pathway subscale. The treatment group started with a lower total score than the control group at Baseline and 6 months. By 12 and 18 months, the treatment group had higher scores, with a statistically significant difference at the 12-month mark (B=3.37, *p*=0.028). However, by 24 months, the treatment group's score dropped below the control group's. This pattern suggests that while the treatment had a short- to medium-term positive effect on Total Hope, the impact was not sustained beyond the period of GI payments

Figure 4: Hope-Pathways Subscores over Time, Treatment vs. Control



Surviving the COVID-19 pandemic and then receiving GI payments appears to have impacted how pilot participants thought about the future. The statistically significant increases in both Pathways and Total Hope beginning around the 12-month mark demonstrates that participants felt themselves able to set goals for the future and to imagine specific pathways towards those goals. By having many of their basic needs attended to, participants described pathways opening up to meaningfully engage in the political and social lives of their communities.

THE EMERGENCE OF COLLECTIVE CIVIC ACTORS

Traditional political activities, both online and offline, tend to be more prevalent among individuals who are well-educated and financially secure. This disparity is especially evident in activities such as volunteering for political parties or candidates, signing petitions (online or offline), and collaborating with others to address community issues (Smith, 2013).

While at the 6-month survey, the only statistically significant finding in terms of civic action was related to voting, and at the 12-month survey GI recipients were exhibiting higher levels of civic engagement in the domain of petition-signing, by 18 months, we saw a trend as the treatment group demonstrated higher levels of community participation across multiple activities compared to the control group. The treatment group steady increased their contribution to community problem-solving, attendance of political meetings, and in their voter turnout. The treatment group also more frequently participated in activities such as volunteering for political causes, attending protests or rallies, signing petitions, and contacting government officials. These findings do not become statistically significant until the 24-month mark, which we discuss in the next section.

In addition to increased civic engagement via local politics, the qualitative findings show that GI allowed a number of study participants to actively engage in the well-being of their local communities. Although it was not explicitly asked about in the interview guide, many participants independently mentioned their volunteer and community work. Some saw their volunteer work as an alternative to market-based labor—either because they did not feel healthy enough to have a paying job, could not find one, or had retired from full-time work. Lucy, an immigrant in her 70s from the Dutch West Indies, explained how she volunteered her time by serving as an interpreter and connecting new immigrants to the neighborhood with job resources. Bibi, originally from Cape Verde, is a mother of two teenagers and lost her job as a social worker's assistant during the pandemic. She had not been able to find new employment, but with the GI providing some financial support, chose to spend her time volunteering at a local non-profit that runs a soup kitchen and food pantry. While she wishes the volunteer opportunity could become a full-time job, she enjoys being able to help others. For other participants, volunteer work was an additional mechanism by which they tapped into their preexisting networks of reciprocity. For example, the GI gave William the financial stability to spend time as a volunteer coach of a community football league, a position which he felt contributed to his role as a community elder and was his way of giving back when he could not do so financially.

Parents also reported higher levels of engagement with their children's school activities including attending parent-teacher conferences and PTA meetings, as well as participating in other school events. Academic gaps between children from low-income and affluent families are noticeable at the

onset of formal education (Cooper, 2010). Recent studies indicate that parents' management of their children's education plays a crucial role in how poverty impacts early academic performance (Cooper et al., 2010). Several studies have suggested that there is a negative association between family poverty and adult involvement in the child(ren)'s education (Cooper et al., 2010; Crosnoe & Cooper, 2010; McIntyre et al., 2007). One reason for lower parental involvement among lower-income families is that many parents work long hours or multiple shifts, leaving them with little time and energy to engage in school activities. Low parental involvement can be particularly problematic because the start of school marks a critical life transition for young children that involves adapting to a new environment and adjusting to different expectations (Cooper, 2010; Pianta et al., 2007). Insufficient parental involvement during this period appears to have negative consequences for the children.

In the PGIP study, participants' engagement in their children's school activities was evaluated through eight questions for each child in the household. However, this report analyzes responses regarding the first child of the household, since the average number of children for both treatment and control group was one. These questions covered various aspects of involvement, such as attending parent-teacher meetings or conferences, participating in school events like sports and science fairs, and other school-related activities.

Across all eight survey items, a higher percentage of the treatment group reported involvement post-Baseline. At the 18-month mark, GI participants' attendance at PTA meetings and their child's parent-teacher conferences was significantly higher than the control group. Table 9 shows the percentages of involvement in each school activity, with significant differences between the treatment and control groups summarized below.

Table 9: Engagement with Child's School (% Yes Responses) [3]

		CONTROL	TREATMENT
Attended a meeting of the parent-teacher organization or association.	Baseline	23.5	21.8
	12 months	13.6	16.4
	18 months	7.6	19.1
	24 months	12.1	17.3
Gone to a regularly scheduled parent-teacher conference with this child's teacher.	Baseline	22.7	20.9
	12 months	12.9	13.6
	18 months	11.4	23.6
	24 months	11.4	20.0

Consistently engaging in school-based activities over time indicated that families receiving the GI were able to more effectively prioritize their children's education, likely due to reduced financial and time constraints. This does not mean that parents in the control group, or those in the treatment group who

3 Data was not collected at the 6-month mark.

could not participate, did not want to do so or did not care about their children's education. Instead, it suggests that the GI may help relieve some of the mental burden inflicted upon people by the scarcity mindset, offering them slightly more bandwidth, time, and energy to participate in voluntary activities outside of the home and work. GI may also have removed practical barriers to participation, such as the cost of transit, childcare, or giving up extra shifts at work that would otherwise have prohibited or challenged this involvement. Thus, the marginal stability that GI recipients experienced as a result of the payments translated into engagement beyond political action and volunteerism.

24 Months (6 Months Post-GI)

Examples of collective economic and social survival were evident throughout the qualitative data as a practice that predated the receipt of the GI. However, with the extra cash, participants found that they now had some level of money to share with others, which allowed them to give back to the people who had helped them survive and reinforce these critical ties within their community. This increased ability to give back to their networks by helping friends and family remained with the participants even after the GI payments ended.

Despite starting with a lower ability to provide financial help to friends and family compared to the control group at Baseline, the treatment group reported a higher percentage of positive responses than the control group at 24 months. The financial assistance provided by the treatment group covered various categories including housing expenses such as rent, mortgage, or security deposit; monthly bills like phone and utilities; transportation costs such as car repairs, bus passes, or car payments; and education expenses. Additionally, they offered support for childcare and medical expenses. While the percentage of the treatment group who could provide financial assistance to friends and family was generally low (under 16% across all time points), it was stable over time compared to the control group, whose ability to financially help friends and family fluctuated more across all time points.

Meghan has family all over the Providence area. She found that the GI payments allowed her to switch from being someone who predominantly relied on her network for support to being someone who was able to provide support—even if it was small or symbolic. She explained how this dynamic of collective care worked within her family:

> *Oh, wait my parents though, I don't want to rely on them as much.* [laughs] *It's awful, but it's like, why not? But then I also want them to rely on me. Like my mom gave me a ride the other day, and I handed her $20, and she was like, "What is that for?" I said, "You know, for gas?" She was like, "I don't need it." I was like, "Mom, take the $20." She was like, "Okay, you have kids." It's like, I have kids, who cares if I have kids. If I can do it, I'm going to do it.*

For Meghan and her family, surviving economic precarity together was also a demonstration of their affection for one another. Megan's father, knowing that she relies on food stamps to feed her children, cooks for them so that Meghan will not have to. During the GI pilot, Meghan described being able to

give back by bringing her parents their favorite foods when possible. These examples of reclaiming the ability to provide support may appear small, but were incredibly meaningful for program participants, helping them to reengage in networks of reciprocity and shore up their social connections.

Tina similarly explained:

> *Like, I have family who stay with me here and there and, um, there's a lot of things like, when I have it, they have it. If I don't have it, I just don't have it most of the time.*

For Tina, the GI meant that she now had resources that she could spread among her extended family. As both the qualitative and quantitative data suggest, GI may facilitate people's ability to fulfill roles in their communities, participate in mutual aid and collective support activities, and invest in their social networks.

Table 10: Ability to Provide Help to Friends and Family (% Yes Responses)

TIME PERIOD	CONTROL	TREATMENT
Baseline	18.18	13.64
6 months	7.58	16.36
12 months	11.36	14.55
18 months	15.91	15.45
24 months	12.12	15.45

4. Business as Usual: Lessons Learned on the Safety Net

Almost every participant in the qualitative interviews had involvement with at least one benefits program outside of the GI. They described these encounters as both essential to survival and extremely frustrating. Participants expressed a consistent fear that what benefits they were getting would be reduced or cut, and found the mental labor of regular reauthorization to be both arduous and frustrating.

For Samantha, just the labor of the application prevented her from applying for SNAP benefits when she desperately needed them. Samantha described an experience of being on benefits that required her to participate in job training, but she ended up getting kicked out because, according to the instructor, she had the wrong shoes on.

> *So then I got kicked out of the program. I missed my money for two weeks, my kid got his stipend part of it, but the stipend part my family is supposed to get, no, because my shoes, my damn shoes. Ever since that, I will struggle and do almost anything to get assistance that doesn't require me to go into some convoluted educational employment program that never helped me get the job in the first place. But I had to be there.*

She juxtaposed this experience with receiving the GI: "So with this money it's just— You guys gave it to us, and we could spend it on whatever we wanted." For Samantha, this comparison was profound, and she credited the GI program with restoring her self-worth.

> *But that's what works with regular programs, people just judge you. But with the mayoral program, that was like just having, you know, our own money... It gave me a little freedom, it gave me a little. Especially in the beginning of it where we didn't have— Like, it was really needed when I first got it. Like, it really gave me that self-worth back, the system takes so much self-worth away from us. It really does.*

Other participants also described the fear and cognitive load associated with the benefits reauthorization process. The mother of Sam's youngest child receives benefits, and he described this reauthorization process:

> ***Sam:*** *She was on a two-and-half-year wait and then finally she get it. But since I met her, when we were together, every 3 months she has to go back to the office to get it renewed or re-sign or something like that.*
>
> ***Interviewer:*** *Do you feel like they don't trust her?*
>
> ***Sam:*** *No. Not that they don't trust her. It's just, nowadays, it's the system. Yeah.*

Reauthorization concerns are also related to the benefits cliff. Yasmin recently got a promotion at her job and felt significant anxiety leading up to her next SNAP reauthorization. She explained that:

> *I know that when it's time to report my new wages, I probably won't have SNAP anymore and—and possibly the medical, as well. Um, so that, it's been a little—a little bit scary, because I know even with the raise, it's just everything—the cost of everything has gone up. So, it's a little* [brief pause] *challenging to think, you know, like now I have the burden of having to put a budget aside for food, because, you know, it's not—it's not something that I can count on anymore. So, kind of like counting down the months till that has to happen.*

Participants described this feeling as a sense of "not getting ahead" even when one is able to make more money, because "they're gonna take from the other end" (William) and as not helpful because once you start working, "they cut everything" (Dania). Some of the pilot participants experienced benefit cuts that seemed to be related to the pilot itself, with one reporting cuts in their housing subsidy and another reporting a cut in their SSI. Other participants initially expressed anxiety that the GI would result in benefits cuts—for example, Yasmin felt it was ok because the GI amount was greater than her SNAP benefits and worth the risk; luckily, her benefits had not been cut at the time of the interview.

In addition to the mental load of reauthorization, many participants struggled to access benefits. This was particularly true for housing (as discussed above)—both Samantha and Dania have been on the Section 8 waiting list for 8 years—but was also discussed in reference to SSI. Christina, who suffers from severe PTSD after witnessing the violent murder of her mother by her father, has been applying unsuccessfully for Social Security for the past 5 years. Dania viewed the problem as one of demonstrating competency, that "if they see you could work and you could do your own stuff, they don't really help." Dania expressed frustration about the benefits gap that many struggling families fall into in when they are not badly off enough to receive help, but they are also barely surviving.

Participants had a number of strategies for dealing with benefits systems. Daisy Fae, a 31-year-old single mother, explained how and why people have to develop strategies for navigating the benefits system:

> *Selling food stamps and stuff… that happens… you know why? Because the person doesn't have cash but they have plenty of food stamps. And then people, again they'll judge that person, they'll look at that person bad, because they might have sold some of their food stamps, blah blah. Oh, this person's collecting off the government, ta ta. But at the end of the month though they're hungry, they still go hungry because they just sold their food stamps because they needed $150 or whatever to pay the uh, uh, electric bill. And now they're, now they have power but now they can't eat. They're still gonna go hungry because they sold their food stamps. So again, I don't understand the back and forth of the judging, people talking crap. Money is fluid, it balances itself out in your pocket or in your boss's pocket? Most likely your boss's, but it's going to balance itself out, it's gonna come and it's gonna go.*

Daisy Fae's hypothetical of selling food stamps was a strategy that another participant employed when her income and benefits were still not enough to make ends meet. She explained that her housing benefits were less than her rent by less than $100, and in order to cover the rent, she was forced to sell her food stamps or risk eviction for her and her children.

> *We did it. We did it. And I told him the other day, I said you know he's, 449 they used to get went of you, rent was 525, and I used to have to sell the food stamp. Not really sell but, like you know, like a sister in the church and grocery shopping, and she picked up and what the amount she just give me that, that going to the rent.*

When comparing the GI to other benefits programs, one participant described it as comparing "apples to oranges." For her, the GI was effective because "it makes a huge difference when you give people the freedom to do what they need to do with their money."

The results further support existing literature on the dangers of living near the benefits cliff. The current benefits system in the US is structured so that a small increase in income can lead to a large loss in benefits, leaving people ultimately earning less than they were before. GI can mitigate these problems but is not sufficient on its own to resolve these greater systemic issues.

Limitations

While the study offers important insights into the impact of guaranteed income on well-being and quality of life, several limitations must be acknowledged when interpreting the findings. Firstly, the PGIP study sample consists of 242 participants from Providence, all with incomes below 200% of the Federal Poverty Line. While this reflects a specific population, it may not capture the full socio-economic diversity of the city or state, limiting the generalizability of the results. The study also applied weights to ensure balanced representation of ethnicity and race, but this may limit the relevance of the findings to other regions with different demographics.

Secondly, while the MICE method is effective in handling missing data, it is important to acknowledge that no imputation technique is entirely without uncertainty. Despite thorough validation and checks, the imputed values may not fully capture the actual underlying patterns, which should be kept in mind when interpreting the findings.

Furthermore, the use of LMMs comes with some assumptions that might not always hold, and violations of these assumptions can lead to biased estimates, reduced accuracy, and challenges in interpreting the model's results. These limitations should be taken into account.

Finally, the intervention and study took place during the COVID-19 pandemic, which significantly affected individual and community well-being. Therefore, the findings should be interpreted with this context in mind.

Discussion

Social and economic disparities, particularly related to housing and employment, have been integral to Providence's landscape since its foundation centuries ago. Far from diminishing in recent years, they were exacerbated and thrown into sharp relief by the 2008 financial crisis and the COVID-19 pandemic. Access to material assets, such as housing, was not simply a matter of affordability and access, but supply. In this context of severe material hardship and poverty, the results of the PGIP study illustrate the limitations as well as the non-material benefits of direct cash transfers.

The results beg the question, "What would have happened to people without the GI?"

Participants were keenly aware of these structural flaws and injustices, and their impact of daily material realities. While the GI was appreciated and useful for covering basic needs, it was not regarded as a way out of poverty or a facilitator for upward mobility. On first glance, these results may make it appear as if the GI did not have any positive effects, and that the pilot was unsuccessful. However, success in this context is not necessarily about getting ahead, but rather about not falling behind. Given the rising inflation and housing costs that occurred during the pilot, not earning extra money could have left participants even further in poverty than they already were. GI helped maintain stability while they fought against a current that perpetually pushed them back. It granted participants space to breathe and think beyond immediate survival. In some cases, it allowed people to maintain housing, relationships, and some level of the stability that they had worked so hard to achieve.

While many participants, of course, desired an improvement in material circumstances and strive to be upwardly mobile, success was imagined in many non-material ways that reflected participants' values and challenged the traditional markers of success as defined by capitalism. This can be understood through the theoretical framework of tragic optimism, which measures a sense of meaning in life and connectedness with humanity in dire situations with no discernable end point (Leung, 2019; Leung et al., 2021). This approach is far from learned helplessness and hopelessness. Participants were keenly aware of what they wanted, what got in the way of achieving some of those things, and what they could do instead.

Employment, financial success, and material wealth are often considered the hallmarks of success in a capitalist culture. However, the GI allowed treatment group participants to act upon their values and redefine personal worth outside of paid labor. Prior to the pilot, participants were already utilizing collective caring and mutual aid strategies to survive as a community, in response to an economic system designed without and against them. The strength of these efforts was bolstered by GI, suggesting that the impact of GI extends far beyond the individual receiving payments.

While treatment group participants were more able to cover emergency expenses and support friends and family financially, GI's ripple effect does not just pertain to money. Participants reported that more than anything, they valued being present in their children's lives and in their communities, but did not have the means to act upon these desires due the perpetual need to work or the constant stress of scarcity. GI allowed participants to spend more time with children and their families, to give back to their communities, and to participate in the political process. These results show that the

scarcity mindset inflicted upon people living in poverty does not take away political will and opinion, but rather drains people of the energy needed to get involved and take action and erodes feelings of hope and power that are essential to acting upon these values. The results of this pilot invite us to wonder what else these participants could do if their financial strain, including housing and food insecurity, were further alleviated.

Center for Guaranteed Income Research

The Center for Guaranteed Income Research (CGIR) was established in 2020 at the University of Pennsylvania School of Social Policy & Practice with the aim of developing a shared body of knowledge on unconditional cash transfers.

At CGIR, distinguished academics and professionals in this field lead pilot guaranteed income programs and oversee the planning and implementation of research initiatives. CGIR is led by two Founding Directors: Dr. Amy Castro, Associate Professor of Social Policy & Practice at the University of Pennsylvania, and Dr. Stacia West, who holds a faculty fellowship at the University of Pennsylvania in addition to her primary role as an Associate Professor at the College of Social Work at the University of Tennessee-Knoxville.

CGIR conducts applied cash transfer studies and pilot designs that contribute to the empirical scholarship on cash, economic mobility, poverty, and narrative change. Our investigations build upon existing literature on cash transfers and incorporate evaluation practices and lessons learned from our previous research on guaranteed income and the gender and racial wealth gap.

All of our research is grounded in Durr's (1993) fundamental question: "What influences policy sentiment?" With this in mind, we are committed to conducting public science that challenges prevailing narratives surrounding poverty, deservedness, and economic mobility, utilizing diverse approaches such as multi-site ethnography, politically-driven sampling, and data visualization.

Our dashboards, created in partnership with Stanford Basic Income Lab, feature filters at the pilot level, allowing individuals to access and compare information while obtaining detailed insight into our investigations.

Please direct all inquiries about this study to:

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References

A & L Tirocchi Dressmakers Project. (n.d.-a). *Providence: Part 2*. 514 Broadway. http://tirocchi.stg.brown.edu/514/story/providence_2.html

A & L Tirocchi Dressmakers Project. (n.d.-b). *Providence: Part 3*. 514 Broadway. http://tirocchi.stg.brown.edu/514/story/providence_3.html

AAPI History Museum. (n.d.). *How was Providence involved in the China trade?* (n.d.). AAPI History Museum. https://aapihistorymuseum.org/the-first-chinese-american/

Abdul-Hakim, G., Tadesse, L., Norwood, M., & Weintraub, A. (2023, January 31). Providence establishes reparations program to praise and criticism. *ABC News*. https://abcnews.go.com/US/providence-establishes-reparations-program-praise-criticism/story?id=96662287

Abramovitz, M. (1996). *Regulating the lives of women: Social welfare policy from colonial times to the present* (2nd ed.). South End Press. https://openlibrary.org/books/OL972321M/Regulating_the_lives_of_women

ABT Associates. (2023). *Data analysis plan: Mayors for a Guaranteed Income pilot evaluations*. University of Pennsylvania, Center for Guaranteed Income Research. https://www.penncgir.org/s/MGI_data_analysis_plan-wcj5.pdf

Akee, R. (2018, July 5). *How do we get more young people to vote as adults? Cash transfers to their parents could help*. The Brookings Institution. https://www.brookings.edu/articles/how-do-we-get-more-young-people-to-vote-as-adults-cash-transfers-to-their-parents-could-help/

Akee, R., Copeland, W., Costello, E. J., Holbein, J. B., & Simeonova, E. (2018). *Family income and the intergenerational transmission of voting behavior: Evidence from an income intervention* (NBER Working Paper Series No. 24770). National Bureau of Economic Research. http://www.nber.org/papers/w24770

Azur, M. J., Stuart, E. A., Frangakis, C., & Leaf, P. J. (2011). Multiple imputation by chained equations: What is it and how does it work? *International Journal of Methods in Psychiatric Research*, *20*(1), 40–49. https://doi.org/10.1002/mpr.329

Baker, A. C., Grinell-Davis, C. L., Ma, C., & Bragg, J. E. (2021). Revisiting hope's third pillar: Mattering, spirituality, and social connectedness among financially marginalized households. *Journal of Human Behavior in the Social Environment, 31*(5), 551–563. https://doi.org/10.1080/10911359.2020.1799898

Ballentine, K., Goodkind, S., & Shook, J. (2022). How low-paid parents navigate the complex financial landscape of benefits cliffs and disincentive deserts. *Health Affairs (Project Hope)*, *41*(12), 1707–1714. https://doi.org/10.1377/hlthaff.2022.00742

Baumberg, B. (2016). The stigma of claiming benefits: A quantitative study. *Journal of Social Policy*, *45*(2), 181–199. https://doi.org/10.1017/s0047279415000525

Board of Governors of the Federal Reserve System. (2024). *Economic well-being of U.S. households in 2023*. Federal Reserve System. https://www.federalreserve.gov/publications/files/2023-report-economic-well-being-us-households-202405.pdf

Botelho, D. (2022, June 1). Ten of thousands on waitlist for housing vouchers in Rhode Island. *ABC6*. https://www.abc6.com/ten-of-thousands-on-waitlist-for-housing-vouchers-in-rhode-island/

Bourne, A. M., Brown, K., & Clement, B. (2019). *2019 housing fact book*. HousingWorks RI at Roger Williams University. https://d337wih8hx5yft.cloudfront.net/documents/Housing-Fact-Books/HFB2019_compressed.pdf

Bourne, A. M., Clement, B., Cola, A., & Kelley, B. (2022). *2022 housing fact book*. HousingWorks RI at Roger Williams University. https://d337wih8hx5yft.cloudfront.net/documents/Housing-Fact-Books/HFB22_digital.pdf

Bourne, A. M., Clement, B., Cola, A., & Kelley, B. (2023). *2023 Housing Fact Book*. HousingWorks RI at Roger Williams University. https://d337wih8hx5yft.cloudfront.net/documents/Housing-Fact-Books/2023HFB.pdf

Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). American Psychological Association. https://psycnet.apa.org/doi/10.1037/13620-004

Calarco, J. M., Meanwell, E., Anderson, E. M., & Knopf, A. S. (2021). By default: How mothers in different-sex dual-earner couples account for inequalities in pandemic parenting. *Socius: Sociological Research for a Dynamic World*, *7*, 237802312110387. https://doi.org/10.1177/23780231211038783

Castro, A., Ma, C., Davis, C. G., & Cusack, M. (2021). Hope, mattering, and pathways towards economic agency among financially marginalized adults. *Social Policy in Social Work Education and Practice—Innovative Approaches, 19*(2). https://chost53.zim.uni-wuppertal.de/ejournals/index.php/sws/article/view/744

Center for Guaranteed Income Research, Stanford Basic Income Lab, and Mayors for a Guaranteed Income. (n.d.). Providence Guaranteed Income Program. Guaranteed Income Pilots Dashboard. https://guaranteedincome.us/providence

Center for Neighborhood Technology. (n.d.). *H+T fact sheet: Providence, RI*. H+T Affordability Index. https://htaindex.cnt.org/fact-sheets/?focus=place&gid=23273

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). SAGE Publications.

Collins, C., Landivar, L. C., Ruppanner, L., & Scarborough, W. J. (2021). COVID-19 and the gender gap in work hours. *Gender, Work, and Organization*, *28*(Suppl 1), 101–112. https://doi.org/10.1111/gwao.12506

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior, 24*(4), 385–396. https://doi.org/10.2307/2136404

Consumer Financial Protection Bureau. (2015). *Measuring financial well-being: A guide to using the CFPB Financial Well-Being Scale*. https://www.consumerfinance.gov/data-research/research-reports/financial-well-being-scale/

Cooper, C. E. (2010). Family poverty, school-based parental involvement, and policy-focused protective factors in kindergarten. *Early Childhood Research Quarterly*, *25*(4), 480–492. https://doi.org/10.1016/j.ecresq.2010.03.005

Cooper, C. E., Crosnoe, R., Suizzo, M.-A., & Pituch, K. A. (2010). Poverty, race, and parental involvement during the transition to elementary school. *Journal of Family Issues*, *31*(7), 859–883. https://doi.org/10.1177/0192513x09351515

Crosnoe, R., & Cooper, C. E. (2010). Economically disadvantaged children's transitions into elementary school: Linking family processes, school contexts, and educational policy. *American Educational Research Journal*, *47*(2), 258–291. https://doi.org/10.3102/0002831209351564

Data USA. (2022). *Providence, RI*. [Data set]. https://datausa.io/profile/geo/providence-ri/

Department of Labor and Training. (n.d.). *Minimum wage*. State of Rhode Island. https://dlt.ri.gov/regulation-and-safety/labor-standards/minimum-wage

Desmond, M. (2012). Eviction and the reproduction of urban poverty. *American Journal of Sociology, 118*(1), 88–133. https://doi.org/10.1086/666082

Dias, F. A. (2021). The racial gap in employment and layoffs during COVID-19 in the United States: A visualization. *Socius: Sociological Research for a Dynamic World*, *7*, 2378023120988397. https://doi.org/10.1177/2378023120988397

Dunn, C. (2016, October 27). Providence Housing Authority waiting list will open in November. *The Providence Journal*. https://www.providencejournal.com/story/news/2016/10/27/providence-housing-authority-waiting-list-will-open-in-november/24663329007/

Durr, R. H. (1993). What moves policy sentiment? *American Political Science Review, 87*(1), 158–170. https://doi.org/10.2307/2938963

Encyclopedia Brittanica. (2024, September 7). *Brown University*. Encyclopedia Britannica. https://www.britannica.com/topic/Brown-University

Elmi, S., Currier, C., & Key, C. (2017, March 9). *How income volatility interacts with American families' financial security*. The Pew Charitable Trusts. http://pew.org/2nf1hDl

Faberman, R. J., Mueller, A. I., & Şahin, A. (2022). *Has the willingness to work fallen during the COVID pandemic?* (NBER Working Paper Series No. 29784). National Bureau of Economic Research. https://www.nber.org/papers/w29784

Fields, D. (2018). Constructing a new asset class: Property-led financial accumulation after the crisis. *Economic Geography*, *94*(2), 118–140. https://doi.org/10.1080/00130095.2017.1397492

Filindra, A., & Orr, M. (2013). Anxieties of an ethnic transition: The election of the first Latino mayor

in Providence, Rhode Island. *Urban Affairs Review (Thousand Oaks, Calif.)*, *49*(1), 3–31. https://doi.org/10.1177/1078087412462449

Fraser, N., & Gordon, L. (1994). A genealogy of dependency: Tracing a keyword of the U.S. welfare state. *Signs*, *19*(2), 309–336. https://doi.org/10.1086/494886

Getz, D., & Page, S. J. (2016). Progress and prospects for event tourism research. *Tourism Management*, *52*, 593–631. https://doi.org/10.1016/j.tourman.2015.03.007

Greenfield, B. (2019). Marketing the past. In *Giving preservation a history* (2nd ed., pp. 101–122). Routledge. https://doi.org/10.4324/9780429398896-5

Heinrich, C. J. (2016). The bite of administrative burden: A theoretical and empirical investigation. *Journal of Public Administration Research and Theory: J-PART*, *26*(3), 403–420. https://doi.org/10.1093/jopart/muv034

Ho, E. L., & Maddrell, A. (2021). Intolerable intersectional burdens: A COVID-19 research agenda for social and cultural geographies. *Social & Cultural Geography*, *22*(1), 1–10. https://doi.org/10.1080/14649365.2020.1837215

HousingWorks RI. (2023, April 24). *Providence RI*. HousingWorks RI. https://www.housingworksri.org/local-housing-facts/providence-ri

Institute for Research on Poverty. (n.d.) *What are poverty thresholds and poverty guidelines?* Institute for Research on Poverty. https://www.irp.wisc.edu/resources/what-are-poverty-thresholds-and-poverty-guidelines/

Jerzyk, M. (2009). Gentrification's third way: An analysis of housing policy & gentrification in Providence. *Harvard Law & Policy Review*, *3*, 413–429. https://journals.law.harvard.edu/lpr/wp-content/uploads/sites/89/2013/05/3.2_9_Jerzyk.pdf

Kaufman, G., & Taniguchi, H. (2021). Working from home and changes in work characteristics during COVID-19. *Socius: Sociological Research for a Dynamic World*, *7*, 237802312110527. https://doi.org/10.1177/23780231211052784

Kernan, J. (2014, January 22). Providence once "Ellis Island" to Southern New England. *Cranston Herald*. https://cranstononline.com/stories/providence-once-ellis-island-to-southern-new-england,89250

Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., Howes, M. J., Normand, S.-L. T., Manderscheid, R. W., Walters, E. E., & Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry, 60*(2), 184–189. https://doi.org/10.1001/archpsyc.60.2.184

King, M. (1882). *King's pocketbook of Providence*. Franklin Press: Rand, Avery, & Co.

Landeck, K. (2024, February 12). How did Black people immigrate to RI? And why did they settle mostly in Providence? *The Providence Journal*. https://www.providencejournal.com/story/news/history/2024/02/12/how-did-black-people-immigrate-to-ri-and-why-did-they-move-to-

pvd/72484285007/

Leslie, A. (2024, May 20). Providence rent control debate intensifies with skyrocketing costs. *WPRI.com*. https://www.wpri.com/target-12/housing-crisis/providence-rent-control-debate-intensifies-with-skyrocketing-costs/

Leung, M. M. (2019). Tragic optimism: An integrative meaning-centred approach to trauma treatment. *Counselling Psychology Quarterly*, *32*(3–4), 529–547. https://doi.org/10.1080/09515070.2019.1633497

Leung, M. M., Arslan, G., & Wong, P. T. P. (2021). Tragic optimism as a buffer against COVID-19 suffering and the psychometric properties of a brief version of the Life Attitudes Scale. *Frontiers in Psychology*, *12*, 646843. https://doi.org/10.3389/fpsyg.2021.646843

Library of Congress (n.d.). *Today in history—February 5*. Library of Congress. https://www.loc.gov/item/today-in-history/february-05/

Lister, R. (1997). Citizenship: Towards a feminist synthesis. *Feminist Review*, *57*(1), 28–48. https://doi.org/10.1080/014177897339641

Lloyd, C. M., Shaw, S., Sanders, M., Abdul-Masih, M., & Schaefer, C. (2022). *Reimagining Black families' cultural assets can inform policies and practices that enhance their well-being*. Child Trends. https://www.childtrends.org/publications/reimagining-black-families-cultural-assets-can-inform-policies-and-practices-that-enhance-their-well-being

Lomnitz, L. A. (2014). *Networks and marginality: Life in a Mexican shantytown*. Academic Press.

Lybbert, T. J., & Wydick, B. (2018). Poverty, aspirations, and the economics of hope. *Economic Development and Cultural Change*, *66*(4), 709–753. https://doi.org/10.1086/696968

Maddox, T. (2024). *A home away from home*. University of Pennsylvania Press.

Malmendier, U. (2021). *Exposure, experience, and expertise: Why personal histories matter in economics* (NBER Working Paper Series No. 29336). National Bureau of Economic Research. https://www.nber.org/papers/w29336

Mani, A., Mullainathan, S., Shafir, E., & Zhao, J. (2013). Poverty impedes cognitive function. *Science*, *341*(6149), 976–980. https://doi.org/10.1126/science.1238041

Matheny, A. P., Wachs, T. D., Ludwig, J. L., & Phillips, K. (1995). Bringing order out of chaos: Psychometric characteristics of the Confusion, Hubbub, and Order Scale. *Journal of Applied Developmental Psychology, 16*(3), 429–444. https://doi.org/10.1016/0193-3973(95)90028-4

Margulies, J. (2021, November 15). *A path to neighborhood power*. Boston Review. https://www.bostonreview.net/articles/a-path-to-neighborhood-power/

McIntyre, L. L., Eckert, T. L., Fiese, B. H., DiGennaro, F. D., & Wildenger, L. K. (2007). Transition to kindergarten: Family experiences and involvement. *Early Childhood Education Journal*, *35*(1), 83–88. https://doi.org/10.1007/s10643-007-0175-6

Mead, J. P., Fisher, Z., Tree, J. J., Wong, P. T. P., & Kemp, A. H. (2021). Protectors of wellbeing during the COVID-19 pandemic: Key roles for gratitude and tragic optimism in a UK-based cohort. *Frontiers in Psychology*, *12*, 647951. https://doi.org/10.3389/fpsyg.2021.647951

Michael Collins, J., & Urban, C. (2020). Measuring financial well-being over the lifecourse. *European Journal of Finance*, *26*(4–5), 341–359. https://doi.org/10.1080/1351847x.2019.1682631

Moen, P., Pedtke, J. H., & Flood, S. (2020). Disparate disruptions: Intersectional COVID-19 employment effects by age, gender, education, and race/ethnicity. *Work, Aging and Retirement*, *6*(4), 207–228. https://doi.org/10.1093/workar/waaa013

Motte, M. T., & Weil, L. A. (2000). Of railroads and regime shifts. *Cities (London, England)*, *17*(1), 7–18. https://doi.org/10.1016/s0264-2751(99)00048-7

Mould, O., Cole, J., Badger, A., & Brown, P. (2022). Solidarity, not charity: Learning the lessons of the COVID-19 pandemic to reconceptualise the radicality of mutual aid. *Transactions (Institute of British Geographers: 1965)*, *47*(4), 866–879. https://doi.org/10.1111/tran.12553

National Center for Homeless Education. (n.d.). *The McKinney-Vento definition of homeless*. https://nche.ed.gov/mckinney-vento-definition/

Narragansett Indian Tribe. (2016, November 9). *Early History*. Narragansett Indian Tribe. https://narragansettindiannation.org/history/early/

Newman, K. S. (2000). *No shame in my game: The working poor in the inner city*. Vintage.

Newman, K. S. (2020). Ties that bind/unwind: The social, economic, and organizational contexts of sharing networks. *The ANNALS of the American Academy of Political and Social Science, 689*(1), 192–201.

Office of Policy Development and Research. (2014, September 22). *Rental burdens: Rethinking affordability measures*. U.S. Department of Housing and Urban Development. https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html

Office of Policy Development and Research. (2022). *Comprehensive housing market analysis Rhode Island*. U.S. Department of Housing and Urban Development. https://www.huduser.gov/portal/publications/pdf/RhodeIsland-CHMA-22.pdf

Ogurlu, U., Garbe, A., Logan, N., & Cook, P. (2020). Parents' experiences with remote education during COVID-19 school closures. *American Journal of Qualitative Research*, *4*(3). https://doi.org/10.29333/ajqr/8471

Parker, P. E. (2023, September 4). How Rhode Island's labor union strikes shaped the workplace today. *The Providence Journal*. https://www.providencejournal.com/story/news/local/2023/09/04/how-rhode-islands-labor-union-strikes-shaped-the-workplace-today/70727544007/

Pianta, R. C., Cox, M. J., & Snow, K. L. (Eds.). (2007). *School readiness and the transition to kindergarten in the era of accountability*. Paul H. Brookes Publishing Co. https://products.brookespublishing.com/

School-Readiness-and-the-Transition-to-Kindergarten-in-the-Era-of-Accountability-P212.aspx

Pickens, K. (2022, April 27). “The magnitude of the community that we had”: Fox Point, gentrification, urban renewal. *The Brown Daily Herald*. https://www.browndailyherald.com/article/2022/04/the-magnitude-of-the-community-that-we-had-fox-point-gentrification-urban-renewal

Pinheiro, J. C., & Bates, D. M. (2000). Linear mixed-effects models: Basic concepts and examples. In *Mixed-effects models in S and S-PLUS* (pp. 3–56). Springer. https://doi.org/10.1007/0-387-22747-4_1

Ponterotto, J. G. (2006). Brief note on the origins, evolution, and meaning of the qualitative research concept “thick description.” *The Qualitative Report, 11*(3), 538–549. https://doi.org/10.46743/2160-3715/2006.1666

Providence affordable housing report: Q1 2023. (2023, April 1). PadSplit. https://www.padsplit.com/markets/providence-ri

Providence Housing Authority. (n.d.). *Waiting list*. The Providence Housing Authority. https://provhousing.org/prospective-residents/waiting-list/

Providence losing a bridge to gain a riverbank. (1985, September 1). *The New York Times*. https://www.nytimes.com/1985/09/01/us/providence-losing-a-bridge-to-gain-a-riverbank.html

Providence, RI housing market. (n.d.). Redfin. https://www.redfin.com/city/15272/RI/Providence/housing-market

Providence Working Waterfront Alliance. (2007). *History*. Providence Working Waterfront Alliance. https://providenceworkingwaterfront.org/index.php/providences-working-waterfront/history/

RAND. (n.d.). *36-Item Short Form survey (SF-36) scoring instructions*. RAND. https://www.rand.org/health-care/surveys_tools/mos/36-item-short-form/scoring.html

Raudenbush, D. (2020). *Health care off the books: Poverty, illness, and strategies for survival in urban America*. University of California Press.

Rhode Island Foundation. (2023). *Housing supply and homelessness in Rhode Island*. Rhode Island Foundation. https://assets.rifoundation.org/documents/RI-Foundation-Coalition-x-BCG-Final-Report-April-2023-FINAL.pdf

R.I. Labor Market Information Division. (2024). *Rhode Island employment trends and workforce issues*. Rhode Island Department of Labor & Training.

Rhode Island’s industrial revolution. (2018, February 20). Everyday Anthropology. https://anthrospin.com/2018/02/20/rhode-islands-industrial-revolution/

Saldaña, J. (2021). *The coding manual for qualitative researchers* (4th ed.). SAGE Publications.

Salkind, M. (2013). Scale, sociality and serendipity in Providence, Rhode Island’s post-industrial Renaissance. In *Creative economies in post-industrial cities* (1st ed., pp. 33–57). Routledge. https://doi.org/10.4324/9781315574677

Sanders, H. T. (2014). *Convention center follies*. University of Pennsylvania Press. https://www.pennpress.org/9780812245776/convention-center-follies/

Sayre, G. M. (2023). The costs of insecurity: Pay volatility and health outcomes. *The Journal of Applied Psychology*, *108*(7), 1223–1243. https://doi.org/10.1037/apl0001062

Schneider, A., & Ingram, H. (1993). Social construction of target populations: Implications for politics and policy. *The American Political Science Review*, *87*(2), 334–347. https://doi.org/10.2307/2939044

Schudde, L., Castillo, S., Shook, L., & Jabbar, H. (2022). The age of satisficing? Juggling work, education, and competing priorities during the COVID-19 pandemic. *Socius: Sociological Research for a Dynamic World*, *8*, 237802312210884. https://doi.org/10.1177/23780231221088438

Shah, A. K., Mullainathan, S., & Shafir, E. (2012). Some consequences of having too little. *Science (New York, N.Y.)*, *338*(6107), 682–685. https://doi.org/10.1126/science.1222426

Smith, A. (2013, April 25). *Civic engagement in the digital age*. Pew Research Center. https://www.pewresearch.org/internet/2013/04/25/civic-engagement-in-the-digital-age-2/

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, *60*(4), 570–585. https://psycnet-apa-org.proxy.library.upenn.edu/record/1991-17270-001

Spade, D. (2020). Solidarity not charity: Mutual aid for mobilization and survival. *Social Text*, *38*(1), 131–151. https://doi.org/10.1215/01642472-7971139

Spicker, P. (1984). *Stigma and social welfare*. St. Martin's Press.

Springer, S. (2020). Caring geographies: The COVID-19 interregnum and a return to mutual aid. *Dialogues in Human Geography*, *10*(2), 112–115. https://doi.org/10.1177/2043820620931277

Stack, C. (1974). *All our kin: Strategies for survival in a Black community*. Harper & Row. https://www.goodreads.com/book/show/136871.All_Our_Kin

Stokes, K. W., & Stokes, T. Z. (2021). *A matter of truth*. Rhode Island Black Heritage Society & 1696 Heritage Group. https://www.providenceri.gov/wp-content/uploads/2021/06/Matter-of-Truth2.pdf

Strongin, F. (2018). *"You don't have a problem until you do": Revitalization and gentrification in Providence, Rhode Island*. HousingWorks RI at Roger Williams University. https://d337wih8hx5yft.cloudfront.net/documents/HWRI_gentrification-brief_FINAL_no-printer-marks.pdf

Tashakkori, A., & Teddlie, C. (2009). Integrating qualitative and quantitative approaches to research. In *The SAGE handbook of applied social research methods* (2nd ed., pp. 283–317). SAGE Publications. https://sk.sagepub.com/reference/the-sage-handbook-of-applied-social-research-methods-2e

U.S. Bureau of Labor Statistics. (2024). *Providence area economic summary*. U.S. Bureau of Labor Statistics. https://www.bls.gov/regions/northeast/summary/blssummary_providence.pdf

U.S. Census Bureau. (2022). *Providence city, Rhode Island* [Data set]. https://data.census.gov/profile/Providence_city,_Rhode_Island?g=160XX00US4459000#populations-and-people

U.S. Census Bureau. (2023a). *Geographic mobility by selected characteristics in the United States* [Data set]. https://data.census.gov/table/ACSST1Y2023.S0701?g=160XX00US4459000

U.S. Census Bureau. (2023b). *QuickFacts: Providence County, Rhode Island* [Data set]. https://www.census.gov/quickfacts/fact/table/providencecityrhodeisland,providencecountyrhodeisland,US/PST045223

U.S. Department of Agriculture Food and Nutrition Service. (2023). SNAP benefits – COVID-19 pandemic and beyond. https://www.fns.usda.gov/snap/benefit-changes-2021#:~:text=The%2015%25%20increase%20expired%20for,to%20purchase%20a%20healthy%20diet

U.S. Department of Housing and Urban Development. (n.d.). *Four categories of the homeless definition*. HUD Exchange. https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/

U.S. Department of Housing and Urban Development. (2024). *FY2024 small area FMRs for 02903, 02906, 02907, 02908, 02909, 02912* [Data set]. U.S. Department of Housing and Urban Development. https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary_sa.odn

Velasco, R. (2024, April 24). Providence asking rents had highest hike in the nation over last year, report says. *The Providence Journal*. https://www.providencejournal.com/story/news/2024/04/24/providence-ri-rent-prices-housing-report/73367621007/

Warren, J. A. (2018). *God, war, and Providence: The epic struggle of Roger Williams and the Narragansett Indians against the Puritans of New England*. Scribner. https://www.amazon.com/God-War-Providence-Struggle-Narragansett/dp/150118041X

Warren, J. A. (2020, December 19). *The great swamp massacre, a conversation with James A. Warren*. The Rhode Island Historical Society. https://www.rihs.org/the-great-swamp-massacre-a-conversation-with-james-a-warren/

Warren, J. W. (2024, July 13). King Philip's war. *Encyclopedia Britannica*. https://www.britannica.com/event/King-Philips-War

West, S., & Castro, A. (2023). Impact of guaranteed income on health, finances, and agency: Findings from the Stockton Randomized Controlled Trial. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, *100*(2), 227–244. https://doi.org/10.1007/s11524-023-00723-0

West, S., Castro, A., & Doraiswamy, P. M. (2023). Recurring cash transfers to enhance the mental wellbeing of Americans. *Nature Mental Health*, *1*(3), 148–150. https://doi.org/10.1038/s44220-023-00025-z

Wilson, W. J. (2012). *The truly disadvantaged: The inner city, the underclass, and public policy* (2nd ed.). University of Chicago Press.

Wong, P. T. P., Leung, M., Steinfort, T., & Vroon, E. J. (2002). *Life Attitudes Scale*. http://www.drpaulwong.

com/documents/wong-scales/life-attitudes-scale.pdf

Yeager, D. S., Krosnick, J. A., Chang, L., Javitz, H. S., Levendusky, M. S., Simpser, A., & Wang, R. (2011). Comparing the accuracy of RDD telephone surveys and internet surveys conducted with probability and non-probability samples. *Public Opinion Quarterly*, *75*(4), 709–747. https://doi.org/10.1093/poq/nfr020

Appendix A:

Table 11. Sample Attrition (in %)

TIME PERIOD	TREATMENT	CONTROL	OVERALL ATTRITION	DIFFERENTIAL ATTRITION
Baseline	110	132		
6 months	62	56	51.24	13.94
12 months	89	73	33.06	25.61
18 months	86	68	36.36	26.67
24 months	84	66	38.02	26.36

Appendix B: Outcomes

Table 12. Comparative Analysis of Select Outcome Measures: Control vs. Treatment

OUTCOME	CONTROL	TREATMENT	ESTIMATED IMPACT	95% LOWER CI	95% UPPER CI	STANDARD ERROR (ROBUST)
PERCEIVED STRESS LEVELS						
Baseline	8.51	8.44	-0.07	-0.84	0.70	0.39
6 months	7.66	7.44	-0.15	-1.02	0.72	0.45
12 months	8.16	7.90	-0.19	-1.00	0.63	0.41
18 months	8.17	8.12	0.02	-0.84	0.87	0.43
24 months	8.10	7.90	-0.13	-1.04	0.79	0.47
KESSLER PSYCHOLOGICAL DISTRESS						
Baseline	25.32	23.90	-1.42	-4.16	1.32	1.40
6 months	23.33	21.19	-0.72	-2.80	1.37	1.06
12 months	25.23	22.92	-0.90	-3.36	1.57	1.26
18 months	24.61	24.47	1.28	-1.07	3.64	1.20
24 months	24.45	23.50	0.46	-1.97	2.90	1.24
CHAOS						
Baseline	28.33	28.83	0.49	-1.34	2.33	0.94
6 months	29.88	27.44	[-2.94]**	-4.73	-1.14	0.91
12 months	29.39	29.04	-0.84	-2.49	0.80	0.84
18 months	29.80	30.68	0.39	-1.53	2.31	0.98
24 months	29.90	30.13	-0.27	-2.19	1.65	0.98

OUTCOME	CONTROL	TREATMENT	ESTIMATED IMPACT	95% LOWER CI	95% UPPER CI	STANDARD ERROR (ROBUST)
AVERAGE GENERAL HEALTH						
Baseline	53.18	56.55	3.36	-3.04	9.77	3.27
6 months	57.50	59.73	-1.14	-5.99	3.72	2.48
12 months	56.82	57.14	-3.05	-8.70	2.61	2.88
18 months	55.04	55.64	-2.77	-7.86	2.33	2.60
24 months	55.49	56.45	-2.40	-7.76	2.95	2.73
SF-36 PHYSICAL LIMITATIONS						
Baseline	51.18	51.76	0.58	-10.29	11.45	5.55
6 months	51.70	62.33	10.05	-1.25	21.34	5.76
12 months	55.02	56.08	0.48	-12.29	13.26	6.52
18 months	53.03	54.43	0.82	-11.55	13.20	6.31
24 months	50.47	53.92	2.87	-9.68	15.42	6.40
SF-36 HEALTH LIMITS						
Baseline	66.50	65.95	-0.54	-7.88	6.79	3.74
6 months	67.44	72.75	5.85	-0.56	12.26	3.27
12 months	67.77	70.41	3.19	-3.05	9.42	3.18
18 months	66.10	65.00	-0.56	-7.40	6.29	3.49
24 months	71.16	67.20	-3.41	-10.32	3.50	3.53
ADULT HOPE—AGENCY						
Baseline	20.17	19.76	-0.41	-2.12	1.30	0.87
6 months	21.02	20.85	0.25	-1.39	1.89	0.84
12 months	19.91	20.71	1.21	-0.53	2.95	0.89
18 months	19.90	20.65	1.15	-0.73	3.04	0.96
24 months	20.95	20.12	-0.42	-2.15	1.31	0.88

OUTCOME	CONTROL	TREATMENT	ESTIMATED IMPACT	95% LOWER CI	95% UPPER CI	STANDARD ERROR (ROBUST)
ADULT HOPE—PATHWAY						
Baseline	22.20	21.16	-1.03	-2.57	0.50	0.78
6 months	22.05	22.09	1.08	-0.51	2.67	0.81
12 months	20.96	22.09	2.16	0.45	3.88	0.88
18 months	21.03	21.70	1.70	0.04	3.37	0.85
24 months	22.33	21.37	0.07	-1.54	1.69	0.83
ADULT HOPE—TOTAL						
Baseline	42.37	40.93	-1.44	-4.49	1.60	1.55
6 months	43.06	42.95	1.33	-1.53	4.18	1.46
12 months	40.87	42.80	3.37	0.36	6.38	1.54
18 months	40.93	42.35	2.86	-0.31	6.02	1.61
24 months	43.28	41.49	-0.35	-3.32	2.63	1.52
ADULT MATTERING—AWARENESS						
Baseline	28.21	28.79	0.58	-1.12	2.28	0.87
6 months	30.90	30.85	-0.63	-1.97	0.72	0.69
12 months	28.63	29.11	-0.10	-1.69	1.49	0.81
18 months	28.60	28.56	-0.61	-2.18	0.96	0.80
24 months	28.63	28.87	-0.33	-1.90	1.23	0.80
ADULT MATTERING—IMPORTANCE						
Baseline	33.86	34.45	0.60	-1.37	2.57	1.00
6 months	35.92	36.19	-0.33	-2.07	1.40	0.89
12 months	35.48	35.25	-0.83	-2.78	1.11	0.99
18 months	34.49	34.64	-0.45	-2.38	1.47	0.98
24 months	35.41	34.95	-1.06	-2.94	0.81	0.96

OUTCOME	CONTROL	TREATMENT	ESTIMATED IMPACT	95% LOWER CI	95% UPPER CI	STANDARD ERROR (ROBUST)
ADULT MATTERING—RELIANCE						
Baseline	21.87	21.06	-0.81	-2.08	0.46	0.65
6 months	23.41	22.35	-0.25	-1.55	1.06	0.67
12 months	22.11	22.19	0.88	-0.46	2.23	0.69
18 months	21.46	21.28	0.63	-0.84	2.10	0.75
24 months	22.44	21.16	-0.47	-1.96	1.02	0.76
AFFIRMATION OF MEANING AND VALUE						
Baseline	13.20	12.85	-0.35	-0.94	0.24	0.30
6 months	12.96	13.88	1.27	0.70	1.84	0.29
12 months	12.92	12.90	0.33	-0.32	0.98	0.33
18 months	12.85	12.92	0.42	-0.25	1.09	0.34
24 months	13.22	12.84	-0.03	-0.75	0.69	0.37
ACCEPTANCE						
Baseline	14.09	14.10	0.01	-0.69	0.71	0.36
6 months	13.64	13.72	0.07	-0.73	0.86	0.40
12 months	13.99	13.80	-0.20	-0.90	0.49	0.35
18 months	14.71	13.84	-0.88	-1.69	-0.08	0.41
24 months	14.59	14.36	-0.24	-1.07	0.60	0.43
COURAGE						
Baseline	12.01	11.90	-0.11	-0.67	0.46	0.29
6 months	11.27	12.35	1.19	0.70	1.68	0.25
12 months	11.71	11.61	0.00	-0.57	0.57	0.29
18 months	12.12	11.35	-0.66	-1.37	0.05	0.36
24 months	12.39	11.69	-0.60	-1.31	0.11	0.36

OUTCOME	CONTROL	TREATMENT	ESTIMATED IMPACT	95% LOWER CI	95% UPPER CI	STANDARD ERROR (ROBUST)
FAITH						
Baseline	32.89	33.35	0.45	-1.22	2.12	0.85
6 months	31.57	33.45	1.43	0.12	2.75	0.67
12 months	31.46	33.27	1.36	-0.19	2.91	0.79
18 months	33.11	33.19	-0.37	-1.92	1.18	0.79
24 months	33.44	34.46	0.57	-0.97	2.12	0.79
SELF-TRANSCENDENCE						
Baseline	23.99	24.43	0.43	-0.59	1.46	0.52
6 months	22.69	23.48	0.36	-0.41	1.13	0.39
12 months	22.34	23.86	1.09	0.03	2.14	0.54
18 months	23.52	23.45	-0.51	-1.64	0.61	0.57
24 months	24.05	24.25	-0.24	-1.45	0.97	0.62

Footnotes:

Baseline Mean: Adjusted average score prior to any intervention

6/12/18/24 month Mean: Adjusted average score at the respective time mark

Estimated Impact: The Mean difference between the treatment and control groups

Standard Error: Indicates the robust precision of the impact estimates

95% CI Lower/Upper: Bounds of the 95% confidence interval for the impact estimate

* Indicates statistical significance: * $p<0.05$, ** $p<0.01$, *** $p<0.001$

Appendix C

Table 13. Civic Engagment

CIVIC ENGAGEMENT: IN THE PAST 6 MONTHS, HAVE YOU...	WAVE	YES (%) CONTROL	YES (%) TREATMENT
worked with fellow citizens to solve a problem in your community?	Baseline	30.3	30.91
	6 months	12.12	20.91
	12 months	15.91	20.91
	18 months	18.18	26.36
	24 months	16.67	23.64
attended a political meeting on local, town, or school affairs?	Baseline	18.18	21.82
	6 months	9.85	19.09
	12 months	12.12	26.36
	18 months	15.15	23.64
	24 months	18.18	26.36
been an active member of a group that tries to influence the public or government?	Baseline	12.88	15.45
	6 months	8.33	13.64
	12 months	10.61	17.27
	18 months	8.33	18.18
	24 months	10.61	18.18
attended a political rally or speech?	Baseline	14.39	15.45
	6 months	7.58	10.91
	12 months	4.55	11.82
	18 months	5.3	13.64
	24 months	3.79	13.64
worked or volunteered for a political party or candidate?	Baseline	6.06	5.45
	6 months	3.03	7.27
	12 months	3.79	7.27
	18 months	2.27	6.36
	24 months	1.52	9.09*

CIVIC ENGAGEMENT: IN THE PAST 6 MONTHS, HAVE YOU...	WAVE	YES (%) CONTROL	YES (%) TREATMENT
attended or organized a protest?	Baseline	10.61	8.18
	6 months	3.79	7.27
	12 months	2.27	4.55
	18 months	6.06	8.18
	24 months	2.27	10.91*
signed a paper or online petition?	Baseline	35.61	32.73
	6 months	18.94	24.55
	12 months	18.94	31.82*
	18 months	21.21	30.00
	24 months	20.45	21.82
voted in an election?	Baseline	40.15	45.45
	6 months	21.21	35.45*
	12 months	25	43.64
	18 months	28.03	41.82
	24 months	18.18	28.18
contacted a government official about an issue that is important to you either in person, by phone, by letter, or online?	Baseline	21.21	24.55
	6 months	17.42	25.45
	12 months	12.88	26.36
	18 months	11.36	27.27
	24 months	4.55	16.36

Appendix D

Table 14. Parent Engagement in School

IN THE PAST 6 MONTHS, HAVE YOU...	WAVE	YES (%) CONTROL	YES (%) TREATMENT
attended a school or class event, such as a play, dance, sports event, or science fair.	Baseline	18.2	24.6
	12 months	15.9	21.8
	18 months	17.4	20.9
	24 months	12.9	21.8
served as a volunteer in this child's classroom or elsewhere in the school.	Baseline	9.9	10.9
	12 months	6.8	11.8
	18 months	6.1	12.7
	24 months	5.3	10.9
attended a general school meeting, for example, an open house or a back-to-school night.	Baseline	15.2	21.8
	12 months	15.9	21.8
	18 months	11.4	22.7
	24 months	13.6	20.9
attended a meeting of the parent-teacher organization or association.	Baseline	23.5	21.8
	12 months	13.6	16.4
	18 months	7.6	19.1*
	24 months	12.1	17.3
went to a regularly scheduled parent-teacher conference with this child's teacher.	Baseline	22.7	20.9
	12 months	12.9	13.6
	18 months	11.4	23.6*
	24 months	11.4	20.0
participated in fundraising for the school	Baseline	9.1	11.8
	12 months	11.4	8.2
	18 months	10.6	10.0
	24 months	6.1	11.8
served on a school committee.	Baseline	6.1	8.2
	12 months	8.3	5.5
	18 months	3.8	9.1
	24 months	6.8	4.6

IN THE PAST 6 MONTHS, HAVE YOU...	WAVE	YES (%) CONTROL	YES (%) TREATMENT
met with a guidance counselor in person.	Baseline	18.2	18.2
	12 months	10.6	16.4
	18 months	10.6	20.0
	24 months	10.6	12.7