



CENTER FOR GUARANTEED
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The American Guaranteed Income Studies: Madison, Wisconsin

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The American Guaranteed Income Studies: Madison, Wisconsin

Executive Summary

In the fall of 2022, Mayor Satya Rhodes-Conway launched the Madison Forward Fund (MFF) as a local proof of concept designed to “build momentum for a sustained federal program that will bring stable support for families” (Gongora, 2022). Funded by private donors and philanthropy, MFF provided 155 Madisonians with \$500/month of unconditional cash for one year. Madison residents were eligible to apply for MFF if they were adults living below 200% of the Federal Poverty Line with a child under the age of 18 in their home. MFF was a partnership between the City of Madison, Mayors for a Guaranteed Income (MGI), Total Administrative Services Corporation (TASC), the Institute for Research on Poverty (IRP) at the University of Wisconsin-Madison (UW-Madison), and the Center for Guaranteed Income Research (CGIR) at the University of Pennsylvania (Penn).

A team of independent researchers from UW-Madison, Penn, and the University of Tennessee partnered to conduct an applied research study with the express aims of better understanding guaranteed income (GI) and its usage to drive evidence-informed social policy and guide future programming (Institute for Research on Poverty, n.d.). To that end, CGIR and IRP led a mixed-methods Randomized Controlled Trial (RCT) designed to test the effectiveness of Madison’s GI intervention on a host of quality-of-life outcomes, participants’ subjective sense of self, and their relationship to paid and unpaid work. Participation in the research study was voluntary, and the MFF cash payments were not contingent on study participation. The final research sample included 315 participants randomly assigned to either the treatment group to receive the monthly cash transfer (n=146) or to the control group that did not receive any cash (n=169). Both the treatment and control groups participated in surveys just prior to MFF enrollment (referred to as Baseline); 6 months into the MFF program; at 12 months, when MFF ended; and at 18 months, 6 months after MFF ended. Semi-structured interviews were conducted with a subgroup of GI recipients during and after the MFF program.

On average, participants were 36 years old, and the majority self-identified as non-Hispanic African-American female caregivers. The average household had three members, of which two were children. More than 70% of study participants were single, and more than 60% had a high school diploma or less education. Over 80% of study participants reported English as their primary language. By design, study participants experienced low incomes, with an average income for the treatment group of \$20,401 and an average income for the control group of \$18,865.

Findings from this report should be interpreted in light of the broader socioeconomic and policy context of Madison and Dane County. Madison is a city committed to investing in its people and infrastructure. Current city initiatives focus on improving affordable housing (Housing Forward Agenda), improving equitable access to transportation and improving traffic safety (Metro Transit Plan

and Vision Zero strategy), a plan to reduce carbon emissions (Climate Forward Agenda), and a plan to de-escalate crises in nonviolent ways (Community Alternative Response Emergency Services (CARES) program). Recognizing the need to support and increase financial stability, the city undertook the MFF demonstration program (City of Madison, n.d.).

Quality-of-Life Outcomes: Quantitatively, the GI provided a small buffer for recipients in terms of increased income and ability to cover a \$400 emergency expense but did not impact other measures of financial well-being and stability. In fact, study participants from both groups struggled with daily living expenses and related stressors, with MFF recipients reporting significantly higher levels of stress. At 18 months, the average income for the treatment group was \$4,361 higher than that of the control group ($B=2,824, p=0.02$). Likewise, the treatment group's ability to handle a \$400 emergency expense using cash or a credit card paid in full improved significantly compared to the control group. Though the cash provided some cushion for MFF recipients, over 90% of participants from both arms reported high levels of distress, with the treatment arm experiencing significantly higher levels of stress compared to the control group throughout much of the study period. At Baseline, the mean Psychological Distress score on the Kessler-10 (Kessler et al., 2003) scale for the treatment group was 25.42 compared to 23.15 for the control group ($B=2.27, p=.03$). This pattern remained consistent throughout the study period, with statistically significant differences at 6 months (treatment: 24.22 vs. control: 20.40, $B=3.82, p<0.00$) and 18 months (treatment: 23.45 vs. control: 21.18, $B=2.27, p<0.01$). Similarly, at 6 months after MFF ended, the treatment group experienced significantly higher levels of stress as measured by the Perceived Stress Scale (Cohen et al., 1983) compared to the control group (Mean difference=.36, $p=.045$). There were no statistically significant differences between groups over time for all other quality-of-life outcomes, including financial well-being; income volatility; trends in savings; ability to help friends and family; trends in housing cost burden, quality, and status; neighborhood quality; food insecurity; transport access and satisfaction; and youth outcomes.

Work, Family, and Social Relationships: The post-pandemic timing of MFF contributed to the ways in which GI recipients conceptualized and approached employment opportunities, and narrative interview data shed light on these experiences. Having lived through pandemic shut-downs and the associated job losses in education, caregiving, and service sectors, many participants tried to work longer hours or pick up second jobs to move beyond survival to a place of greater stability. However, these parents felt the strain as they were pulled between working to make ends meet and spending time with their children. Additionally, many participants were constrained by their employment choices due to their childcare needs and the lack of adequate and affordable childcare options in the community. For some participants, the GI alleviated some of their childcare burden, allowing them to work more reasonable hours, experience greater employment mobility, and pursue new opportunities. Quantitatively, a higher percentage of treatment participants were employed full-time at each post-baseline time point compared to control participants, though none of these differences were statistically significant. However, by the end of MFF, treatment participants were significantly more likely to be looking for work while unemployed compared to control participants (13% vs. 4% respectively; $OR=3.34, p=.03$). There were no statistically significant differences in study participants' household CHAOS scores or in patterns related to youth activities (Matheny et al., 1995).

Socially, GI played a role in fostering meaningful social connections and relationships for recipients. Specifically, MFF recipients were more likely than the control group to experience improved self-perceptions and connections to others, as evidenced by higher subscale scores of the Mattering Index (Elliott et al., 2004). Reliance scores were significantly higher for the treatment group compared to control at 6 months (23.55 vs. 22.44, $B=0.12$, $p=0.02$) and 12 months (23.71 vs. 22.48, $B=0.23$, $p=0.01$), suggesting that MFF recipients experienced relative gains in how others relied or depended on them. Similarly, at the end of MFF and compared to control, the treatment group reported significantly higher Importance scores, which measure how valued and respected participants feel (treatment: 35.32, control: 34.17, $B=1.15$, $p<0.01$). Of note, there were no significant differences between groups for the Adult Hope Scale (Snyder et al., 1991), as scores remained relatively consistent and stable for both groups over time.

KEY FINDINGS AT-A-GLANCE

- » **Income:** The treatment group increased their household income over the program period as they received the cash. Six months after MFF ended, the treatment group's annual income was significantly higher than that of the control group.
- » **Financial Resilience:** Though at Baseline the treatment group's ability to handle a \$400 emergency expense was significantly less than the control group, this finding reversed over time. At 12 and 18 months, the ability of MFF recipients to handle such an expense was significantly higher compared to the control group.
- » **Stress:** The treatment group experienced significantly higher levels of psychological distress compared to the control group as measured by the Kessler-10 scale at Baseline and throughout much of the study period. Likewise, scores on the Perceived Stress Scale were significantly higher for the treatment group compared to the control group 6 months after MFF ended.
- » **Employment:** A higher percentage of treatment participants were employed full-time at each post-Baseline time point compared to control recipients, though none of these differences were statistically significant. However, by the end of MFF, treatment participants were significantly more likely to be looking for work while unemployed compared to control participants.
- » **Mattering:** Compared to the control group, the treatment group reported a significant increase on the Adult Mattering Scale for Reliance (i.e., the extent to which others rely on them) at 6 and 12 months and Importance (i.e., how valued and respected participants feel) at 12 months.

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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

The City of Madison is the seat of Dane County and the fastest growing city in the state of Wisconsin (Kowles, 2022). With its five picturesque lakes, water skiing, boating, ice fishing, bicycle paths, a renowned park system, public transportation, green infrastructure, college town amenities, and athletics, Madison consistently ranks high on quality-of-life indices. However, these rankings mask the experiences of Black residents who do not have the same access to resources as their White counterparts. As Williamson (2020) reminds us in *Black in the Middle*, Midwestern cities have a long history of being ranked as one of the best places in the country to live while simultaneously being listed as the worst places for Black Americans to call home. But simply drawing attention to these disparate experiences obscures another legacy, one that highlights how the Midwest has,

birthed and helped to mold some of the most significant, innovative, and consequential thinkers and cultural producers in American history, Black or otherwise—[to] say nothing of the scores of unheralded community organizers, homegrown intellectuals, artists, writers, and other creatives, teachers, spiritual advisors, and neighborhood folks who do the work. (Williamson, 2020, p. 3)

“The underlying thing is we’re all human... we need each other for help.”

-Mary, MFF recipient

The neighborhood folks doing the work that Williamson (2020) describes are embedded in a place in place anchored by the state government and the University of Wisconsin (UW), which are some of the largest area employers. With employment opportunities in health, technology, state government, and higher education (Henschen, n.d.), Madison boasts one of the most highly educated populations in the country, in which one of every six adults has a masters, professional, or doctoral degree (Sternfield & Jackson, 2024). Madison's population has been expanding steadily, growing more than 16% from 2010 to 2020. Per the 2023 1-Year ACS estimates, 5.9% of Madison's total population has moved from another state in the past year, while 3.6% of the total population moved to Madison from another county within Wisconsin (U.S. Census Bureau, 2023). With this influx of new residents, Madison has also experienced a demographic shift, with White residents constituting a decreasing share of the population over the past 20 years, going from 81.4% White in 2000 to 68.8% White according to the 2020 census (UW-Madison Applied Population Laboratory, 2022). The city remains predominantly White, with a smaller yet significant 8.4% identifying as Asian, 7.3% as African American, and 7.8% as Hispanic or Latino. Educational attainment is high, with 95.5% of residents aged 25 and over holding at least a high school diploma, and 58.9% with a Bachelor's degree or higher. The median household income (\$74,895) and median gross rent (\$1,291) align with the national average (\$75,149 and \$1,268). Yet, 16.9% of residents live below the poverty line, underscoring persistent inequity. And, despite Madison's reputation for civic activism and progressive policies (Robinson, 2018), this growing population of minoritized residents find inequitable access to economic well-being and opportunity in Madison, largely driven by structural forces.

Contemporary inequities in Madison, as is true for much of the country, are informed by enduring histories of European settlement and ensuing geographies of exclusion. Prior to European arrival, the area of Madison was settled by mound-building Indigenous populations who lived in semi-permanent villages along the lakes. Their effigy mounds punctuate the land surrounding the city, a reminder of the early tribes that once lived in the area (Mollenhoff, 2003). Until the 18th century, the Ho-Chunk nation (Winnebago) was the primary group living around Madison. By 1829, local Indians had been forced to cede southwestern Wisconsin to the U.S. government. This would be the first of multiple formal displacements of the Ho-Chunk nation by the federal government. Despite this history of forced dislocation, Wisconsin remains home to 11 federally recognized (and one unrecognized) Native American Indian tribes (Morgridge Center, n.d.).

By 1848, Wisconsin achieved statehood and was the last state added east of the Mississippi River. That same year, the first governor approved the incorporation of the University of Wisconsin, to be located in Madison as a land-grant institution. In 1854 the railroad arrived, and by 1856, the City of Madison was officially incorporated (Wisconsin Historical Society, n.d.-a). Population growth was bolstered by immigrants arriving from Ireland, Norway, and Italy. In particular, Italian stonecutters came to work on the state capitol and university buildings. They would be followed later by Germans—who would go on to constitute the largest ethnic group in Wisconsin—Jews, Russians, and African Americans hoping to escape racism in the South (Morgridge Center, n.d.; Wisconsin Historical Society, n.d.-a). New immigrants moved to the south end of the city, which came to be known as the ethnic triangle of Madison (Morgridge Center, n.d.).

By the early 1900s, UW had become a primary driver of not only the local economy but also local governance. The Wisconsin Idea emerged as a philosophical stance about the role of public higher

education, cementing the idea that public universities should contribute to the local government and the well-being of citizens by helping convert promises into realized policy, and theories into practices of good governance (McCarthy, 1912; Wisconsin Historical Society, n.d.-b). This idea enabled Wisconsin to lead the nation in progressive ideals of good governance throughout the 20th century. The state was at the forefront of reforms such as workman's compensation, child labor laws, work safety regulations, a state minimum wage, state income tax, and social security legislation that served as a national model (Mukherji, 2018; Wisconsin Historical Society, n.d.-b). These reforms, coupled with strong anchor industries, helped attract new residents to the state and its capital city.

By the middle of the 20th century, the city of Madison was majority White. Black residents represented less than 1% of the total population, and they lived in only three of Madison's 20 wards (Robinson, 2018). This meant that Black residents were rendered invisible to the majority White population, who could move through the city having little to no contact with Black community members (Robinson, 2018; Simms, 2018). While Black residents in Madison did not experience the overt violence found in the South, they encountered numerous structural barriers to their success (Robinson, 2018; Simms, 2018). This included barriers to employment, educational scholarships, and property ownership. Black residents encountered restrictive housing covenants and redlining policies, which pushed Black newcomers predominantly into the ethnic triangle near railroads and other heavy industry (Robinson, 2018). Redlining criteria of the 1930s guided later processes of urban renewal, and in the 1950s the south side of Madison was deconstructed to make way for low-income housing units intended for new immigrants (Becker, 2021). The majority Black and racialized immigrants already living in the area were forced to relocate. They ended up in roughly 15 different residential areas scattered throughout Madison and Dane County (Morgridge Center, n.d.), communities which tend to be "small, socially isolated, and lacking the institutions and networks to provide meaningful support," thus creating "a significant challenge for community residents to organize to improve conditions" (Morgridge Center, n.d., p. 2).

The Wisconsin Idea continues to influence the role of UW within the city today. In addition to helping create connections between research and practice, UW-Madison also became known as an incubator of a local style of political organization, activism, and an orientation towards governance that supports the well-being of local residents (Levin, 2013). While the state of Wisconsin has become politically more conservative since the 1980s, Madison continues to be influenced by its progressive roots (Janik, 2010). Programs that support local residents, such as the Housing Forward Agenda, an innovative Metro Transit Plan, and the Climate Forward Agenda center the role of good governance in promoting citizen well-being.

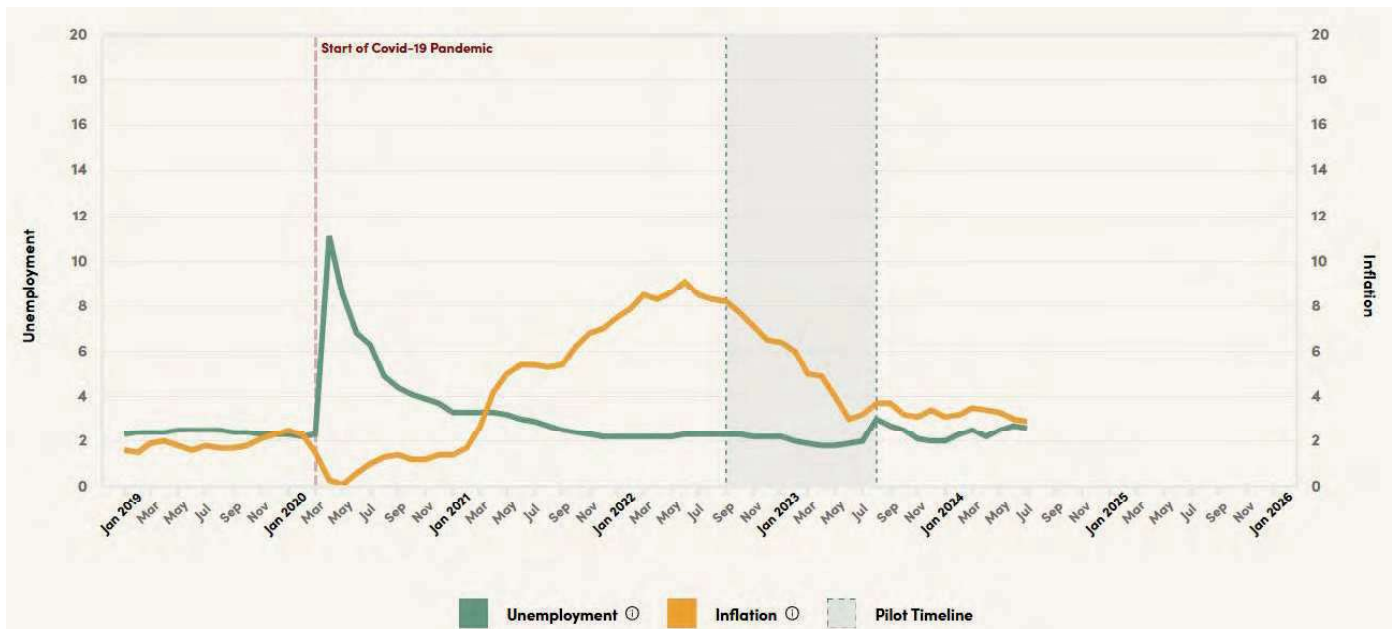
Despite these initiatives, the Race to Equity 10-Year Report for Dane County sheds light on the types of income, health, and educational disparities that persist, particularly for Black residents (Kids Forward, 2023). The median income for Black households in Dane County was nearly \$38,000, compared to just over \$80,000 for White households, and one in 10 Black households made over \$100,000 annually, compared to four in 10 White households. Strikingly, Black households, on average, spent 36% of their annual household income on childcare, compared to just 17% among White households. Black Dane County residents had poorer access to health insurance and medical care than White residents, and the report also tracks significant academic disparities between Black and White public school

students. Madison is also home to a growing immigrant population, predominantly from Mexico, India, China, and Laos, which constitutes 8% of the city’s total population (Vera Institute, 2023). While foreign-born Madisonians tend to do better across economic, health, and education outcomes than their Black counterparts, they are still more likely to live in poverty, less likely to be homeowners, and have lower educational attainment than White non-immigrant residents.

Economic Context and Program Development

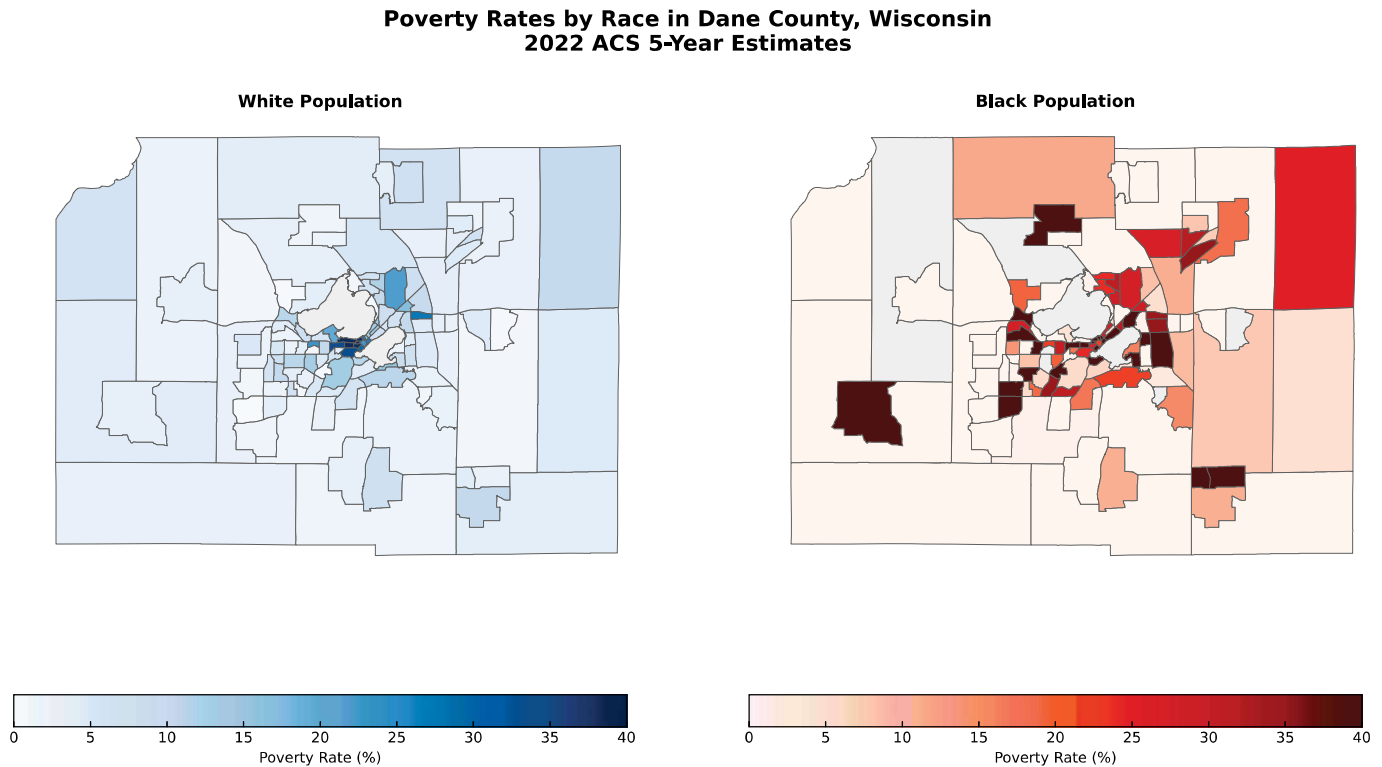
Madison has experienced substantial population growth over the past century. In 1900, the city’s population was 19,164 (U.S. Census Bureau, 1913); it had risen to 280,305 by 2020 (U.S. Census Bureau, 2010). Demographically, the city is predominantly White (74.6%), with a smaller yet significant 8.4% identifying as Asian, 7.3% as African American, and 7.8% as Hispanic or Latino. Educational attainment is high, with 95.5% of residents aged 25 and over holding at least a high school diploma, and 58.9% with a Bachelor’s degree or higher. The median household income (\$74,895) and median gross rent (\$1,291) align with the national average (\$75,149 and \$1,268). Yet, 16.9% of residents live below the poverty line, underscoring persistent economic disparities

Figure 1: Inflation and Unemployment Rates During MFF



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

Figure 2: Poverty Rates by Race



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2022)

Historically, the idea of a GI emerged with the birth of democracy to account for the disparities between landowners and those who did not have the right to land (Paine, 1797). Since then, actors across the political spectrum have supported the idea of using unconditional cash as a remedy for poverty, inequity, and lack of economic mobility (Castro, in press). The MFF program supports this long-standing bipartisan goal of reducing disparities, particularly in light of rising housing costs, inflationary pressures, and lack of access to affordable childcare in Madison. As part of the third, and most recent, wave of experimentation with unconditional cash in the US (Castro & West, 2024), MFF was conceived of by Mayor Rhodes-Conway as a way to address the growing inequities in post-pandemic Madison. At the same time, the city's 2.1% unemployment rate (U.S. Bureau of Labor Statistics, 2025), well below the national average of 4.1% (U.S. Bureau of Labor Statistics, 2024), indicates a strong post-pandemic recovery.

The intent of MFF was to alleviate financial hardship among Madisonians—with particular attention to the unique systemic struggles faced by women and people of color. In announcing the program, Mayor Satya Rhodes Conway noted, “My hope is that a growing group of mayors will lead the way on educating people about the concept, and engage in pilot programs to demonstrate that households really do make wise choices and are best positioned to navigate their way out of poverty” (City of Madison, 2022).



Launched in the fall of 2022 in partnership with MGI, TASC, IRP, and CGIR, MFF recruited Madisonians living below 200% of the federal poverty line with a child under age 18 in their household. To recruit program participants, an online application was opened for anyone who met the eligibility requirements. From over 9,000 applicants, researchers randomly assigned 155 households to receive \$500 per month over one year. Another 200 people were randomly assigned to the control condition—serving as a comparison group by not receiving the cash payment but participating in voluntary, compensated research activities.

For those who participated in the MFF program, benefits counseling was provided prior to enrollment to help families understand potential impacts on existing social safety net benefits like Housing Choice Vouchers (HCVs), Supplemental Nutrition Assistance Program (SNAP), and others. In these counseling sessions, enrollees met with a social worker to consider if receipt of MFF payments might, in tandem with receipt of other benefits bolster or hinder their financial security.

Methodology

All research methods were approved by the Institutional Review Board at Penn and UW-Madison. The study employed a parallel mixed-methods RCT design (QUANT + QUAL) which entailed conducting data collection and analysis within each independent strand prior to integration (Tashakkori et al., 2020). The theoretical framework rested on the scarcity literature which indicates that chronic experiences with material hardship and income volatility negatively impact health and well-being, finances, and one's capacity for goal-setting (Basu, 2017; Mani et. al., 2013; Shah et. al., 2021). These conditions mimic trauma by creating a scarcity mindset that keeps individuals trapped in the present and necessarily focused on survival (West et al., 2023). A growing body of evidence indicates that recurring cash transfers can, at times, disrupt this dynamic by smoothing income volatility and dampening well-being stressors contributing to a scarcity mindset (West et al., 2023; West & Castro, 2023). Thus far, these shifts are only associated with recurring and predictable cash transfers in the US, with no change beyond relief of material hardship from short-term or lump-sum cash transfers.

Finally, this research adheres to a pre-analysis plan (ABT Associates, 2023) which includes full design details. The primary research questions include:

- » How does GI affect participants' quality of life?
- » What is the relationship between GI and subjective sense of self?
- » How does GI affect participants' income and through what mechanisms?
- » How does GI impact participants' access to secure transportation?
- » To what extent are MFF families exposed to the juvenile justice system?

Quantitative Methodology

The selection process identified 355 participants from approximately 9,000 applicants through random sampling. The final allocation randomly designated 146 individuals to receive the monthly GI beginning September 2022, with 171 individuals serving as the control group. Two control group participants subsequently withdrew from the pilot, reducing the final research sample to 315. Survey administration occurred across four phases: Baseline assessment before randomization and group notification (August 2022); at 6 months (February 2023); 12 months (August 2023); and post-intervention follow-up (February 2024), conducted 6 months after the payments ended. Survey completion was incentivized. Detailed response rates are documented in the Appendix.

Extreme values or outliers were managed through Winsorization, while missing data were handled using Multiple Imputation by Chained Equations (MICE), following Azur et al. (2011). The imputation process underwent rigorous validation, including distribution checks, sensitivity analyses, and comparisons between original and imputed datasets before proceeding with final analyses. Program impacts were assessed using Linear Mixed Effects (LME) models, Generalized Estimating Equations (GEE), and regression-adjusted means analyses. These methods examined outcomes across all time points, incorporating treatment effects, time effects, and their interactions, while accounting for repeated measurements and individual-level variability as random effects in the LME models. The sample was balanced at baseline on all observed outcomes with the exception of the Kessler-10 and the ability to cover a \$400 emergency, thus these variables were controlled across all models.

Qualitative Methodology

Semi-structured interviews were conducted at the 10-month mark and 6 months after the final disbursement. Interviews were recorded on a digital voice recorder, professionally transcribed verbatim, were compensated with \$40, and utilized pseudonyms chosen by interviewees. Interviews occurred at home, in the community, or virtually via Zoom. The first-round interview guide focused on health, well-being, care work, relationships, and economic security. Twenty-six participants were recruited from the treatment group to participate in interviews lasting 1.5–2 hours, with a final sample of 20 respondents. The remaining six interviews were cancelled due to other responsibilities and

illness. The same respondents were recruited for the second round, and 12 responded. An additional 3 participants who were unable to participate in first-round interviews responded for a final sample of 15 respondents. The second-round interview guide focused on decision-making processes as the pilot ended, experiences within the pilot, relationships, and values; and included an oral history component. A structured and recursive “thick description” memo-writing process was carried out throughout the entire research program (Ponterotto, 2006, p. 385), including post-interview, after-the-identification of each transcript, coding, and at each phase of the analysis.

Analysis occurred in two phases before being integrated with quantitative findings, as is standard in mixed-methods parallel design (Tashakkori et al., 2020). During the first phase, de-identified transcripts were coded in Dedoose by a team of research assistants without the use of AI. Analysis followed the blended approach described in the pre-analysis plan (ABT Associates, 2023), which applied thematic analysis on the semantic level and grounded theory on the latent (Braun & Clark, 2012; Charmaz, 2014). On the semantic level, values and process coding were used for understanding structural vulnerability and decision-making pathways. Focus and theoretical coding were applied on the latent level for understanding agency and meaning-making in relationships. In phase two, a framework-guided rapid analysis was employed to analyze the data. This involved recursive, in-depth immersion in the transcripts and a theoretically driven template, tailored to the site, to organize and analyze the data (Gale et al., 2019). Analytic memos were then triangulated with summary tables and phase one analysis before being integrated with quantitative findings.



Demographics

Because participation in the research portion of the program was optional, the study sample comprised 315 participants (146 in the treatment group and 169 in the control group), with balanced demographic characteristics across groups. The mean age of respondents was 36 years, with households averaging three members, including two children. Women predominated in both groups (84%). A majority of participants were non-Hispanic (82%), with a racial composition of primarily African American participants (51%), followed by White participants (26%), and smaller proportions identifying as Asian or Mixed/Other races. The majority of participants were single (72%). English was the primary language spoken in participants' households, although Spanish and other languages were also represented. About two-thirds of participants had a high school education or less, around 21% had an Associate's degree, and

just above 13% held a Bachelor's degree. Median household incomes were about \$17,500 for the control group and \$17,569 for the treatment group, with mean incomes of \$18,865 and \$20,401, respectively. At Baseline, approximately 5% of participants in both groups reported no wage earnings or salary income. The majority of participants in both groups reported receiving government assistance at some point during the pilot, including SNAP, Social Security Income (SSI), or other benefits. However, the narrative data indicated that coverage was sporadic for many participants as they navigated income changes, the benefits cliff, and difficulty in finding providers who would accept childcare vouchers and housing subsidies. The table below shows the demographics of MFF participants by their assigned group.

Table 1: Sample Demographics

| MADISON, WISCONSIN | | CONTROL | TREATMENT |
|---------------------------------------|---------------------------------------|---------|-----------|
| SAMPLE SIZE | | 169 | 146 |
| AVG. AGE OF RESPONDENT (YEARS) | | 36 | 36 |
| GENDER (%) | Male | 13 | 16 |
| | Female | 86 | 82 |
| | Other | 1 | 3 |
| CHILDREN IN HOUSEHOLDS (%) | Yes | 100 | 100 |
| AVG. NUMBER OF CHILDREN IN HH | | 2 | 2 |
| AVG. HH SIZE | | 3 | 3 |
| ETHNICITY (%) | Non-Hispanic | 82 | 82 |
| | Hispanic | 18 | 18 |
| RACE (%) | White | 29 | 22 |
| | African American | 53 | 49 |
| | Asian | 2 | 5 |
| | Two or more races | 8 | 16 |
| | Other/Mixed | 8 | 8 |
| MARITAL STATUS (%) | Single | 72 | 73 |
| | Married | 17 | 16 |
| | Partnered/In-relationship | 11 | 10 |
| PRIMARY LANGUAGE AT HOME (%) | English | 87 | 88 |
| | Spanish | 10 | 10 |
| | Other | 3 | 2 |
| EDUCATION (%) | High School or less | 63 | 62 |
| | Associate's degree (Two-year college) | 18 | 24 |
| | Bachelor's degree (Four-year college) | 17 | 10 |
| | Other | 2 | 4 |
| ANNUAL HH INCOME (IN \$) | Median | 17,400 | 17,569 |
| | Mean | 18,865 | 20,401 |

Findings

1. Contextual Considerations: The U.S. Safety Net, Structural Legacies, and Spatial Arrangements

Summary: The MFF GI pilot occurred in the context of historical and structural inequities that informed how the GI operated. Historically, redlining policies and urban expansion geographically fractured many communities of color, hindering opportunities to form and maintain supportive local ties and strong community bonds. In the present, this materializes often as loneliness, limited access to resources, and feeling like an outsider. Participants also contended with the benefits cliff, which threatened to pull substantive aid if participants earned pennies over the eligibility cutoff. In contrast, the GI offered unconditional support that could be used flexibly.

Historic structural inequity and the architecture of the U.S. safety net form the contextual backdrop for understanding how GI operated in this study. Given that the MFF only lasted for one year, and under inflationary conditions, the narrative data indicated that participants who were able to bundle their GI with other conditional benefits, such as SNAP or housing subsidies, reported marginally better outcomes. In contrast, participants who earned too much income to qualify for such benefits had difficulty utilizing vouchers and subsidies, or lost conditional benefits to the cliff effect during the course of the study, reported struggling to fully leverage the GI in the ways they desired.

Receipt of safety net benefits such as WIC, SNAP, utility assistance, and housing and childcare vouchers are governed by the benefits cliff and compliance with behaviors which policymakers deem responsible (Baker et al., 2020). The safety net contains a benefits cliff, or cliff effect, where even small income gains exceeding eligibility thresholds cause declines in financial stability through benefits loss (Dinan et al., 2007). Practically speaking, the cliff effect undermines economic mobility unless the additional income is enough to offset or exceed the value of the loss in benefits. Low-income earners are then forced to avoid raises or new employment opportunities, curtailing their efforts to move up the economic ladder (Ballentine et al., 2022). Brian directly linked this dynamic with economic stasis, saying, “coming from poverty up to middle class is really difficult because every time you make more money, they demand more money back in your rent. And so the thing is you can never get ahead.” This is further compounded by onerous administrative burdens where excessively complex and time-consuming eligibility paperwork deters applying for benefits, creates episodic gaps in coverage, or abruptly pushes recipients off the cliff (Heinrich, 2016; Heinrich et al., 2022). Participants like Emily described this uneven system as “either absolutely terrible or wonderful. It really depends on who [case worker] you get ... it could take a whole day to get through stuff and then you still have to wait.”

More substantive benefits, such as housing or childcare subsidies that are distributed via vouchers, involve deceptive barriers to use. On the surface, vouchers offer flexibility, but they also require personally

identifying a landlord, management company, or childcare provider who will accept the terms. Thus, although vouchers may be distributed without bias, if the end user lacks the social connections for utilizing it, the benefit will generate dissonant outcomes driven by structural constraint. The narrative data illustrated difficulty in locating providers, landlords, and housing units who would accept vouchers before, during, and after the pilot's conclusion. This uneven implementation of aid drove some of the ways that participants were or were not able to leverage the cash, particularly when their decision-making for the GI was influenced by gaps in coverage. These tensions impact all low-income earners seeking benefits, but people of color experience additional stressors driven by the myth of the welfare queen, identity-based stigma, and structural inequity (Baumberg, 2016; Seccombe et al., 1998).

In many cases, the fluctuations in many traditional safety net benefits mirrored income volatility, driving stress and unpredictability. In contrast, the GI offered a small but predictable counterweight to these dynamics. Interviewees described MFF as seamless while noting the ease of securing the GI in comparison to constantly recertifying benefits. Further, the monthly predictability of GI without fear of the benefits cliff or sudden fluctuations in amount added a layer of security and stability for participants, who felt assisted with planning for the future and financial decision-making.

Like many other midwestern cities, Madison and neighboring localities within Dane County have entrenched racial disparities across economic, social, and health domains (Robinson, 2018; Williamson, 2020; Wisconsin Council on Children & Families, n.d.). Housing and lending patterns from the past have generated unusual forms of spatial segregation in the present. Similar to the rest of the US, restrictive and racialized zoning covenants in the early 1900s constrained where Black families could live, but the spatial distribution that began at the start of the 20th century contained patterns unique to Madison (McCormick & Hornseth, 1947; Robinson, 2018). Unlike other Midwest cities with large and historically significant Black neighborhoods, the spatial segregation in Madison has pushed minority residents into multiple micro communities over time, spread like islands around the perimeter of the city. The legacy of this spatial arrangement erodes capacity for community building and social ties, which are crucial for low-income families navigating financial scarcity (Newman, 2000, 2020; Stack, 1974). The housing and childcare voucher systems offer clear examples of the unintended consequences of geographic patterns such as this. In a setting like Madison that lacks a geographically cohesive location conducive to building social ties (Robinson, 2018), residents of color in Madison experience a two-fold constraint originating in this spatial segregation: they experience social isolation while simultaneously lacking enough social ties for identifying landlords and childcare providers willing to accept vouchers.

In contrast, the MFF offered a unique opportunity for city residents to obtain an important resource—unconditional cash—with very few barriers. And indeed, many Black residents benefited from MFF. Although only 7% of Madison's population identifies as Black, nearly half (49%) of MFF participants identified as Black. Though MFF was a more inclusionary program, its eligibility was limited to residents with very low incomes. Thus, the disproportionately high number of Black residents in MFF also suggests a strong disparity in need for people of color in Madison.

Understanding the experiences of Black residents is critical for understanding the context in which the GI pilot unfolded. Throughout the qualitative data, Black participants discussed feeling like outsiders within their communities, regardless of whether they were lifelong Madison residents or new to the city. In Cindy Lou's words,

I just think it's the atmosphere of the environment, you know what I mean? Like, me coming from Chicago, you know, we had corner stores, we had our neighbors, it was close-knitted. Here, people don't know each other. There's no community, there's no convenience stores or no corner stores or no Mom-and-Pop stores around like that.

Others described inequitable access to resources and a negative impact on their overall well-being and economic mobility. Amelia Bedelia, a 30-year-old Black single mother who was born and raised in Madison, felt that the racism she experienced throughout her life resulted in an immense pressure to perform a false version of herself so that she would be perceived as adhering to unspoken societal standards, “it [racism] made me lose myself sometimes, because I felt like I was darn near was playing a character 24/7. And that's never a fun thing, because sometimes you become the character and forget who you are, you know.”

Limited opportunity across essential sectors inhibits the building of social ties, creating barriers to more informal resource networks which, in turn, impacts health and socioeconomic well-being (Gilbert et al., 2022). In Madison, the cultural assumption that communities of color are not endemic, in conjunction with the geographic fracture of these communities, has created a milieu in which these populations have a more difficult time creating and integrating into communities, thereby constraining their ability to build and forge relationships that are essential for social and economic well-being (Anderson, 2015; Tatum, 2017). This was reflected throughout the interview data; participants expressed an overwhelming feeling of social isolation and, similar to Desmond's (2012) findings, a belief that in order to access resources, relationships needed to be primarily transactional. While participants of all backgrounds described feeling socially isolated in the narrative data, participants of color contended with spatial arrangements that exacerbated it. This is not to say residents of color remain powerless and lack strong relationships—participants recounted deep and meaningful bonds that were sources of joy and resistance in the face of struggle. Rather, those social ties exist in a structural arrangement that undermines capacity for mezzo-level community-building.

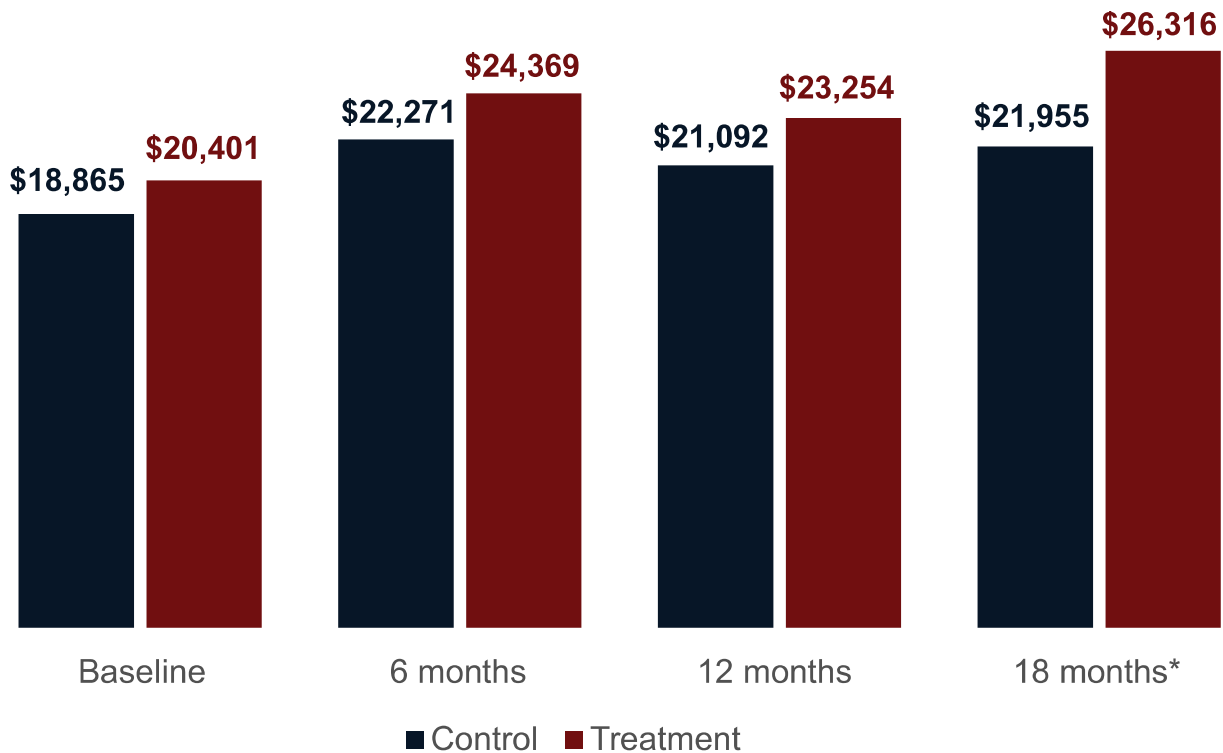


2. Quality of Life Outcomes: GI’s Impact on Material Hardship, Financial Security, Health, and Stress

Summary: Participants were able to continuously increase their overall income and were more likely than control group members to be financially prepared for an emergency. Despite these gains, participants struggled with day-to-day expenses like food and housing similarly to the control group, and their stress levels were significantly higher.

Financial precarity and income volatility pose persistent challenges for low-income households, undermining their path to long-term economic security. These challenges manifest through unpredictable income fluctuations, difficulty in maintaining consistent employment, and vulnerability to economic shocks. While the official poverty rate for Wisconsin stands at 8.4%, the Supplemental Poverty Measure (SPM) indicates a rate of 6.6%, with child poverty at 5.2% (Shrider, 2024). Within this context of economic hardship, the study examined the efficacy of GI in ameliorating financial instability and income volatility.

Figure 3: Annual Household Income, Treatment vs. Control



Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Household income was calculated by summing all reported sources of income from work, gifts, loans, and cash benefits. Recipients reported monthly income retrospectively for four months at each survey interval. The four-month household incomes were averaged then multiplied by 12 months to produce an estimate of annual household income.

Quantitative analysis revealed a sleeper effect, where the impact of the GI payments emerged over time. While the initial differences in annual household income between groups were insignificant, the differences gradually amplified over time. Six months after the first disbursement, the mean difference in income increased to \$2,099; by 12 months, it remained positive at \$2,162. By the end of the pilot, the income gap had further escalated to \$4,361 ($B=2,824, p=0.02$), suggesting a significant improvement in income for the GI recipients.

Most participants described coping with financial precarity through budgeting and constantly calculating how close they were to missing a bill or losing benefits. Genesis created a system to track dates by having “a little notebook where I write my bills down,” and then methodically placing due dates for bills on her refrigerator. Like Genesis, many layered behaviors around GI use on top of well-worn financial strategies honed through years of scarcity. In these instances, the GI offered reprieve and confidence as she describes,

Between my bank card and this card [GI], I'm able to pay my bills and feel good about it. Like with, um, just last week, I paid my cable and my light bill with the card. And then with my bank card, I paid my rent. I was like, and I, and it felt good, because I paid the bills and I still have a little bit of money left and I was like, yes, thank you Jesus. I paid my bills.

Others, like Katherine, said the best part of receiving GI was “knowing that my bills are gonna be paid” and knowing her children will “have a roof over their head” while the pilot was underway. Nonetheless, despite being grateful for the reprieve GI offered, participants articulated the duration and amount of payments as directly related to how much financial progress they could achieve. Many described the GI as a relief, but also somewhat stressful when they were still unable to pay their bills in full. For example, Katrina said the GI has “taken a lot of stress away about me worrying about how am I gonna pay this? How am I gonna do that?” but then detailed the constraints posed by the short duration, saying “even with the money [GI], it was still limited as to what I could pay. So it was like one month, pay something, one month, don't... You're slowly coming out the hole.”

Participant experiences of getting by in Madison reinforced a sense that the system was structured against them. They spoke of working multiple jobs and odd hours as they desperately tried to piece together a life in which they could support their children. However, at times, their ability to financially support their families came at the expense of their ability to be present for their children. Prior to receiving GI, participants expressed a feeling of constantly just keeping their heads above water economically: between the costs of housing, food, transportation, and childcare, they were barely managing to survive. Emma, a single mother to two toddlers who identifies as racially “mixed,” articulated the tension between trying to survive day-by-day and trying to find time to take care of oneself:

Um, I feel like— First, um, really, I think it's that balance between working and actually having a life. Uh, a lot of people work really hard, so they... so they wanna have fun at the end of the day. But at the same time, a lot of people don't even have that money to— They don't have that money to have fun besides, like, you know, responsibilities. So when they go out and have fun, after they take out— like, take care of their responsibilities, they don't really have any money left after that. So it's like, even though you're working, you're still struggling trying to make ends meet while still trying to make sure you can put—prioritize your own self-care. And some people just, like, they live to work. Like, they don't— They don't have time to actually live.

Consistent with other research (Halpern-Meekin et al., 2024), participants described the GI payments as helping alleviate some of this enduring financial precarity in their role as parents. More specifically, participants described the GI as allowing them to live on a “level playing field” for a year and giving them a sense of self efficacy without the constant worry over meeting their children’s basic needs. Brian described using the GI for a necessary car seat as “doing my best to intentionally spend this money on things that have true, important value,” and others repeatedly emphasized how the GI created security in knowing they could buy healthier food for their families.

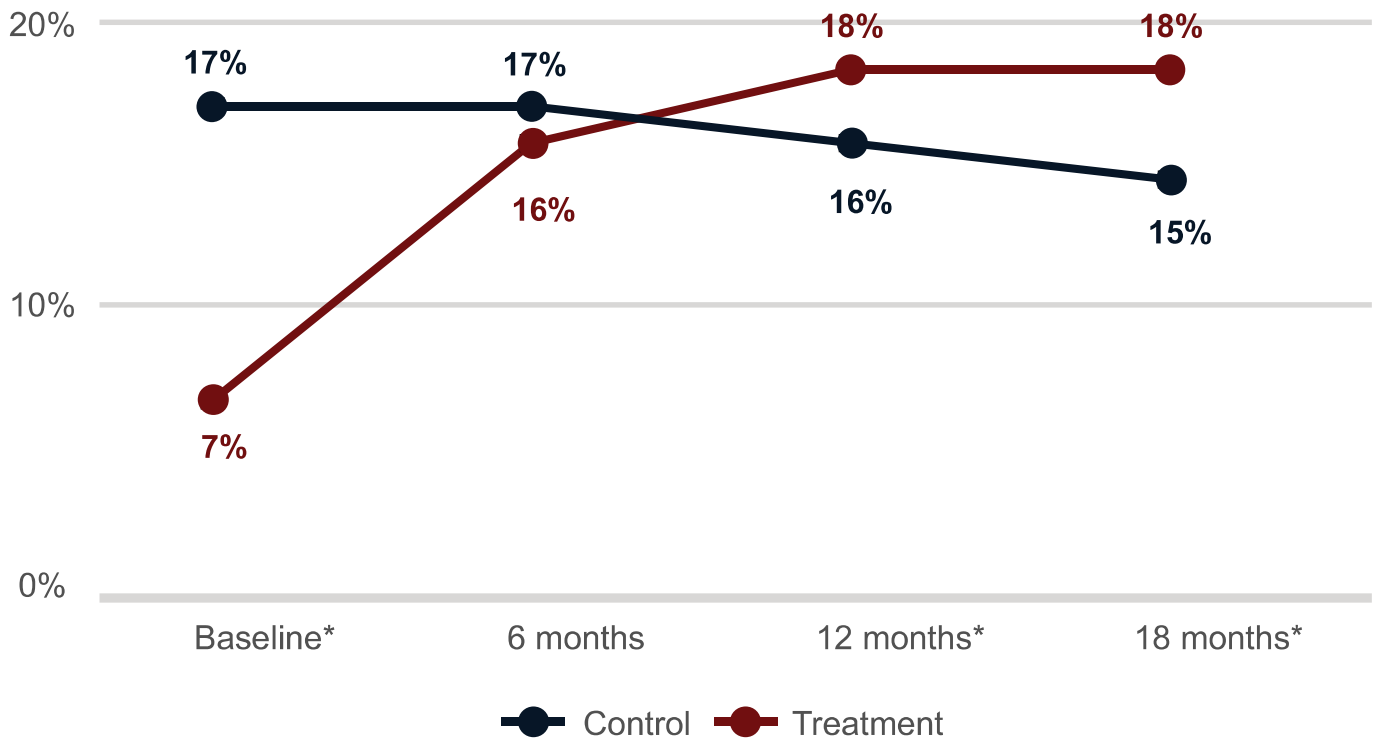
Many of the study participants worked in hourly positions and had significant variability in the hours they were given from one week to the next. Consistent with the research noting how scheduling unpredictability derails financial progress, negatively impacts quality of life, and harms one’s ability to parent (Lambert, 2020; Lambert et al., 2019), participants articulated how fluctuating employment conditions created destabilizing ripple effects throughout their networks. In short, this translated to participants battling volatility at home, at work, and in the safety net simultaneously. The GI payments helped smooth over some of this instability; however, because the dose of the GI was relatively modest, many participants explained that the payments only helped them pay down debt or cover the bills they already had, rather than creating the type of income stability that could fully move them out of day-to-day survival. Importantly, however, these participants did not lack goals, planning, or information. Instead, they consistently battled macroeconomic conditions that presented a moving target of stability. Lisa Marie’s experiences help illustrate this dynamic. She has been working to save, but as she explains, every month there is something:

And I'm hoping to save more. Um, I been working a couple of months so, so far, so good. Um, I was a little behind in a lot of things, like my storage. Um, sometimes it feels like every month, there's just something, you know? So this month, I'm, I'm behind in my storage, but I'm gonna take some money from you guys and I'm gonna pay my storage. Because it's gonna go on auction in a few days. So, I need to pay it.

Emergency financial preparedness was limited, which is common among lower-income and minoritized households" (board of Governors of the Federal Reserve System, 2024). A plurality of participants in both groups reported an inability to cover an unexpected \$400 expense using cash or a credit card paid in full. At Baseline, only 7% of the treatment group could handle a \$400 emergency expense, compared to 17% in the control group—a statistically significant difference (OR=.37, $p=.010$).

Over time, this pattern shifted: the treatment group's ability improved to 16% at 6 months and further to 18% at both 12 and 18 months (OR=3.26, $p=0.02$, and OR=3.25, $p=0.02$, respectively). Overall, the GI had a progressively positive effect, enhancing participants' resilience to financial shocks.

Figure 4: Ability to Afford a \$400 Emergency Using Cash or a Credit Card Paid in Full, Treatment vs. Control



Note: * $p<0.05$; ** $p<0.01$; *** $p<0.001$

Even though the percentage of GI recipients who could weather a financial shock increased over time, many recipients continued to experience entrenched precarity that contributed to feelings of isolation and dehumanization, particularly when their attempts were governed by opaque policies of exclusion. Karma is a Black mother of two boys. She has been living in Madison since she was 19 and works in the medical field. Karma was hoping that with the help of the GI program, she might have enough money to qualify for a mortgage and purchase a home through a local program that helps first-time buyers secure mortgages. She completed the program, but was ultimately not given the mortgage and instead was put on another waiting list with no explanation as to why. This experience solidified Karma's belief that the system was set up to ensure that you could never quite meet your goals. "I didn't get a mortgage. I was this close [makes a pinching motion]. I was this close but, you know, they don't wanna see you succeeding." She felt like the system did not want single Black mothers like herself to "win." Karma was able to save money and get herself to a place where she could possibly invest in a different future, but found herself hampered by the amount of time the

administrative steps towards economic mobility required. Between researching programs, attending meetings, filling out paperwork, taking care of her children or ensuring that someone else could, and her regular work schedule, she just did not have the time to keep moving forward.

Just a lot of, um, time, you know, you have to—you have to dedicate time to these things. You can't just say, oh, I work towards, uh, you know, the, you know, like a mortgage to buy a house. That's a lot of time. You have to go look at houses, you can't spend any money. It's just like, literally time if you have kids and you're a single parent, no matter man or woman, you're not gonna have the time and the capacity to do that and then keep your job. You can, you definitely can. But like, it's just a barrier, um, that, that I had the time, you know, because my kid, he has developmental needs. So he has like four different appointments, like probably in a week, sometimes occupational speech and psychologist. So it's just like putting everything, getting everything on a— on a wheel and rolling it and keeping it going was a barrier for me.

Savings

Households in both groups struggled to build savings for the future. This, too, is common among lower income households that struggle to cover day to day expenses. In Wisconsin, only 35% of women earning less than \$50,000 per year have enough savings set aside to cover three months of expenses (FINRA Investor Education Foundation, 2022). At Baseline, the majority in both treatment (79%) and control (81%) groups reported savings under \$200, a proportion that remained relatively stable throughout the study period. While the treatment group showed some initial movement towards higher savings at 6 months (10% reporting >\$500 in savings), these changes attenuated over time and were not significantly different from the control group, highlighting the challenges faced by the pilot participants in maintaining savings, even with additional cash support.

Table 2: Trends in Savings (in %)

| TIME PERIOD | <\$200 | | \$200–\$500 | | >\$500 | |
|-------------|---------|-----------|-------------|-----------|---------|-----------|
| | CONTROL | TREATMENT | CONTROL | TREATMENT | CONTROL | TREATMENT |
| Baseline | 81 | 79 | 5 | 12 | 14 | 8 |
| 6 months | 72 | 75 | 15 | 16 | 13 | 10 |
| 12 months | 79 | 82 | 12 | 10 | 9 | 8 |
| 18 months | 76 | 79 | 13 | 13 | 11 | 8 |

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Many of the pilot participants aspired to save. It was a goal that nearly all of the participants who were interviewed mentioned. However, achieving saving goals was incredibly challenging. For many, the money was spent on long overdue bills before it even got to their bank accounts. Heidi, a 39-year-old White woman with one adult child and two elementary-aged children, found the experience of the GI

already being accounted for before she even received it exasperating. In responding to a question as to what she would do with the money if the program were three years long, she expressed this feeling of perpetually being unable to get ahead of her financial responsibilities:

Um, I don't know really. I, I mean, I wanna say like, oh I would plan to put it for savings but every time I do that, like, I mean, like I already know my, my August payment, that's going to be my 6-month insurance premium. So like, that's already gone. My August payment, my July payment is going to my April car payment. So like, that's gone already.

Similarly, Lady Don's focus on saving is something that she prioritizes, but she sometimes finds it difficult to figure out where the money she wants to put into savings will come from:

Um, for my finances, um, I always try to put up something for a rainy day, even if it's like, 10% of my pay. Just somethin', to be able to fall back on. Um, I try to split my monthly bills in half, considering [I] only get paid biweekly and I still gotta get food, still gotta have gas, still gotta have house supplies, laundry, and different things like that.

Despite ongoing financial hardships, participants in the treatment group showed a higher but insignificant likelihood of helping friends and family financially in the prior month compared to the control group. This trend was observed across all time periods following the MFF disbursements: at Baseline (OR=1.24, $p=.489$), 6 months (OR=2.02, $p=.08$), 12 months (OR=1.31, $p=.49$), and 18 months (OR=1.622, $p=.25$).

At Baseline, scores on the Financial Wellbeing Scale developed by the Consumer Financial Protection Bureau were, on average, marginally higher in the control group (M=36.89) than in the treatment group (M=35.90), but both were in the Medium-Low category (Consumer Financial Protection Bureau, n.d.). Individuals in this range typically have minimal savings, face challenges covering emergency expenses, and frequently encounter material hardships and credit difficulties. Six months into the study, this pattern persisted (control M= 42.22 vs. treatment M= 40.08). By 12 months, average scores in both groups showed a trend towards convergence, with a mean difference of -0.02. By the 18-month mark, this difference shifted to -0.54, indicating near parity between groups. None of these shifts were found to be statistically significant.

Table 3: Financial Well-Being Scores over Time, Treatment vs. Control

| TIME PERIOD | CONTROL | TREATMENT | ESTIMATED IMPACT | STANDARD ERROR | 95% LOWER CI | 95% UPPER CI |
|-------------|---------|-----------|------------------|----------------|--------------|--------------|
| Baseline | 36.89 | 35.90 | -0.99 | 1.174 | -3.29 | 1.31 |
| 6 months | 42.22 | 40.08 | -2.14 | 1.196 | -4.48 | 0.21 |
| 12 months | 40.44 | 40.42 | -0.02 | 1.197 | -2.36 | 2.33 |
| 18 months | 40.57 | 40.03 | -0.54 | 1.366 | -2.76 | 1.69 |

Note: * $p<0.05$; ** $p<0.01$; *** $p<0.001$

Case Study 1:

Aurora–Immigration and Reciprocity

Aurora is a 48-year-old single mother who came to the US from Central America in the early 2000s, hoping that she could find work that would pay her enough to support her family. She loves Madison's natural beauty, "the lakes, trees and flowers," an environment she savors on weekly walks with her sister.

Aurora does not qualify for public benefits or the formal safety net. However, she has set up an informal safety net by practicing economic reciprocity with her community. She describes herself as someone who shares what she can with her friends, neighbors, and family. She recounted a recent trip to the food pantry:

Just now when I went to the food pantry, there was a lot of fruit, and I even took fruit for my friends. I bring fruit to my friends. Or potatoes. I like to cook. I'll bring food to them. Because what I receive, I can share. I like to share. Especially when they say, "Oh, you cook good food." Oh, I just add more seasoning and bring it to them. [Laughter] I like to cook.

Aurora lives with her daughter in an apartment and rents out the spare bedroom when money is tight. Aurora works as housekeeper at a local hotel, which is physically taxing and does not pay very well; but she loves her work and prides herself on doing it well. When the hotel closed during the COVID-19 pandemic, she found herself falling short on her monthly bills. Her roommate at the time supported Aurora by paying more than her share of the rent, cooking her meals, and helping Aurora find a temporary job.

When Aurora got the GI, she was able to reciprocate the kindness she had received by providing economic support to others. Aurora explained other ways she extended support to her community:

Uh, with my sister, for example, uh, she was, uh, preparing the birthday celebration for, for my niece and, and she asked me if I was able to support with like \$200 and just of course, yes. And she said she was very, uh, thankful, uh, uh, about it, you know, or a friend at work sometimes. And they will say like, you know, "I'm very, I'm short on my rent. Can, uh, can you lend me some money?" Uh, and it is when I'm, when I'm able, it's very, uh, it's a beautiful feeling to be able to support somebody when they are going through something like that. And when I can, I do it.

Despite being part of these networks, Aurora considers herself to be extremely self-reliant. Earlier in life, she was a caretaker for her younger siblings, taking on household responsibilities. Her father would give her money every week to buy household provisions, and this is how she learned to budget. She elaborated: “So, I learned. So, it’s not hard for me to get ahead. I know how to live alone. I don’t need a companion, and I haven’t looked for one, either, but I’m fine the way I am.”

Because of these experiences, Aurora felt well positioned to make use of the GI. She was able to support her daughter, send money to family, care for her community, buy staples in bulk, and save some of the money for the future. She describes how the GI also helped to reduce her worry; with MFF, she knew she would be able to cover her rent, so she could do things to help support her daughter’s emotional well-being.

That’s something that is, uh, it really help, and my daughter really helps us. She’s very happy, you know, that we are able to, to go and, uh, have, uh, some meal together, go, uh, or just get an ice cream or just go for a walk.

When the GI ended, Aurora felt confident that she could continue to cover her expenses. However, rising housing and food costs have presented some challenges. Her rent has gone up, and she expects it to go up again. She explains that:

Sometimes I, I get really tired with my job and I wish not to continue doing that. But, you know, I, I, I think about, I do it for, for, for my daughters, for myself, for my cats because they, they need, I need to buy food and keep later, and they’re very demanding. So, I just, um, I will continue forward and, uh, I don’t imagine the future. I don’t do a lot of, of planning because sometimes things, uh, you know, that, that they don’t happen as we want them to be. But I just, just continue, just wishing for, for help and, and, and, and energy to, to go forward.

At her last interview, Aurora had not yet had to take in a roommate again. Living in an apartment with just her child brought her a sense of peace.

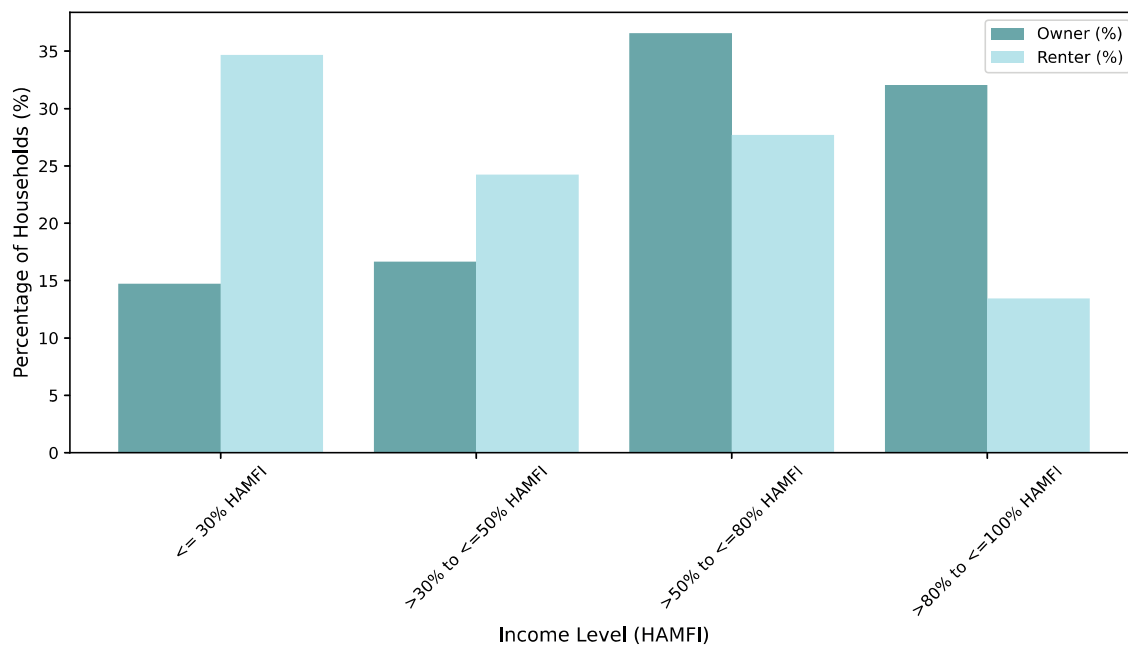
I like it. There’s a lot of tranquility. A lot of peace. More than anything, we’re very used to being along, my daughter and me. In fact, sometimes, I’ll say, “I’ve been asked to rent the room out.” And I always put a lot of conditions on people. But honestly, I’m not, like, yet ready to—I can still afford it.

Housing

When asked what it was like to live in Madison, participants consistently brought up struggling to find or keep affordable housing. Madison has faced persistent housing affordability challenges, which intensified between 2020 and 2023, the years during which MFF was implemented. Historically, the city has been among the state’s most expensive rental markets, with a longstanding shortage of affordable housing predating the pandemic. Rapid migration to the city has led to increased housing demand. Much of the response to this demand has been the construction of new apartments and condominiums across the city. This new housing is unaffordable for many residents and appears to cater to the wealthier, younger, and highly-educated new Madisonians, who stay in the city after attending UW-Madison or are drawn to the city by high paying jobs.

According to the U.S. Department of Housing and Urban Development (HUD), the Madison Housing Market Area experienced a 12% increase in average home sales prices during the 12 months ending September 2021, reaching \$324,000—the fastest gain in over a decade (Office of Policy Development, 2021). Concurrently, the rental market tightened, with vacancy rates declining from 6.7% in 2010 to an estimated 3.0% in 2021, leading to increased rents and reduced availability (Office of Policy Development, 2021). These trends created a particularly challenging environment for low-income residents, forming the backdrop for the experiences of participants in the MFF pilot program. In 2022, 43.2% of rental households in Wisconsin were cost-burdened, spending more than 30% of their income on housing (City of Madison, 2022). Both newer residents and long-term residents have struggled to find and keep quality housing.

Figure 5: Homeownership and Rental Status in Madison



Source: Adapted from Office of Policy and Development Research, n.d.

Reflecting the broader Madison context, housing cost burdens, or the proportion of monthly income spent on housing costs, were high among study participants. At Baseline, the control group spent 60% of their income on housing, and the treatment group spent 55% of their income on housing. Housing expenses in excess of 50% of monthly income are considered to face "severe housing cost burden". In Madison, approximately one quarter of renter households face severe housing cost burdens (City of Madison, 2023). By 6 months, burdens decreased for both groups (control: 54%; treatment: 49%), a pattern that continued through the study period. Both treatment and control groups showed relative stability in their housing cost burden, remaining at approximately 49% at both 12 and 18 months in the treatment group, and 57% at 12 months and 56% at 18 months in the control group. These differences between groups did not reach statistical significance at any time point. The proportion of participants experiencing severe cost burdens (>50% of income spent on housing) showed similar patterns: consistently lower in the treatment group across all time points (Baseline: 53% vs. 54%; 6 months: 48% vs. 51%; 12 months: 46% vs. 50%; 18 months: 47% vs. 51%). Again, none of the between-group differences were statistically significant.

Table 4: Housing Cost Burden, Treatment vs. Control (in %)

| | BASELINE | | 6 MONTHS | | 12 MONTHS | | 18 MONTHS | |
|--|----------|-----------|----------|-----------|-----------|-----------|-----------|-----------|
| | CONTROL | TREATMENT | CONTROL | TREATMENT | CONTROL | TREATMENT | CONTROL | TREATMENT |
| Median housing cost ratio* | 60 | 55 | 54 | 49 | 57 | 49 | 56 | 49 |
| Cost burdened (cost ratio >30%) | 72 | 74 | 72 | 72 | 69 | 69 | 69 | 68 |
| Severely cost burdened (cost ratio >50%) | 54 | 53 | 51 | 48 | 50 | 46 | 51 | 47 |

*The cost ratio is the percentage of household income spent on rent or mortgage (minus utilities)

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

The burden of securing housing loomed large across the narrative data, and although the GI was insufficient for meaningful change in housing cost burden, participants did describe the GI as offsetting the cost. The histories of housing struggles included dealing with property owners who were unwilling to keep their homes up to code, informal evictions, abusive and discriminatory landlords, rapidly rising rents, and an inability to find property owners who were willing to accept Housing Choice Vouchers (HCV, formerly Section 8 Vouchers). Participants like Stacy questioned who Madison was building housing for, and saw the construction of newer higher-priced buildings as a catalyst for rising rent costs. For Veronica, a single mother with two children diagnosed with significant developmental needs, housing was the hardest part of living in Madison: "I would almost need to, like, have that, like, a continued guaranteed income in order to afford, like a, a regular apartment." Veronica lives in low-income housing through an affordable housing program. Each year she reapplies by submitting all her bank statements and other financial information so that her rent is "mapped on" to her income. She has had her apartment for 11 years but feels stuck

there because, unlike with HCV, there are not many options for her and her two children. Still, she felt lucky to have the apartment, especially considering how the housing situation in Madison has changed:

The wait lists were shorter [11 years ago] for like, um, subsidized housing and every once in a while, they'd open up Section 8. Um, but there's like no Section 8, no way to get it unless you get into the lottery, which I tried to do this last time to see if I—because that would have given me more options for housing. Um, but as far as like lower, lower income apartments, there's just nothing.

Katherine, a 37-year-old Black single mother of four, also struggled with housing stability, describing how she has had to move her family multiple times because landlords would not renew her lease due to her low credit score or rent arrearages. Her own mother has had to co-sign leases with her, and Katherine was hoping to use the GI to pay down debt so she would not have to rely on her mother in the future. Similarly, Brian, a White veteran experiencing homelessness, was able to find housing during the pilot through a local program, but the landlord refused to renew the lease, putting him back into the shelter system.

I live in a homeless shelter for veterans in Madison, Wisconsin. Um, since, uh, last year—So previously I lived in a, a, a version of the Section 8 program for veterans. Um, the landlord of that—it was just a regular market-rate apartment complex. It wasn't like, a low income. So it was like a voucher program for poor people, low-income people to live in regular apartments. But the landlord didn't like accepting government money. And so she just didn't renew the lease.

Losing his housing meant that Brian and his children had to live in a hotel, which a non-profit organization paid for. However, the funds soon ran out, and Brian was forced to move to a homeless shelter for veterans when he and the organization were unable to secure family housing. The veterans shelter does not accept children, so he de facto lost custody of his children, who were forced to move elsewhere.

Some participants were able to use the GI and draw on their social networks to secure better housing for themselves and their families during the pilot. For example, Hali, a Malaysian immigrant with three children, was able to move to a safer neighborhood during the pilot, but only because a family friend owned the apartment building and was allowing her family to rent below market rate.

We moved out from a—a very, um, I guess, um—um, an area that's, uh—uh, that was, uh, rife with, um, I guess crime and, um, uh, smaller, unit, so, uh, much smaller than this is. So, yeah, I like my space now... Um, our, I guess financial situation got improved, and, um, yeah, that's basically it [laughter]. And I guess I got this place, um, out of, uh, a favor. We got—we got a favor from a friend. So yeah, if not, we wouldn't be, uh, we—we couldn't afford this place.

Because of how tight the housing market was, participants found that the GI had to be combined with other resources—often connected to who they knew, people who might be willing to support their rental application or co-sign their lease, or who might have insider knowledge about rentals before they were listed on the public market.

Related to the increasingly inaccessible costs of housing, Madison, along with Dane County and Wisconsin more generally, has seen a rise in homelessness since 2013. The 2023 Annual Homeless Assessment Report indicated that on a single night in January 2023, 4,861 individuals in Wisconsin were experiencing homelessness, reflecting a 1.8% increase from the previous year (Office of Community Planning, 2023). Dane County alone accounted for 12.8% of the state’s homelessness (Wisconsin Policy Forum, 2024). In contrast to state and county trends, Madison experienced a peak in its unhoused population during 2021, and subsequent street surveys in 2022 and 2023 showed declining numbers (City of Madison, 2023), reflecting the effectiveness of expanded COVID-era support programs that helped secure stable housing for vulnerable residents.

The vast majority of participants were stably housed in a rental unit (subsidized or fair market), a home that they owned, or in a rent-to-own situation, with only a handful in each group across waves reporting their housing status as “other” or living with family or friends. No significant differences were found between the treatment or control groups’ housing status over time. From the qualitative data, it was clear that housing vulnerability persisted for participants in both groups, suggesting that the GI alone was insufficient to overcome the broader economic challenges in Madison’s housing market during 2022–2023. The expiration of pandemic-era protections, particularly the eviction moratorium (Wisconsin Department of Administration, 2024), combined with Madison’s tight housing market, created a challenging environment where the GI’s impact on housing security was limited.

Well-Being and Health Behaviors

Unconditional cash transfers are associated with selective positive health outcomes in the literature (Sun et al., 2021; Troller-Renfree et al., 2022), but most of that evidence is derived from cash transfers occurring before the pandemic or outside of the US. The quantitative data showed little to no change on health outcomes in treatment or control, which is consistent with other pandemic-era GI pilots with 12-month disbursement periods (Bervik et al., 2024; DeYoung et al., 2023; Flynn et al., 2024; Kim et al., 2024). However, the narrative data overwhelmingly indicated strong access to physical and mental healthcare, deliberate health behaviors, and the lingering presence of financial instability from health crises occurring well before the pilot. With the exception of one interviewee, all of the participants were insured, reported consistent access to healthcare providers, and effusively described their local providers as trusted resources for health information and treatment. Although some interviewees carried significant medical debt, these were the result of accidents, genetic conditions and the early onset of health trouble such as cancer or fibromyalgia that occurred years prior. The gaps in coverage that did exist revolved around dental care, vision, inadequate coverage for permanent disabilities, and roll-backs to Medicaid expansions.

In several instances participants articulated seeing, or beginning to see, changes in their physical health which they attributed to GI, along with shifts in their mental health from reductions in financial stress.

The narrative data was replete with pre-existing complex health and mental health conditions, and many participants utilized the GI to address medical debt along with altering their health behaviors to prevent new problems and treat existing conditions. For example, Karma described finally being able to pay for dental care, calling GI a,

true game changer for me in my life with fixing my teeth... They were really messed up, really messed up, and now I can smile with confidence and I'm just so happy that I can go around people and just smile because I've never smiled before.

Further, of the many interviewees reported engaging in therapy at some point during the study, with only one ceasing mental health treatment after disbursements stopped. Participants drew sharp distinctions between their ability to engage in healthy behaviors during the disbursement period and outside of it. Without the GI, they detailed constantly choosing between paying rent and healthy food, engaging in work that they felt risked their health, and choosing lower-paid employment opportunities to not lose access to physical and mental healthcare due to the benefits cliff. In contrast, they associated the disbursement period with intentional weight loss, reduced consumption of processed food and alcohol, increased consumption of fruits and vegetables, reductions in diabetic markers and high blood pressure, spending more time outside, increased exercise, and decreased fatigue. Katrina reported that her diabetes “numbers are looking so good that it’s not even diabetes anymore,” and Brian was able to supplement the poor nutrition he received in the shelter system with the GI and access medical care resulting in his “dangerous” cholesterol levels coming down. Others, like Katherine, saying she’s “taking my health back,” were able to use the GI as a stopgap while waiting for short-term disability approval for surgery.

Similarly, with the exception of three interviewees experiencing lifelong severe and persistent mental illness, participants overwhelmingly attributed chronic stress, anxiety, and depressive symptoms to financial strain and poor working conditions which the GI temporarily eased when the safety net and market failed. For example, Mary, who lives with permanent debilitating injuries from a car accident, said, “I had to risk my health for income” even though physicians indicate she “will never—essentially with my condition ... be able to work full time.” The GI created space for her to prioritize her health; she described her poor well-being as originating in finances, saying, “this is why the pilot really, really decreased my depression and suicidal ideation.” Echoing prior literature on poverty’s causal contribution to mental ill-health and scarcity mindset (Basu, 2017; West et al., 2023), participants also credited the GI with creating the mental bandwidth to begin healing from chronic stressors. Veronica felt it “gave me more time to focus on other things too... That’s why my mental health is better,” while Nick described himself as “content and present” while receiving the GI. Although these pathways were diverted by the relatively short duration of disbursements, participants like Emma still felt the GI altered their thinking. She explained, “I’m choosing to grow, to heal, to learn ... instead of like, just dwelling on my situation, [I’m] looking for ways to make it better.”

Despite the well-being shifts participants experienced during the disbursement period, for many, this respite was not sustained because the GI amount and length was not sufficient to create enduring economic shifts. Nick, who is the primary provider for his family, explained that while GI provided a necessary reprieve, the end of GI marked a return to a “constant state of pressure.” Like others, Nick

attributed this to major structural factors that feel out of his control, impact his health and curtail his ability to enjoy his family, “there’s so many factors of my life, just of my exciting home life that I don’t really have any sort of control over. Um, my rent went up this year, my rent’s gonna go up again next year. I can’t... I can’t control that... and... damn it, I should be able to appreciate the exciting things that happen in my home, my exciting life.”

PHYSICAL HEALTH

The qualitative findings highlight the intersecting impacts of financial precarity and systemic inequities in healthcare access on health outcomes, alongside the overwhelming personal toll of economic stress. With the limited duration of MFF, it is not surprising that there was little movement in physical health indicators; one year of a relatively small infusion of cash was unlikely to produce major health changes between groups. Using the Short Form Health Survey-36 (SF-36) (RAND, n.d.), a common instrument to measure general health and functioning, little variation was apparent over time. There was no significant difference in physical health scores between the treatment and control group at any time on any of the subscales of the SF-36. However, average scores lend some insight into the physical health status of the participants. The normed average of the general health subscale for individuals with chronic health conditions is 56.99, and participants in both the treatment and control conditions were within a few points of this mean at each observation. This indicates their general health to be on par with others with chronic health conditions, which many of the participants reported in their interviews.

FOOD INSECURITY

Dane County residents experienced increasing levels of food insecurity during the pandemic. As job losses took hold, the percent of the population eligible for FoodShare rose from 10.9% in 2018 to 12.1% in 2021 (Wisconsin Food Security Project, 2024). Interview data reflect that participants were often just above the income cutoffs for support, particularly SNAP benefits (called FoodShare in WI), despite their struggles to get by. Consistent with other research on GI, food security, and health behaviors (Kim et al., 2024; Liebman et al., 2022), GI provided participants with expanded access to healthier food choices, which participants directly linked to a range of positive knock-on effects in the narrative data. Mary described expanded access to healthy food as “my favorite thing ... It was able to give me amazing mental bonding income with my daughter and food for us... That was an amazing, yeah, amazing help.” Katherine used the nomenclature of GI, saying,

Some months were dark and it really helped us get out of it. So, uh, you know, there was times where we, we didn’t have no food and we know that, that \$500 was coming. So it was guaranteed food in the house.

Although food insecurity remained ever-present throughout the pilot, participants like Veronica described her “main goal” with the GI “was to be able to eat properly, eat the food that I, I actually wanna eat, and that was successful too,” buttressing prior work indicating how poor nutrition can reflect market conditions rather than nutritional (il)lteracy.

Inflationary pressure on food costs plus participant’s struggles with qualifying for or accessing benefits created particularly challenging circumstances of material hardship. Quantitatively, this hardship was evident in household food insecurity, with both groups experiencing persistent food insecurity throughout the study and not differing in their levels of insecurity. At Baseline, nearly two-thirds of all participants worried about food insufficiency, and over half could not afford their preferred food options. By the pilot’s conclusion, one-third of households in both groups were still worried about reducing food intake due to insufficiency.

Table 5: Food Insecurity over Time, Treatment vs. Control (% Yes Responses)

| IN THE PAST FOUR WEEKS... | TIME PERIOD | CONTROL | TREATMENT |
|--|-------------|---------|-----------|
| Did you worry that your household would not have enough food? | Baseline | 64% | 64% |
| | 6 months | 49% | 45% |
| | 12 months | 51% | 58% |
| | 18 months | 52% | 55% |
| Were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources? | Baseline | 54% | 59% |
| | 6 months | 45% | 40% |
| | 12 months | 51% | 55% |
| | 18 months | 48% | 46% |
| 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 | 51% | 62% |
| | 6 months | 41% | 39% |
| | 12 months | 53% | 55% |
| | 18 months | 47% | 49% |
| Did you or any other household member have to eat less in a day because there was not enough food? | Baseline | 36% | 45% |
| | 6 months | 29% | 33% |
| | 12 months | 40% | 41% |
| | 18 months | 32% | 35% |

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

To navigate rising costs, many of the pilot participants relied on Madison’s food pantry system, which has faced growing demand since the pandemic (Nelson, 2024). Like most, Karma talked about having been to almost every food pantry in the city and surrounding area to find the ones that best suit her family’s needs:

Well, I’ve always—That’s one thing with me. Like I’ve always been, like, have anxiety going in anywhere shopping, because everything has always been expensive. But, um, I go to the food pantries, girl, I go to the food pantry. My clothes is dipped up, but that’s probably how I got—I could budget, and we can buy sock, shoes, and stuff when we

need it and stuff like that, because I go to the food pantry. I don't care. I don't care. I, and what I do, I go and volunteer first at the food pantry to see if this is it for me.

Veronica was also accustomed to getting the majority of her groceries at the food pantry, but lamented their lack of fresh fruit and vegetables. One of her main goals from the GI was to have a little more autonomy over the food she prepared for her and her sons.

Um, I know the main goal was to be able to eat properly, eat the food that I, I actually wanna eat, and that was successful too. Like that was the main thing, cause like, food pantry food, I can't deal with. It's, it's fine temporarily or for like just to have staples, but it's not good to depend on food pantry.

Similar to others, Veronica was able to improve her diet while receiving the GI, but post-disbursement she has found herself once again relying on the food pantry, which decreased access to healthy food. Lady Don discussed how food costs were rising, but that FoodShare allocations did not adapt with it, “food can be a challenge sometimes. But um, we, we make that work too. Um, still poor but not eligible for food share, like I don't want to even understand...” Lady Don's frustrations extended into the class inequity she saw rising around her: “And then that's another thing, the rich keep getting richer, the poor get some help, the workin' middle class, struggling like a motherfucker, but we keeping the country going. Pardon my French. I don't understand that either.”

Another participant was disqualified from receiving food assistance for ten years because of a clerical error on the program side. The system incorrectly added \$80 to her account, and when she did not notice and report it, she was accused of fraud and sanctioned for a decade. For her, the GI helped to alleviate her stress around providing for her children while they were ineligible for SNAP. Each of these participant's experiences reflect the limits of a benefits system that excludes people who are in precarious situations like Luna, have made small clerical errors, or who earn enough to be ineligible but not nearly enough to make ends meet.

MENTAL HEALTH

Consistent with literature noting causal and bi-directional relationships between poverty and mental ill-health (Lund et al., 2018; Ridley et al., 2020; World Health Organization, 2014), the burden of financial strain manifested in participants' mental health. Psychological distress scores on the Kessler 10 scale remained elevated throughout the study (Kessler et al., 2003). Initially, the treatment group reported significantly higher stress levels compared to control ($M=25.42$ vs. $M=23.15$, $B=2.27$, $p=0.03$). This pattern persisted across subsequent time points, with significant differences at 6 months (treatment: 24.22 vs. control: 20.40, $B=3.82$, $p<0.00$) and 18 months (treatment: 23.45 vs. control: 21.18, $B=2.27$, $p<0.01$). Mean scores for both groups remained within the clinical threshold for mild mental disorder throughout most of the pilot period, though the Baseline mean of the treatment group was within the bounds of a moderate mental health disorder. While the GI may have mildly alleviated mental distress within the treatment group, as reported in interviews, the rising costs in essential areas limited the relief participants felt.

Table 6: Psychological Distress over Time, Treatment vs. Control

| TIME PERIOD | CONTROL | TREATMENT | ESTIMATED IMPACT | STANDARD ERROR | 95% LOWER CI | 95% UPPER CI |
|-------------|---------|-----------|------------------|----------------|--------------|--------------|
| Baseline | 23.15 | 25.42 | [2.27]* | 1.090 | 0.12 | 4.42 |
| 6 months | 20.40 | 24.22 | [3.82]*** | 0.870 | 2.12 | 5.52 |
| 12 months | 22.82 | 23.54 | 0.72 | 0.840 | -0.93 | 2.38 |
| 18 months | 21.18 | 23.45 | [2.27]* | 0.930 | 0.45 | 4.11 |

Note: Kessler 10 scores ranging from 10–19 indicate “likely to be well”; 20–24 indicate “likely to have a mild disorder”; 25–29 indicate “likely to have a moderate disorder”; 30–50 indicate “likely to have a severe disorder” (Kessler, et al., 2003).

Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Alongside high levels of psychological distress, stress levels as measured by the four-item Perceived Stress Scale (Cohen et al., 1983) tracked consistently higher in the treatment group compared to control throughout the study period (Baseline: 8.53 vs. 8.49; 6 months: 8.62 vs. 8.30; 12 months: 8.45 vs. 8.36, and 18 months: 8.53 vs. 8.17), where the treatment group’s score was significantly higher at the 18 month point (Mean difference=.36, $p=.045$). Notably, stress remained elevated across both groups, with over 90% of all participants reporting high levels of stress at each time point evaluated.

While participants reported high levels of stress in their lives, the narrative data indicated that participants felt the GI alleviated some of it. In some cases, stress had been so omnipresent that its absence was an unexpected, strange feeling. For others, the slight alleviation of stress created space for them to imagine what they wanted to work towards in the future. Mary, who is in her 30s, of Asian descent, and the primary caretaker for her young daughter, described how the GI impacted her mental health, her orientation towards self-care, and her ability to care for those around her:

Yeah, absolutely. Like I said, it actually reinforced my mental health better, and then like, how I just mentioned it was a constant, you know. I didn’t have to struggle for that and so I was able to self-care. I was able to help others as well. Um, it was such a boring change, but it was such a relief that you can’t explain unless you experience. You know, my analogy to it is like you have a broken leg and to finally be able to stand up, step. It’s life changing, like, yeah.

Lisa Marie and Amelia Bedelia found enough stress relief through the GI that they had space to begin focusing on their mental health. Lisa Marie began to see a therapist during the course of the pilot but was not able to continue after MFF ended because finances got too tight:

So um, there’s just a lot going on and so I didn’t continue, but she did give me some, a lot of tools to use. Um, yeah, and then I was like it was, they went up on the fees, it was like \$65 a session and I just couldn’t afford it.

The GI gave Amelia Bedelia sufficient agency over her time that she was able to restructure her day to prioritize therapy.

I'm done with work at five. She's done with daycare at five. So there's no possible way for me to pick her up in the afternoon. But my day off on Thursday is my mental health day. That's when I do my trauma specialist. I do group therapy. I go to [an outpatient mental health center]. The things that help me keep my mental together, I do on Thursday. And I work every other Saturday. So there's, um, Thursdays, I'm able to pick her up from school, that we can have our little, little time after school. But I usually get home at 5:30. So we still do dinner, and after school homework together.

Transportation

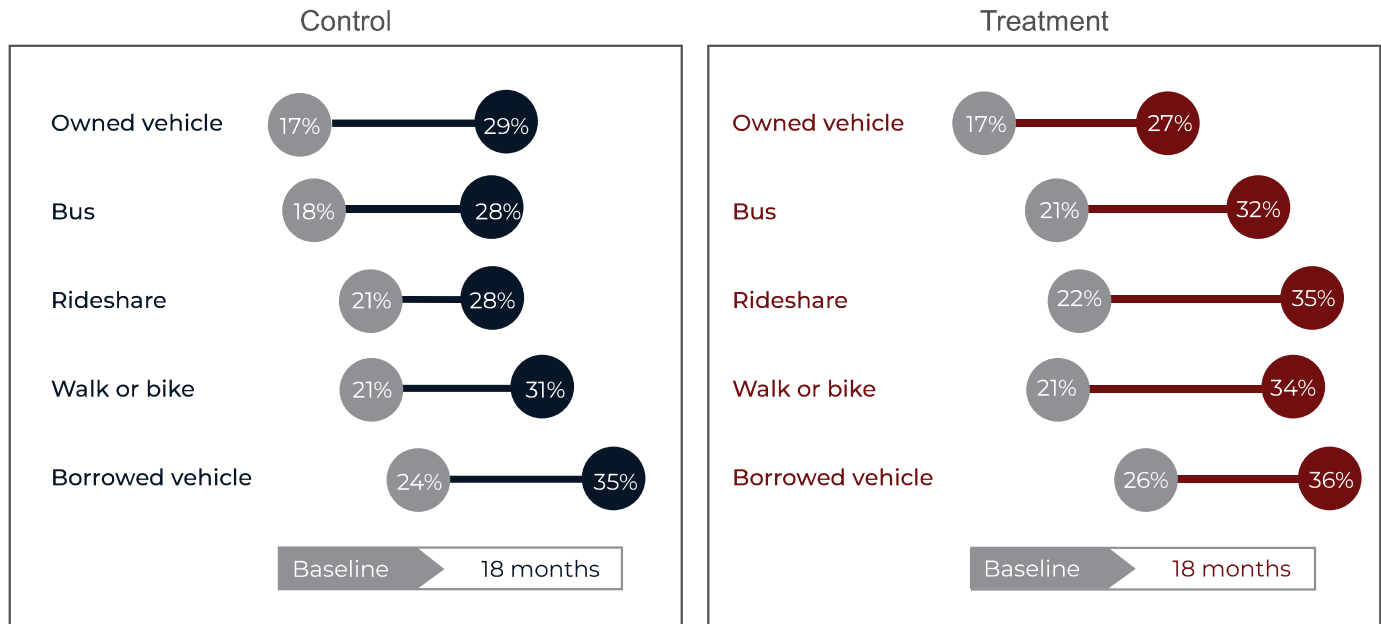
Madison is recognized for its commitment to sustainability and diverse transportation options, supported by a well-connected network that includes extensive pedestrian and bicycle infrastructure (Madison Department of Transportation, 2024). However, transportation experiences can significantly vary based on individual circumstances, and can be both a cause and a consequence of material hardship. Among pilot participants, personal vehicle ownership was the predominant mode of transportation, with over 70% relying on their own vehicles. Interview participants overwhelmingly spoke of using personal cars to get around town. Having a car that was running well was an important asset, while those who suffered issues with their vehicle over the course of the pilot found it a source of stress and financial strain. Generally speaking, pilot participants did not find that the public transportation system in Madison met their needs—though some explained that the system was going through changes and expressed hope for system-wide improvements. Genesis, who used the bus regularly, explained that she felt both skepticism and optimism about the new system. Her skepticism came from a lack of communication: changes to service had started the day before, and she was already feeling anxious about making it to work on time. However she was optimistic because the new system was supposed to access some of the outlying areas of Madison, like Sun Prairie and Verona, which had previously had no public transportation access.

For many participants, the GI helped them compensate for transportation insecurities. Aurora, Keisha, and Nick purchased used cars using some of the money that they received from MFF. Keisha explained that prior to purchasing a vehicle, she was riding public transportation, which “was getting me where I needed to go. I mean, I know that it was, like, sometimes time consuming, because certain routes and certain places you get to on there without having extra travel.” Nick described how he was depending on an old Nissan that was “literally held together with duct tape” and the GI allowed him to upgrade to a newer Mazda. He was incredibly thankful for the upgrade, because he had looked into public transportation for getting to and from work, and:

I'd have to get up like an hour earlier to catch a bus. And then I wouldn't be able to, and... and then it was also like, at least 45 minutes, um, before the next bus would come at the end of the day. So that I wouldn't be able to get back here in time in order, you know, to help with the kids.

While he felt like in the worst case scenario, he could have made it work, he was worried what it would mean for his children, who would have been by themselves for more than 45 minutes as they waited for him to get home from work. Nick wanted to be in control of his own transportation, and the GI helped him achieve this autonomy.

Figure 7: Percentage of Participants Reporting No Transportation Barriers



Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

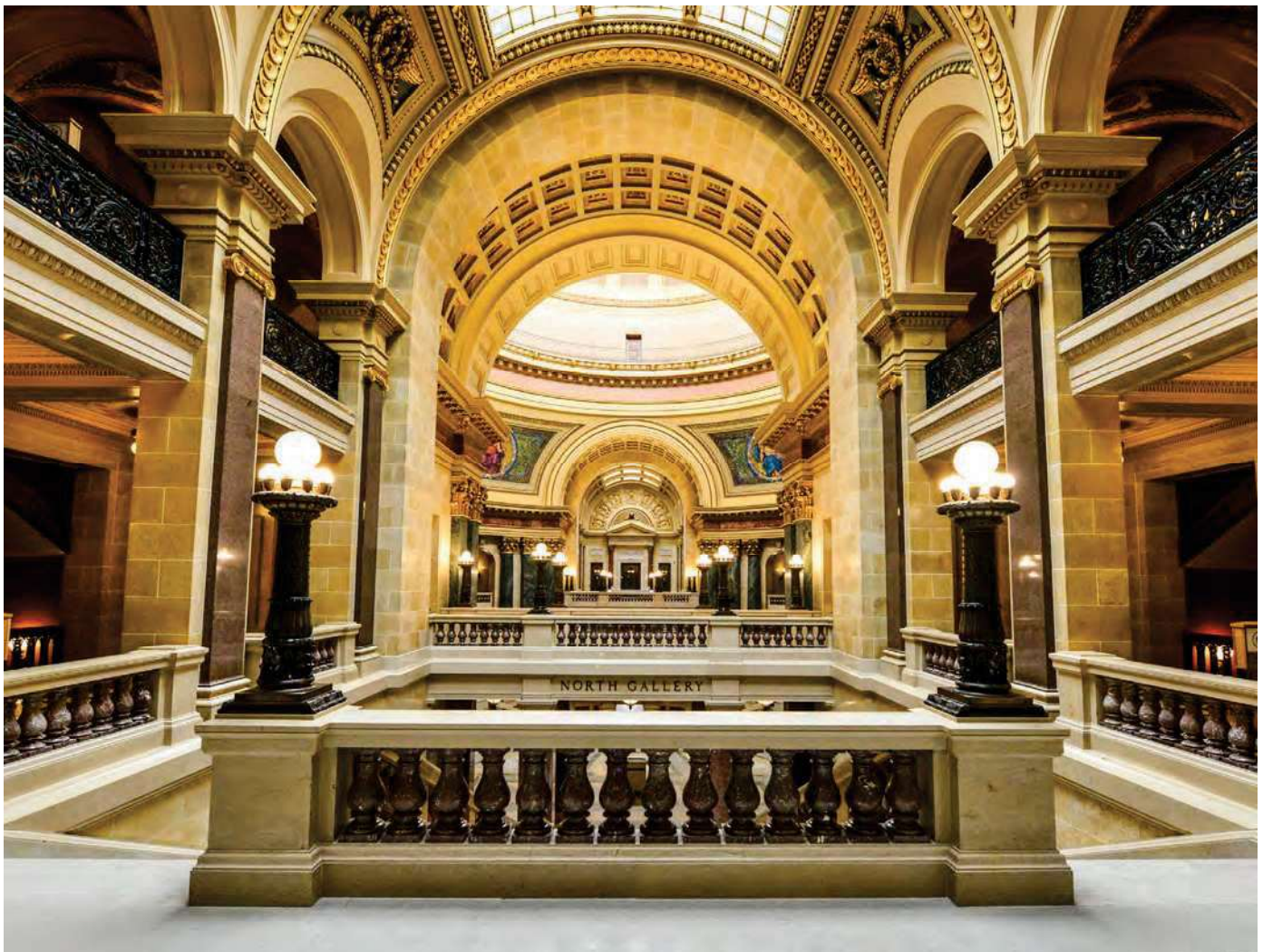
Alternative transportation methods, such as borrowed vehicles, were used by a smaller portion—around a quarter of respondents. Meanwhile, a fifth of respondents reported walking or biking as their primary mode of transport, aligning with Madison’s investments in bike-friendly infrastructure and pedestrian pathways. Brian, described the layout of Madison, with multiple highways crosscutting the city and breaking up neighborhoods, as particularly problematic for setting up a public transportation system. He explained that “it’d be pure misery if you lived on the east and had to go to the west, because it might take you... I, I would imagine it would easily take you more than an hour to get there.” While he acknowledged Madison’s 85 miles of bike lanes—which he said the city seems to be very proud of—he commented that unless you live where you work, these bike lanes are not very useful, he noted, “I think Madison is a city where you need a vehicle to get around.”

Quantitatively, rideshares were the least frequently used mode. However, in the qualitative data, participants described relying on Uber to make up for unreliable vehicles or lack of access to public transit. Katrina, a Black woman in her 50s with three adult children and who is the custodial caretaker of one of her grandchildren, explained that she really did not like riding the bus, and would either get rides from her grandson or Uber if the location was nearby. Stacy, who is a mother to two school-aged children, experienced her car breaking down shortly after the pilot ended. She works as a hospice caretaker, and found herself,

Getting crazy with ordering Ubers with me getting back and forth from [neighborhood] to the south side of Madison, 'cause that's where I work [laughs]. Uh, \$26 dollars Uber there and back, and \$22 for my daughter to school and back.

When Uber notified her that she could not send a minor child in an Uber as a way of getting her to school, she started paying for her cousin to Uber to her house, take her daughter to school, then Uber back home. She ended up taking a leave from her job because “there’s no way I can continue to Uber back and forth.” Stacey found herself falling behind on her rent trying to keep up with the Ubers “in order to keep a paycheck.” Thankfully, the week before her second-round interview, Stacy’s uncle helped her find a replacement vehicle.

A plurality of respondents in both groups (control: 58%, treatment: 52%) felt that their primary mode of transportation met their travel needs “very well” or “well.” A minority (control: 20%, treatment: 26%) felt it did not meet their needs adequately, while the remaining fifth of participants were neutral. Approximately 40% of respondents in both groups indicated that it was easy to access their workplace or school using any mode of transportation. Similar proportions were reported for accessing essential services, such as retail stores, doctor’s offices, post offices, and recreational facilities like parks and open spaces. About one-third of participants found it easy to reach entertainment venues, such as movie theaters and sports stadiums. No significant differences between groups were evident in both transport access and satisfaction measures at any time period assessed.



3. Work, Children, and Youth Outcomes

Summary: All participants were balancing the tension between needing income and filling unpaid caregiving responsibilities. Many participants worked in the service sector and lost their jobs due to the pandemic. The GI helped some cover some of their basic needs while looking for new jobs, while it gave others the opportunity to forego second or third jobs. Fluctuations in employment status indicated the MFF recipients were steadily moving toward full-time employment, yet those trends were not significant. The treatment group showed both higher employment rates and higher odds of being unemployed and actively looking for work compared to the control group, with the latter being significant at the 12-month time point. Some used the GI pay for childcare so that they could pursue employment or education. Among children of participants in both groups, enrollment in after-school activities was limited and did not differ significantly. Children’s involvement with the justice system was low, likely due to the relatively young age of the children. Many participants felt they were under constant scrutiny from the systems with which they and their children interacted, and worried about being judged as poor parents and potentially having their children taken away. They expressed the sense of pressure to be perfect and appear strong; for them, the GI was an acknowledgment of the arduous, often invisible labor that caregiving and parenting demand.

Paid and Unpaid Work

Madison’s workforce, predominantly concentrated in administrative roles (12.1%), sales positions (8.6%), and food service jobs (8.1%) (U.S. Bureau of Labor Statistics, 2023), experienced significant disruptions during the pandemic. While the overall job market rebounded strongly, growing by 2.7% in 2022, with nominal wages increasing by 8.0% in 2021 (Wisconsin Department of Revenue, 2022), the recovery was uneven across sectors. The city’s largest employment sectors—higher education and healthcare—remained relatively stable due to the presence of UW-Madison. Yet, other sectors faced greater challenges. The leisure and hospitality industry, despite showing the fastest growth rate at 9.3% and adding 2,356 jobs between 2020 and 2021, still remained 20.1% below its pre-pandemic 2019 employment levels, while the services industry was down 5.6% (Wisconsin Department of Workforce Development, 2023). This mixed economic landscape formed the backdrop for the pilot, during which most participants held either full-time or part-time employment.

Pilot participants were substantially impacted by the pandemic. Many worked in Pre-K–12 education, caregiving, or other service-related industries which completely shut down as a result of COVID-19. Their experiences during the pandemic informed how they thought about and approached employment during the GI pilot. Luna lost her job during the pandemic but was able to find a part-time position around the same time she began receiving GI payments. Stacy was working as a CNA during the

pandemic and also lost her job; she found a new position during the GI pilot but feels like she has only been able to play catch up since the pandemic began.

Yeah. Yeah, just stressful. So I thank God that the job fell in place and then right after, this program was offered and then I got accepted. So that really helped and then just trying to get caught back up on things, just from the pandemic happened and everything getting shut down, because that's how I originally lost my job, with the pandemic, so...

Lady Don worked in an institutional setting as a caregiver. She tries to work as much as she can, picking up overtime shifts and bonus contracts, but she does not feel like she is paid sufficiently for the work that she does:

I feel like we're not paid enough, um, pandemic hit hard, we lost a lot of staff for the pandemic, you know, it was really hard, um, to care for people and, and still not put yourself first, you know, put other people first, and that was really hard. We lost a lot of good staff that way or whatever. They definitely don't pay you enough for the type of work that you do.

Despite feeling undervalued at her job, she works hard as a model for her children, hoping they will learn that things are more rewarding if you work for them. However, her schedule necessitates that her children take on responsibilities in the household that she cannot attend to:

That's why I chose the work nights. I work 6:30 at night to 7:00 in the morning, six nights in the work-week out of that, have the next eight nights to be able to focus. Sometimes I might pick up a night or two just to make some extra money on my days off. Um, for my kids. Um, they do most of the cleaning while I'm at work. Of course, I'm sleeping during the day, trying to sleep, but they get rewarded, you know. Um, their chores are complete. When I get paid, they get paid, you know, give them something to look forward to, um, grades, you know.

These differing schedules and competing demands on caregivers can cause disruption in the household. Quantitatively, the household Confusion, Hubbub, and Order (CHAOS) Scale is intended to measure home environments in order to understand the effects of variability in home contexts and the features of household stability and routine (Matheny et al., 1995). So while the CHAOS scale measures environmental disorder, in many cases what it actually captures are the cascading effects of poverty and financial instability on families' ability to establish and maintain order in their daily lives. Home environments are believed to have significant impacts on childhood functioning and development (Berry et al., 2015; Levy et al., 2017). Household chaos remained elevated for both groups throughout the study period (Baseline: control=30.01, treatment=30.51; 6 months: control=30.58, treatment=30.66; 12 months: control=31.14, treatment=30.29; 18 months: control=30.08, treatment=30.66). Small differences between groups were observed at various time points (ranging from -0.85 to 0.58). By pilot's end, the treatment groups had reverted to Baseline rates. Despite these observed patterns, differences between groups did not reach statistical significance at any time point.

Table 7: Household Chaos, Control vs. Treatment

| | CONTROL | TREATMENT | ESTIMATED IMPACT | STANDARD ERROR | 95% LOWER CI | 95% UPPER CI |
|-----------|---------|-----------|------------------|----------------|--------------|--------------|
| Baseline | 30.01 | 30.51 | 0.50 | 0.884 | -1.24 | 2.23 |
| 6 months | 30.58 | 30.66 | 0.08 | 0.804 | -1.49 | 1.66 |
| 12 months | 31.14 | 30.29 | -0.85 | 0.868 | -2.56 | 0.85 |
| 18 months | 30.08 | 30.66 | 0.58 | 0.834 | -1.06 | 2.21 |

Note: * $p \leq .05$, ** $p < 0.01$, *** $p < .001$

Similar to Lady Don, Katherine, who works in the financial services industry, contends with having very little contact with her four children in order to make her work schedule function. Prior to the GI, she was looking for a second job to make ends meet, which would have meant even more time away from them. With her oldest having just graduated high school and her youngest in middle school, she often depends on them to take care of each other while she is at work. Her work day is longer than their school day, and she describes her routine for when her children come home:

Because knowing when they come in the house I'm still working, so they either start the chores or their homework. I have a list ready. I go on, like, a 15-minute break and tell them what needs to be done. Finish my couple hours and then go check on what's been done, and then they have their free time, and then it's, you know, fast and ready to go back to sleep, and we're normally sleep by 9 or 10 o'clock, so.

Cindy Lou also lost her job during the pandemic. She is the sole provider for her two daughters and her elderly mother. She did not qualify for unemployment and had to wait for other benefits to kick in. She could not possibly cover her rent and expenses, but the GI payments started coming right on time:

So, you know, I, I don't know, I probably would have been homeless without that \$500 at this point. You know what I mean? Because my mom, she has her own thing. She has to do with her income, you know, um, my, my youngest daughter, she's not working. Um, so yeah, I would have been—we would have been homeless, uh, like seriously. But, uh, I just started my job in June, um, I haven't got paid yet, but all of my income is to play catch up. You know, what I mean? Everything is really to pay catch up. It's not like a celebration.

She finally has a new job but feels that her paycheck is just going to cover all her previous unpaid expenses. One job is not sufficient, and she explains that normally she works two or three jobs at a time, one full-time and then one or two part-time positions. She also attends trade school and is studying for a degree in risk management and insurance. Cindy Lou is originally from Chicago, where she felt deeply embedded in the community, but in Wisconsin, she does not have a strong network. While working constantly,

*There's no in-between. We don't party. If you're a worker, you don't party. You don't spend time with your children. All you do is work, pay bills, and sleep. Anybody that's in the work field, and—and I try to network on LinkedIn, I try to network on everything, I try to get in groups. **Anybody that works, that's all that's in Wisconsin, all we do is work and go to sleep. We don't spend time with our kids.***

Work coming at a substantial cost to time with family was a consistent theme across interviews—particularly for parents who had work schedules that ran longer than the school day, or required they work nights. Heidi, who works full-time in the criminal justice system, wants to return to school so that she can make a better income, but also does not want to go into debt and knows she cannot balance work, school, and home. She described her financial well-being at the start of the pilot:

So at that point in time, I had no help from state benefits. Um, absolutely none. And so thankfully, my my oldest, um, was in school, but unfortunately I had to compromise my 2-year-old's, um, the place where he was going, it was not necessarily always the safest, but they also, um, pretty much cared for him [for] next to nothing, but then his, the person who had been taking care of him had actually got really sick and was in the hospital for 3 weeks. So I ended up having to take a personal leave from work for a month and a half. Um, so, and that was no paid, not, or not paid, and so just pretty much since then, and then my mental health went down as well. Um, and I've been in a financial struggle since.

Though Heidi wants to pursue routes to economic mobility, she remains stuck in survival mode. Similar to other participants, the tensions between paid work and affording childcare were at the forefront of Heidi's anxieties:

I'm working my ass off and I have no money, because one full paycheck goes to childcare, one full paycheck goes to rent. How the hell am I supposed to pay for my car payment, my food, you know? I mean, we lived off of food pantry food for 4.5 months.

For Heidi, as for other participants, the strains of cost of living in Madison boiled down to one question—what job could they afford to have?

Keisha describes herself as “working all of the time,” which means that she cannot be present for her children. Her partner was recently incarcerated, making the situation more difficult, and so Keisha does not even imagine having time to attend to her own needs and acutely felt the impact of social isolation rippling through her family system. Without a second income, she was struggling to make ends meet, and without a support network in place, taking on gig work while balancing childcare became unfeasible.

[Prior to his incarceration] I was able to make extra money like DoorDash or— I was able to just make extra money. I could DoorDash. I was able to Instacart. I was doing all of that. And then like, a lot of stuff just got snatched away from me... I didn't have extra babysitters. I couldn't do stuff like past a certain time. Um, and then I had a child at that moment, he was—he was mentally going through it. So it kind of put me in a rock and a hard place.

Many participants felt the need to take on part-time jobs or gig work in addition to full-time employment, but this always came at a cost. Nick, who works full-time as a technical mechanic in the oil and gas industry but also takes on part-time work at a large retail store clearly expressed the problem:

But that all, you know, that comes at the cost of time with my family, you know. Like I can—it doesn't matter how cool the toy is if I buy it for them, if there's nobody to play with, you know, and that's what dads are for. Dads are supposed to be played with.

Findings from the surveys shed additional light on the patterns of employment for the treatment and control groups. Throughout the study period, employment in the treatment group trended further upward compared to the control group. Initially, the control group reported higher rates of full-time employment compared to the treatment group (34% vs. 29%), though these findings were not statistically significant. Six months after the first disbursement, the two groups achieved parity in full-time employment, with approximately a third in each group reporting full-time work status. By the 12-month time period, a positive trend emerged for the treatment group, with 37% employed full-time, surpassing the control group's 33%. Notably, there were no statistically significant effects observed between the treatment and control conditions with the exception of one observation where a seemingly contradictory pattern emerged. The treatment group showed both higher employment rates and higher odds of being unemployed and actively looking for work compared to the control group, with the latter being significant at the 12-month time point (OR=3.34, $p=0.03$). While unemployment dropped by about 10 percentage points for both groups over time, this paradoxical finding suggests that treatment group participants experienced greater employment mobility and engaged in more active job-seeking behavior.

Part-time and seasonal employment patterns fluctuated throughout the study, with the treatment group showing higher rates by the pilot's conclusion. Both groups also saw more people turning to gig work over time, though this increase was lower among the treatment group participants.

While over one-third of treatment participants were working full-time at 6 months, a proportion that consistently increased over the course of the pilot, for other participants, the tensions between their unpaid caregiving responsibilities and participating in paid labor were incredibly challenging. Quantitatively, an interesting shift in caregiving and work patterns among GI recipients transpired alongside overall job market improvements: whereas both groups started with 12% stay-at-home parents or caregivers, those in the treatment group maintained higher caregiving rates (12% vs. 8% at 6 months, and 13% vs. 9% at 18 months). These caregiving rates stayed high despite the increase in full-time employment among the treatment group. Again, these differences were not statistically significant.

Table 8: Employment Trends over Time, Treatment vs. Control (in %)

| | BASELINE | | 6 MONTHS | | 12 MONTHS | | 18 MONTHS | |
|----------------------------------|----------|-----------|----------|-----------|-----------|-----------|-----------|-----------|
| | CONTROL | TREATMENT | CONTROL | TREATMENT | CONTROL | TREATMENT | CONTROL | TREATMENT |
| Employed FT | 34 | 29 | 33 | 34 | 33 | 37 | 37 | 40 |
| Employed PT or seasonal | 22 | 25 | 21 | 15 | 17 | 16 | 15 | 19 |
| Stay-at-home parent or caregiver | 12 | 12 | 8 | 12 | 15 | 12 | 9 | 13 |
| Business owner/self-employed | 4 | 3 | 8 | 12 | 10 | 5 | 9 | 3* |
| Gig worker | 2 | 1 | 8 | 3 | 8 | 4 | 4 | 3 |
| Retired/Disabled | 7 | 7 | 8 | 10 | 10 | 8 | 10 | 10 |
| Student | 0 | 0 | 5 | 3 | 2 | 1 | 4 | 0 |
| Unemployed looking for work | 18 | 19 | 7 | 10 | 4 | 13* | 8 | 10 |
| Unemployed not looking for work | 0 | 3 | 2 | 1 | 1 | 4 | 4 | 2 |

Note: * $p \leq .05$, ** $p < 0.01$, *** $p \leq .001$

Through the qualitative data, it became clear that for a number of participants, the question of employment was not what job could they get or even what job did they want, but rather what employment arrangement would even work for them as parents? Over half of Wisconsinites live in what is termed a childcare desert (Center for American Progress, n.d.). This means that they live in an area where the demand for childcare far outpaces the options available. Those Dane County census tracts which are established deserts also have higher-than-average percentages of African American residents and higher-than-average poverty levels (Center for American Progress, n.d.). This reality of childcare scarcity is visible in the qualitative data, and further amplified when participants also did not have a larger community of support—friends, family members, or neighbors—to whom they could turn to augment their childcare needs. While many participants were eligible for the county-run childcare assistance program, they often found it difficult to find childcare programs with space, or that would accept the assistance vouchers they had been provided. Under these circumstances, caregiving led many participants to burn-out. For some, the GI was able to provide relief by offsetting the cost of childcare, allowing them to reduce their hours at work or even become full-time caregivers while receiving disbursements.

Keisha is not originally from Madison, but has family throughout the Midwest. As mentioned previously, her partner was unexpectedly incarcerated during the pilot. Keisha also feels she cannot rely on anyone other than herself and her partner. This has caused an increase in stress, but she says she just turns to God when she needs fortification. After her partner's incarceration, she found herself having to make

up the lost income and was spread incredibly thin, becoming sole provider and sole caregiver at the same time. One strategy that Keisha used to help make ends meet was to find jobs working in daycare centers which her youngest child could also attend as a student. For a while, this strategy seemed to be working well. Her older child was in elementary school, and her youngest would go to work with her, which significantly subsidized her childcare costs. However, perhaps as a result of the trauma of his father's incarceration, her youngest child began showing behavioral problems. As a result, he was kicked out of multiple daycare centers. Each time, Keisha would also have to move jobs, since she depended on the reduced tuition that came from her working at the same center her son attended. She connected this challenging situation with her lack of support in the area:

Um, well, my—well, my five—he's five now, at the time he was four, he— It was hard for him to deal with that, because he's used to his dad being home every day. So it was like, he was going to school, acting out, and getting put out of daycares, and it was stressful on me, because I worked in daycare. So then I have to leave my job and stuff and switch jobs back and forth to comp—because of my son at the moment. Um, we don't really have too much of support systems out here, like any family or anything out here. So that kind of sucks for us, 'cause I can't really have—I don't really have a support system.

The GI payments helped Keisha stay afloat while waiting for her son to enter kindergarten, where he would not be removed for socio-emotional challenges and could receive support through the school district. For participants who were socially isolated, there was a pressure of having to provide on their own and being perceived as totally independent, such that people did not generally offer support. Karma struggled with this, feeling like she needed to take care of her children but wanting someone to take care of her too:

I don't wanna be independent. I do wanna be dependent on somebody because I don't like people to think that I'm strong all the time. I don't like being called strong when the—when the teachers call me strong at school, I just wanna say them. Why are you calling me a strong mom? You know what I mean? Like, I'm a mom because I, I have two kids. There was nothing strong about that, you know, but I, I get called a strong mom a lot and a strong person. "You're so strong." I don't like that, because anything strong eventually breaks down, and you have to repair it and get it fixed. Anything strong eventually breaks down, and maybe you can't even get it fixed.

Karma continued by explaining that she never said she did not want help—she just has no other choice but to be strong, because if she is not, she fears her children will “get taken away” by the system or “be more the victim to the, this States of United.”

Other parents felt misunderstood by those around them or were concerned about the ways the system stigmatized their children. Veronica, like Angel, is a disabled mother taking care of disabled children. For her, the mental energy of managing the budget and household alone was leading to burnout before the GI.

I think a lot of people who have more money and just aren't able to just pay for things don't think about, like, the exhaustion that you can go through just trying to budget your money if you don't have it. You know, like, like you can just get mentally burn—I know that that has definitely impacted me in the past. And that's something I've noticed, having that extra money and being able to like, just afford the basic things like, way less burnout just trying to figure out my budget.

Though she wants to work, her children's health requires her full attention: "I have like, extra parenting to do. The, the boys' dads don't really help with them so, or don't help with any of the hard stuff, so it's all me." Both of her boys have developmental needs, and Veronica was very concerned about the services they were getting at her neighborhood school. She ended up pulling them out and homeschooling them until she was able to find a better placement for them, leading her family to survive on disability payments.

It was almost like being disabled became almost a blessing, because I didn't—I didn't have to work. Like, I don't know what I would have done if I would have had to work and try to manage all their, their disabilities and all their therapies and things.

Overall, Veronica felt that people lacked empathy for people with disabilities and low-income families. Veronica wanted to do part-time work, but she knew she could not engage in paid labor and adequately parent two high-needs children: "Like all this stuff keeps piling on where, like, I am kind of working but I—It's—as a parent."

The equivalency Veronica creates between her unpaid labor and working was mentioned by other participants as well. Some of them felt that the GI payments acted as a form of recognition or restitution for the immense labor of caretaking that otherwise went unacknowledged. Hali came to Madison as a PhD student and left her program to be a full-time mother. For her, the GI recognized the invisible labor of her caregiving:

I felt that with the 500, I felt that—that, um, it's not that I felt that it was, I guess bringing in, I felt that in a way, whether it's directly or not, I felt that, yeah, I get some payment for my contribution to the family.

Still, she worried people would see her and think that she was lazy since she did not hold a traditional job: "I like being a stay home mom. And I like it, you know, and, um, it's, uh, it's, uh, I don't want people to think that I do nothing, because it's unpaid." The GI put her on more financially equal footing with her husband, which was a positive change for her family. For Hali, it was important for others to understand that sometimes, given the burden of caregiving, it is more cost-effective to have a parent who stays home. "Some families just, you know, sometimes it's—it's more cost effective to just, you know, stay home and—and do all these things." Hali's comment reiterates the tension that many pilot participants felt—while they may have wanted to work, there were few if any jobs they could afford to have given their caregiving responsibilities.

In addition to caregivers feeling burnt out and isolated, or forced out of the labor market because of the cost and logistical challenges of childcare, there were a few participants for whom the GI opened up caregiving options which allowed them to pursue new opportunities. The cash allowed these participants to prioritize themselves, some for the first time, even if it was within a limited timeframe. Luna, who had moved to Wisconsin to escape an abusive relationship, used the GI to put her son in daycare and finish school. As someone without a strong support system, Luna would not have been able to access consistent childcare without the GI:

Thank God, because of this... Um, I didn't have like any, um, support or still don't have any support. So when that extra income was able, I was able to afford someone to watch them when I went to school, um, as well as, um, you know, with whatever, um, debt that I had, because I had a lot of debt at that time. Um, so it was just helping so much and, um, I was able to finish school, I paid most of my debt off. So it wasn't something that I was saving or doing. It was just something, like, I took. You know, I had the opportunity to get things done and I—and I was able to, and, you know, now I graduated... I was able, to, like, move a different position at my job because I graduated.

Using the GI to pay for daycare allowed Luna to finish a degree, which in turn gave her access to a new job, better pay, and more flexibility. When the pilot ended, Luna no longer had childcare coverage and was working full time from home. While her son was not supposed to be there with her during her workday, she did not have any other option. Her aunt, who is mentally disabled, helped supervise her son while she worked:

Well, so, um, I work from home, so, I get up, get my daughter ready for school. Um, I'm not supposed to have my son there while I'm working but I don't have anyone to babysit, since they don't do childcare. Um, I was paying \$900, but because I had to do my classes, I wasn't able to continue with the childcare. So, my aunt, um, she's mentally disabled, but she is able to like, you know, do certain things like—so, she's just been helping me out, and whatever I can do. I work in my room, so, we're all like together helping each other out, you know.

This arrangement, where Luna is able to work from home and cobble together childcare, would not have been possible if Luna had not finished her degree and in turn found a job that allowed her to work remotely. Among those unemployed, the most frequently cited reasons for not working included caregiving commitments and unaffordable or unreliable childcare. The Department of Labor estimates that the median annual expenditure for childcare is approximately \$19,000, constituting 17.6% of household income in Dane County (U.S. Department of Labor, n.d.), while a recent workforce profile report revealed that childcare costs in Dane County were notably higher than the state average (Wisconsin Department of Workforce Development, 2023).

Overall, these employment patterns illustrate how economic recovery can manifest in complex ways, with increased financial security potentially enabling more active labor market participation despite persistent structural challenges.

Youth Outcomes

In addition to the structural inequities that participants faced, several additional institutions intersected with their children's daily lives and were similarly characterized by racial and economic inequities. Parents' awareness of the risks and challenges posed by these systems loomed large and often informed how they navigated the benefits system.

One such example is the criminal justice system. Youth justice involvement in Wisconsin shows regional variations, with Dane County generally reporting lower detention rates compared to others. However, disparities exist, with youth of color, particularly Black and Hispanic youth, experiencing disproportionately higher rates of contact with the justice system. Moreover, youth of color are also significantly more likely to be involved in the justice system compared to their White peers for similar offenses. Recognition of these structural realities were frequently expressed by Black pilot participants, many of whom felt that Madison was a place of inherent risk if you were young and Black, and not an ideal place to raise a Black family. Lady Don has sons and struggles with fears for their safety. She has difficulty explaining to them that they will not receive the same opportunities and tells them, "you're considered a threat at birth" so you "gotta work twice as hard to be seen." Like other mothers of color in our interview set, Lady Don expressed fear that her children would be taken away from her and put into the system.

In Dane County, despite low overall incarceration rates, Black people are incarcerated at twice the national average (Austin & Ocker, 2021). The concerns that Black parents have for their children as they move through this space and interact with institutions index a larger reality of how Black youth are funneled into the local justice system. These statistics demonstrate the iterative nature of how Black residents are positioned as outsiders. The stereotyped imaginaries that Karma finds herself fighting against lead to very real poor outcomes in terms of education, access to social services, and justice systems involvement; in turn, this creates a generalized sense of distrust in the system for Black people.

Data from the Office of Juvenile Justice and Delinquency Prevention and the Department of Human Services indicates that between 1997 and 2018, juvenile arrests decreased by 69%, compared to a 25% decrease in adult arrests (Dane County Department of Human Services, 2024). Additionally, the percentage of non-Hispanic youth in the juvenile justice system declined from 86.5% to 69.7% between 2007 and 2021. Yet, arrests among youth of color aged 10–17 years increased from 13.5% to 30.3% over the same period (Dane County Department of Human Services, 2019).

Black parents commonly expressed concern for their children in the school system. For some, like Karma, this meant moving their children out of the Madison public schools and into a neighboring community. Karma's sons have complex developmental needs, and she felt unsupported by the public schools. She worried that teachers and administrative leaders in Madison were quick to judge her children through a racialized lens, and furthermore expected her to interact with them as "the angry black woman" (Griffin, 2012; Jones & Norwood, 2016; Walley-Jean, 2009). She explained, "That's be a main reason why I be trying to keep my cool being a Black single parent, because they, I feel like the schools be wanting you to blow up on them." Karma felt as though systems had an expectation of who she was based on ingrained stereotypes and racist narratives.

They think that all Black single parents or Black women is like this, they think that they are rough and wanting, you know, just have this anger in them which they don't, we don't, it's just we have a whole—We are the most unvalued, unprotected species in the world. Even a raccoon is more protected than a Black woman in this world.

Dane County, and Madison specifically, have implemented various restorative justice initiatives aimed at reducing youth involvement in the formal justice system. Programs such as the Youth Court (YWCA Madison, n.d.) and the Restorative Court (Dane County Department of Human Services, n.d.) are intended to provide alternatives to traditional punitive measures such as formal charges being levied against youths, in favor of community-based interventions. These programs may explain some of the observed involvement in court diversion programs in the sample. Madison also has ongoing efforts to address youth needs in underserved communities through after-school programs and community support initiatives. However, access to these programs remains unequal, and limited access to after-school activities could heighten risks of justice involvement, especially among low-income youth (Dane County Department of Human Services, 2024).

The youth domain of the study's survey was designed to gather data on after-school activities and youth justice involvement. The average age of children in the households was 8 years for both groups. Additionally, the average age of the oldest child was 10 years, while the youngest was 6 years. Given this age range, there was very limited justice involvement reported, so findings should be interpreted with caution due to the small sample size used for analysis. For this reason, tests for statistical significance could not be conducted for youth justice involvement.

Treatment group households reported lower frequencies of criminal justice supervision for their children, including probation, juvenile detention, and parole, compared to the control group. However, treatment group children experienced more frequent police stops or questioning. Both groups showed increased participation in court prosecution diversion programs and other forms of criminal justice supervision over the past year. Moreover, children from both groups showed similar rates of convictions or guilty pleas for law-related charges.

The findings also revealed that participation in activities outside of school were limited, with only about a third of children engaging in such activities across all households. Activity patterns differed between groups: children in the treatment group showed higher participation in music or dance lessons, while control group children were more frequently involved in after-school sports and clubs. No statistical difference between control and treatment group parents were found in youth activities.

Case Study 2:

Lisa Marie – Navigating Madison as a Transplant

Lisa Marie is a college-educated, Black, single mother. Like half of Madison's newcomers, she moved to Madison from out of state and arrived after leaving an unhealthy relationship. She chose Madison because she had family in the area and felt this would be good for her children, but she knew nothing about Wisconsin before her arrival.

Prior to arriving in Madison, Lisa Marie was financially stable until she lost one of her children to an illness and then experienced multiple medical crises herself. She explained,

I remember when I was in such a great place financially, you know. And, um, but then, you know, I got, my [child] died, I got sick, and I lived off my savings and I have not been back, been able to get back into that place.

Mounting medical debt ruined Lisa Marie's credit. She hoped moving to Madison would be a new start. Upon arriving in Madison, Lisa Marie received emergency rental assistance. However, her landlord was neglectful of the property and did not want Lisa Marie and her children living there. The case went to court, and Lisa Marie was forced out of the apartment. Without housing assistance, she and her children cycled in and out of homelessness, sleeping wherever they were offered a couch. At the time of the pilot, she was stably housed and working, but her food stamps had been cut due to her income. Between her paycheck and the GI, she felt like she was getting back on her feet.

For Lisa Marie, being Black in Madison is a story of contradictions. She described Madison as a "beautiful place to raise children" and felt like she has gotten a lot of support for her children. However, she has struggled to build relationships locally, describing her experience in Madison as "lonely." She said, "I didn't know anything about Wisconsin. I didn't know that Black people lived here." Consistent with other literature (Desmond, 2012), isolation and poverty have contributed to a survival mindset focused on transactional relationships, rather than interdependence. As she explains:

Well, my brother's here. Um, I have a friend. Um, but um, I don't know, I don't really have the support I'm used to or like I want. Um, I think I remember this, mentioning before, you know, the relationships that are created here in Wisconsin are very different, different than what I'm used to... You know, here, the kindness will definitely be taken for weakness. Um, so I'm leery on just building relationships here because I am overly giving to my friends, and um, it becomes enabling, it becomes a crutch for other people. It becomes abuse.

She goes on to describe how, “everybody is depressed, everybody is going through something, everybody is and maybe it’s just the circle of people I’m attracting, maybe it’s this—the area of poverty.”

Lisa Marie felt that the lack of community orientation might be related to absence of distinct Black neighborhoods. She said one street might be “the hood... But you walk across the street and it’s the sub, it’s the suburb. So it’s like, everything is integrated here. There is no separation, the schools, the living, everything.” Consistent with other interviews and literature on “Midwest Nice,” Lisa Marie felt that in Madison, racial prejudices were masked behind banal kindness (Drake & Rodriguez, 2022; Flynn et al., 2023). She recounted:

I think they don’t openly and openly say it, but they pre-judge. Um, like looking at me, who says she has a degree?... Or, you know, it’s just like... Even with my hair, you know? They think she’s rough and she’s... I don’t even raise my voice. I don’t have to.

At a macro level, Lisa Marie reported that almost all of the local social workers are White, and do not understand the unique struggles of Black families. Lisa Marie felt these prejudices lead to judgement of parents in poverty, explaining,

I just know that I go in these homes, I know these kids I know in Madison, and these kids are, have the bare minimum, if that. And it’s not because the mother ain’t shit. It’s because she just don’t have, you know?

The GI payments helped Lisa Marie remain connected to her community outside of Madison, which served as a lifeline for her. She used some of the money to visit her parents. Shoring up these social connections felt restorative. Despite qualifying for disability, Lisa Marie was working full-time, since disability income was not enough for her to support her children. The GI helped Lisa Marie get a little bit ahead; she was able to buy food and supplies for her home, including mattresses for her children. It gave her the chance to breathe, knowing that her utilities would not be shut off and that she would not have to go begging others for money. Halfway through the pilot, she had managed to save \$600. Lisa Marie is not confident that she wants to stay in Madison, a place which has largely felt lonely and isolating. However, wherever she ends up, she aspires to buy a home for herself and her children, so that she never has to experience homelessness again, as she explains when she discusses her plans for the pilot ending, “But now I’m just pushing myself and I just gotta push myself because I don’t wanna be homeless anymore.”

4. “I Felt Valuable”: GI and Sense of Self

Summary: Poverty inflicts feelings of failure, undeservedness, and invisibility on the people experiencing it. This is especially salient for people of color, who often experience prejudice and may live in communities intentionally severed from resources via redlining. While the GI's amount and duration were not enough to enable an escape from poverty, its unconditional nature had intangible effects that changed the way participants perceived themselves and their connection to others. GI recipients reported significantly higher scores in the Reliance and Importance subscales of the Mattering Index, indicating greater perceived feelings of being needed by others and being consequential in the world around them, respectively. Quantitatively, however, these results were not sustained after the GI ended, and GI did not appear to impact Adult Hope scores. Qualitative results, however, indicated feelings of being valued outside of their role in the economy. When paired with other social safety net benefits, GI granted people space to visualize their future and the means to actualize their goals. This confirms GI's potential to enhance the social safety net, not replace it.

Although the dosage and duration of GI was insufficient to create substantive financial and well-being changes for the treatment group, the quantitative and qualitative data indicated shifts in mattering attributable to the GI. Mattering references how significant you feel to the world around you, and the degree to which you sense that others and institutions recognize and value your contributions to society (Elliott et al., 2004; Rosenberg & McCullough, 1981). A sense of mattering is an essential part of community-building, and the absence of mattering is associated with social isolation, poor mental health, lack of hope, and lack of economic mobility (Baker et al., 2021; Castro et al., 2021). In MFF's case, despite the geographic constraints faced by the Black community and the economic stressors experienced by all participants, treatment group members reported significant changes in the Reliance and Importance domains of the Mattering scale. While Awareness scores (range: 28–30), which measure participants' sense of being noticed and recognized by others, remained stable across groups, the treatment group showed significantly higher Reliance scores. Reliance captures the extent to which participants feel others depend on them, and these scores were higher for the treatment group compared to control at 6 months (23.55 vs. 22.44, $B=0.12$, $p=0.02$) and 12 months (23.71 vs. 22.48, $B=0.23$, $p=0.01$). However, this difference was no longer significant by the 18-month follow-up (23.05 vs. 22.67), suggesting a temporary effect during the GI disbursement period. Similarly, for Importance, which reflects how valued and respected participants feel, the treatment group showed a steady increase from Baseline (treatment: 33.82, control: 34.16) while the control group exhibited little variation. By 12 months, the treatment group showed a statistically significant difference compared to the control (treatment: 35.32, control: 34.17, $B=1.15$, $p<0.01$), though this difference was no longer significant by the end of the pilot.

Importantly, the Reliance subdomain measures the extent to which you feel people choose to rely on you when it is not compulsory (Elliott et al., 2004; Rosenberg & McCullough, 1981). The concept

and measurement bypasses relationships such as dependents or partners forced into reliance due to circumstance, marriage, or kin, and extends to social ties that are chosen rather than demanded. Put simply, Importance captures how much one feels they are valued and respected by society and institutions that have power and control over their lives. In a city where many low-income people feel devalued and marginalized, GI imbued a sense of worth and feeling seen. Luna articulated it this way:

Aside from the money, aside from the money itself, I appreciate the money, but it's the people that took the time to try to create something like this. Like for the people to actually say, you know, let's see if we can figure something out for people that, you know, need it. It's like, you know, that's what we need, that's what everybody needs, you know? And I feel like that—that—that was amazing. And I—I told the lady that I talked to before that it's just the fact that somebody, you know, actually cared or wanted to make a change.

However, mattering only captures a sense of self, and it does not encompass movement or pathways where hope resides. Hope is emerging as a core ingredient in economic development and is anchored in a sense of future orientation and internal locus of control when the outcome remains uncertain (Lybbert & Wydick, 2018). Hope implies risk and includes the ability to set a goal, the capacity to visualize a pathway towards it, and a sense of agency that you have the internal ability to move along that pathway when the future remains unclear (Snyder et al., 1991). Perhaps unsurprisingly, Hope scores remained relatively stable and consistent for both groups across dimensions measured: Agency (ability to pursue goals) ranged from 20–22, and Pathway (ability to generate strategies) from 21–23, with total scores ranging from 41–45, with no meaningful or significant differences between groups. The stability in Hope scores across both groups stands in contrast to the patterns that emerged in how participants experienced their social connections and value measured by the Mattering Index (Elliott et al., 2004).

Given the economic stasis and limitations noted throughout these findings, lack of change in the Hope domain is to be expected. However, participants frequently recounted how GI felt substantively different from safety net benefits as well as earned income from waged labor, because they received it with no strings attached, which the Mattering scale is likely capturing. When one considers the experiences of Black interviewees, who recounted geographic marginalization and explicit racism, those who felt discarded by the market or those articulating the pain of social isolation alongside the Mattering data, it prompts an obvious question about whose futures GI may have altered in this study and how. While the quantitative data is limited in this regard, the narrative data offers promising insights that merit future investigation.

Case Study 3:

Emily – “Even just \$500 a month can keep you out of the gutter.”

Emily is a White woman in her 20s with two young children who came to Madison in search of economic opportunity. However, the move did not go as planned. She was not immediately able to find stable work, and the housing market was much more difficult than she anticipated. As she explains, “rent here is absolutely through the roof. It's insane and it's not even just the prices too. Like if you applied for an apartment that was listed yesterday, it's already gone, most likely.” Emily describes applying to over 40 locations, many of which required hefty fees. This challenge resulted in a period of homelessness for Emily and her children. She describes having an air mattress, a pack-and-play, and her car, the three of them sleeping wherever they could.

There was, um, kind of a three-month period where I was just staying with my brother or my mom or my mom's boyfriend, um, with the kids and just driving back and forth because obviously their school is in Madison. Um, and that's, you know, it takes months to get in on a waiting list for like any daycare. So, you know, and, also Madison for what I do for a living, it pays way more to work here than it would where I'm from.

Emily was also determined to stay in Madison because she had already started the process of integrating her children in the Madison school system. She was able to receive child care tuition assistance for her children's daycare and they were attending a headfirst program, which she felt lucky to get into, and was not willing to risk having to manage the long daycare waitlists again if she decided to pull her children out of that care facility.

Just before the GI pilot started, Emily finally landed a job. She described her new workplace as having extremely progressive policies for their employees, a fact that she attributes to the more progressive orientation of the city.

When I can't—that's another thing I have noticed about Madison however – a positive thing [both laugh]—you know—it's very, um, very, like, progressive and I—I mean, granted I've only worked for one—one place but, you know, they really care about, like, work-life balance, and like getting you what you need. So, you know, if you're happy and if you're healthy then you're going to be a better employee and they're gonna be able to retain you if they pay you what you deserve. You know. So that's the one thing I have—I have noticed more about here than any—anywhere else. It's not so much about punching the clock. It's really, like, people are actually individual humans, you know?

These same employers helped Emily secure her first apartment. While the rent was high, she saw the only alternative was homelessness, so she signed the lease. One month later was notified that she would be receiving the GI, a notification she describes as a blessing that came right in time.

Emily's new job, new housing, and the GI payments all came within three months, and has helped, in her words, "completely change my life in a year." When the pilot began, Emily was receiving multiple benefits: WIC, SNAP, BadgerCare as well as child care assistance. Over the year of the pilot, Emily wages from her job pushed her over the benefits cliff.

Yeah, me and my kids are all under, um, BadgerCare, and I get childcare assistance. Um, I get WIC, I was just taken off food stamps after my—um SNAP or whatever it's called—after my last week. They told me I make too much money now, which is a good thing, I guess. But also sucks.

While this was initially stressful, Emily saw this "dwindling down" of her benefits as one of the positive impacts of receiving the GI. She explains that, if she had not received the GI, then, she would be:

...At home living fully off the government. I wouldn't be, you know, climbing the ladder and like getting off this benefit and then making too much money for this benefit and kind of dwindle—dwindling it down to not using them. You know, I would—I would be stuck. There's no way we would be—we would be able to survive without them.

Emily saw the GI payments as a pathway off of government assistance, but acknowledged that her social safety net also helped make this possible. She described having a very supportive family who provided childcare and economic resources when they could, an employer willing to accommodate her parenting needs, and a strong relationship with her boyfriend. Emily also noted the degree to which social capital enabled or hindered access to benefits in Madison. She explained how critical the individual caseworkers were for her to navigate the benefits system,

Um, it's either absolutely terrible or wonderful. [both laugh] It really depends on who you get. I've had people that, um, you know, have given me—you know, obviously with—having 100 different benefits that you're under or like a bunch of different things that are helping you is wonderful, but it's also a lot, you know, it could take a whole day to get through stuff and then you have to still wait on this and the other thing. So, I think sometimes you get people that just, like, don't want to deal with it, or don't like dealing with you, or they're having a bad day, or something. And they either give you false information or just not

help you... or you'll—I've had definitely people that would sit on the phone with me for hours and try to help me figure out a problem I'm having or like, how to resolve something. So, I think it's really hit or miss.

By the end of the pilot, Emily had been approved for a new apartment with a pool and exercise center that did not require her to have any cosigners. She was on an accelerated path towards becoming a paralegal, and was working towards building up her savings. She was planning on enrolling her kids in activities over the summer, and felt proud of herself when she thinks about the huge amount of progress she has made in just over a year. As she noted,

100% there's no way that I would have been able to afford, you know, living here and I would have never even, like, gotten this job or gotten to excel in this job without it. It's been absolutely crucial to just my success and like, just going—you know, I started a year ago, just abso—like, homeless with two kids and nothing but the clothes on my back. And now, you know, I have an apartment, and I just got approved for my next apartment with no cosigner, and meeting the income requirements and there's a bunch of benefits that I got—just got kicked off of, and I got raises, you know, and that's all due to this guaranteed income that was able to, you know, help me pull myself out of a rut that would have taken a lot longer and a lot more, probably, credit damage without it.

Emily is, by all accounts, a GI success story; however this success was largely driven by the degree to which she was able to leverage social capital. She describes herself as still having “PTSD” related to her experiences of homelessness and financial precarity, but says the way she thinks about her financial future is, “just kind of a mix of just like, being really proud, but also being very aware of the things that can happen, I guess.” She explains that, in her experience,

...even just \$500 a month can keep, can keep you out of the gutter. And, you know, when those big things happen and that are meant to knock you back down into like the poverty hole. Like again, it keeps you at a level playing field. So just having my head held above water for that one year was able to put me in a position where I can get myself from being knocked back down there again.

Emily's case is an example of the conditions that enabled GI income to help propel a participant along a new or altered trajectory. The functioning of GI in Madison appears to have been inextricably connected to how much Madison participants felt supported by their larger communities, the blurry lines of timing, and being able to tap into local resources that would help them along the way. For participants trapped in the laborious process of securing benefits while avoiding the proverbial cliff, timing and social ties propelled them forward with an intervention characterized by speed, liquidity, agency, and dignity. These dynamics were present for all interviewees but were experienced more acutely by Black residents. Many Black residents, even those who have lived in Madison for many years or were born there, expressed a deep sense of isolation from social support systems as well as from their local community. Black residents who had moved to Madison from elsewhere drew comparisons between the communities in Chicago, Milwaukee, and New York where they still had relatives, and the comparative loneliness of life in Wisconsin.

While this sense of isolation and lack of access to the social capital necessary to get the support they needed was an experience that many Black participants articulated, people of whatever racial background who felt they did have strong support networks deployed those supports to boost the impact of the GI payments. Amelia Bedelia had struggled with addiction prior to the pilot and was just getting into her recovery process when the payments started. Amelia Bedelia's parents, who are local business owners, were incredibly supportive of her and her recovery. The GI payments allowed Amelia Bedelia to pay off the debt she had accrued throughout her active addiction. This demonstration of fiscal responsibility and commitment to pushing forward with her recovery prompted her parents to retire from the family business and transition it to Amelia Bedelia:

Yeah, I started this process 2 years ago. And then, um, over the last year as of March of this year will be 1 year of me learning the business. So, I've been here for a year. And I've been on this path for the last 2 years. So it was crazy when I got accepted into this program. Because, I was just, like, in a place where I was just, like, ready to change everything and just do [better]. And I'm so glad that I got accepted to this program when I did. Because, I'm not gonna lie to you, 2 or 3 years ago, this would have been nothing, this would have been nothing but, um, good for my habit. You know what I'm saying? And now I was able to turn it into getting ahead on bills.

The timing of the program, coupled with Amelia Bedelia's preexisting social support, was key to her success. She expressed awe at the amount of progress she was able to make through the program and with the support of her parents.

Never thought I'd be in a place where I could be like, "Oh, I can't wait till girls starts, Girl Scout starts then. Are we doing karate this year and stuff?" You know, that wasn't stuff that was, unattainable. I would be looking for like, the free after-school programs. And trying to contact MSCR [Madison School & Community Recreation]. And all this good stuff. And it feels really freaking good to be able to be like, you know what, I work really smart, and I don't have to work very hard. Because, I have the gift of gab and I sell cars really well. It feels good to say that I have the motivation, and the intellect to be able to

take over businesses. It feels good to be able to know that my child will be financially stable no matter if I'm here or not. It feels good to know that I have set my child up for pure success, you know. That when she becomes an adult, she can choose if she wants to work or not. That is like, oh, yeah, yeah, feels really good. Feels really good. [Begins crying] Oh, you're making me cry. [They laugh]

After getting laid off, Karma used the GI payments to enter school to work in a medical field, and she has continued with her studies despite no longer getting the monthly cash. She receives financial and emotional support from the father of her children, her best friend, and her grandmother, and this assistance has allowed her to push forward despite concerns over bills piling up since the end of the pilot. She also has taken on side-jobs as a dog walker and trainer, which gives her the flexibility to earn money on her own schedule, remain in school, and be present for her children. She discussed her feelings about the pilot after it ended:

Um, I felt really, I felt really accomplished. I felt like, um, thankful, I wanted to give you a big ol' hug and like I was just, you know, I, I did it, you know, I felt, I really did feel like I had to glow up with this program... But, yeah, so I just felt like I had to glow up and I was like, man, I gotta keep this going, you know, and I wanna start my own. I just have more, um, you know, better goals that I want to accomplish now and I'm gonna keep—I'm gonna keep, keep it going. That's what I—that's what I felt. I didn't feel like any negative vibes like, oh man, this money is not gonna stop coming in. No, it's like, girl, that's the way to now you have to get on your grind and, you know, it's time, it's time, you already got the look, you know.

These examples of the positive impact of GI help illustrate the potential for GI's functioning under optimal circumstances. Given the dose and duration of the payments in Madison, it does not appear that the GI alone could effectuate long-term change for participants. Thus, for some like Mary, the end of the GI meant a return to her pre-pilot baseline, which was incredibly disheartening:

It made me lose self-worth in a way, because I had to go back to the old patterns that kept me going. Like this isn't—I'm not allowed to—I felt stripped, like I felt chained again. Like, okay, now you got to go back on someone else's, you know, clock, you got to go back to this X amount, keep your house like you have to, you have to, there's no bending around it. There's no exceptions.

However, Mary described the GI as an opportunity to change her relationship to capitalism, which made her feel like “a generational trauma breaker.” To her, the magic of the GI was its emphasis on dignity: “That's it. You know, like I felt valuable.”

While many participants shared Mary's increased sense of personal dignity as a result of the GI, for those who struggled with isolation from the broader support networks, the duration of the payments limited their long-term outcomes. However, when coupled with a strong support network, participants were able to make the most of the payments: they enrolled in school, found new and better jobs,

accessed mental health services, and improved their nutrition, housing arrangements, and access to transportation. GI is not designed to be a replacement for the existing social safety net, but rather to work in conjunction with it. For residents who struggled to access that safety net in Madison—or for whom the safety net did not work as intended—the GI was not sufficient to both fill the benefits gap and promote economic mobility.

Participants' qualitative descriptions of their feelings about themselves and others were mirrored in the findings from the surveys. Specifically, both treatment and control participants reported consistent feelings of hope and awareness of being recognized by others. However, MFF participants were more likely than the control group to experience enhanced social connections whereby others relied on them, making MFF participants feel more valued and respected.

Limitations

This study's findings must be considered in light of several limitations. First, the participant sample (n=315) was drawn exclusively from Madison, WI, comprising residents with incomes at or below twice the federal poverty level and with at least one child in the household aged 17 years or younger. Although randomization was designed to ensure a balanced distribution across groups, baseline differences in mental health scores on the Kessler-10 Scale and the ability to cover a \$400 emergency using cash or its equivalent were observed. Statistical adjustments helped address these differences, though residual imbalances may still affect the precision of the results.

Madison's distinctive demographic and economic characteristics limit the external validity of the study's findings. A medium-sized city with a predominantly White population, it differs from many urban areas in its ethnic diversity. Moreover, the city benefits from a stable job market, social programs, and healthcare access, advantages which are not equal across the country. These unique regional factors likely influenced participants' experiences and outcomes, suggesting that the findings may not be generalizable to populations in larger metropolitan areas, rural communities, or regions with substantially different socioeconomic and racial dynamics.

To address missing data, the study used MICE, a well-established approach for handling incomplete datasets. While this method provides reliable estimates, some degree of uncertainty inherently remains when working with incomplete information. Despite validation efforts, the imputed data may not fully reflect the true underlying patterns, which could affect the interpretation of the results.

Finally, the study was conducted during the post-COVID-19 recovery period, introducing potential confounding factors. Participants navigated pandemic-related challenges, including loss, uncertainty, and shifting social support structures. Concurrent economic stressors, including inflation and income fluctuations, further compounded these impacts. These contextual factors likely influenced mental health outcomes and stress indicators, potentially affecting the findings' applicability to other settings or time periods.

Discussion

In many ways, participants' experiences in Madison map onto themes of the American Dream. Many participants came to Madison from elsewhere in search of opportunity. The wealth of resources available in the city shone like a beacon, attracting people yearning for a better life for their children. But the barrier to entry remains high: several left hometowns, even home countries, and social networks behind; faced severe cost and administrative burdens; worked grueling jobs; and have had to navigate a maze of resources in order to carve out a place for themselves in this city. Much like achieving the American Dream, the idea of being able to make it on one's own felt more and more impossible in the face of rising food and housing costs, constantly changing and confusing benefits eligibility requirements, and the ugliness of prejudice.

The results of this study demonstrate the potential for GI to establish the material and immaterial circumstances necessary for caregivers to create pathways away from scarcity and desperation. The case studies, quotes, and charts above illustrate how the GI helped many participants start moving from volatility to stability, isolation to interconnectedness, and worry to confidence. The GI not only helped people feel more hopeful, but also be able to materially engage in reciprocal community relationships. Prior to the GI, participants were continually weighing their limited options in an effort to get by. The GI gave participants' choices that they previously lacked regarding how to best provide for their families and how to spend their time. Like in many other GI pilots, the beneficial impacts of the GI extended well beyond individual recipients. For many, the GI helped them establish or strengthen existing relationships, setting up networks of support that could be sustained long after the pilot ended. The material benefits also extended to children of participants, who were also, no doubt, impacted by more stable housing and food access, as well as the reduced daily mental strain of poverty.

Finally, GI afforded people a sense of dignity and value in the shadow of systems that held them under a microscope. Like the struggle to achieve the American Dream, the promise of resources and support in Madison was often just out of reach. While services and resources were, technically, publicly available, they were inaccessible to many, especially people of color. Many Black participants reported feeling like outsiders, despite living in Madison for years, even their whole lives. They had often been failed by a hole-ridden social safety net, which forced them to work harder to get less. A microcosm of the American Dream, this pilot simultaneously highlights the many efforts a city can create for its residents while also interrogating if such resources are truly equitable. GI offered a buffer against othering that these systems created by giving people access to alternative resources, thus establishing or strengthening systems of support when the social safety net failed. This pilot also imagines what a truly equitable social safety net could look like: services succeed when they allow people to go beyond survival, freeing up their time and minds for future possibilities, and feel seen.

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
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Appendix A

Table 9: Sample Attrition

| TIME PERIOD | TREATMENT | CONTROL | OVERALL ATTRITION | DIFFERENTIAL ATTRITION |
|-------------|-----------|---------|-------------------|------------------------|
| Baseline | 146 | 169 | | |
| 6 months | 109 | 91 | 36.51 | 20.81 |
| 12 months | 120 | 94 | 32.06 | 26.57 |
| 18 months | 118 | 100 | 32.70 | 25.20 |

Appendix B

Table 10: Comparative Analysis of Select Outcome Measures: Treatment vs. Control

| OUTCOME | CONTROL | TREATMENT | ESTIMATED IMPACT | STANDARD ERROR | 95% LOWER CI | 95% UPPER CI |
|---------------------------------------|---------|-----------|------------------|----------------|--------------|--------------|
| FINANCIAL WELL-BEING | | | | | | |
| Baseline | 36.89 | 35.90 | -0.99 | 1.174 | -3.29 | 1.31 |
| 6 months | 42.22 | 40.08 | -2.14 | 1.196 | -4.48 | 0.21 |
| 12 months | 40.44 | 40.42 | -0.02 | 1.197 | -2.36 | 2.33 |
| 18 months | 40.57 | 40.03 | -0.54 | 1.366 | -2.76 | 1.69 |
| PERCEIVED STRESS LEVELS | | | | | | |
| Baseline | 8.49 | 8.53 | 0.04 | 0.180 | -0.31 | 0.39 |
| 6 months | 8.30 | 8.62 | 0.32 | 0.182 | -0.04 | 0.67 |
| 12 months | 8.36 | 8.45 | 0.09 | 0.195 | -0.29 | 0.47 |
| 18 months | 8.17 | 8.53 | [0.36]* | 0.179 | 0.01 | 0.71 |
| KESSLER PSYCHOLOGICAL DISTRESS | | | | | | |
| Baseline | 23.15 | 25.42 | [2.27]* | 1.090 | 0.12 | 4.42 |
| 6 months | 20.40 | 24.22 | [3.82]*** | 0.870 | 2.12 | 5.52 |
| 12 months | 22.82 | 23.54 | 0.72 | 0.840 | -0.93 | 2.38 |
| 18 months | 21.18 | 23.45 | [2.27]* | 0.930 | 0.45 | 4.11 |
| CHAOS | | | | | | |
| Baseline | 30.01 | 30.51 | 0.50 | 0.884 | -1.24 | 2.23 |
| 6 months | 30.58 | 30.66 | 0.08 | 0.804 | -1.49 | 1.66 |
| 12 months | 31.14 | 30.29 | -0.85 | 0.868 | -2.56 | 0.85 |
| 18 months | 30.08 | 30.66 | 0.58 | 0.834 | -1.06 | 2.21 |
| AVERAGE GENERAL HEALTH | | | | | | |
| Baseline | 62.96 | 61.61 | -1.35 | 2.341 | -5.94 | 3.24 |
| 6 months | 60.86 | 60.72 | -0.14 | 2.239 | -4.53 | 4.25 |
| 12 months | 59.11 | 59.97 | 0.86 | 2.814 | -3.62 | 5.32 |
| 18 months | 58.99 | 59.04 | 0.05 | 2.295 | -4.45 | 4.55 |

| OUTCOME | CONTROL | TREATMENT | ESTIMATED IMPACT | STANDARD ERROR | 95% LOWER CI | 95% UPPER CI |
|----------------------------------|---------|-----------|------------------|----------------|--------------|--------------|
| SF-36 HEALTH LIMITS | | | | | | |
| Baseline | 75.62 | 76.71 | 1.09 | 2.783 | -4.36 | 6.55 |
| 6 months | 78.14 | 77.36 | -0.78 | 2.721 | -6.11 | 4.56 |
| 12 months | 77.54 | 75.96 | -1.58 | 2.816 | -7.10 | 3.93 |
| 18 months | 78.28 | 78.84 | 0.56 | 2.798 | -4.93 | 6.04 |
| SF-36 PHYSICAL | | | | | | |
| Baseline | 63.02 | 58.39 | -4.63 | 4.617 | -13.68 | 4.42 |
| 6 months | 71.30 | 66.09 | -5.21 | 4.372 | -13.78 | 3.36 |
| 12 months | 66.12 | 67.81 | 1.69 | 4.511 | -7.16 | 10.53 |
| 18 months | 70.27 | 70.89 | 0.62 | 4.201 | -7.61 | 8.86 |
| ADULT HOPE—AGENCY | | | | | | |
| Baseline | 20.63 | 20.25 | -0.38 | 0.669 | -1.69 | 0.93 |
| 6 months | 21.30 | 21.10 | -0.20 | 0.675 | -1.52 | 1.13 |
| 12 months | 21.95 | 21.04 | -0.91 | 0.670 | -2.23 | 0.40 |
| 18 months | 21.49 | 20.44 | -1.05 | 0.675 | -2.37 | 0.28 |
| ADULT HOPE—PATHWAY | | | | | | |
| Baseline | 21.60 | 21.15 | -0.45 | 0.627 | -1.68 | 0.78 |
| 6 months | 23.18 | 22.32 | -0.86 | 0.590 | -2.02 | 0.30 |
| 12 months | 22.69 | 22.40 | -0.29 | 0.617 | -1.50 | 0.92 |
| 18 months | 22.62 | 22.03 | -0.59 | 0.649 | -1.86 | 0.68 |
| ADULT HOPE—TOTAL | | | | | | |
| Baseline | 42.24 | 41.40 | -0.84 | 1.193 | -3.17 | 1.51 |
| 6 months | 44.47 | 43.42 | -1.05 | 1.127 | -3.27 | 1.16 |
| 12 months | 44.64 | 43.45 | -1.19 | 1.174 | -3.50 | 1.10 |
| 18 months | 44.10 | 42.47 | -1.63 | 1.237 | -4.06 | 0.79 |
| ADULT MATTERING—AWARENESS | | | | | | |
| Baseline | 28.12 | 28.40 | 0.28 | 0.758 | -1.21 | 1.77 |
| 6 months | 30.16 | 29.11 | -1.05 | 0.621 | -2.27 | 0.17 |
| 12 months | 29.11 | 29.76 | 0.65 | 0.675 | -0.67 | 1.98 |
| 18 months | 29.56 | 29.17 | -0.39 | 0.687 | -1.73 | 0.96 |

| OUTCOME | CONTROL | TREATMENT | ESTIMATED IMPACT | STANDARD ERROR | 95% LOWER CI | 95% UPPER CI |
|--|-----------|-----------|------------------|----------------|--------------|--------------|
| ADULT MATTERING—IMPORTANCE | | | | | | |
| Baseline | 34.16 | 33.82 | -0.34 | 0.835 | -1.98 | 1.30 |
| 6 months | 35.22 | 34.14 | -1.08 | 0.764 | -2.58 | 0.42 |
| 12 months | 34.17 | 35.32 | [1.15]* | 0.714 | -0.26 | 2.54 |
| 18 months | 34.53 | 34.95 | 0.42 | 0.747 | -1.05 | 1.88 |
| ADULT MATTERING—RELIANCE | | | | | | |
| Baseline | 22.27 | 23.27 | 1.00 | 0.551 | -0.08 | 2.07 |
| 6 months | 22.44 | 23.55 | [1.11]* | 0.476 | 0.18 | 2.04 |
| 12 months | 22.48 | 23.71 | [1.23]** | 0.476 | 0.29 | 2.16 |
| 18 months | 22.67 | 23.05 | 0.38 | 0.514 | -0.64 | 1.38 |
| ANNUAL HOUSEHOLD INCOME (IN \$) | | | | | | |
| Baseline | 18,864.51 | 20,401.38 | 1536.87 | 2008.43 | -1293.42 | 4628.05 |
| 6 months | 22,270.72 | 24,369.43 | 2098.71 | 1610.27 | -926.97 | 5385.28 |
| 12 months | 21,092.41 | 23,253.92 | 2161.51 | 1844.45 | -1323.16 | 5907.08 |
| 18 months | 21,954.59 | 26,315.90 | [4361.31]* | 1948.51 | 672.68 | 8310.82 |

Footnotes:

Baseline Mean: Adjusted average score prior to any intervention

6/12/18-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 precision of the impact estimates

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

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