

**Effects of Recent Guaranteed Income Programs in High-Income Countries:
A Systematic Literature Review
*DRAFT AUGUST 2024***

**By Lanjun Peng, Douglas Noonan, and Joanna Woronkiewicz
Indiana University**

1. Introduction

The lack of a social safety net in many high-income countries, like the United States and Canada, has prompted policymakers to envision a more equitable system of public support. This is especially true given the evidence that exists on how barriers to access public welfare (Zander et al. 2023) can exacerbate rising income inequality in these countries (OECD, 2024). The COVID-19 pandemic further intensified the interest on behalf of policymakers and the public in the ability of public welfare programs to provide a social safety net for individuals facing financial hardship since almost all countries experienced increases in mortality and poverty as a result of the pandemic (Decerf, 2021).

As a result of the renewed interest in improving the social safety net, especially in high-income countries, there has been a wave of guaranteed income (GI) pilots since the start of the pandemic in 2020, primarily funded through government and philanthropy. The premise of guaranteed income is that individuals are provided with ‘no-strings’ attached cash transfers. It is in contrast to welfare programs that have strict eligibility requirements like maintaining employment. Guaranteed income is sometimes referred to as universal basic income (UBI), basic income (BI), or negative income tax (NIT).

Fortunately, many of the more recent GI pilots are publishing evaluative studies on their effects. Many of these studies are published as ‘gray’ literature – and not in peer-reviewed journals – yet, their salience in press accounts and policy discussions about the feasibility of GI remains. Therefore, as more studies of the results of GI pilots are published, the need to compile and assess the effects of these pilots grows. Doing so enables researchers, policymakers and the public to accurately assess the ability of GI programs to address myriad outcomes related to individual and societal health and well-being.

We conducted a systematic literature review of GI programs implemented since 2020 in high-income countries. The review builds on other research, which evaluates GI studies between 1968 and 2020 in high-income countries and finds “ Limited evidence that a guaranteed basic income improves poverty-related outcomes compared to existing conditional social assistance” (Rizvi et al., 2024). There are other systematic reviews of GI programs in low- and middle-income countries (e.g., Crosta et al., 2024) and for different time ranges (e.g., Rizvi et al., 2024), but our study is distinct in both its target population and time range. The purpose of this

study is to synthesize the outcomes of GI programs in order to keep policymakers and the public abreast of the most recent evidence so as to inform debates on the most effective implementation of public welfare programs.

2. Methods

2.1 Search Strategy

The systematic literature search in this study is in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021). Our search strategy included several key stages to ensure a comprehensive and rigorous review process. We used a variety of electronic databases, including EBSCOhost, which includes Academic Search Complete, Global Health, Health Source - Consumer Edition, Humanities & Social Sciences Index Retrospective, MEDLINE, MEDLINE with Full Text, Social Sciences Full Text, and Social Sciences Index Retrospective.

In addition, to keep up with the most recent working papers and reports, and following similar work by Rivzi et al. (2024), we used a similar search strategy at the National Bureau of Economic Research (NBER), the Basic Income Earth Network (BIEN) Congress, the BIG Annual Conference, and the Center for Guaranteed Income Research (CGIR) at the School of Social Policy and Practice at the University of Pennsylvania to review proceedings and presentations.

The search was limited to English-language publications to maintain consistency and manageability.

2.1.1 Search Terms

The search terms employed to identify relevant studies included “guaranteed income,” “universal basic income,” “unconditional cash transfer,” “guaranteed minimum income,” or “negative income tax.” These terms were chosen to capture a broad spectrum of literature pertaining to guaranteed income programs.

2.1.2 Filters and Limits

Initially, the search results were filtered to include only English-language publications, yielding a total of 2,220 papers from EBSCOhost. To refine the search further, we applied a geographical filter focusing on high-income economies as defined by the World Bank. This filter restricted the selection to studies conducted in countries such as the United States, United Kingdom, Australia, various European nations, Netherlands, Ontario, Finland, Belgium, England, Greece, Quebec, Delaware, and North Carolina, resulting in 286 relevant papers of all years.

The NBER and other databases, when filtered using the specified search terms, initially yielded a total of 7,678 papers that contained at least one mention of one or more of the keywords between January 2020 to July 2024. This extensive initial result set underscores the broad relevance and frequent discussion of the specified terms within the academic literature.

2.2 Selection Process

The selection process for our systematic literature review was carefully structured and conducted in two groups to ensure that only the most relevant studies were included.

Group 1 consisted of articles filtered from the EBSCOhost database. The selection began with a geographic restriction that narrowed the initial 2,220 papers to 286 papers from high-income countries. In the second stage, we focused on identifying studies that used quantitative methods to assess the impact of guaranteed income programs, further reducing the number of papers to 23. Finally, non-causal studies, simulations, synthetic samples, and purely theoretical papers were excluded, leaving 9 papers that met all eligibility criteria.

Group 2 included papers that were not yet published but available on the NBER, National Bureau of Economic Research (NBER), the Basic Income Earth Network (BIEN) Congress, the BIG Annual Conference, and the Center for Guaranteed Income Research (CGIR) at the School of Social Policy and Practice at the University of Pennsylvania website, such as working papers and book chapters. Since those websites do not offer the same filtering options as EBSCOhost, we manually screened papers by examining their titles and abstracts to identify quantitative studies that specifically analyzed the impact of guaranteed income (GI) programs in high-income economies. After excluding non-causal studies, simulations, synthetic samples, and purely theoretical papers, we identified 14 papers that met all eligibility criteria.

In addition to the existing systematic literature review, we considered the increased focus on guaranteed income programs in the post-pandemic era due to the stimulus checks and other types of unconditional cash transfers. Therefore, we further restricted our search to papers published between January 2020 and July 2024. This additional criterion ends up with 15 papers that are quantitative studies that provide causal inferences about the impact of GI programs in high-income economies. Notably, 14 of these studies come from Group 2, illustrating the recent wave of GI evaluations that have either not been published as peer-reviewed studies yet, or will only be published in the ‘gray’ literature. These 15 studies evaluated 14 different GI programs, with program names and target populations listed in Table 1.

Table 1. Program Description

| Author | Program | Target Population |
|------------------------|--|---|
| West and Castro (2023) | Stockton Economic Empowerment Demonstration (SEED) | Households below Stockton's median income |

| | | |
|-------------------------|---|--|
| Baker et al. (2020) | Economic Stimulus Payments under the CARES Act | Households who received economic stimulus payments under the CARES Act |
| Bullinger et al. (2023) | Alaska Permanent Fund Dividend | Households in Alaska with children |
| Gennetian et al. (2022) | Baby's First Years | Low-income mothers with newborns |
| Hawkins et al. (2023) | Supplemental Security Income (SSI) | Low-income households with birthweights threshold newborns |
| Lyu et al. (2024) | COVID-19 Pandemic Cash Transfers (Stimulus checks and Child Tax Credit) | Women with a high-school degree or less |
| Pilkaskas et al. (2022) | Child Tax Credit (CTC) | Households with at least one child under the age of 18 |
| Vivalt et al. (2024) | OpenResearch Unconditional Income Study (ORUS) | Individuals aged 21-40, household income not exceeding 300% of the Federal Poverty Level (FPL) in 2019 |
| Miller et al. (2024) | OpenResearch Unconditional Income Study (ORUS) | Individuals aged 21-40, household income not exceeding 300% of the Federal Poverty Level (FPL) in 2019 |
| Bailey et al. (2023) | Michigan Contraceptive Access, Research, and Evaluation Study (M-CARES) | Uninsured women aged 18 to 35 |
| Silver and Zhang (2022) | Veterans Affairs Disability Compensation | Veterans applying for mental disorder disability compensation |
| Bervik et al. (2024) | Columbia Life Improvement Monetary Boost (CLIMB) | Fathers residing in the 29203 and 29223 zip codes, current or former clients of the Midlands Fatherhood Coalition (MFC). |
| DeYoung et al. (2023a) | Paterson Guaranteed Income Pilot Program (GIPP) | Residents of Paterson earning below New Jersey's living wage of \$35.34/hour |
| DeYoung et al. (2023b) | Ulster County Guaranteed Income Pilot Program | Residents of Ulster County earning less than 80% of the Area Median Income (AMI) of \$46,900 per household |
| DeYoung et al. (2024) | Cambridge Recurring Income for Success & Empowerment (RISE) Guaranteed Income Pilot | Single-caretaker households living below 80% of the Area Median Income (AMI) |

sources. For EBSCOhost, the process begins with an extensive keyword search that includes terms such as “guaranteed income,” “universal basic income,” and others. The next step is to apply filters for English-language publications. The next refinement involves a geographic filter that focuses exclusively on studies from high-income economies. The selection criteria are then narrowed to include only quantitative research, specifically excluding non-causal studies, simulations, synthetic samples, and theoretical papers. Finally, this selection is limited to studies covering study period after January 2020, reflecting our focus on the post-COVID era.

Conversely, the NBER and other databases begin with a similar keyword search, but offer a more streamlined filtering process due to their inherent database structures, which lack the layered filtering options available in EBSCOhost. After the initial keyword search, the selection is quickly narrowed by time constraints to focus on recent studies. This is followed by a manual process to exclude pre-2020 studies, qualitative research, non-causal studies, simulations, synthetic samples, and theoretical papers. This manual filtering is crucial to ensure that our focus remains sharply on empirical papers that assess the impact of guaranteed income programs, specifically excluding studies that only identify potential beneficiaries of such programs.

2.4 Data Extraction and Analysis

We used a standardized form to extract relevant data from the included studies. The information extracted included authors, year of publication, name of the guaranteed income (GI) program, study location, sample selection criteria, transfers received, study year, sample size, analysis methodology, main findings, and limitations. These extracted data were then used to summarize key features of the literature and synthesize the available evidence across studies. Specifically, we conducted an analysis of studies based on outcome categories, focusing on the comparison between studies with similar outcome measures.

3. Results

3.1 Descriptive Characteristics

Table 2 provides a comprehensive overview of our focused studies, detailing the study country, outcome measures, study design, and impacts observed in these studies. Of these, 9 studies are randomized controlled trials (RCTs) that focused primarily on the impact of unconditional cash transfers. These RCTs examined the direct effects of unconditional cash transfers by measuring outcomes such as economic stability, health, and employment in controlled experimental settings. For example, West and Castro (2023) assessed the impact of direct cash transfers on mental health and economic status using robust psychological and financial well-being scales.

In contrast, the 6 quasi-experimental studies used census or survey data to examine the effects of government or institutional programs such as the Child Tax Credit and the CARES Act stimulus payments. These studies generally analyzed the broader societal effects of these policies,

focusing on areas such as child welfare, economic hardship relief, and social mobility. For example, Bullinger et al. (2023) evaluated the societal effects of the expanded child tax credit, finding significant reductions in child maltreatment and child mortality. Similarly, Pilkkas et al. (2022) examined the long-term effects of such programs on material hardship and labor force participation, revealing nuanced effects on employment.

The difference in focus reflects the inherent differences in study design: RCTs provide a controlled environment to isolate the effects of cash transfers per se, aiming to capture their immediate and direct outcomes. Meanwhile, quasi-experimental studies take advantage of naturally occurring data variation to infer the impact of broader policy initiatives, providing insights into the broader and often indirect effects of government and institutional interventions.

Table 2. Summary Description of Selected Studies

| Author (year) | Region | Outcome Measurement | Study Design | Impact |
|-------------------------|-------------------------|---|--------------|----------|
| West and Castro (2023) | CA, U.S. | Income volatility measured by coefficient of variation Physical and mental health assessed through SF-36 and Kessler 10 scales Financial effects measured using the Consumer Financial Protection Bureau's Financial Wellbeing Scale Change in employment status | RCT | Positive |
| Baker et al. (2020) | U.S. | Household consumption responses: Marginal Propensity to Consume (MPC) | QE | Positive |
| Bullinger et al. (2023) | AL, U.S. | Child maltreatment and child mortality rates Economic benefits to children and society | QE | Positive |
| Gennetian et al. (2022) | Metropolitan area, U.S. | Household economic resources Maternal time use Child-related expenditures Economic stress and subjective well-being | RCT | Positive |
| Hawkins et al. (2023) | U.S. | Health care use and mortality in infancy Educational performance in high school Post-secondary school attendance and college degree attainment Earnings, public assistance use, and mortality in young adulthood | QE | Null |
| Lyu et al. (2024) | U.S. | Infant health: birthweight, the incidence of low birth weight, gestational age and fetal growth | QE | Null |
| Pilkkas et al. (2022) | U.S. | Economic wellbeing by material hardship Hardship avoidance Labor force participation | QE | Positive |
| Vivalt et al. (2024) | TX and IL, U.S. | Income, labor supply, and time use Duration of unemployment Job search and selectivity Quality of employment Entrepreneurial orientation and intention | RCT | Null |
| Miller et al. (2024) | TX and IL, U.S. | Mental and physical health Access to medical care Health investments | RCT | Null |
| Bailey et al. (2023) | MI, U.S. | Contraceptive efficacy | RCT | Positive |
| Silver and Zhang (2022) | U.S. | Economic stability and financial wellbeing Healthcare utilization and engagement Physical and mental health outcomes Mortality | QE | Positive |
| Bervik et al. (2024) | SC, U.S. | Income volatility Housing security and quality Food security Physical and mental health | RCT | Positive |

| | | | | |
|------------------------|----------|--|-----|----------|
| | | Fatherhood and child wellbeing | | |
| DeYoung et al. (2023a) | NJ, U.S. | Mental health and wellbeing Physical health and food insecurity Housing cost and quality | RCT | Positive |
| DeYoung et al. (2023b) | NY, U.S. | Financial well-being Sense on self (hope, agency, dignity) Quality of life | RCT | Positive |
| DeYoung et al. (2024) | MA, U.S. | Financial health Housing, utility, and food security Time and space for parenting | RCT | Positive |

Notes: RCT = Randomized Control Trial and QE = Quasi-experimental

Based on the outcome measures, we can classify them into five different groups: Educational outcomes (including impact on educational attainment), Health outcomes (including physical and mental health assessments, such as those using the SF-36 and Kessler 10 scales, or specific health metrics like birthweight), Labor outcomes (including labor supply, labor force participation, etc.), Social outcomes (including impacts on child maltreatment and child mortality rates), and Economic outcomes (including economic stability, income volatility, and financial wellbeing).

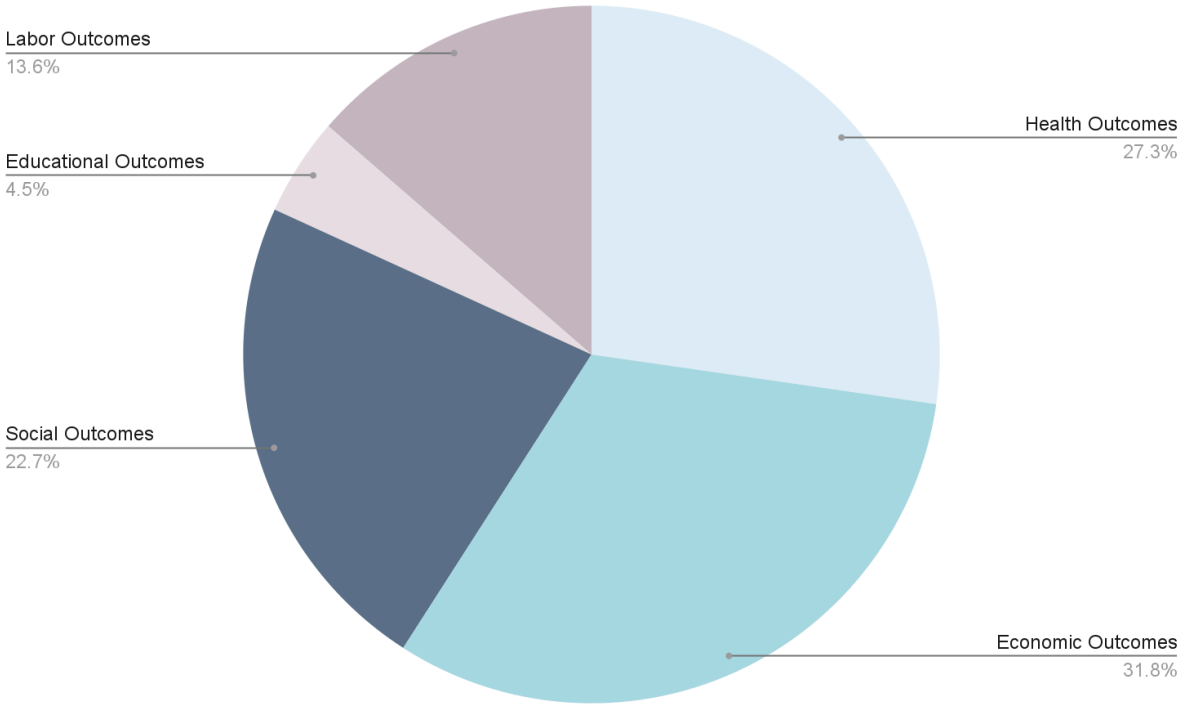


Figure 2 Outcome Classification

Figure 2 shows a pie chart categorizing the number of studies by their primary focus. It shows a significant focus on health and economic outcomes for studies conducted after January 2020.

Traditionally, health outcomes have been a central aspect of impact analysis of Guaranteed Income (GI) programs, reflecting an ongoing concern with improvements in physical and mental health as key measures of program success.

In the post-pandemic context, there appears an emphasis on economic impact. This likely reflects the immediate financial disruptions caused by the pandemic and the need to evaluate the effectiveness of GI programs in stabilizing household economies and supporting recovery. In addition, the pie chart shows a notable focus on social outcomes, which include impacts on child well-being, family dynamics, and community engagement. This suggests a broader recognition of the socioeconomic ripple effects of GI programs beyond individual financial stability.

Conversely, educational outcomes have received less attention compared to other categories. In our review, only 1 of 15 studies focused on educational outcomes, similar to Rizvi et al. (2024) who found that only 1 of 21 studies examined this area. This may be due to the immediate and urgent focus on addressing pandemic-related economic and health crises, which may have overshadowed longer-term educational interventions and outcomes. Nevertheless, the reduced focus on education highlights a potential area for further research, particularly given the profound impact of the pandemic on access to and quality of education.

3.2 Key Impacts on Outcomes

This section compares outcome measures across different categories and examines different outcome variables. We address potential measurement bias in considering differences among studies.

Economic Outcomes

The primary goal of the GI program is to try to improve the economic condition of the household and financial well-being. Seven studies shown in Table 3 focused on the impact on economic outcomes such as income volatility, economic stress, economic stability, etc. Income volatility or household income was measured through self-reported monthly income (West and Castro, 2023; Gennentian et al., 2022). Financial impacts were measured using the Consumer Financial Protection Bureau's Financial Wellbeing Scale (West and Castro, 2023), the Material Hardship Index (Pilkauskas et al., 2022), and survey questions about economic well-being (Pilkauskas et al., 2022; Vivalt et al., 2024).

Table 3. Outcome Variable Measurements by Economic Outcomes

| Author (year) | Outcome Variable | Impacts | Study Design |
|---------------|------------------|---------|--------------|
|---------------|------------------|---------|--------------|

| | | | |
|-------------------------------|---|--|-----|
| West and Castro (2023) | Income volatility measured: coefficient of variation of monthly self-reported income Financial effects: Consumer Financial Protection Bureau’s Financial Wellbeing Scale | Lower rates of income volatility than control group; better ability to weather pandemic-related financial volatility | RCT |
| Pilkauskas et al. (2022) | Economic wellbeing: material hardship; hardship avoidance (self-reported) | Improved ability to pay bills | QE |
| Gennetian et al. (2022) | Household economic resources: Household income self-reported by interview Economic stress and subjective well-being: survey reported | No statistically significant effect | RCT |
| Vivalt et al. (2024) | Income: Self-reported survey | No statistically significant effect | RCT |
| Silver and Zhang (2022) | Economic stability and financial wellbeing: number and balance amount of delinquent debt owed to the VA | Improved significantly | QE |
| DeYoung et al. (2023a & 2024) | Financial wellbeing: Consumer financial protection bureau's (2015) financial well-being score | Improved financial stability, higher savings | RCT |

Notes: RCT = Randomized Control Trial and QE = Quasi-experimental

Overall, these programs tend to show positive effects on financial stability and material well-being. For example, Pilkauskas et al. (2022) found that the Child Tax Credit (CTC) led to a significant reduction in material hardship, particularly food hardship, indicating a significant improvement in economic conditions for very low-income families. Similarly, Gennetian et al. (2022) found positive effects on household economic resources, particularly through increased family investment in children. However, some studies report null effects or mixed results. DeYoung et al. (2024) found that while guaranteed income programs such as the RISE initiative helped improve financial security, structural constraints such as the need for multiple jobs and child care costs limited their broader economic impact. Meanwhile, Vivalt et al. (2024) highlighted the variability in outcomes, suggesting that while cash transfers can affect household balance sheets, the overall impact on net worth was modest and sometimes negative due to debt considerations.

Differences in reported outcomes across studies may stem from the transfer amounts and target groups in each program. Larger transfers, as in Vivalt et al. (2024), provided greater financial security, allowing recipients to reduce traditional employment in favor of entrepreneurial activities or personal time. In contrast, smaller transfers, as in Gennetian et al. (2022), primarily addressed immediate financial needs without allowing for significant lifestyle changes. Programs targeting low-income families with children, such as those in Pilkauskas et al. (2022) and Gennetian et al. (2022), showed substantial impacts on reducing material hardship. In contrast, programs with broader eligibility, such as those in Vivalt et al. (2024), showed a broader increase in financial flexibility. The substantial transfer amount likely provided participants with more

flexibility to explore nontraditional economic activities, although it also reduced the incentive to work in the market, given the relatively high level of financial security provided.

Health Outcomes

Six studies in Table 4 focused on the impact of the GI program on health outcomes, including whether the GI program generally increased access to medical care (Miller et al., 2024), physical and mental health (West and Castro, 2023; Miller et al., 2024; Bervik et al., 2024; DeYoung et al., 2023a; DeYoung et al., 2023b; Silver and Zhang, 2022), mortality (Silver and Zhang, 2022), and infant health including birth weight (Lyu et al., 2024). Most measures of physical and mental health are based on self-reported surveys using standardized scales. For example, West and Castro (2023) and DeYoung et al. (2024) used the standardized scale such as Short Form Health Survey-36 and the Kessler 10, with responses followed up until they withdrew from the guaranteed income program. To avoid potential bias from self-reported responses, a number of other subjective indicators are used to improve the validity of outcome measures, including blood pressure, pain scores, biomarkers such as weight and height, and laboratory test results such as HbA1c glucose levels (Silver and Zhang, 2022).

Table 4. Outcome Variable Measurements by Health Outcomes

| Author (year) | Outcome Variable | Impacts | Study Design |
|-------------------------|--|---|--------------|
| West and Castro (2023) | Physical and mental health assessed through SF-36 and Kessler 10 scales | Lower mental distress, better energy and physical functioning | RCT |
| Lyu et al. (2024) | Infant health: birthweight, the incidence of low birth weight, gestational age and fetal growth | No statistically significant effect | QE |
| Miller et al. (2024) | Mental and physical health Access to medical care Health investments | No statistically significant effect | RCT |
| Silver and Zhang (2022) | Physical and mental health outcomes Healthcare utilization and engagement Mortality | No statistically significant effect | QE |
| Bervik et al. (2024) | Physical and mental health: interview | Reduced levels of stress and anxiety | RCT |
| DeYoung et al. (2023a) | Mental health and wellbeing Physical health | Elevated stress level | RCT |

Notes: RCT = Randomized Control Trial and QE = Quasi-experimental

Most of these studies found either temporary positive effects or no significant effects on physical health outcomes. Silver and Zhang (2022) found that while cash transfers improved intermediate health measures such as health care utilization and engagement in preventive care, these changes did not translate into significant improvements in broader physical health outcomes. Similarly, Miller et al. (2024) reported substantial but short-lived improvements in mental health,

particularly in reducing stress and psychological distress, within the first year of receiving guaranteed income. However, these benefits did not persist into the second year, highlighting the temporary nature of such financial interventions. Similarly, West and Castro (2023) found significant improvements in physical functioning and energy/fatigue measures on the SF-36 scale during the period of income support. However, these benefits dissipated after the guaranteed income ended. Bervik et al. (2024) also found indirect improvements in physical health through improved food security and health behaviors, but they did not find statistical evidence to confirm overall improvements in physical health outcomes.

Meanwhile, some studies support the idea that guaranteed income programs can significantly improve mental health outcomes. Bervik et al. (2024) found that participants experienced reduced levels of stress and anxiety as a result of increased financial security, which contributed to improved overall well-being and allowed participants to focus on personal and family goals. DeYoung et al. (2023a) found that both treatment and control participants reported elevated stress levels throughout the study. However, the treatment group had lower stress levels than the control group at the end of the program, with a statistically significant mean difference of -0.4, although both groups maintained scores above 7.

The heterogeneity of impacts on health outcomes may be due to the specific focus of each study. For example, Silver and Zhang (2022) focused on Veterans Affairs disability compensation and included veterans who applied for disability compensation for mental disorders through the VA from 2004 to 2021. This focus contrasts with studies that examine the impact of guaranteed income programs on the general low-income population. The VA DC may show more immediate positive effects, in part because these programs often provide direct access to health care, which could amplify the perceived benefits beyond what the cash transfers alone would achieve. In addition, the size of the cash transfer in each study may play a critical role in determining the significance of the effects observed. In California (West and Castro, 2023) and New York (DeYoung et al., 2023a; 2023b), the \$500 cash transfers provided may not be large enough to cause significant changes in lifetime physical health outcomes. However, these transfers could be beneficial in reducing psychological distress in the short term by providing immediate financial relief. The relatively modest amount could help participants manage daily expenses, reducing financial anxiety and temporarily improving mental well-being.

Labor Outcomes

Three studies in Table 5 focus on the impact of cash transfers on working status or motivations. Vivalt et al. (2024) provide a comprehensive analysis of labor supply, job search behavior, job opportunity selectivity, and job quality, providing insights into how economic and policy conditions affect labor market participation. Pilkauskas et al. (2022) examine labor force participation, considering how economic well-being and material conditions affect individuals' decisions to participate in the labor force. Among them, Pilkauskas et al. (2022) suggest a

nuanced impact on labor force participation compared to others, which can be explained by the limited sample population to only households with children given the target population of the CTC, while Vivalt et al. (2024) and West and Castro (2023) studied with a broader population of working age relatively low-income households. In addition, West and Castro (2023) emphasized agency, which is more related to the motivation or psychological stimulus generated by the cash transfer, while people may feel empowered to pursue their desired work and leads to more significant employment status change.

Table 5. Outcome Variable Measurements by Labor Outcomes

| Author & Year | Outcome Variable | Impacts | Study Design |
|--------------------------|--|---|--------------|
| West and Castro (2023) | Change in employment status | Motivated to explore new employment opportunities | RCT |
| Vivalt et al. (2024) | Income, labor supply, and time use Duration of unemployment Job search and selectivity Quality of employment Entrepreneurial orientation and intention | Small improvement, not significant | RCT |
| Pilkauskas et al. (2022) | Labor force participation | No statistically significant effect | QE |

Notes: RCT = Randomized Control Trial and QE = Quasi-experimental

Educational Outcomes

Among fifteen studies, only Hawkins et al. (2023) focused on high school educational attainment, postsecondary school attendance, and college degree attainment. By following children with childhood Supplemental Security Income (SSI) benefits up to age 29, they found no significant educational outcomes, such as high school GPA, enrollment in math or science courses, or adult earnings and educational attainment. This finding is consistent with other findings suggesting that while there are short-term motivations and impacts, the long-term educational impact may be limited without additional interventions.

Social Outcomes

We categorize family dynamics, such as child maltreatment, maternal time use, fatherhood, and child well-being, as a separate category because of its focus on the complex interrelationships among family members. Of the five studies in Table 6 that examined these indicators, Gennetian et al. (2022), Bervik et al. (2024), and DeYoung et al. (2024) used different measures of parental involvement. Gennetian et al. (2022) measured maternal time use through self-reported time spent on activities such as reading, storytelling, and playing with children. Bervik et al. (2024) used an interview to have fathers talk about their involvement with their children. DeYoung et al. (2024) assessed “time and space for parenting” both qualitatively and quantitatively through the

time they spent with their children and the prioritization they gave to their parenting choices. Thus, Gennetian et al. (2022) focused on maternal activities and expenditures, while Bervik et al. (2024) emphasized the role of fathers, and DeYoung et al. (2024) explored the broader concept of parenting time and decision making. All studies reported positive effects on parental involvement and child development. Gennetian et al. (2022) showed increased maternal involvement in parenting activities, Bervik et al. (2024) demonstrated improved father-child relationships, and DeYoung et al. (2024) highlighted improved parenting time and prioritized parenting choices.

Table 6. Outcome Variable Measurements by Social Outcomes

| Author & Year | Outcome Variable | Impacts | Study Design |
|-------------------------|---|---|--------------|
| Bullinger et al. (2023) | Child maltreatment and child mortality rates Economic benefits to children and society | Reduced maltreatment and reduced mortality | QE |
| Gennetian et al. (2022) | Maternal time use Child-related expenditures | Increased maternal involvement | RCT |
| Hawkins et al. (2023) | Health care use and mortality in long-term | No statistically significant long-term effect | QE |
| Bervik et al. (2024) | Fatherhood and child wellbeing | Improved fatherhood involvement | RCT |
| DeYoung et al. (2024) | Time and space for parenting | Improved parenting time | RCT |

Notes: RCT = Randomized Control Trial and QE = Quasi-experimental

4. Discussion

In summary, we cast a wide net to identify recent evaluations of causal effects of GI programs in high-income economies. Altogether, these 15 studies examined a wide range of outcome indicators with somewhat consistent results. Although these kinds of programs have been rare (and often focused on lower-income economies), the numerous earlier studies in the literature have been reviewed elsewhere (e.g., Crosta et al., 2024; Pinto et al. 2021; Rizvi et al. 2024). Our analysis focuses on the recent studies conducted after January 2020, capturing the post-pandemic wave of GI pilot programs in the US. The assembled studies represent the most recent, most relevant studies to the ongoing basic income movement in the US and other high-income economies.

The studies also reflect the wide range of outcomes of interest and importance to GI program evaluators. Their primary focus tends to be health or economic security, with other categories (e.g., labor participation, education, social and family) receiving less attention. Studies of economic outcomes employed a variety of outcome concepts (e.g., income volatility, avoiding hardship) and measures. Perhaps unsurprisingly, results for economic outcomes tended to show favorable impacts of GI programs. After all, the essence of guaranteed income directly addresses economic security. The studies examining health outcomes exhibited more mixed results, with

many finding temporary or insignificant benefits from the programs. Only limited evidence of effects on labor supply are evident in these studies, including negative or no impacts on labor force participation. Only one study examined educational outcomes, and it found generally null effects. By contrast, a few studies addressed social or family dynamics outcomes. Across a variety of measures, these studies showed increases in parental involvement and child development due to the GI program.

The recent evidence points to positive impacts on economic health and family dynamics, small declines in labor supply, mixed results for health, and null effects on education. Yet it bears emphasis that these are “early days” in evaluating GI programs. The increase in GI pilots affords us this opportunity to learn from the programs. These initial results may or may not be reflected in subsequent papers and evaluations. This is the nature of this early period of learning associated with pilots, when many questions remain about the impacts of these programs. The systematic review here helps us to understand the literature and better contextualize new evidence in future studies.

In addition, better understanding the literature can help inform program design for future GI interventions. For example, some early studies have noted a difficulty in identifying significant impacts due to a lack of statistical power. Pilots with small N’s and the “no strings attached” nature of the cash transfer – which allows participants to respond however suits them best – that can dilute “average treatment effects” for any particular outcome indicator pose a challenge to evaluators. Some recipients may invest more in childcare, while others address their debt, while still others might return to school, embark on entrepreneurial ventures, or anything else. Unlike a focused policy intervention that seeks to promote specific outcomes, GI programs invite heterogeneous effects across an array of outcomes. Thus, growing and synthesizing this literature is vital to learning where GI programs are most effective. At this point, their strongest impacts might be on family dynamics and economic security, while more study is needed to better understand how to consistently improve health and labor supply.

5. Agenda for Future Research

Future research would do well to continue building the literature on GI programs’ effects. This can be complicated by the politicized nature of these programs. Careful, systematic sampling and analysis of the published findings are essential to avoid cherry-picking results and to control for possible publication bias in the literature. It is crucial to continue assessing quality and rigor in the evaluations. While we restricted our sample to quantitative RCT or quasi-experimental designs, other evaluation designs, such as those using mixed methods, warrant scrutiny for how their designs are leveraged to provide the best evidence (Hendren et al., 2020).

Evaluation of GI programs should continue to confront the challenges of heterogeneity in this context in order to improve our understanding of their varied impacts. To start, more studies of sufficient power are needed to detect the various ways that GI programs can affect their

participants. In addition to covering a wide array of possible outcome indicators, this sort of heterogeneity can involve better mapping of the role of an individual's context in realizing those impacts. GI interventions may be more or less effective at certain stages in one's life, for certain types of households, with other social supports in place, etc. As more programs are studied, we can better address how program details affect outcomes rather than treating GI programs as interchangeable or equivalent. We know too little about how implementation details like the amounts, frequency, duration of payments affect outcomes. Further, generalizability and scalability of GI programs likely depend on the particular recipient population. Such evidence can inform our expectations when shifting from targeted recipients (e.g., homeless, low-income) to more 'universal' populations.

Relatedly, future research should continue to address the temporal aspects of GI programs' impacts. How long effects take to manifest and how long they last (with or without continued income transfers) can be crucial to GI program designs, especially when participation is not universal. Evaluation designs that can capture long-term effects are especially important for making the case for GI programs and for financing them.

Evaluations would also do well to cast a broader net in assessing the costs and benefits of GI programs. This literature currently emphasizes individual- or household-level impacts. Yet peer effects, social context, and more general equilibrium effects are expected to play important roles – especially as GI programs scale beyond smaller pilots (Calnitsky, 2019). In one sense, this points to the importance of a fuller accounting of program impacts, including things like “public expenditures avoided” for things like public safety and health. If structural barriers beyond income remain the root cause of key outcomes, then attention should be paid to how they, or their influence, are affected by GI programs (Widerquist, 2018). Some impacts may require evaluations poorly suited to RCTs and pilot projects.

The post-pandemic traction gained by UBI and GI and the accompanying wave of pilot projects have heightened the debate around these policies (Castro and West, 2022). Those in media, politics, and advocacy often make claims about the effectiveness of these programs and what the evidence shows. Older studies of very different programs, in very different contexts, might not be the strongest basis for understanding the impacts of GI. Thus, a systematic review of the most recent, most salient empirical studies of GI program impacts is crucial to better informing policy debates and design. Future researchers should be aware of these publicly available findings, even those not published in peer-reviewed outlets, especially when those results are already being cited in those debates. This is one policy arena that is moving much faster than the peer-review publication system moves. Our review is intended to help researchers keep up.

References

- Bailey, M. J., Lang, V. W., Prettyman, A., Vrioni, I., Bart, L. J., Eisenberg, D., ... & Dalton, V. (2023). *How costs limit contraceptive use among low-income women in the US: a randomized control trial* (No. w31397). National Bureau of Economic Research.
- R. Baker, S., Farrokhnia, R. A., Meyer, S., Pagel, M., & Yannelis, C. (2023). Income, liquidity, and the consumption response to the 2020 economic stimulus payments. *Review of Finance*, 27(6), 2271-2304.
- Berik, A., Lyons, A. J., West, S., Tandon, N., Castro, A., & Nichols, B. (2024). The American guaranteed income studies: Columbia, South Carolina. Center for Guaranteed Income Research, University of Pennsylvania. <https://guaranteedincome.us/images/columbia-report.pdf>
- Bullinger, L. R., Packham, A., & Raissian, K. M. (2023). *Effects of Universal and Unconditional Cash Transfers on Child Abuse and Neglect* (No. w31733). National Bureau of Economic Research.
- Calnitsky, D. (2019). Basic income and the pitfalls of randomization. *Contexts*, 18(1), 22-29.
- Castro, A., & West, S. (2022). The Case for Basic Income Experiments. *Journal of Policy Analysis & Management*, 41(2), 639-644.
- Crosta, T., Karlan, D., Ong, F., Rüschenpöhler, J., & Udry, C. (2024). Unconditional Cash Transfers: A Bayesian Meta-Analysis of Randomized Evaluations in Low and Middle Income Countries.
- Decerf, B., Ferreira, F. H., Mahler, D. G., & Sterck, O. (2021). Lives and livelihoods: estimates of the global mortality and poverty effects of the Covid-19 pandemic. *World Development*, 146, 105561.
- DeYoung, E., Tandon, N., Neves, C., Castro, A., & West, S. (2023a). The American guaranteed income studies: Paterson, New Jersey. Center for Guaranteed Income Research, University of Pennsylvania. <https://guaranteedincome.us/images/paterson-report.pdf>
- DeYoung, E., Castro, A., Tandon, N., Thompson, A., & West, S. (2023b). The American guaranteed income studies: Ulster County, New York. Center for Guaranteed Income Research, University of Pennsylvania.
https://static1.squarespace.com/static/5fdc101bc3cfda2dcf0a2244/t/664deead661fb6577c414fed/1716382383063/CGIR_11.15.2023_Ulster%2BCounty%2BFinal%2BReport.pdf
- DeYoung, E., Tandon, N., West, S., Castro, A., Golinkoff, J., & Thompson, A. (2024). The American guaranteed income studies: Cambridge, Massachusetts. Center for Guaranteed Income

Research, University of Pennsylvania.

https://static1.squarespace.com/static/5fdc101bc3cfda2dcf0a2244/t/664dea43f18a036fb1efacea/1716382278502/CGIR%2BFinal%2BReport_Cambridge%2BMA_2024.pdf

Gennetian, L. A., Duncan, G., Fox, N. A., Magnuson, K., Halpern-Meekin, S., Noble, K. G., & Yoshikawa, H. (2022). *Unconditional cash and family investments in infants: Evidence from a large-scale cash transfer experiment in the US* (No. w30379). National Bureau of Economic Research.

Hawkins, A. A., Hollrah, C. A., Miller, S., Wherry, L. R., Aldana, G., & Wong, M. D. (2023). *The long-term effects of income for at-risk infants: evidence from Supplemental Security Income* (No. w31746). National Bureau of Economic Research.

Hendren, K., Newcomer, K., Pandey, S. K., Smith, M., & Sumner, N. (2023). How qualitative research methods can be leveraged to strengthen mixed methods research in public policy and public administration? *Public Administration Review*, 83(3), 468-485.

Lyu, W., Wehby, G., & Kaestner, R. (2024). *Effects of Income on Infant Health: Evidence from the Expanded Child Tax Credit and Pandemic Stimulus Checks* (No. w32310). National Bureau of Economic Research.

Miller, S., Rhodes, E., Bartik, A. W., Broockman, D. E., Krause, P. K., & Vivalt, E. (2024). *Does Income Affect Health? Evidence from a Randomized Controlled Trial of a Guaranteed Income* (No. w32711). National Bureau of Economic Research.

OECD. (2024) *Income Inequality*.

<https://www.oecd.org/en/data/indicators/income-inequality.html>.

Pilkaukas, N., Micheltore, K., Kovski, N., & Shaefer, H. L. (2022). *The effects of income on the economic wellbeing of families with low incomes: Evidence from the 2021 expanded Child Tax Credit* (No. w30533). National Bureau of Economic Research.

Pinto, A. D., Perri, M., Pedersen, C. L., Aratangy, T., Hapsari, A. P., & Hwang, S. W. (2021). Exploring different methods to evaluate the impact of basic income interventions: A systematic review. *International journal for equity in health*, 20(1), 142.

Rizvi, Anita, Madeleine Kearns, Michael Dignam, Alison Coates, Melissa K. Sharp, Olivia Magwood, Patrick R. Labelle et al. "Effects of guaranteed basic income interventions on poverty-related outcomes in high-income countries: A systematic review and meta-analysis." *Campbell Systematic Reviews* 20, no. 2 (2024): e1414.

Silver, D., & Zhang, J. (2022). *Invisible Wounds: Health and Well-Being Impacts of Mental Disorder Disability Compensation on Veterans* (No. w29877). National Bureau of Economic Research.

Vivalt, E., Rhodes, E., Bartik, A. W., Broockman, D. E., & Miller, S. (2024). *The Employment Effects of a Guaranteed Income: Experimental Evidence from Two US States* (No. w32719). National Bureau of Economic Research.

West, S., & Castro, A. (2023). Impact of guaranteed income on health, finances, and agency: findings from the Stockton randomized controlled trial. *Journal of Urban Health*, 100(2), 227-244.

Widerquist, K. (2018). *A critical analysis of basic income experiments for researchers, policymakers, and citizens*. New York: Springer International Publishing.

Zander, V., Gustafsson, C., Landerdahl Stridsberg, S., & Borg, J. (2023). Implementation of welfare technology: a systematic review of barriers and facilitators. *Disability and Rehabilitation: Assistive Technology*, 18(6), 913-928.