
Pathway to Income Equity

Evaluation Report

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FOREWORD FROM FIRST 5 SONOMA COUNTY

The Real Cost Measure in California¹, an annual study conducted by the United Ways of California revealed in 2021 (during the height of the pandemic) that 52 percent of Sonoma County households with children under the age of six were struggling daily to cover their basic needs, like housing, food, and utility bills. Seventy percent of these families were African American, Latino, Asian or Native American (although only 33 percent of the population), highlighting the glaring local, racial disproportionality of poverty and impact of the pandemic. Unsurprisingly, single parents of very young children were significantly more likely to struggle than two-parent families. These are the parents who are forced to make impossible choices every day: paying rent in exchange for putting off replacing bald tires on a car that gets them to work; turning down a raise because it would make them ineligible for the childcare subsidy that they depend on; or sending their feverish child to preschool to avoid losing a day of wages.

Even in the most nurturing and protective homes, young children, particularly babies and toddlers, *do* experience their caregivers' high stress levels, worries about threats to family stability, feelings of lack of agency in their lives. Research has long established that growing up amid a lack of food and housing security negatively impacts a young child's developing brain and nervous system. It sets a trajectory for learning challenges, high school noncompletion, and intergenerational poverty.

Often, it has been said that there are no guarantees in life – yet, what if there were? What if our society, our government, *did* take responsibility for ensuring that all families have stable and safe housing, healthy food, quality childcare, and adequate paid time off when ill or after giving birth? What if our policies guaranteed that no family fell below an income floor, eliminating these false and impossible “choices”?

One of the shiniest silver linings of the pandemic was the federal and state government responses. They created the kinds of legislation that advocates of family economic security have been fighting to enact for decades. Five million children were lifted out of poverty through the expanded child tax credit, extended unemployment benefits, eviction protection, expanded SNAP benefits, and the *American Rescue Plan Act* (ARPA), which funded over 100 guaranteed income pilot programs across the country², including the *Pathway to Income Equity* (PIE) in Sonoma County.

Pandemic policies have now disappointingly reverted to the status quo, but the positive benefits are well-established. The massive pool of data from guaranteed income pilot programs, including PIE, is indisputable proof of concept. The people who live closest to the problem have shown us that the solution is not complicated; even a small amount of guaranteed, unconditional economic security can reduce stress, improve relationships, strengthen family stability, reduce parent and child exposure to domestic violence, and have many other profound impacts. The movement to establish a guaranteed basic income for all is fueled by our recognition of the interdependence of our economic lives and

¹ Struggling to Move Up: The Real Cost Measure in California 2021, United Ways of California, <https://unitedwaysca.org/realcost/>

² “A Window of Opportunity to Frame the Guaranteed Income Narrative,” Economic Security Project, archived May 2, 2024, <https://economicsecurityproject.org/resource/a-window-of-opportunity/>

reimagines our country and our community as one where all people deserve to have their basic needs met.

On behalf of the First 5 Sonoma County Commission, we are grateful to the Sonoma County Board of Supervisors and Mayors and Councils of the Cities of Santa Rosa, Petaluma, and Healdsburg for their bold leadership in committing ARPA dollars to implement guaranteed income locally. In addition, the project could not have happened without the coalition of community members and organizations that co-designed and spearheaded the outreach efforts to ensure that every eligible family had a chance at being selected to participate in the pilot program.

Finally, the First 5 Sonoma staff extends our deepest gratitude to the 305 families that came along with us on this two-year journey. The families shared their stories, their joy, their fears, and their wisdom as they breathed a little easier and dared to hope and dream of a better future for their children.

*Angie Dillon-Shore, Executive Director
First 5 Sonoma County*

ACKNOWLEDGEMENTS

First 5 Sonoma County and Social Policy Research Associates would like to thank Fund for Guaranteed Income (F4GI), and the Pathway to Income Equity working group for their partnership in supporting the Pathway to Income Equity Pilot program evaluation. We are appreciative to the community members who pre-tested the data collection tools to ensure that the evaluation's data collection methods were culturally relevant and appropriate to the evaluation. Lastly, we are grateful to all the participants who shared their experiences with the Pathway to Income Equity Pilot program and the ways in which the cash program influenced their daily lives.

Pathway to Income Equity would not have been possible without the support from the following community-based organizations, municipalities, and individuals.

Community-based organizations

Child Parent Institute, Community Action Partnership, Community Baptist Church, Corazon Healdsburg, La Luz Center, Petaluma People Services Center, River to Coast Children's Services, West County Health Centers.

Municipalities

City of Healdsburg, City of Petaluma, City of Santa Rosa, County of Sonoma

Individuals and partners

Nora Mallonee-Brand, Jesús Guzman, Elece Hempel, and Cynthia King

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EXECUTIVE SUMMARY

In early 2023, First 5 Sonoma County (F5) launched Sonoma County’s first guaranteed income pilot program, known as *Pathway to Income Equity*. This cash transfer program aimed to alleviate financial stressors felt by low-income families with young children, particularly those who had been adversely impacted by the COVID-19 pandemic (e.g., loss of employment or income, negative health impacts). The pilot program provided \$500 per month for 24 consecutive months to 305 Sonoma County families with at least one young child (0 to 5 years old) and/or those pregnant at the time of application who earned equal to or less than 185% of the federal poverty level.

To understand the influence of *Pathway to Income Equity* on participants’ lives, F5 partnered with Social Policy Research Associates (SPR) to conduct an evaluation that used a mixed-methods approach. Data were collected through surveys and interviews (collected at two time points; at the beginning and near the end of the program) and photovoice, a participatory method, designed to lift participant voice. The overall goal of the evaluation was to understand the ways in which the program influenced participants’ financial situation, health and well-being, and parenting practices. Throughout the evaluation, the study team collaborated with F5, and an evaluation workgroup comprised of coalition members and other key partners with specific interests in evaluation. This report presents the evaluation findings on the ways in which the pilot program influenced participants’ lives.

To fully understand the effects of this guaranteed income pilot program on the lives of participating families, it is essential to overlay the economic context in conjunction with the evaluation findings presented in this report. The launch of the pilot program in February 2023 coincided with the economic shocks of the post-pandemic economy and the end of pandemic era policies that had provided additional financial support to low-income families. These shocks included sustained higher prices for housing and childcare; inflation of consumer prices (notably food and gas); and decreased allocation in public benefits (e.g., CalFresh). In addition, of those who worked in agriculture (21% were migrant farm workers), many experienced lower wages due to heavy rain and extreme heat during the pilot program period which interrupted their work hours. This economic landscape placed an even greater burden on families already living with low incomes in an area with a high cost of living.

Evaluation Findings

Pathway to Income Equity enrolled 305 caregivers³ with young children residing in low-income households in Sonoma County. Over two-thirds (70%) identified their race/ethnicity as Hispanic or Latino. The median age of the participants was 32 (range 18 – 52 years old), and most were women (88%). The caregivers’ median household size was four people. Thirteen percent of the participants were pregnant during the application period for the pilot program. Also, nearly all (98%) caregivers had experienced either a job loss or loss of income due to the COVID-19 pandemic. Key findings of the evaluation are summarized below in four areas: Basic Needs and Economic Stability, Health and Well-Being, Agency and Self-Efficacy, and Parenting Experiences.

³ Throughout this report, the term “caregiver” is used in reference to the participants of the pilot program who are parents and guardians.

Basic Needs and Economic Stability

Families were better able to consistently afford daily necessities and to strengthen their financial resilience.

- **Caregivers used program funds for essential expenses including food, rent, utilities, and other basic needs.** The funds also provided caregivers with needed support when they encountered a loss of income or an unexpected expense.
- **Most caregivers used the cash to pay for meals and groceries.** Some participants described being able to buy healthier foods such as fresh vegetables and fruit for their household.
- **Families were able to pay down debt and save for the future.** Caregivers paid down debt from credit cards, and past due bills for phone, utilities, and rent. In total, more caregivers reported having at least \$500 in their savings account by the end of the program (31% at Time 1 compared to 40% at Time 2).
- **Caregivers secured more reliable transportation.** Caregivers were better able to commute to work, thereby maintaining steady employment; for others, it meant that they could take children to appointments and visit family members more often.
- **More caregivers experienced housing stability.** After participation, fewer participants reported moving three or more times in the last year (10% at Time 1 compared to 4% at Time 2). In addition, fewer caregivers reported living in unsafe conditions.

Caregivers remained worried about their future finances as the program neared its end.

- **Overall, participants experienced a decrease in financial well-being during their participation in the pilot program.** As the program neared its end, caregivers expressed anxiety and stress, recognizing the pilot program's key role in their economic stability.

Health and Well-being

Caregivers experienced less stress and anxiety during the pilot program and, to a smaller extent, improved their physical health.

- **Most caregivers described experiencing less stress and anxiety than before.** Caregivers were less anxious about expenses, like food and rent, and as a result, they expressed feeling “more relaxed, calmer, and less worried.”
- **Caregivers were better able to engage in health-promoting activities, such as being able to schedule doctor's appointments and eat healthier foods.** Survey responses showed small improvements in several related areas: at Time 2, caregivers on average had better overall health, social functioning, and energy, and were less limited by their physical and emotional health.

Agency and Self-Efficacy

Caregivers, while continuing to work, had more control of their time to pursue their educational goals and focus on self-care.

- **Caregivers had higher rates of employment, while the average hours worked remained consistent.** Participants had higher rates of employment near the end of the program (50% of survey participants at Time 1 compared to 63% at Time 2) while the average hours worked remained consistent at Time 1 (Mean= 30 hours/week) and Time 2 (Mean= 29 hours/week). This means that a sizable proportion of the participants took up part-time jobs or temporary work.
- **More caregivers were able to spend more time with their children.** Caregivers who worked less reported spending more time with their children than they were able to before.

- **Some caregivers invested in themselves by enhancing their own education and skills.** Caregivers reported engaging in a range of both educational and skill building opportunities.
- **In interviews, many caregivers described using program funds to enjoy time with others, to engage in personal hobbies, and to focus on self-care.** The additional funds helped caregivers create free time and use this time on caring for themselves and their families.

Parenting Experiences

Caregivers pursued enriching family experiences, such as having more quality time with their children, enjoying activities like traveling to local parks, and taking cooking classes.

- **Caregivers said they were better able to meet their children’s daily needs.** They were better able to provide nutritious food for their children and had more confidence in handling medical needs or emergencies. Caregivers used program funds to enrich their children’s education, and for some parents, they were able to afford childcare with trusted adults.
- **Caregivers stated that they spent more time and enjoyed special activities with their families.** They described using the funds to register their children for classes, take them to enjoy meals together, buy gifts at Christmas, and travel with them to local parks.

Summary

Pathway to Income Equity provided financial support to a group of economically stressed Sonoma County families, allowing caregivers to spend the cash as they saw fit. They primarily used the funds to pay for essential expenses and ease the stress and anxiety from living at an income level inadequate to meet the high cost of living. This was particularly important as they faced persistent economic challenges (e.g., inflation, unexpected expenses, and income volatility) and recovered from adverse impacts of the pandemic. Importantly, while caregivers’ level of employment remained consistent throughout the pilot program, they were able to pay down debt and increase savings. Although some families made strides toward a better financial future, many worried about the program’s end. It is plausible that a longer program or higher benefit level could result in stronger outcomes and contribute to longer term effects.

The evaluation findings highlight the importance of guaranteed income in supporting low-income families in their daily lives, especially in improving children’s food resources and time with parents. Taking advantage of their increased economic stability during the program, families were better able to meet their children’s needs as well as their own. The focus of the families on using the funds to invest in their children’s well-being provided invaluable experiences for their children in their early years. Capturing the longer-term outcomes—the benefits to the children as they grow and develop—is a key consideration for future evaluations.

I | INTRODUCTION

Sonoma County is a large, semi-rural county located in Northern California, about 50 miles north of San Francisco. Its diverse population of over 481,000 residents encompasses a range of ages, races and ethnicities, and incomes with the majority living within cities and some living in unincorporated areas.^{4,5} The county is a strong producer of agriculture for the nation and a popular tourist destination for its world-renowned wine industry.^{6,7} While the region is often associated with affluence, many residents in Sonoma County struggle every day to make ends meet due to the high cost of living. Although the overall poverty rate in Sonoma County is 9 percent (which is relatively low compared to other counties), a quarter (25%) of households do not have the income required to meet basic needs, including the cost of housing, childcare, food, transportation, health care, and taxes.⁸ These residents experience long-standing health, education, and economic disparities, which deepened as a result of the COVID-19 pandemic.

Further, the poverty rate is higher for children, with an estimated 11 percent of children under 18 years old living below the Federal Poverty Level (FPL).⁹ Nearly half (46%) of households with children under six struggle more financially compared to other groups in the county and post-pandemic recovery for families has been stifled due to interruptions to childcare, rising inflation, natural disasters such as wildfires and flooding, and the unwinding of pandemic-era policies that provided additional

What Is Guaranteed Income?

Guaranteed income (GI), sometimes referred to as guaranteed basic income or universal basic income, is a recurring, unrestricted and unconditional cash payment. GI programs are designed to target specific individuals or communities, often prioritizing those most in need of assistance. The philosophy underpinning GI acknowledges that recipients know best where to allocate additional resources and bypasses the requirements outlined in traditional safety net programs.¹⁰

GI programs vary in the cash fund size, duration, and populations served. Research of GI projects show promising short- and long-term benefits for recipients, such as: reducing income volatility, improving employment opportunities, reducing anxiety, enhancing well-being for recipients and their children, and creating new opportunities for self-determination and goal setting by alleviating financial scarcity.^{11,12,13} Despite these consistently positive results across many pilots, GI programs are now facing a political backlash, and many jurisdictions and states have campaigned against current programs as well as the emergence of new ones.

⁴ U.S. Census Bureau. July 2023. *QuickFacts: Sonoma County, California*. Accessed 9 December 2024.

<https://www.census.gov/quickfacts/sonomacountycalifornia>

⁵ County of Sonoma Department of Health Services. *Geography, Demographics, and Socio-Economic Data*. Accessed 11 December 2024. <https://sonomacounty.ca.gov/health-and-human-services/health-services/about-us/demographics>

⁶ County of Sonoma Agricultural Division. *The Agricultural Division*. Accessed 12 December 2024.

<https://sonomacounty.ca.gov/natural-resources/agricultural-weights-and-measures/divisions/agricultural-division>

⁷ Romeyn, Kathryn. *This California Destination has Charming Small Towns, Incredible Wine, and a Stunning Coastline*. Travel + Leisure. 2 July 2024. <https://www.travelandleisure.com/guide-to-visiting-sonoma-california-6752440>

⁸ U.S. Census Bureau. July 2023. *QuickFacts: Sonoma County, California*. Accessed 9 December 2024.

<https://www.census.gov/quickfacts/sonomacountycalifornia>

⁹ Information obtained from the ARPA program application submitted by First 5 Sonoma County.

¹⁰ Kline, Sean. *Guaranteed Income: A Primer for Funders*. Economic Security Project. 15 May 2022.

<https://economicsecurityproject.org/resource/funder-primer/>

¹¹ West, S., Castro, A. *Impact of Guaranteed Income on Health, Finances, and Agency: Findings from the Stockton Randomized Controlled Trial*. *J Urban Health* 100, 227–244 (2023). <https://doi.org/10.1007/s11524-023-00723-0>

¹² Brugger, L. et al. *In Her Hands: A Guaranteed Income Initiative*. Georgia Resilience and Opportunity Fund. May 2024.

<https://thegrofund.org/evaluation>

¹³ Moore, A. et al. *Magnolia's Mother's Trust 2021-2022 Evaluation Report*. Social Insights. <https://springboardto.org/wp-content/uploads/2024/09/MMT-Evaluation-Full-Report-2021-22-website-1.pdf>

support. The impacts to children living in poverty are extensive; studies show that living in poverty is closely linked to lower school readiness,¹⁴ higher likelihood of high-school non-completion,¹⁵ and higher likelihood of experiencing poverty as adults.¹⁶ Public assistance programs, like the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF), provide support for lifting many families out of poverty but can only be accessed after meeting income requirements, and families are subject to time limits and restrictions on what they are able to purchase.¹⁷

To address deep-seated economic inequities and the complicated regulations of public assistance programs, as well as shift the public narrative related to poverty and deservedness, First 5 Sonoma County (F5), a public agency that supports early childhood development, spearheaded the effort to establish a Sonoma County Guaranteed Income Pilot Program in 2022, known as [Pathway to Income Equity](#). The program launched in early 2023 with support from a nine-member Coalition comprised of local community-based organizations and aimed to serve Sonoma County families with young children (0 to 5 years old) and pregnant individuals who earned equal to or less than 185 percent of the FPL and had been adversely impacted by the COVID-19 pandemic.

About *Pathway to Income Equity*

Pathway to Income Equity was a two-year pilot program designed to provide \$500 per month to 305 participants for 24 consecutive months. F5 spearheaded this effort along with their funding partners: Corazon Healdsburg, the cities of Healdsburg, Petaluma, and Santa Rosa, and the County of Sonoma. *Pathway to Income Equity* was financed through Sonoma County ARPA funds and the aforementioned key partners' local ARPA funds to support guaranteed income recipients within their respective geographic areas. The design and implementation of *Pathway to Income Equity* was a county-wide collaborative partnership, led by F5 and its nine non-profit coalition partners (herein, reference to the Coalition is inclusive of F5). Exhibit 1 shows the members of the Coalition.

¹⁴ Roos, L. L., Wall-Wieler, E., & Lee, J. B., "Poverty and Early Childhood Outcomes," *The American Academy of Pediatrics* 143, no. 6 (2019):e20183426. <https://doi.org/10.1542/peds.2018-3426>

¹⁵ Ratcliffe, Caroline, "Child Poverty and Adult Success," Urban Institute, archived September 9, 2015, at <https://www.urban.org/research/publication/child-poverty-and-adult-success>

¹⁶ Jr. Robert & Adelman, Robert. (2009). Childhood and Intergenerational Poverty: The Long-Term Consequences of Growing Up Poor. National Center for Children in Poverty. https://www.nccp.org/wp-content/uploads/2020/05/text_909.pdf

¹⁷ Trisi, D & Saenz, M. "Economic Security Programs Reduce Overall Poverty, Racial and Ethnic Inequities." Center on Budget and Policy Priorities. 1 July 2021. <https://www.cbpp.org/research/poverty-and-inequality/more-than-4-in-10-children-in-renter-households-face-food-and-or>

EXHIBIT 1. PATHWAY TO INCOME EQUITY COALITION MEMBERS

 <p>First 5 Sonoma County (Lead)</p>	 <p>Asian American Pacific Coalition of the North Bay</p>	 <p>Child Parent Institute</p>	 <p>Community Action Partnership</p>	 <p>Community Baptist Church</p>
 <p>Corazon Healdsburg</p>	 <p>La Luz Center</p>	 <p>Petaluma People Services Center</p>	 <p>River to Coast Children's Services</p>	 <p>West County Health Centers</p>

Pilot Design

Pathway to Income Equity was designed and implemented in three phases: a 2-month planning phase to design the evaluation plan and outreach tools, a 4-month outreach and participant selection phase, and a two-year fund disbursement and program evaluation phase.

Phase 1: Development of Evaluation Plan and Outreach Tools

Phase 1 (July-August 2022) involved the development of the evaluation design (described below in "About the Evaluation") as well as a culturally responsive and linguistically inclusive messaging campaign and outreach materials. The intent of the outreach strategy was for all eligible individuals to be aware of the pilot and have an opportunity to apply. The Coalition designed an outreach effort to reach specific community spaces where individuals gathered, played, worshiped, shopped, and accessed healthcare, childcare, and other services. Also, F5 contracted with the [Fund for Guaranteed Income](#) (F4GI), a non-profit organization that administers direct cash transfers to households, to manage the funding platform for distributing the cash payments. In addition to providing the cash transfer, F4GI was a critical pilot program partner who supported the design of the program.

Phase 2: Outreach and Participant Selection

Phase 2 (September-December 2022) launched the recruitment and outreach campaign, which included multilingual presentations, flyer distribution, social media posts, direct mail, and newspaper/radio advertisements. Those eligible for the program had to meet each of the following criteria: live in Sonoma County; have young children (0 to 5 years old); have an income equal to or less than 185 percent of the FPL; and have been adversely impacted by the COVID-19 pandemic.¹⁸ Pregnant people

¹⁸ Adverse impacts of the COVID-19 pandemic included loss of a job, loss of income, and/or loss of housing.

meeting the income criteria were also eligible to apply. Participants applied online using the F4GI’s platform and the Coalition partners provided application assistance at their sites in various languages, including Spanish, Triqui, Mixteco, Cantonese, Mandarin, Tagalog, and Vietnamese. To streamline the application process and reduce potential barriers, participants were asked to provide minimal basic information, such as demographics, COVID-19 impact, and self-reported income.

F5 received over 2,000 applications from eligible households. Using a lottery system, F5 randomly selected applicants from specific geographic areas—with 75 percent residing in a Qualified Census Tract (QCT) and 25 percent residing in other areas (see Appendix A). Upon selection, applicants were then asked to verify key information (e.g., residential address, income, and age of any children under their care) and provide documents to verify their eligibility. F5 staff helped applicants submit verification documents and assessed the potential impact on their current public benefits from receiving the extra income. To protect applicants from the “benefits cliff,”¹⁹ F5 obtained multiple waivers from State and local agencies to exclude program funds as reportable income for programs such as CalFresh and Medi-Cal. F5 also sought applicants’ interest in receiving support services from any of their partner agencies or other community resources. A total of 305 caregivers, each representing a unique family unit, were accepted into the pilot program.

Phase 3: Funds Disbursement and Program Evaluation

Phase 3 (January 2023-January 2025) encompassed the distribution of payments and the program evaluation (described later in this report). F4GI distributed payments directly to families, with the first payment being scheduled for January 2023. Due to an unexpected delay in the pilot program’s launch, the first payment was made in February 2023; participants received one \$1,000 payment for both January and February. Subsequently, participants received monthly payments from February 2023 to January 2025.²⁰

Pilot Program Participants

F5 selected 305 caregivers of young children (who all supported their families), to participate in *Pathway to Income Equity* (see Appendix B for more detail on applicants). Based on information collected in their program application, most caregivers identified their race/ethnicity as Hispanic or Latino (70.2%), followed by White (13.8%), and other racial groups, including American Indian or Alaska Native, Asian, Black or African American and Native Hawaiian or Pacific Islander (8.9%).²¹ The average age of the participants was 33 (range 18 – 52 years), most identified as female (88.2%), and 13 percent of applicants were pregnant during the application period. Caregivers’ median household size was four. Most participants’ preferred language was English (68%; choices were either English or Spanish). Also, nearly all (98%) caregivers had experienced either a job loss or loss of income due to the COVID-19 pandemic.

Additional data gathered from the baseline survey (N=232) showed that relationship status was mostly single (65%), with 35% married or in a domestic partnership. The most common level of education attained was a high school diploma or GED (32%) followed by some college credit, no degree (17%). Nearly one-third (32%) of caregivers had less than a high school diploma. The median reported annual

¹⁹ A “benefits cliff,” also known as the “cliff effect,” is when an individual or family has a small increase in income that is not enough to sustain them but is enough to decrease or end public benefits.

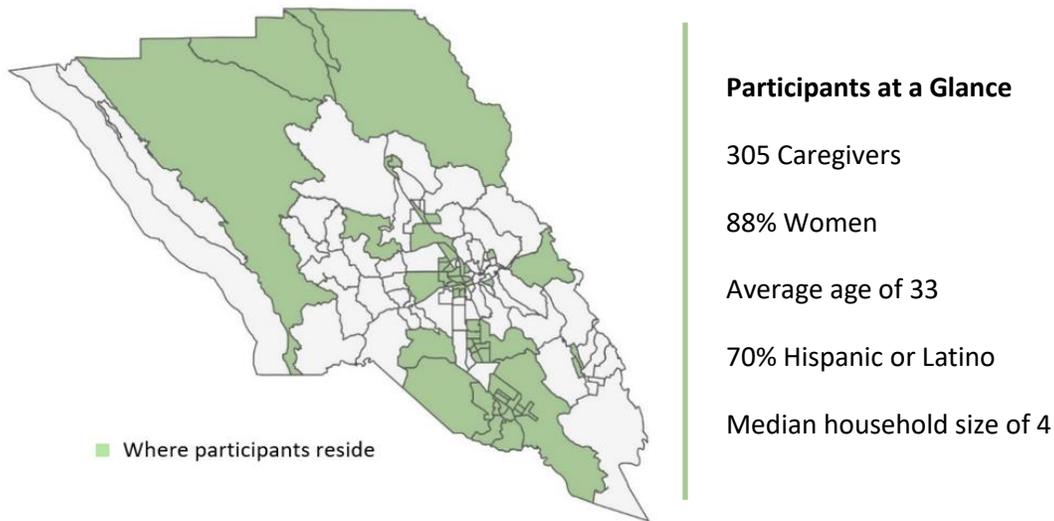
²⁰ F5 secured additional funding to provide one more month of payments in January 2025.

²¹ Race and ethnicity information was missing for 7.2 percent of participants.

income was \$74,444,46. Twenty-one percent reported earning income as farmworkers. More information on demographics can be found in Appendix B.

The pilot program prioritized selecting participants in specific geographic locations, represented by the funding partners. These geographic locations included the cities of Healdsburg, Petaluma, and Santa Rosa. Exhibit 2 shows the county-wide distribution of participants, indicating where they resided at the time of application.

EXHIBIT 2: COUNTY-WIDE REPRESENTATION OF PILOT PROGRAM PARTICIPANTS



Economic Context

Pathway to Income Equity began to distribute cash in early 2023. At that time, the enrolled low-income families were experiencing sustained higher post-pandemic prices for housing and childcare, along with increasing consumer prices (notably food and gas) because of inflation.²² Also, the increased public benefits amounts instituted during the pandemic era that provided additional support, such as SNAP's emergency allotment, ended during this period.²³ For those who worked in agriculture (21% were farm workers), it was also during this same time that heavy rain and heat disrupted their employment, resulting in less work and lower wages.²⁴ Exhibit 3 shows how these factors impacted families during the course of the pilot program. It was within this context that the study team sought to understand the ways in which *Pathway to Income Equity* affected participants' lives.

²² Bohn, S., & Duan, J. *Inflation has Affected Family Spending*. 23 May 2024. <https://www.ppic.org/blog/inflation-has-affected-family-spending/>

²³ Emergency allotments provided families with the maximum benefit amount regardless of their income level, as long as they qualified for benefits.

²⁴ Lander, Jess. *California vineyard workers are losing wages amid extreme heat. Now they're fighting back*. 26 July 2024. <https://www.sfchronicle.com/food/wine/article/california-farmworkers-heat-wave-19584333.php>

EXHIBIT 3: TIMELINE OF ECONOMIC CONTEXT

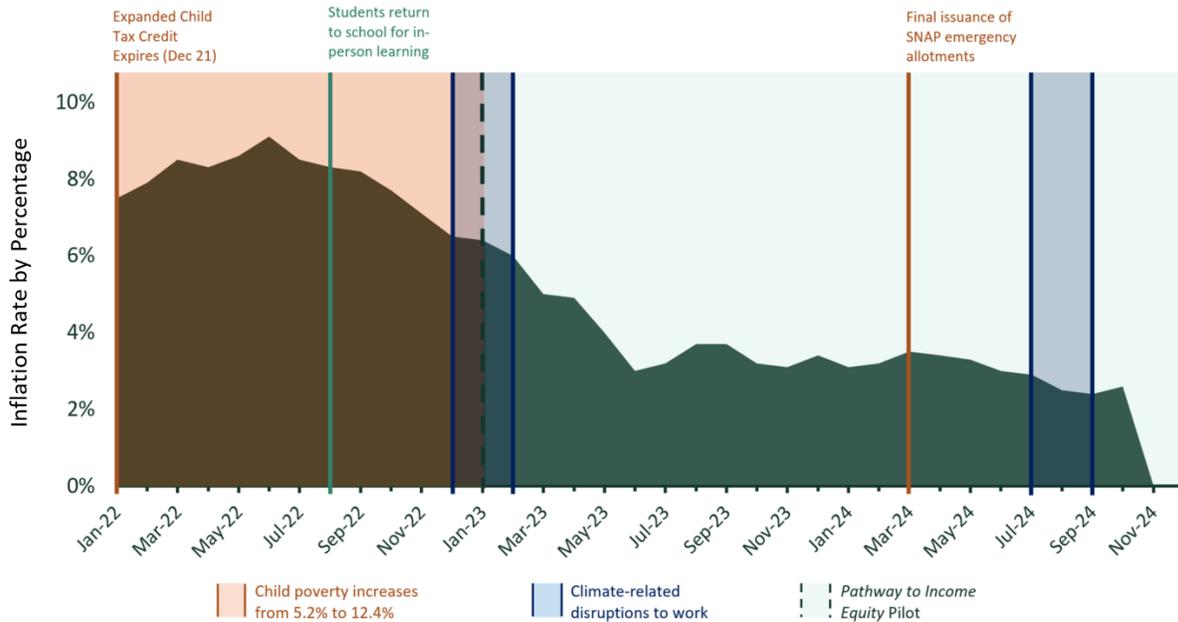


Chart adapted from: [Embrace Mothers Birmingham Final Evaluation Report](#) authored by Abt Associates.

About the Evaluation

In July 2022, F5 partnered with Social Policy Research Associates (SPR) to serve as the pilot program’s evaluation partner. The evaluation was a collaborative process that was supported by an evaluation workgroup, which included several Coalition partners and other partners with a deep interest in the pilot program and evaluation (herein, reference to “evaluation workgroup” is inclusive of F5). The SPR study team (study team) collaborated with the evaluation workgroup at key stages of the evaluation, including logic modeling and design, data collection, and interpretation of findings. The pilot program participants are interchangeably referred to as “participants,” “caregivers,” and “families.”

Logic Model and Program Goal

During the evaluation planning phase, the study team worked with the evaluation workgroup to construct the *Pathway to Income Equity’s* Logic Model (see Appendix C). The study team hosted a series of virtual logic modelling sessions to identify all the resources that supported the pilot program, its activities, and the anticipated outcomes. This process provided a strategic roadmap to guide the development of the evaluation questions and methodology. The study team worked closely with the evaluation workgroup to develop a set of questions that served as the backbone of the evaluation (see Appendix D) and refined the overarching goal of the *Pathway to Income Equity* pilot program:

To achieve income equity by providing unconditional cash for families with young children to meet their basic needs and support their social and emotional well-being to optimize their economic mobility and promote healthy child development.

Evaluation Overview

The overall goal of the evaluation was to understand economic, health and well-being, and parenting practice outcomes associated with the pilot program. In addition, while child outcomes were not directly evaluated, there was an interest in understanding the ways in which they may have been affected. At each step of the evaluation design, the team was careful to develop data collection activities that would incur the least burden on participating families and were culturally competent and trauma informed. The study team prepared and submitted all documentation for human subjects approval to Solutions IRB (Institutional Review Board); an approval for exemption for the study was received on November 2, 2022.

Evaluation Approach and Design

The evaluation team implemented an outcomes study with a pre-post design, utilizing a mixed-method approach combining participant survey data with participant interviews and photovoice (see Appendices E, F, G for more information on study methods). The evaluation also included program administrative data collected by F4GI. This data included demographic information such as gender, age, pregnancy status, and geographic location. All research activities were voluntary, and participants were compensated for their participation. Key advantages of drawing from these data sources are that they centered participant voice and allowed for a systematic triangulation of qualitative, quantitative, and participatory data that strengthened conclusions by testing where information converged and diverged.²⁵

Evaluation Timeline

The study team started to design the evaluation in July 2022 and data collection activities began shortly after the participants received their first payment in February 2023. Surveys and interviews were conducted at two time points: at the beginning of the pilot program (Time 1) and near the end (Time 2). Photovoice was conducted near the end of the program to capture participants' experiences after the pilot program (see Exhibit 4).

EXHIBIT 4: EVALUATION TIMELINE

	2022		2023				2024			
	July - Sept	Oct - Dec	Jan - Mar	April - June	July - Sept	Oct - Dec	Jan - Mar	April - June	July - Sept	Oct - Dec
Evaluation Design & IRB Submission	█									
Time 1 Survey			█							
Time 1 Interviews				█						
Time 2 Interviews									█	
Time 2 Survey									█	█
Photovoice									█	█
Final Report										◆

²⁵ Teddlie, C., & Tashakkori, A. (Eds.) (2009). Foundations of Mixed Methods Research: Integrating Quantitative and Qualitative Approaches In the Social and Behavioral Sciences. Sage Publications.

Methodology

The evaluation used a combination of qualitative and quantitative methods: interviews, surveys, a participatory photovoice project to capture participants' experiences and outcomes over time, alongside demographic data from program applications. Interviews and surveys provided insights into changes in financial stability, well-being, and family dynamics, while photovoice highlighted personal stories and transformative effects.

Participant Interviews (Time 1 and Time 2). The study team conducted 60-minute interviews with randomly selected pilot program participants at two time points in either English or Spanish. Initial interviews (Time 1) were conducted approximately three months after participants received their first payment (March - May 2023) and the follow-up interviews (Time 2), approximately six months before their last payment (July – August 2024). At Time 1, 36 participants were interviewed and at Time 2, 27 out of 36 participants were interviewed. The Time 1 interview documented baseline information about a participant's financial situation, health and well-being, level of self-efficacy, parenting practices, and overall experience in the program; and the Time 2 interview documented perceived changes in those same areas. For each interview, respondents received a \$100 gift card as compensation for their time and expertise. For more information about the participant interviews, see Appendix E.

Participant Survey (Time 1 and Time 2). The study team administered an online survey at two time points. The initial survey (Time 1) was conducted approximately one month after participants received their first payment (Feb – Mar 2023) and the same survey was administered again (Time 2), approximately five months (Aug – Sept 2024) before participants received their last payment. All 305 pilot program participants were invited to complete the survey at Time 1 and those who responded were invited to complete the same survey at Time 2.²⁶ Overall, 140 pilot program participants (a combined 46% response rate) took both surveys. The survey assessed perceived changes in key areas of participants' lives over the course of the pilot program. For each completed survey, respondents received a \$50 gift card as compensation for their time and expertise. The study team conducted descriptive (e.g., frequency and percentage) and inferential (e.g., t-test) analyses of survey responses, however this report does not make a distinction between statistically significant and nonsignificant findings when presenting survey data. This decision was rooted in the team's emphasis on the program's practical implications and ascertaining whether it made a meaningful difference in participants' lives.²⁷ For more information about the participant survey methodology, see Appendix F; for more information about the survey data, including all response frequencies, see Appendix H.

Photovoice. The study team used photovoice to incorporate participants' perspectives about the pilot program in their own words. Photovoice is a participatory data collection method in which participants take photos and write short narratives that are representative of their experiences. Of the 305 participants, 50 expressed interest in photovoice, ten were selected to join, and five completed their photovoice projects. Photovoice participants each received a \$200 gift card, as well as their photo narratives and a keepsake photobook of their work, for their time and expertise. For more information about photovoice, see Appendix G.

²⁶ This allowed the study team to measure change over time and control for individual differences.

²⁷ Wasserstein, R. L., Schirm, A. L., & Lazar, N. A. (2019). Moving to a World Beyond "p < 0.05." *The American Statistician*, 73(sup1), 1–19. <https://doi.org/10.1080/00031305.2019.1583913>

The remainder of this report describes the findings from the evaluation in four main areas:

- **Financial Situation** outlines how participants used program funds and the effect of program funds on financial well-being, savings and debt, transportation, and housing.
- **Health and Well-Being** presents information on the influence of participating in *Pathway to Income Equity* on caregivers' physical and emotional well-being, stress and anxiety, and access to food.
- **Agency and Self-Efficacy** summarizes changes to participants employment and work hours, uptake of education and training opportunities, as well as time spent with family and on self-care.
- **Parenting Experiences** includes findings related to the ways in which caregivers used program funds to enrich the lives of their children and enjoy quality time with them.

The report concludes with a summary and appendices containing more detailed information about the evaluation.

II | EVALUATION FINDINGS

The evaluation findings from all data sources are presented in this section within four broad areas: financial situation, health and well-being, agency and self-efficacy, and parenting experiences.

Financial Situation

The study team sought to understand changes in caregivers' financial situation as a result of their participation in the pilot program. This included both financial well-being (a person's financial situation and perceptions of financial security) and economic stability (having enough resources to meet daily needs).²⁸ Caregivers used their funds to pay for essential household expenses and access more reliable transportation. They also paid down debt, saved for the future, and applied funds towards unexpected expenses (e.g., medical bills) during times of income volatility. Financial well-being declined over the course of the program, with many caregivers concerned about their economic stability as the program neared its end.

Economic Stability

Caregivers used funds for essential expenses and were better able to manage their budgets.

Interviewed participants reported using the funds for food, housing (e.g., rent), utilities, and other basic needs, such as gas, car payments, car insurance, childcare, and household items like hygiene products. They said the additional income helped alleviate families' fear of repossession or housing instability that they had previously experienced.

One photovoice participant captured a photo showing how the program helped with his housing costs, thereby giving him peace of mind:



"Dropping off the rent check and not needing to worry about the cost gives me peace of mind."

– Photovoice participant

²⁸ *Social Determinants of Health*, U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion, accessed: November 2, 2024. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>

Over the course of the program, fewer survey respondents reported difficulties in obtaining other everyday necessities such as food, clothing, medicine, and internet access. Also, survey responses indicated that participants were better able to manage their budgets, with seven fewer caregivers reporting spending more than their household income in the past year (50% at Time 1 compared to 44% at Time 2).

Caregivers appeared better equipped to respond to unexpected expenses. The pilot program funds helped establish an income floor that participants could fall back on when they encountered a sudden loss of income. For example, funds helped make up for reduced wages for several caregivers who lost or changed jobs or took unpaid sick leave. For others, funds provided a cushion for unexpected expenses. One participant described how the program helped her withstand an unexpected car expense.

“It really helps with any kind of extra necessities that come up during the month that you don't really count on...I blew a tire out. I know that I'm going to have that \$500 in a couple days so even though it wasn't in my budget, and I didn't know this was going to happen, I have something to pay it, and I'm not stressed about where I'm going to find that extra money.”

– Pathway to Income Equity Participant

Financial Well-Being

Caregivers were more concerned about their economic stability as the pilot program neared its end. Overall, caregivers’ financial well-being decreased at Time 2 (see Exhibit 5).²⁹ This may, in part, reflect caregivers’ anxiety and stress about the impending end of the program, recognizing its key role in supporting their economic stability. For example, one interviewed participant mentioned having to "tighten up [their budget] again" without the extra income. Further, 90 percent of caregivers responding to the survey continued to be worried about their ability to meet their monthly living expenses at Time 2. Relatedly, during interviews, many caregivers described continued struggles with inflation and the high cost of living, which may have influenced their overall outlook on their future finances.

EXHIBIT 5: FINANCIAL WELL-BEING TIME 1 AND TIME 2 MEANS

	Time 1 Mean	Time 2 Mean	Difference
Financial Well-Being Scale	49.3	41.4	-7.9

Note: Scores for the scale are measured out of a possible score of 0 (very low) to 100 (very high).

Savings and Debt

Some caregivers paid down debt and saved for the future. Participants said that they not only used funds for their daily necessities, but they also took steps towards strengthening their financial resilience for the future. For example, when funds were not already earmarked for household needs, caregivers paid down debt from credit cards, and/or paid off past due bills for their phone, internet, cable, utilities, and rent, some of which had accumulated since the start of the pandemic (see Exhibit 6). At Time 2, six

²⁹ Findings are based on the Financial Well-Being Scale. For more information about this scale see Appendix F.

fewer survey respondents reported debt from past due rent (9% at Time 1 compared to 5% at Time 2), 2 fewer respondents reported debt from past medical bills (14% at Time 1 compared to 12% at Time 2), and 2 fewer respondents reported debt from past due phone, cable, and internet bills (22% at Time 1 compared to 21% at Time 2).

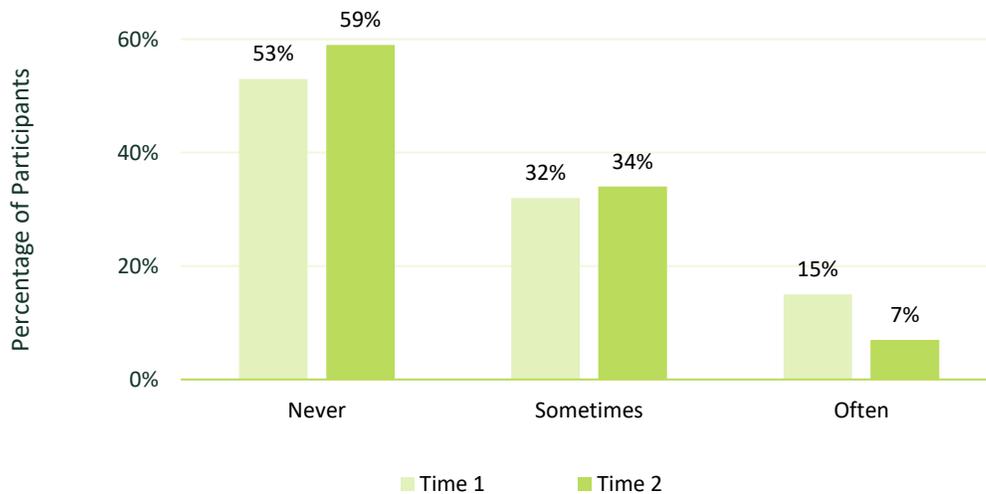
In other cases, caregivers used pilot program funds to build their savings. Based on survey results, a higher percentage of families reported having at least \$500 in their savings account by the end of the program (31% at Time 1 compared to 40% at Time 2). Similarly, more survey respondents set enough money aside for a three-month emergency fund (13% at Time 1 compared to 15% at Time 2). This money was designated for unexpected expenses and for their children’s college education.

“[The cash fund] helped me have savings towards an emergency fund, whenever I needed emergency money.”
– Pathway to Income Equity Participant

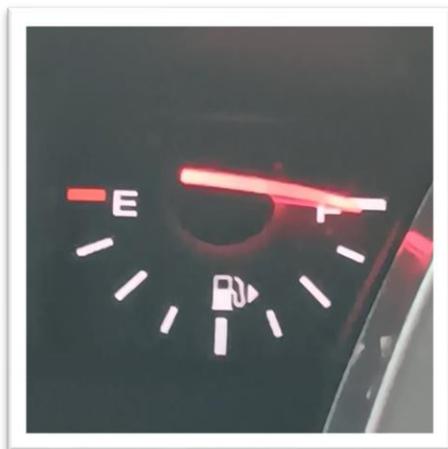
Transportation

Caregivers used the additional income to pay for gas, car insurance, and car payments, and secured more reliable transportation, which was important in maintaining steady employment. Pilot program funds helped to provide more reliable transportation to get to work, school, and other activities. Near the end of the program, more caregivers owned a car (64% at Time 1 compared to 73% at Time 2), and, based on survey results, fewer caregivers worried about getting somewhere due to transportation issues (see Exhibit 6). For some, this meant that they could commute to work reliably, helping them maintain steady employment; for others, it meant they could visit family members, which helped nurture important social and emotional connections without the worry of financial strain.

EXHIBIT 6: TRANSPORTATION WORRIES AT TIME 1 AND TIME 2



In sharing the most important ways the program supported them, all photovoice participants shared photos of full gas tanks, explaining that they had the cash on hand because of the pilot program:



“Having funds for a full tank of gas allows our family to stay connected in times when we need it most.”

– Photovoice participant

Housing Situation

Some caregivers made improvements to their housing safety or had increased housing stability. By the end of the pilot program, fewer surveyed participants moved three or more times in the last year, an indicator of housing instability (10% at Time 1 compared to 4% at Time 2). Moreover, some caregivers had the means to move to safer homes. Specifically, seven fewer surveyed caregivers reported issues with mold (21% at Time 1 compared to 16% at Time 2), three fewer had issues with lead paint or pipes (4% at Time 1 compared to 1% at Time 2), and 10 fewer had inadequate heating near the end of the program (13% at Time 1 compared to 5% at Time 2). One interviewed caregiver described being able to use pilot program funds to help cover the security deposit for a move to a home without mold.

“We did move. The house that we were living in, there was mold in it and the landlord wasn't doing anything about it. So, we found another house....it's a lot nicer, it's in a really safe, nice neighborhood. And the [cash funds] definitely did contribute to the security deposit.”

– Pathway to Income Equity Participant

Many caregivers continued to worry about housing stability. Despite the above improvements, overall housing situations did not change for most caregivers, and, at Time 2, half of those surveyed (50%) continued to worry about losing housing in the future, compared to 49 percent at Time 1, indicating that income from the pilot program was enough to stabilize housing for some (e.g., for rent), but not enough to make big changes for most (e.g., moving).

Health and Well-Being

The evaluation sought to understand the extent to which the pilot program enhanced participants' health and well-being. This included decreasing stress and anxiety and engaging in more health-promoting activities. Overall, the pilot program appeared to support caregivers' physical and emotional

well-being, reduce their stress and feelings of anxiety, and give them more opportunities to buy healthy food for their families.

Physical and Emotional Well-Being

Caregivers improved their physical and emotional well-being. As families felt more financially stable, they said they were able to schedule more doctor’s appointments, took more time off work, and took better care of their bodies by exercising and eating healthy foods. Survey responses also showed small improvements in several related areas: at Time 2, caregivers on average had better overall health, social functioning, and energy, and were less limited by their physical and emotional health (see Exhibit 7).³⁰

EXHIBIT 7: SF-36 SCALE, BY DIMENSION AT TIME 1 AND TIME 2 MEANS

SF-36 Scale	Time 1 Mean	Time 2 Mean	Difference
General Health	59.1	59.9	0.8
Social Functioning	68.7	69.1	0.4
Emotional Wellbeing	64.6	63.2	-1.4
Energy	46.8	47.3	0.5
Physical Functioning	87.8	86.6	-1.0
Pain	72.8	71.1	-1.7
Role Limitations Due to Physical Health	77.4	79.6	2.2
Role Limitations Due to Emotional Health	66.8	66.9	0.1

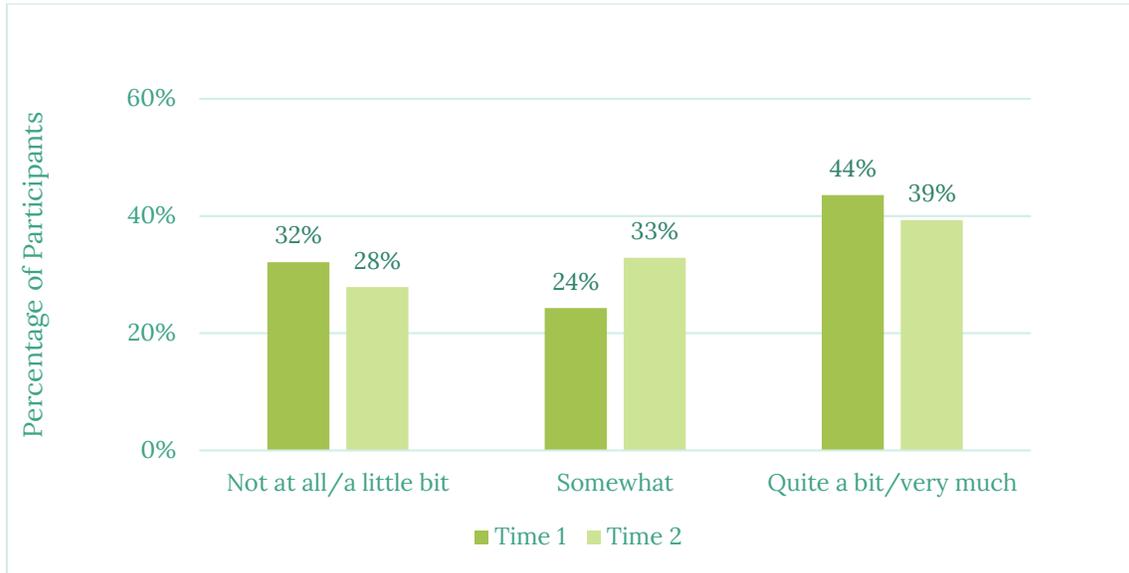
Note: Scores for the scale are measured out of a possible score of 0 to 100; higher scores indicate better physical and emotional well-being, while lower scores indicate poorer physical and emotional well-being.

Stress and Anxiety

Caregivers reported lower stress and anxiety. The pilot program’s reliable financial support appeared to help improve caregivers’ mental well-being. Interviewed caregivers reported being less anxious about expenses (e.g., food and rent), and as a result, felt “more relaxed, calmer, and less worried.” Survey responses also showed a decrease in stress from Time 1 to Time 2, though the average respondent started and ended the pilot program with a moderate level of stress (see Exhibit 8).

³⁰ Findings are based on the 36-Item Short Form Survey (SF-36) that measures general quality-of-life. For more information about this survey see Appendix F.

EXHIBIT 8: PARTICIPANTS' LEVEL OF STRESS AT TIME 1 AND TIME 2



Some caregivers were more stressed towards the end of the pilot program. As mentioned in the previous section, interviewed caregivers said they were stressed knowing the program was coming to an end. They were worried about losing some of the “comfort, trust and relief” offered by the funds, and wondered how they might get by without the additional income.

Food Security

Caregivers bought healthier food and accommodated their children’s dietary restrictions, which eased food-related stress. As described earlier in the report, most interviewed caregivers said they used cash funds to pay for food. They explained that the monthly cash gave them flexibility to purchase more food, healthier food (e.g., fresh fruits and vegetables), or foods for children with specific dietary restrictions (e.g. lactose free milk). Cash funds also helped some families supplement or replace their SNAP benefits when those benefits were reduced or cut entirely. Additionally, a few caregivers said they spent more quality time with their families by treating their household to an occasional meal out, something they could not afford before the pilot program.

“I would enjoy going to the grocery store. I would walk in comfortable knowing I could [spend] \$200 right now on groceries...That's what made me feel good.”

– Pathway to Income Equity Participant

As part of how the funds were important to photovoice participants, they shared pictures of full pantries stocked with a variety of healthy food for their children. One participant reflected on her journey from experiencing homelessness to providing healthy meals for herself and her children.



“Now I can keep my refrigerator full. There is no shortage of food in my house!”

– Photovoice participant

Another participant appreciated being able to use the funds to shop at a local organic market where they could purchase fresh, high-quality produce without the usual stress over costs. This market not only offered healthy food options but also featured a play area for children. That allowed him and his kids to enjoy a fun, shared experience on a weekly basis, which became a ritual bonding opportunity. A third participant described how she and her young daughter cultivated a garden where she used the funds to set up garden beds, ultimately providing them with fresh vegetables for their meals and offered a meaningful bonding experience.

Agency and Self-Efficacy

The study team sought to understand the ways in which the additional income influenced participants' sense of self and agency, and their ability to set and meet goals. Overall, caregivers shared various ways the program helped them to pursue and engage in activities that enriched their own lives as well as those of their children. The program supported their choices around employment, and for those who worked less, they spent more time investing in themselves (e.g., pursuing educational goals and engaging in self-care) and with their families.

Employment and Work Hours

Caregivers had higher rates of employment, which may be due in part to fewer childcare barriers.

Based on survey results, caregivers had higher rates of employment near the end of the program (50% of survey participants at Time 1 compared to 63% at Time 2) while the average hours worked remained consistent at Time 1 (Mean= 30 hours/week) and Time 2 (Mean= 29 hours/week). This means that a sizable proportion of the participants took up part-time jobs or temporary work and fewer participants worked full-time. The slight increase in employment may have also been the result of fewer childcare issues. For example, near the end of the program, fewer survey participants experienced childcare interruptions that would have prevented them from participating in a job or training program (44% at Time 1 compared to 33% at Time 2). Some surveyed caregivers continued to report not working and not seeking work because of unpaid caregiving responsibilities and lack of childcare.

Some caregivers worked less and instead invested more time in themselves and with their children. In interviews, caregivers who worked fewer hours said they were able to avoid taking on extra shifts because they had income from the pilot program. The decreased stress around work provided many caregivers with peace of mind and the freedom to pursue education and training opportunities as well as spend more quality time with their families. For instance, one caregiver expressed appreciation for being able to spend time with his child rather than working constantly. The benefits also extended to other family members. For example, another caregiver explained that her partner was able to reduce his work hours from six days to five days, which provided additional support at home with the children.

“It allowed me to feel a little more stress-free, not feeling like I have to overwork myself to get what I need to be able to pay the bills, and that then allowed me to be more present with my family in a stress-free way. I didn't have to come home stressed out. I could be more at peace and my kids have benefited from that.”

– Pathway to Income Equity Participant

One photovoice participant shared a photo of how the program gave her flexibility to drop her children off at school:



Thanks to the program, I could look for a job with an accessible schedule and am able to drop my children off at school every day without having to make them get up early and leave them with different people. My children say, “Thank you mom for taking me to school.”

– Photovoice participant

Education and Training

Caregivers furthered their own education and skills. Overall, of those who responded to the survey, more had “some college (no degree)” and fewer had a “HS diploma or less” near the end of the program which represented a 4 percent change. Surveyed respondents described participating in a range of educational opportunities, including high school equivalency, English language classes, and college courses (see Exhibit 9). They also participated in skill building opportunities to obtain new employment, for example, certificate programs to become a medical assistant, teacher, and public accountant. Interviewed caregivers said the funds helped them pay for course fees and books and gave them the

flexibility to take time off work to attend classes. By pursuing educational opportunities, caregivers bolstered their own future earnings as well as those of their children.³¹

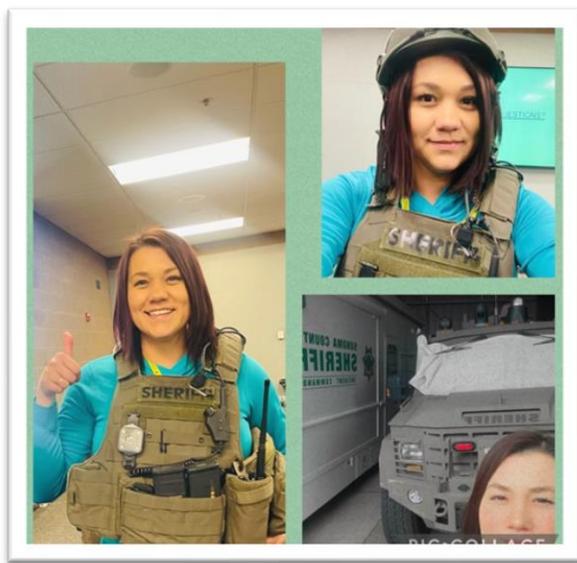
“It’s something I’d always wanted to do... Sometimes I used to take jobs in the afternoons, but with the funds I don’t necessarily have to go to work, and I can take the time to go to classes.”

– Pathway to Income Equity Participant

EXHIBIT 9: PARTICIPATION IN EDUCATION OR TRAINING PROGRAMS

Education or Training Program	# of Respondents	Examples
Certificate Programs	15	Medical assistant, community health worker, phlebotomy, teaching certification, certified public accountant
College Courses	12	Community college courses
High School Diploma	10	General Education Diploma (GED)
Skill Building Courses	10	Computer courses, sales training course, professionalism program
English Language Courses	10	-

One photovoice participant pursued her dream of working in law enforcement. She explained that the program had enabled her to complete classes with the Sonoma County Sherriff’s Office, which helped her to get closer to her employment goals:



“This was my dream as a child and thanks to this program it helped me get closer to it and make my children proud of me.”

– Photovoice participant

³¹ Yoon, S., Roys, N., & Seshadri, A. “The Causal Effect of Parents’ Education on Children’s Earnings,” National Bureau of Economic Research. (2024). https://www.nber.org/system/files/working_papers/w32223/w32223.pdf

Family and Self-Care

A few caregivers enjoyed time with friends and family, engaged in personal hobbies, and focused on self-care. By the end of the pilot program, more surveyed caregivers talked to someone they were close to or cared about at least once a week (29% at Time 1 compared to 40% at Time 2). One interviewed caregiver said that the financial relief created space to explore her identity beyond being a mother or employee. Instead of juggling two jobs and raising children, she experienced a newfound freedom to focus on her personal growth and to pursue hobbies, rediscovering herself outside the constant demands of work and motherhood. Another caregiver explained that during her pregnancy, she had begun to treat herself to manicures, which contributed to her well-being.

“I got my toes done when I was super pregnant. That's when I actually started getting my toes done, so I did put that money towards that, which was really nice. When you're super big and pregnant and your feet are just killing you, it's amazing to have your feet done.”

– Pathway to Income Equity Participant

Some caregivers increased the amount of time spent with their children. Those who were interviewed said they became more involved in their children’s schools, such as participating in school assemblies or fundraising for sports teams or participated in activities like child development classes. Participants also described being able to engage in new activities or continue valued routines, such as trips to parks, shopping, or enjoying meals together outside the home. For example, two interviewed caregivers said they could now afford occasional treats like pizza or hamburgers, which fostered family bonding. One additional caregiver stated that she was able to enjoy time with her daughter by going to the park regularly.

Parenting Experiences

The study team sought to understand the ways in which parenting practices may have changed over the course of participation in the program. Caregivers said they were better able to provide everyday necessities for their families and enhanced their parenting knowledge and skills. The funds also allowed families to spend quality time together and engage in nature-related activities. Caregivers also used funds to support their children's growth and development.

Changes in Parenting Experiences

Caregivers appeared better able to provide basic necessities for their families. As mentioned earlier, caregivers reported being able to provide nutritious food for their children without financial stress, which positively impacted their children's well-being. The additional cash also allowed parents to meet their growing children's clothing needs, which helped parents feel less burdened. This economic stability contributed to a more relaxed and positive home atmosphere.

Caregivers enhanced their parenting knowledge and skills. Caregivers highlighted how they could better cater to their children’s unique needs. For instance, one parent described feeling more capable of addressing her child’s behavioral or emotional needs with fewer external pressures. Some participants used the funds to encourage children’s contributions at home, such as earning allowances for chores while fostering responsibility and involvement in the household.

Caregivers were more emotionally available for their children. By alleviating financial stress, the program allowed parents to be attentive and patient. For example, one parent mentioned being able to focus on her child’s needs and manage challenges effectively as a single parent. Parents also expressed greater confidence in handling medical needs or emergencies due to improved economic stability. Additionally, others reported being able to afford childcare arrangements with people they trusted, which alleviated stress and enabled them to better balance other expenses.

“[The pilot program] did allow me to not have to worry about picking up extra hours or picking up extra gigs to make it work. It allowed me to be more present, so I do have more time because of Pathways.”
– Pathway to Income Equity Participant

The pilot program provided resources and opportunities for families to engage in nature-related activities. Photovoice participants cherished joyful moments spent camping or enjoying state parks. This allowed them to spend meaningful time with their children outdoors. Parents reflected on how these experiences strengthened family bonds, created lasting memories, and nurtured a spirit of adventure and curiosity in their children. Caregivers saw this as essential for their children's growth and happiness. These activities are often linked to improved mental health, increased physical activity, and stronger relationships. The additional financial support went beyond providing for immediate needs and contributed to an overall improvement in these families' quality of life.

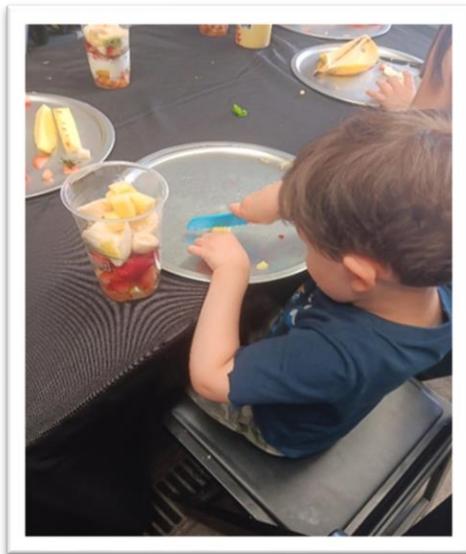


“Armstrong Redwoods State Park is one of my favorite places on Earth and being able to afford a parks membership allow my kids the opportunity to experience and enjoy the beauty of nature.”

– Photovoice participant

Caregivers supported their children's growth and development. Photovoice participants invested cash funds in activities for their children. One expressed pride in being able to afford afterschool programs for his children, which ensured they had a safe, enriching environment while he worked. The impact of this opportunity went beyond convenience; it gave his children a supportive space for both learning and

socialization. Another participant described how the cash support allowed her to enroll her children in extracurricular activities like cooking classes, and it provided them with an opportunity to explore interests and talents that she had once felt unable to afford (pictured below).



“Look Mommy, I have a knife,” my young son says with eyes wide. I can afford my son’s first cooking class and encourage him to pursue his passion for cooking.

– Photovoice participant

Participants’ Experience in the Program

Pathway to Income Equity was designed so that eligible participants had few barriers when applying to the program. Most participants described their experiences with the application process as “easy” and “smooth.” A few participants experienced challenges with the application due to limited computer literacy, but they were able to receive support from partner organizations and F5.

Upon learning they were selected to participate, caregivers described feeling overcome with happiness, gratitude, and relief. They explained that the additional income would greatly improve their ability to meet their daily needs. While some caregivers shared concerns about whether the additional income would impact their public benefits, others saw it as a supplement to the support that they received from safety net programs. Participants expressed a sense of gratitude throughout the program and described it as a lifeline that had come at “the perfect time.” Some viewed it as a privilege to have been chosen for the program, and one participant shared a faith-based perspective, accepting its conclusion as part of a greater plan.

“I’m grateful for the time that I did have it. I’m very appreciative of it. It is a little stressful to think of certain scenarios, like if I lose my job or anything like that. But it was only here for as much as it was, and it was great. So, although I’m a little stressed, it’s okay.”

– Pathway to Income Equity Participant

In addition to their gratitude, caregivers raised concerns about adapting to the loss of the program’s funding support. For example, as previously described, several caregivers expressed feelings of sadness and stress about the program ending, and they acknowledged its significant role in their economic

stability. One parent mentioned concern about losing the financial means to meet specific needs, such as therapy and sensory aids.

“Stress has kicked in because I worry about that money not coming into my account anymore. So, I mean, all I can do is...do less, to enroll [my kids] in fewer activities, because I can't afford to pay for everything without the program's help.”

– Pathway to Income Equity Participant

Knowing that the program was coming to an end, caregivers described actively planning for life after the program by reducing expenses, seeking alternative resources, and setting new goals. Some felt confident in their ability to adjust, having achieved significant milestones during the program. For instance, one participant stated feeling more capable after accomplishing a major goal while in the program. Other caregivers shared their feelings of resignation while understanding the necessity of the pilot program's end and hoped it would continue to benefit others in need.

“A couple of months ago, if you would've asked me, I would be like, ‘No! There's no way! How am I going to do this?’ But I'm feeling more confident now...If I have another goal, I know that I'm capable of accomplishing it too, because I already accomplished one big goal that I had.”

– Pathway to Income Equity Participant

III | SUMMARY

The evaluation findings highlight the importance of guaranteed income in supporting low-income Sonoma County families in their daily lives. The effects of the monthly \$500 cash assistance measured by the evaluation were modest, reflecting the challenges posed to the participants from the high cost of living and persistent economic challenges (e.g., inflation, unexpected expenses, and income volatility). Importantly, while caregivers' level of employment remained consistent throughout the pilot program, they were able to pay down debt and increase savings. The increased economic stability that caregivers experienced from *Pathway to Income Equity* allowed them to better meet their children's daily needs as well as their own. Highlights of the evaluation include the following:

Pathway to Income Equity helped families more consistently afford basic needs and strengthen their financial resilience, but they remained worried about their finances in the future.

The pilot program provided increased economic stability for caregivers. This meant that families could more dependably pay routine bills and provide their families with daily necessities. In turn, this enhanced economic stability allowed caregivers to strengthen their financial resilience by paying down debt and building up their savings. Although some families made strides toward a better financial future, many were worried about the future as the program neared its end. The evaluation findings suggest that the funds helped ease the impact of economic conditions, such as the reduction in CalFresh benefits and inflation of consumer prices (especially gas and food) but did not completely offset their impact. It is plausible that a longer program or higher funding level could result in stronger outcomes and contribute to longer term benefits.

Pathway to Income Equity helped families reduce stress and anxiety and access healthier foods, leading to improvements in physical, mental, and emotional health.

Since families had a recurring and reliable source of income, they could go through their daily lives feeling less stress from financial pressures. This in turn helped caregivers feel more relaxed and less anxious, which positively influenced their home environment. Being able to supplement food costs and purchase healthier foods was also important for families, particularly as CalFresh benefits were reduced. Further, caregivers shared many stories about how the act of shopping for healthy food or cultivating a garden together created opportunities for parents to bond with their children.

Pathway to Income Equity enabled caregivers to take control of their time to pursue educational goals and engage in self-care.

Caregivers were more able to spend time investing in themselves, for example, pursuing educational goals and skill building activities. These activities supported opportunities for upward mobility through the potential for increased future income. The funds helped to pay for fees, books, and allowed the time off work needed to pursue these activities. In addition to educational growth, caregivers were more able to engage in self-care activities, such as hobbies. These activities have the potential for positive future benefits that this evaluation was not able to capture.

The pilot program facilitated positive changes in parenting practices by reducing financial stress and allowing for more enriched and nurturing family environments.

Families were more able to spend more quality time together and engage in nature-related activities because of the program. Caregivers reported that this allowed them to be more present with their family. This is an important outcome as quality time spent with young children have important benefits to their overall development and self-esteem.³² Also, caregivers were able to use the funds to support their children's growth and development.

Capturing participant voice is key to understanding the outcomes associated with guaranteed income pilot programs.

The evaluation used a mixed-methods approach, combining a survey offered to all 305 participants, with interviews and photovoice with a subgroup of individuals. This design is important because, while changes were not prominently indicated in the survey data, the interviews and photovoice provided important insight on how the \$500 monthly cash payment positively influenced families' lives. This speaks to the value of listening to caregivers and learning from their experiences.

Pathway to Income Equity provided financial and emotional support for a group of economically stressed Sonoma County families. The funds helped families pay for essential expenses and eased the stress and anxiety from living at an income level inadequate to meet the high cost of living. The focus of the families on using the funds to invest in their children's well-being provided invaluable experiences for their children in their early years. Capturing the longer-term outcomes—the benefits to the children as they grow and develop—is a key consideration for future evaluation.

³² Li, D., & Guo, X. (2023). The effect of the time parents spend with children on children's well-being. *Frontiers in Psychology*, 14, 1096128. <https://doi.org/10.3389/fpsyg.2023.1096128>

APPENDICES

Appendix A. List of Qualified Census Tracts in Sonoma County, California

Census Tract Code	Location Name
150305	Fetters Springs/Agua Caliente West
151201	West Cotati/Penngrove
151301	Rohnert Park A Section
151305	Downtown Rohnert Park
151306	Central Rohnert Park
151308	Rohnert Park D/E/S Secs
151310	Rohnert Park B/C/R Secs
151401	Kawana Springs
151402	Taylor Mountain
151900	Burbank Gardens
152000	Downtown Santa Rosa
152100	West Junior College
152201	Northern JC Neighborhood
152203	Southern JC Neighborhood
152802	Bicentennial Park
152903	Comstock
153001	Coddington
153002	West End
153003	Railroad Square
153102	Sheppard
153103	Roseland Creek
153104	Roseland
153200	Bellevue
153300	Wright
153703	Monte Rio
153705	Forestville/Rio Nido
153808	Central Windsor
153902	Central Healdsburg
154201	East Cloverdale

Appendix B. Program Application Data, Participant Demographics

Demographics	Frequency
Age[†]	
18-29	105 (34.4%)
30-39	141 (46.2%)
40-52	59 (19.3%)
Gender[†]	
Female	269 (88.2%)
Male	36 (11.8%)
Pregnant[†]	39 (12.8%)
Race/Ethnicity[†]	
Hispanic or Latino	214 (70.2%)
Non-Hispanic, White	42 (13.8%)
Smaller Populations*	27 (8.9%)
Undefined**	22 (7.2%)
Preferred Language[†]	
English	206 (67.5%)
Spanish	99 (32.5%)
English Language Proficiency^{††}	
Very well	123 (53%)
Well	37 (16%)
Not well	46 (20%)
Not at all	26 (11%)
Educational Attainment^{††}	
Less than high school degree	75 (32.3%)
High school diploma or GED	75 (32.3%)
Some college credits, no degree	40 (17.2%)
Trade/technical/vocational training	13 (5.6%)
Associate/Bachelor's/Postgraduate degree	29 (12.4%)
Marital Status^{††}	
Single, never married	105 (45.3%)
Married or domestic partnership	82 (35.3%)
Widowed/Divorced/Separated	45 (19.4%)
Median Household Size[†]	4
Employment Status^{††}	
Employed	118 (51%)
Not employed	114 (49%)

Income Source from Seasonal or Migrant Farmwork^{††}	
Yes	48 (21%)
No	184 (79%)
Median Household Income^{††}	\$74,444.46

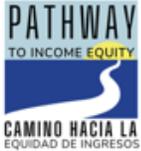
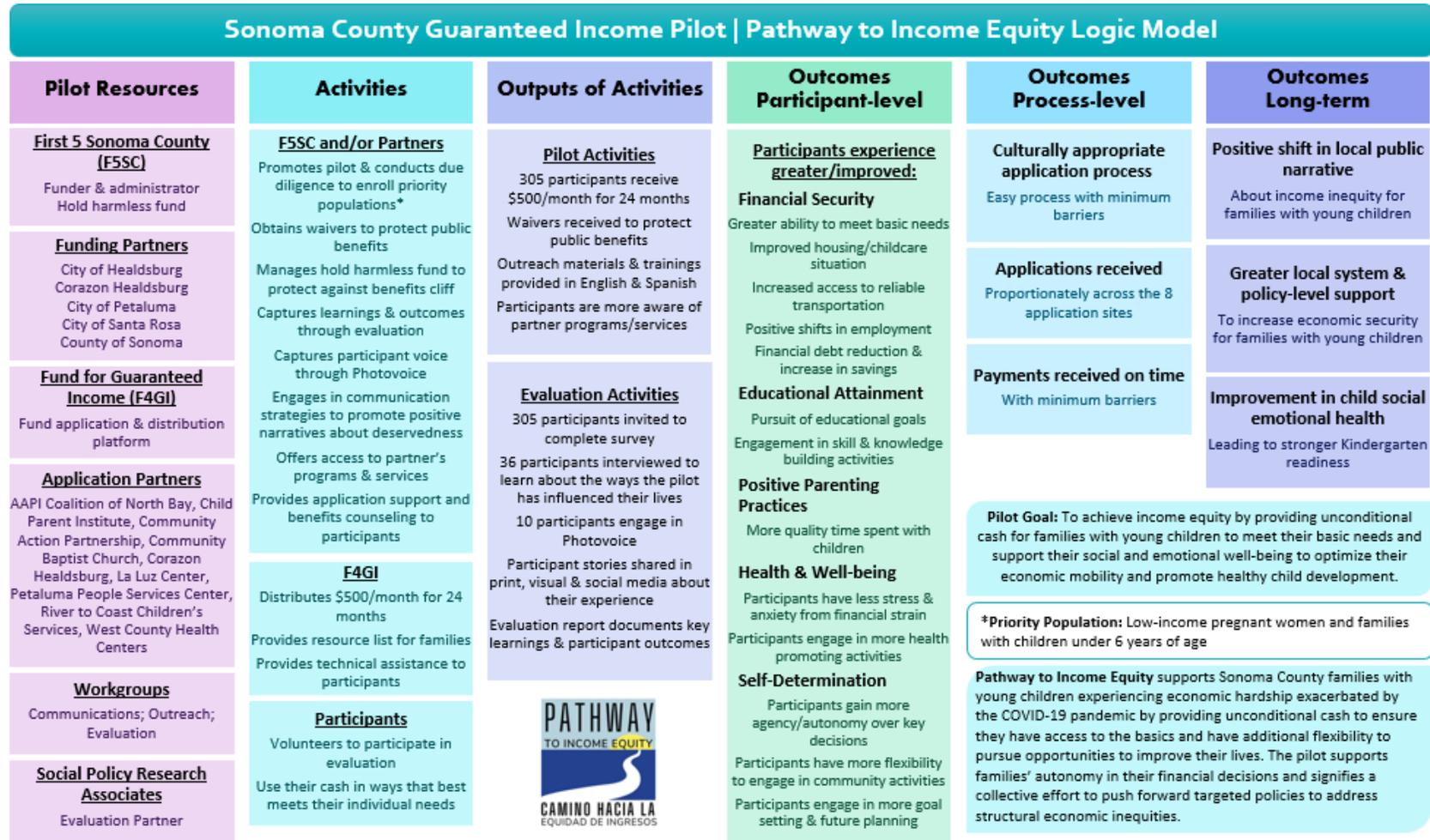
†Data collected from Program Application (N=305)

††Data collected from Time 1 Survey (N=232)

*Smaller populations include the American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander

**Undefined includes Other, Multiracial, Prefer Not to State

Appendix C. Pathway to Income Equity Logic Model



Appendix D. Evaluation and Learning Questions

A. Strengthened Financial Situation for Pilot Program Participants Caring for Young Children

1. Did the unconditional cash transfer (pilot program) support change in caregivers' financial situation? How did the financial situation of caregivers change after enrolling in the pilot program?
2. Did participation in the pilot program change caregivers' financial security (debt/savings), food security, housing situation, transportation, and employment status?
3. In what ways are caregivers using the cash transfer funding?
4. Did caregivers engage in more skill and/or knowledge building activities in pursuit of educational/vocational goals while participating in the pilot program? What courses, training, or programs did they engage in?

B. Enhanced Health and Well-being for Program Participants Caring for Young Children and their Children

1. How did participation in the pilot program influence caregivers' physical and emotional well-being?
2. Did caregivers experience less stress and anxiety?
3. Are caregivers engaging in more health promoting activities?
4. Secondary Outcome: How does caregiver's participation in the pilot program affect child development?

C. Strengthened Program Participants' Perceptions of Self-Efficacy and Parenting Ability

1. Did the pilot program foster confidence and sense of competence and agency among caregivers?
2. As a result of the pilot program, how do caregivers engage in setting goals and planning for the future?
3. Did the pilot program affect caregiver's sense of their own parenting ability?
4. How did the pilot program influence caregivers' ability to be involved (or more involved) in personal, family, and community activities?
5. Secondary Outcome: How do changes in parent level circumstances affect parent-child relationship?

D. Improvements in Positive Parenting Practices

1. How did parenting practices change over the course of participation in the pilot program?
2. How does the cash transfer affect parent-child relationships and their home environment?
3. Did parents have more opportunity to spend time with their children after the pilot program started?

F. Experience in the Pilot Program

1. What are participants' perceptions about the application and fund disbursement process? Were the processes accessible with minimum barriers (e.g., language, simplicity establishing eligibility, support with completing the application)?
2. What challenges did applicants face at the time of applying for funds and receiving funds and how were they resolved? What lessons were learned that will benefit future programming?

Appendix E. Participant Interview Methodology

The *Pathway to Income Equity* participant interviews were designed to answer the pilot program's evaluation questions and to aid in understanding changes in caregivers' lives as a result of their participation in the program. The study team developed two semi-structured interview guides. One interview guide was used at Time 1, to build a rapport with participants and understand their baseline economic and social situations. The second interview guide, used at Time 2, was developed to assess the participants' perceptions of how *Pathway to Income Equity* influenced their lives and their children's lives.

Initially, to identify a representative group of individuals to invite to participate in interviews (once near the beginning of the pilot program and again near the end of the pilot program), the study team randomized the program's population by key characteristics including gender, pregnancy status, race/ethnicity, and language spoken prior to conducting Time 1 interviews. Randomization across these key areas ensured that interviews included a range of perspectives as well as resembled the full participant sample. Participation in both interviews was voluntary. To ensure a final group of 36 interview participants, the study team oversampled during randomization to account for those who elected not to participate. Initially, SPR staff sent invitations to 50 participants, but exhausted all contacts (as outlined in the IRB) and therefore conducted a second round of randomization.³³ In total, the SPR staff contacted 73 participants and conducted interviews with the first 36 program participants who expressed an interest.

Each participant was contacted a maximum of five times by email and phone, including one introductory email from F5, which was used to introduce the interviews and assure participants that this activity was a legitimate program endeavor.

When participants responded and expressed an interest in participating, the SPR staff scheduled a date and time at the participant's convenience and emailed a consent form. Participant interviews lasted up to an hour and were conducted over the phone or virtually through Teams. All participants who spoke Spanish were contacted and interviewed in Spanish. Each respondent received a \$100 gift card (provided by F5) via physical mail for their contributions to the evaluation. They received these cards within four weeks of completing the survey.

In total, the study team completed interviews with 36 participants at Time 1 and 27 participants at Time 2 (see Exhibit E-1 for demographics). The proportion of participants in each demographic category were similar at both times.

With participant consent, all interviews were audio-recorded and transcribed verbatim (with translation from Spanish to English) using transcription services. The study team used NVivo (a qualitative software program) to identify, code, and link themes to capture the perspectives of the participants. The study team developed an initial codebook using the interview protocol as a guide. Additional codes were added as new information or themes emerged from the data. Throughout coding of the interviews, the study team met regularly to identify emerging themes from the data and ensure consistent coding in preparation to write-up findings.

³³ Randomized participants were contacted a maximum of five times. If there was no answer, then the study team ceased to contact that participant.

EXHIBIT E-1: PARTICIPANT INTERVIEW DEMOGRAPHICS

Demographic Category	Characteristics	Time 1 Interview Participants (n=36)	Time 2 Interview Participants (n=27)
Language	English	22 (61%)	16 (59%)
	Spanish	14 (39%)	11 (41%)
Gender	Female	31 (86%)	22 (81%)
	Male	5 (14%)	5 (19%)
Race/Ethnicity	Hispanic or Latino	24 (67%)	20 (74%)
	Non-Hispanic, White	9 (25%)	6 (22%)
	Smaller populations*	3 (8%)	1 (4%)
Pregnancy Status	Pregnant	8 (22%)	5 (19%)
	Not pregnant	28 (78%)	22 (81%)

Appendix F. Participant Survey Methodology

Survey Design and Administration

The *Pathway to Income Equity* Participant survey was designed to answer the pilot program's evaluation questions and aid in understanding perceived changes in participants' lives as a result of their involvement with the program.

The design of the *Pathway to Income Equity* Participant Survey was based on an iterative and collaborative process in which the study team conducted an initial literature review and solicited multiple rounds of feedback from F5 and the *Pathway to Income Equity* evaluation workgroup. This collaborative approach ensured that the survey was effective, relevant, and sensitive to the experiences of program participants.

The literature review included examinations of validated surveys that measured constructs related to the pilot program's evaluation concepts and tools used in other guaranteed income program evaluations, such as the Stockton Economic Empowerment Demonstration (SEED). Validated and reliable surveys are important to ensure that the data collection methods can effectively measure given constructs with diverse populations. The survey contains open-ended and multi-choice items, including Likert scales covering primary outcomes of interest. Primary outcomes included, but were not limited to participant demographics, economic stability/mobility, employment, health and well-being, and family functioning. See the section below for descriptions of each of the validated measures used in the Participant Survey.

The study team pre-tested the survey with five individuals from outside of the pilot program, yet similar in demographics to the pilot program's participants, who were identified in collaboration with the evaluation workgroup. The pre-test of the survey was conducted in English and Spanish and included cognitive interviews to refine the survey. Each respondent was asked to complete the online survey, uninterrupted, in the presence of a study team member. Immediately after completing the survey, SPR staff led respondents through a series of questions asking for their overall impressions of the survey, such as its length and specific survey items. They also asked questions focusing on concepts that could be potentially difficult to understand. Additionally, these pre-test respondents were asked whether there were other areas they found to be confusing or unclear. The study team synthesized feedback from the pre-test group and incorporated changes into the final survey. Pre-test respondents received a \$75 gift card as compensation for their contributions to the evaluation and their assistance in strengthening the survey.

At both times, the surveys were programmed using the online program, Alchemer, in both English and Spanish. Pilot program participants were able to complete the survey on a computer, tablet, or smart phone. Pilot program partner, Fund for Guaranteed Income (F4GI), provided email and phone contacts of program participants via a secure data transfer. Pilot program participants were contacted up to five times by email, text and/or telephone, including one introductory email from F5, which was used to introduce the interviews and assure participants that this activity was a legitimate program endeavor. Each contact informed participants that the survey was voluntary.

The Time 1 survey was conducted approximately one month after participants received their first payment and again, at Time 2, approximately five months before their last payment. The Time 1 survey

was available to all participants, and the Time 2 survey was available to those who had completed the initial survey, so that Time 1 to Time 2 comparisons could be assessed. Each respondent who completed the survey received a \$50 gift card as compensation for their contribution to the evaluation, at both time points. Contact information for two participants was unavailable at Time 1, with no additional contact information available, therefore, 303 participants were included in the survey outreach for Time 1.

Most participants completed the survey online; however, some participants preferred to complete the survey over the phone with a study team member due to reasons such as limited access to technology. Each respondent received a \$50 gift card (provided by F5) via physical mail within four weeks of completing the survey for their contributions to the evaluation.

The final response rate was 46 percent, which represents the number of respondents who completed both the Time 1 survey and the Time 2 survey (n=140) divided by the number of respondents participating in the program (n=303) (Exhibit F-1). Four partial responses were included in the final survey response rate because they did reach a threshold of being at least 50 percent complete, which reflects the protocol recommended by industry experts.³⁴ In total, SPR collected 140 complete survey cases.³⁵ These responses are weighted to reflect a nonresponse bias.³⁶

EXHIBIT F-1: SURVEY RESPONSE RATES

	Time 1	Time 2
Number of Program Participants	305	305
Number of Participants Sent Survey	303	232
Number of Participants Responded to Survey	232	140
Non-Responders	71	92
Number of Paired Responses	140	140
Response Rate	77%	46%

Changes from Time 1 to Time 2 outcomes were measured using statistical testing methods (e.g., paired t-tests, etc.) and effect size computations (e.g., Cohen’s *d*, etc.). Additionally, results were then analyzed by subgroups to measure changes based on characteristics, e.g., marital status or educational attainment, where appropriate. Regarding statistical testing, p-values and effect sizes are outlined in this report when results are found to be statistically significant at the .05 level.

Non-response Bias

Since just over half of program participants did not respond to both surveys, the differences between the survey respondents and the full group of program participants could bias the results. Nonresponse

³⁴ “Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys,” The American Association for Public Opinion Research, last revised 2023, <https://aapor.org/wp-content/uploads/2023/05/Standards-Definitions-10th-edition.pdf>

³⁵ Complete cases comprise incidents where both the Time 1 and Time 2 survey were completed by a program participant.

³⁶ To account for nonresponse bias, the results were weighted based on demographic data in administrative records, including language spoken, race, age, gender, and priority zone.

weights were calculated for both Time 1 and Time 2 respondents using an iterative raking algorithm that adjusts weights to match original population margins. This stepwise adjustment is repeated until the difference between the weighted margins from the respondents and the original population is minimized. These weights were calculated using five demographic categories: race/ethnicity, age, gender, language spoken, and priority zone. The calculated weights were used in all calculations in this report so that the distribution of demographics from the respondents in Time 1 and Time 2 matched the distributions of the program population (see Exhibit F-2).

EXHIBIT F-2: COMPARISON OF DEMOGRAPHIC CHARACTERISTICS FOR PATHWAY TO INCOME EQUITY PROGRAM PARTICIPANTS AND SURVEY RESPONDENTS AT TIME 1 (FEB-MAR, 2023) AND TIME 2(AUG-SEP, 2024)

	Program Participants	Time 1	Time 2
Race/Ethnicity			
Hispanic or Latino	214 (70.2%)	168 (72.4%)	104 (74.2%)
Non-Hispanic White	42 (13.8%)	31 (13.4%)	18 (12.9%)
Other Race/Ethnicities	49 (16.0%)	33 (14.2%)	18 (12.9%)
Age			
18-29	105 (34.4%)	82 (35.3%)	51 (36.4%)
30-39	141 (46.2%)	116 (50%)	71 (50.7%)
40-52	59 (19.3%)	34 (14.7%)	18 (12.9%)
Gender			
Female	269 (88.2%)	207 (89.2%)	127 (90.7%)
Male	36 (11.8%)	25 (10.8%)	13 (9.3%)
Language Spoken			
English	206 (67.5%)	155 (66.8%)	92 (65.7%)
Spanish	99 (32.5%)	77 (33.2%)	48 (34.3)
Priority Zone			
High	194 (63.6%)	148 (63.8%)	86 (61.4%)
Low	111 (35.4%)	84 (36.2%)	54 (38.6%)

Key Survey Scales

The Time 1 and Time 2 surveys included items designed to measure key constructs such as financial well-being, physical and mental health, agency, family dynamics, and home environment. This section outlines the various scales used.

Financial Well-Being

To understand families’ overall financial well-being, the study team used the Financial Well-Being Scale designed by the Consumer Financial Protection Bureau (CFPB). This scale encompasses both economic stability in the present and potential for planning for the future. According to the CFPB, four characteristics embody financial well-being: having control over daily and monthly finances, having the capacity to absorb a financial shock, being on track to meet personal financial goals, and having the financial freedom to make choices that make it possible to enjoy life. This scale provides a holistic view

of a respondent's overall financial situation. The scale is scored out of 100 points; higher scores indicate better financial well-being, while lower scores indicate worse financial well-being.

Health and Well-Being

The study team sought to understand the influence of the pilot program on participant's physical and mental health. Survey measures included three scales: 1) SF-36, 2) Kessler 6, and 3) U.S. Household Food Security Survey Module.

Physical and Mental Health. The SF-36 Scale is a 36-item measure, developed by RAND, to assess respondent's health in eight dimensions: physical functioning, role limitations due to physical health, role limitations due to emotional problems, energy/fatigue, emotional well-being, social functioning, pain, and general health. The scale is scored out of 100 points; higher scores indicate better physical and emotional well-being, while lower scores indicate worse physical and emotional well-being.

Stress and Anxiety. The Kessler 6 Mental Health Scale (K6) is a 6-item measure of psychological distress. The K6 is a shortened version of the Kessler 10, developed by Ron Kessler and Dan Mroczek. Questions on the K6 relate to the level of anxiety and depressive symptoms, including tiredness, nervousness, hopelessness, and restlessness. The scale is scored on a range from 0 to 24, with lower scores indicating less psychological distress and higher scores indicating higher psychological distress.

Food Security. Lastly, food security was measured using the U.S. Household Food Security Survey Module, developed by the U.S. Department of Agriculture (USDA). The 6-item survey allows for stratification of respondents into one of four food security categories based on their responses: high food security, marginal food security, low food security, and very low food security.

Agency and Self-Efficacy

To understand the ways in which the additional income influenced participants' sense of self and agency, and their ability to set and meet goals, the study team used the Adult Hope Scale, a 12-item measure developed by C.R. Snyder at the University of Kansas. The Adult Hope Scale is a measure of how much adults perceive having hope for the future on a scale of hopeful, moderately hopeful, or high hope and is a commonly used measurement. The assessment is divided into two separate scales 1) agency and 2) pathways. The agency subscale assesses an individual's ability to act and pursue goals while the pathways subscale measures an individual's perception of available options and strategies to meet their goals. The measure can examine results at the subscale level or can combine the two subscales to create a total "hope score."

Parenting Practices

Both surveys included three scales to measure parenting practices. One scale focused on parent's views on their relationship with their child(ren), the second focused on the home environment, and the third measured children's development.

Child and Parent Relationship. The Child-Parent Relationship Scale (CPRS), developed at University of Virginia's Curry School of Education and Human Development was used to measure parent's views of their relationships with their child(ren). This 15-item scale measures both positive and negative aspects of the parent-child relationship using two separate subscales for 1) conflict and 2) closeness. Scores for the conflict subscale range between 8-40 and higher scores suggest parents feel their relationship with

their child is characterized by negativity. Scores for the closeness subscale range between 7-35 and a higher score on the closeness questions suggest the parent/child relationship is characterized by warmth, affection and open communication.

Home Environment. The home environment, which is a key factor in the development of children, particularly routine and stability was measured using the Confusion, Hubbub, and Order Scale (CHAOS). This 15-item measure, developed by Matheny et al., assesses the characteristics of noise, confusion, clutter, hubbub and disorganization of the home environment. Scores range from 0 to 15 and a higher score indicates a higher level of environmental chaos in the home.

Child Development. Indicators of early childhood development were measured using the Survey of Well-Being of Young Children (SWYC), developed by Perrin et. al. at Tufts Medical Center. This measure is a developmental and behavioral screening instrument for children under 5 and 1/2 years of age. The instrument is designed to be filled out by parents and guardians. The SWYC was designed to be used as an initial step in assessing children's risk of developmental-behavioral issues and offers several different forms for children of different ages. All forms contain ten items regarding a child's development with parents responding, "Not Yet," "Sometimes," and "Very Much." Scores range from 0 to 20 and are used to determine whether a child's development "appears to meet age expectations" or requires further review.

Appendix G. Pathway to Income Equity Photovoice Project

Photovoice was an invaluable feature of this evaluation because it engaged participants in a way that honored and uplifted their voices, giving them control of the narrative they wished to convey. Their stories reflected complex social and economic policies and revealed how programs like *Pathway to Income Equity* transformed families in meaningful ways.

SPR staff facilitated the photovoice project, inviting participants to visually document and narrate their experiences with the *Pathway to Income Equity* program. The project included two cohorts based on language preference, one in English (n=3) and one in Spanish (n=2). The project had aimed to target ten participants by randomly selecting from this projected pool, and while facilitators selected and notified ten individuals of their acceptance, only five participants completed the project.

In recognition that many potential participants were caregivers and engaged in employment at the time of the project, SPR facilitators decided to host meetings virtually, over Zoom, instead of in person. Over six weeks, participants attended three mandatory sessions and one optional session, each one lasted 60 minutes, while facilitators offered one-on-one support between sessions. These meetings provided a collaborative setting for participants to share their initial photographs and stories, to reflect on the iterative process, and to discuss emerging themes. As a token of appreciation for their participation and their contributions to the evaluation, each participant received a \$200 gift card from SPR upon completion of the project. At the end of the project, participants' photographs were showcased during a "Guaranteed Income Works in Sonoma!" event in October 2024, and interested participants had the opportunity to join a panel and share more about their experiences.

Recruitment

SPR staff developed recruitment materials—such as email scripts and flyers in English and Spanish—about the opportunity and asked staff at First 5 Sonoma County offices, who communicated regularly with participants, to send out information about the opportunity. SPR staff conducted four information sessions, two in English and two in Spanish and requested that individuals express their interest through an online form. The form asked about their availability, interest in the project, and ability to commit. Alternatively, participants could also email the staff if they were interested in the opportunity. Over 50 English-speaking and Spanish-speaking program participants noted their interest to SPR staff. The project aimed to target ten participants by randomly selecting from this pool, and while facilitators selected and notified ten individuals of their acceptance, only five participants completed the project. The rate of attrition may have been influenced by our recruitment materials and/or informational sessions, as the opportunity was new and unfamiliar to many participants and may not have been fully clear at the start of the first meeting.

Structure of Photovoice Sessions

The photovoice project consisted of semi-structured sessions designed to guide participants through the process of reflection and storytelling.

EXHIBIT G-1: PHOTOVOICE SESSION STRUCTURE AND ACTIVITIES

Session	Purpose	Activities/Outcomes
Session 1	Introduction and Project Framing	<ul style="list-style-type: none"> • Overview of project goals and topic areas. • Participants learned foundational photography skills to begin capturing images (e.g., composition, reality vs. posing a scene, etc.). • Group established a central question guiding their storytelling: "In what ways do you think the <i>Pathway to Income Equity</i> program/the monthly money has helped you and your family?"
Session 2	Sharing Initial Photos and Narrative Development	<ul style="list-style-type: none"> • Participants shared initial photos and discussed the stories behind each image, receiving feedback from peers and facilitators to develop their stories. • Techniques for writing impactful descriptions were introduced to help participants improve their ability to communicate their experiences through visual and written storytelling.
Session 3	Presentation of Final Photos and Reflection	<ul style="list-style-type: none"> • Participants presented their final selected photos and stories to their peers and reflected on their experiences with the evaluation process.
Session 4 (Optional)	Finalization and Event Preparation	<ul style="list-style-type: none"> • Final touch-ups on photos and narratives; additional support offered for participants attending or presenting at the Sonoma County event.

Participant Feedback on the Photovoice Experience

Overall, participants found the photovoice format enjoyable and valued the chance to contribute meaningfully. One participant expressed particular excitement, sharing that, having never attended college, she felt grateful for a space where she could learn and actively participate. Across the board, the participants voiced gratitude for the opportunity to connect with other program beneficiaries, share experiences, and engage in thoughtful reflection on the program and its evaluation. Participants shared how this experience motivated them to consider future actions they could take to make a positive impact within their community.

Appendix H. Time 1 and Time 2 Survey Response Frequencies

EXHIBIT H-1: ACCESS TO DAILY NEEDS AT TIME 1 AND TIME 2

	Time 1	Time 2
Difficulty Obtaining Daily Needs During Past Year*		
Food	45 (32%)	38 (27%)
Utilities (electricity, water, gas)	43 (31%)	40 (29%)
Internet	25 (18%)	19 (14%)
Clothing	45 (32%)	35 (25%)
Childcare	44 (31%)	36 (26%)
Medicine or any Health Care (medical, dental mental health, vision)	27 (19%)	16 (11%)
Phone	24 (17%)	20 (14%)
None of the above	38 (27%)	51 (36%)
Other	7 (5%)	11 (8%)
Total Number of Respondents	140	140
Reason for Not Accessing Healthcare**		
Couldn't afford it	15 (56%)	10 (63%)
Didn't have transportation	7 (26%)	2 (13%)
Didn't know whom to see	7 (26%)	7 (44%)
Couldn't go because of work or caring for family members or friends	8 (30%)	7 (44%)
Couldn't make an appointment	6 (22%)	8 (50%)
Other	2 (7%)	1 (6%)
Total Number of Respondents	27	16

*This item allowed respondents to select all that apply; therefore, totals do not sum to 100%.

**This item appeared based on skip logic, therefore the number of respondents for these items change based on responses to other items.

EXHIBIT H-2: PERSONAL RELATIONSHIPS AT TIME 1 AND TIME 2

	Time 1	Time 2
Frequency Seeing or Talking to Family and Friends		
Less than once a week	53 (38%)	40 (28%)
1 or 2 times a week	41 (29%)	56 (40%)
3 to 5 times a week	24 (17%)	26 (19%)
5 or more times a week	22 (16%)	18 (13%)
Total Number of Respondents	140	140

EXHIBIT H-3: PARTICIPATION IN PUBLIC BENEFIT PROGRAM AT TIME 1 AND TIME 2

	Time 1	Time 2
Participation in Education and Training Program in Past Year*		
Food stamps / SNAP / EBT	80 (57%)	72 (51%)
Free or reduced childcare	25 (18%)	24 (17%)
Head Start	5 (4%)	4 (3%)
Women, Infants and Children (WIC)	75 (54%)	61 (44%)
State Unemployment	4 (3%)	2 (1%)
CalWORKs / Cash assistance (not including Pathway to Income Equity funds)	12 (9%)	12 (9%)
Medicaid / Medi-Cal coverage for self	77 (55%)	88 (63%)
Housing assistance	7 (5%)	10 (7%)
I am not CURRENTLY receiving any services or supports	12 (9%)	12 (9%)
Other	3 (2%)	3 (2%)
Total Number of Respondents	140	140

*This item allowed respondents to select all that apply; therefore, totals do not sum to 100%.

EXHIBIT H-4: PARTICIPATION IN EDUCATION AND TRAINING PROGRAMS AT TIME 1 AND TIME 2

	Time 1	Time 2
Participation in Education and Training Program in Past Year		
Yes	34 (24%)	47 (34%)
No	106 (76%)	93 (66%)
Total Number of Respondents	140	140
Current Participation in Education and Training Program		
Yes	26 (19%)	30 (21%)
No	114 (81%)	110 (79%)
Total Number of Respondents	140	140

EXHIBIT H-5: EMPLOYMENT AT TIME 1 AND TIME 2

	Time 1	Time 2
Employed in the Last Six Months		
Yes	86 (61%)	92 (66%)
No	54 (39%)	48 (34%)
Total Number of Respondents	140	140
Currently Employment Status**		
Yes, full-time (more than 30 hours a week)	38 (44%)	35 (38%)
Yes, part-time (1-29 hours a week)	26 (30%)	38 (42%)
Yes, temporary work	5 (6%)	15 (16%)
Yes, status missing	1 (1%)	0 (0%)
Not employed	16 (19%)	4 (4%)
Total Number of Respondents	86	92
Currently Looking for Work if Not Employed**		
Yes	39 (56%)	32 (61.5%)
Not seeking work	31 (44%)	20 (38.5)
Total Number of Respondents	70	52
Average Number of Hours Worked per Week**	30	29
Total Number of Respondents	69	86
Change(s) in Hours per Week in the Last Six Months**		
Yes, I work more hours	8 (12%)	13 (15%)
Yes, I work less hours	29 (42%)	31 (36%)
Yes, I stopped working in the last six months	1 (1%)	2 (2%)
No, the hours I work have not changed	31 (45%)	40 (47%)
Total Number of Respondents	69	86

**This item appeared based on skip logic, therefore the number of respondents for these items change based on responses to other items.

EXHIBIT H-6: FINANCIAL WELL-BEING SCALE AT TIME 1 AND TIME 2

	Time 1	Time 2
Mean Financial Well-Being Score⁺	49.3	41.4
Total Number of Respondents	139	139

⁺ Statistically Significant (t= 6.67, df= 138, p<.0001) with a moderate effect size (Cohen's D= 0.553).

EXHIBIT H-7: HOUSEHOLD FINANCES AT TIME 1 AND TIME 2

	Time 1	Time 2
Banking with a Financial Institution		
True	111 (79%)	111 (79%)
False	29 (21%)	29 (21%)
Total Number of Respondents	140	140
Household Savings at \$500+		
True	44 (31%)	56 (40%)
False	96 (69%)	84 (60%)
Total Number of Respondents	140	140
Level of Worry Meeting Monthly Living Expenses		
All the time	52 (37%)	49 (35%)
Very frequently	42 (30%)	42 (30%)
Occasionally	33 (24%)	33 (24%)
Rarely	7 (5%)	9 (6%)
Very rarely	2 (1%)	4 (3%)
Never	2 (1%)	1 (1%)
Total Number of Respondents	138	138
Household Spending Habits in Past 12 Months		
Spent more	60 (50%)	62 (44%)
Spent the same	46 (33%)	53 (38%)
Spent less	8 (6%)	15 (11%)
Don't Know	15 (11%)	8 (6%)
Total Number of Respondents	138	138
Has Set Aside Emergency Funds for Three Months of Expenses		
Yes	18 (13%)	21 (15%)
No	120 (87%)	117 (85%)
Total Number of Respondents	138	138
Could Cover Three Months of Expenses if Lost Main Source of Income		
Yes	39 (28%)	38 (27%)
No	99 (72%)	100 (71%)
Total Number of Respondents	138	138

* Statistically Significant ($\chi^2= 5.16$, $df= 1$, $p= 0.0231$) with a small effect size (Cramer's $V= 0.192$).

EXHIBIT H-8: HOUSEHOLD DEBT AT TIME 1 AND TIME 2

Type of Debt Held*	Time 1	Time 2
Credit card	80 (58%)	93 (67%)
Student loan	14 (10%)	12(9%)
Pay day loan	4 (3%)	2 (1%)
Mortgage or home equity loan	2 (1%)	2 (1%)
A loan for an automobile	41 (30%)	47 (34%)
Past due medical bills	19 (14%)	17 (12%)
Past due rent	13 (9%)	7 (5%)
Past due utility bill(s) (gas, electric, water)	44 (32%)	52 (38%)
Past due phone, cable, internet, or other telecommunications bill(s)	31 (22%)	29 (21%)
None of the above	22 (16%)	22 (16%)
Other	3 (2%)	5 (4%)
Total Number of Respondents	138	138
Changes in Credit Card Debt**		
Less debt now	12 (15%)	23 (25%)
About the same	37 (46%)	53 (57%)
More debt now	31 (39%)	17 (18%)
Total Number of Respondents	80	93
Changes in Student Loan Debt**		
Less debt now	1 (7%)	1 (8%)
About the same	9 (64%)	9 (75%)
More debt now	4 (29%)	2 (17%)
Total Number of Respondents	14	12
Changes in Pay Day Loan Debt**		
Less debt now	0 (0%)	0 (0%)
About the same	1 (25%)	2 (100%)
More debt now	3 (75%)	0 (0%)
Total Number of Respondents	4	2
Changes in Mortgage or Home Equity Loan Debt**		
Less debt now	0 (0%)	0 (0%)
About the same	1 (50%)	1 (50%)
More debt now	1 (50%)	1 (50%)
Total Number of Respondents	2	2
Changes in Automobile Loan Debt**		
Less debt now	16 (39%)	17 (36%)
About the same	17 (42%)	22 (47%)
More debt now	8 (19%)	8 (17%)
Total Number of Respondents	41	47
Changes in Past Due Medical Debt**		
Less debt now	5 (26%)	2 (12%)
About the same	6 (32%)	10 (59%)

	Time 1	Time 2
More debt now	8 (42%)	5 (29%)
Total Number of Respondents	19	17
Changes in Past Due Rent Debt**		
Less debt now	0 (0.0%)	1 (14%)
About the same	7 (53.8%)	6 (86%)
More debt now	6 (46.2%)	0 (0%)
Total Number of Respondents	13	7
Changes in Past Due Utility Bill(s) (gas, electric, water) Debt**		
Less debt now	6 (14%)	13 (25%)
About the same	20 (45%)	27 (52%)
More debt now	18 (41%)	12 (23%)
Total Number of Respondents	44	52
Changes in Past Due Phone, Cable, Internet, or Other Telecommunications Bill(s) Debt**		
Less debt now	3 (10%)	1 (3%)
About the same	22 (73%)	20 (69%)
More debt now	5 (17%)	8 (28%)
Total Number of Respondents	30	29

*This item allowed respondents to select all that apply; therefore, totals do not sum to 100%.

**This item appeared based on skip logic, therefore the number of respondents for these items change based on responses to other items.

EXHIBIT H-9: U.S. HOUSEHOLD FOOD SECURITY AT TIME 1 AND TIME 2

	Time 1	Time 2
Food Security		
Very low food security	43 (31%)	40 (29%)
Low food security	52 (38%)	47 (34%)
High or marginal food security	43 (31%)	51 (37%)
Total Number of Respondents	138	138

EXHIBIT H-10: ACCESS TO TRANSPORTATION AT TIME 1 AND TIME 2

	Time 1	Time 2
Own or Lease a Vehicle		
Yes	89 (64%)	101 (73%)
No	49 (36%)	37 (27%)
Total Number of Respondents	138	138
Transportation Worries		
Often	22 (16%)	10 (7%)
Sometimes	44 (32%)	46 (33%)
Never	72 (52%)	82 (59%)
Total Number of Respondents	138	138

	Time 1	Time 2
Problems with Transportation		
Often	12 (9%)	9 (7%)
Sometimes	51 (37%)	41 (30%)
Never	75 (54%)	88 (64%)
Total Number of Respondents	138	138

EXHIBIT H-11: HOUSING DETAILS AT TIME 1 AND TIME 2

	Time 1	Time 2
Housing Situation		
I do not have housing	5 (4%)	3 (2%)
I have housing, but worried about losing it in the future	67 (49%)	70 (51%)
I have stable housing	64 (47%)	63 (46%)
Total Number of Respondents	136	136
Housing Problems*		
Pests, such as bugs, ants, or mice	26 (19%)	27 (20%)
Mold	29 (21%)	22 (16%)
Lead paint or pipes	5 (4%)	2 (1%)
Inadequate heat	17 (13%)	7 (5%)
Oven or stove not working	6 (4%)	5 (4%)
No or not working smoke detectors	6 (4%)	6 (4%)
Water leaks	8 (6%)	8 (6%)
None of the above	84 (62%)	88 (65%)
Total Number of Respondents	136	136
Average Months Late Paying for Electric, Gas, or Water Bill	3.1	2.7
Homeless in the Past 12 Months		
Yes	10 (7%)	7 (5%)
No	126 (93%)	129 (95%)
Total Number of Respondents	136	136
Lived in Group Shelter in the Past 12 Months		
Yes	0 (0%)	0 (0%)
No	136 (100%)	136 (100%)
Total Number of Respondents	136	136
Moved Three or More Times in the Past 12 Months		
Yes	13 (10%)	6 (4%)
No	123 (90%)	130 (96%)
Total Number of Respondents	136	136

*This item allowed respondents to select all that apply; therefore, totals do not sum to 100%.

EXHIBIT H-12: SF-36 SCALE, BY DIMENSION AT TIME 1 AND TIME 2

	Time 1	Time 2
Mean SF-36 Scores By Dimension		
General Health	59.1	59.9
Social Functioning	68.7	69.1
Emotional Wellbeing	64.6	63.2
Energy	46.8	47.3
Physical Functioning	87.8	86.6
Pain	72.8	71.1
Role Limitations Due to Physical Health	77.4	79.6
Role Limitations Due to Emotional Health	66.8	66.9
Total Number of Respondents	138	138

EXHIBIT H-13: KESSLER 6 SCALE AT TIME 1 AND TIME 2

	Time 1	Time 2
Mean Kessler 6 Score	8.23	8.21
Total Number of Respondents	138	138

EXHIBIT H-14: LEVEL OF STRESS AT TIME 1 AND TIME 2

	Time 1	Time 2
Level of Stress		
Not at all	9 (7%)	9 (7%)
A little bit	36 (26%)	30 (21%)
Somewhat	34 (24%)	46 (33%)
Quite a bit	44 (31%)	37 (26%)
Very much	17 (12%)	18 (13%)
Total Number of Respondents	140	140

EXHIBIT H-15: U.S. ADULT HOPE SCALE AT TIME 1 AND TIME 2

	Time 1	Time 2
Adult Hope Level		
Low hope	20 (15%)	23 (17%)
Hopeful	36 (26%)	29 (21%)
Moderately hopeful	49 (36%)	47 (35%)
High Hope	31 (23%)	37 (27%)
Total Number of Respondents	136	136

EXHIBIT H-16: U.S. ACTIVITIES WITH YOUNGEST CHILD AT TIME 1 AND TIME 2

	Time 1	Time 2
Read Books or Look at Pictures in a Book		
Everyday	46 (34%)	46 (34%)
A few times a week	72 (53%)	69 (51%)
A few times a month	10 (7%)	12 (9%)
Rarely or not at all	8 (6%)	9 (7%)
Total Number of Respondents	136	136
Tell Stories		
Everyday	55 (40%)	52 (38%)
A few times a week	64 (47%)	66 (49%)
A few times a month	9 (7%)	12 (9%)
Rarely or not at all	8 (6%)	6 (4%)
Total Number of Respondents	136	136
Play Together with Toys for Building Things		
Everyday	67 (49%)	71 (52%)
A few times a week	46 (34%)	49 (36%)
A few times a month	8 (6%)	11 (8%)
Rarely or not at all	15 (11%)	5 (4%)
Total Number of Respondents	136	136
Play Pretend Games, Puzzles, or Board Games		
Everyday	45 (33%)	52 (38%)
A few times a week	54 (40%)	63 (46%)
A few times a month	15 (11%)	12 (9%)
Rarely or not at all	22 (16%)	9 (7%)
Total Number of Respondents	136	136
Attend Activities or Programs Specifically for Babies		
Everyday	12 (9%)	12 (9%)
A few times a week	28 (21%)	32 (24%)
A few times a month	32 (24%)	39 (29%)
Rarely or not at all	64 (47%)	53 (39%)
Total Number of Respondents	136	136

EXHIBIT H-17: CONFUSION, HUBBUB, AND ORDER SCALE (CHAOS) SCALE AT TIME 1 AND TIME 2

	Time 1	Time 2
Mean CHAOS Score	3.69	3.85
Total Number of Respondents	136	136

EXHIBIT H-18: CHILD-PARENT RELATIONSHIP SCALE AT TIME 1 AND TIME 2

	Time 1	Time 2
Mean Child-Parent Relationship Score by Subscale**		
Closeness	32.95	33.32
Conflict	15.33	16.05
Total Number of Respondents	58	58

**This item appeared based on skip logic, therefore the number of respondents for these items change based on responses to other items. Only participants with a child aged 3-12 responded to this item.

EXHIBIT H-19: SURVEY WELL-BEING OF YOUNG CHILDREN AT TIME 1 AND TIME 2

	Time 1	Time 2
Developmental Screening Outcome**		
Needs review	44 (54%)	37 (45%)
Appears to meet age expectations	38 (46%)	45 (55%)
Total Number of Respondents	82	82

**This item appeared based on skip logic, therefore the number of respondents for these items changed based on responses to other items. Only participants with a child under 5 and 1/2 responded to this item.

EXHIBIT H-20: CHILDCARE AT TIME 1 AND TIME 2

	Time 1	Time 2
Main Childcare Arrangement		
Me/my partner	86 (63%)	82 (59%)
Relative other than parent/guardian	14 (10%)	9 (6%)
Caregiver outside my home (non-relative)	5 (4%)	4 (3%)
Caregiver in my home (non-relative)	0 (0%)	0 (0%)
Licensed family childcare	14 (10%)	7 (5%)
Licensed center childcare	8 (6%)	15 (11%)
Licensed preschool	7 (5%)	11 (8%)
Other	2 (1%)	8 (6%)
Total Number of Respondents	136	136
Childcare Prevented Taking up or Continuing a Job in the Past Year		
Yes	60 (44%)	45 (33%)
No	76 (56%)	91 (67%)
Total Number of Respondents	136	136
Childcare Arrangements Changed More Than Planned		
Yes	35 (26%)	27 (20%)
No	101 (74%)	109 (80%)
Total Number of Respondents	136	136

EXHIBIT H-21: SATISFACTION WITH CHILDCARE AT TIME 1 AND TIME 2

	Time 1	Time 2
Location		
Very satisfied	86 (63%)	92 (68%)
Satisfied	38 (28%)	39 (29%)
Dissatisfied	10 (7%)	2 (1%)
Very dissatisfied	2 (1%)	3 (2%)
Total Number of Respondents	136	136
Communication		
Very satisfied	91 (67%)	88 (65%)
Satisfied	37 (27%)	41 (30%)
Dissatisfied	8 (6%)	4 (3%)
Very dissatisfied	0 (%)	3 (2%)
Total Number of Respondents	136	136
Cost		
Very satisfied	74 (54%)	73 (54%)
Satisfied	53 (39%)	54 (40%)
Dissatisfied	6 (4%)	3 (2%)
Very dissatisfied	3 (2%)	6 (4%)
Total Number of Respondents	136	136
Hours of Care		
Very satisfied	76 (56%)	78 (57%)
Satisfied	49 (36%)	49 (36%)
Dissatisfied	8 (6%)	5 (4%)
Very dissatisfied	3 (2%)	4 (3%)
Total Number of Respondents	136	136
Dependability		
Very satisfied	90 (66%)	88 (65%)
Satisfied	39 (29%)	42 (31%)
Dissatisfied	6 (4%)	4 (3%)
Very dissatisfied	1 (1%)	2 (1%)
Total Number of Respondents	136	136
Quality of Care		
Very satisfied	98 (72%)	91 (67%)
Satisfied	34 (25%)	42 (31%)
Dissatisfied	3 (2%)	1 (1%)
Very dissatisfied	1 (1%)	2 (1%)
Total Number of Respondents	136	136

EXHIBIT H-22: DISSATISFACTION WITH CHILDCARE AT TIME 1 AND TIME 2

	Time 1	Time 2
Reason for Not Changing Childcare		
More satisfactory childcare would be too expensive	37 (27%)	11 (8%)
More satisfactory childcare is not available due to work/study hours	6 (4%)	4 (3%)
Transportation problems	7 (5%)	4 (3%)
More satisfactory childcare arrangements are not available in my community	10 (7%)	4 (3%)
I only need childcare on a part-time or part-year basis	9 (7%)	7 (5%)
I am too busy right now to find the time to change arrangements	4 (3%)	6 (4%)
Nothing, I am satisfied with my MAIN childcare arrangement	81 (60%)	61 (45%)
Total Number of Respondents	136	136