San Francisco Guaranteed Care Income Evaluation

FINAL REPORT

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PREPARED FOR:

In Defense of Prostitute Women's Safety Project

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Foreword

In 2024, the In Defense of Prostitute Women's Safety Project (IDPWS) launched the pilot, Guaranteed Care Income San Francisco, with the support of the Department on the Status of Women. IDPWS has been providing advocacy locally for sex workers facing rape and other violence as well as sexism, racism and other discrimination since 1998.

Through our work, we have seen how extreme poverty, homelessness and the impact of criminalization wreck sex workers' lives. We have fought against the stereotypes of both the happy hooker and the poor trafficked victim, highlighting how the majority of sex workers are mothers, mostly single mothers, who are working to support their families. Yet, they face the daily fear of arrest and prosecution and the risk of losing their children to child welfare, particularly if they are mothers of color.

On the basis of this experience, IDPWS launched Guaranteed Care Income San Francisco to include not only mothers who are sex workers, but also other low-income single mothers at risk of criminalization and/or of having their children taken from them. This focus helped protect sex workers from publicly self-identifying in order to be part of the pilot. Most importantly, we wanted the pilot to acknowledge the caregiving work of single mothers.

Our community partners were the Global Women's Strike (GWS) and Women of Color/GWS, which have been campaigning for payment for mothers and other caregivers for over 50 years; see Appendix A for the highlights. This work laid the foundation for our pilot.

Mothers are penalized and impoverished for taking care of their children. Mothers create the whole human race, yet their caregiving work in the home and community remains unpaid, leaving many destitute, financially dependent, at risk of homelessness and more vulnerable to violence. In addition, those who do care work outside the home—disproportionately women of color and immigrant women—are undervalued and poorly paid. While the importance of women's unwaged caregiving work in the home is not officially recognized, it has significant economic value. Insurance companies estimate that a mother's work is worth $145,235 a year.

Guaranteed Care Income San Francisco presumes that mothers deserve payment for the hard and vital work of caring for children: they have earned it. It is the first guaranteed income pilot to recognize this caregiving work of mothers with an unconditional, monthly cash payment. Other US pilots have demonstrated that regular cash payments help women facing poverty and violence. But none, as far as we know, have explicitly rewarded mothers for their work.

In 2022, the Global Women's Strike surveyed 1100 respondents internationally and found that mothers and other caregivers consider the bond between mother and child to be vital. Respondents overwhelmingly felt that caregiving requires skills, time and dedication and that societies and/or governments do not value this important work. 84% considered their contribution to society to be something that should be paid, for example, with a care income. They said they would be happier and/or a better caregiver if they received the recognition that an income for their caregiving work would bring.

The pilot enabled us to put this into practice on a small scale by supplying a limited number of mothers (10) with a care income for a limited time (one year). It has given us an opportunity to scrutinize what changes can happen in the lives of low-income single mothers and their children when caregiving work is financially acknowledged. We looked particularly to see if the cash payments would increase women's choices so that they could leave sex work if they wanted to, and also if women would be more able to defend their children from forced removal by the authorities.

It's important to note that the child welfare system has historically conflated poverty with neglect and children are taken away from poor mothers much more frequently than from other mothers and put into foster care or forcibly adopted. Families of color are disproportionately investigated, and Black children are removed at a much higher rate. Separating children from their mother, including by immigration policies, does not improve the situation for the children and often causes harm. Children in foster care, for example, are more likely to experience homelessness and involvement with the criminal justice system.[1]

As you read the results of this pilot, keep in mind that mothers in San Francisco are suffering a crisis of poverty and overwork that impacts their physical and mental health. Additionally, the US is the only rich country that provides no paid maternity leave, no family allowance, and only very limited financial benefits to mothers. Increasingly, women hesitate to have children because of financial insecurity.

In a number of countries women get an income for the first months or years of their child's life. In Sweden, for example, new mothers get a benefit for the first 16 months after their child is born. In India, 90 million women in one state are now getting a small wage from the government in recognition of their work in the home. This is just one indication that an international movement for payment for caregiving work, which includes the Global Women's Strike's campaign for a care income, is growing stronger and making gains.

We hope that the findings of this pilot will add to the evidence that women and children, and therefore society as a whole, would benefit greatly from unconditional cash payments that reward mothers for their vital caregiving work.

RECOMMENDATIONS FOR ACTION

The following recommendations address the situation of mothers in the pilot as well as other women who similarly face poverty, overwork, discrimination and criminalization. They aim to establish women's entitlement to money based on the contribution to society of their unwaged caregiving work.

- Provide a guaranteed care income to mothers to address poverty and in acknowledgement of the value of their caring work raising children.
- Enact legislation to introduce permanent guaranteed income programs; specifically pass AB 661, *The California Guaranteed Income Statewide Feasibility Study Act*.

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[1] Kurzawski, Clarissa. The Link Between Foster Care, Homelessness and Criminalization. The Homeless Hub, York University, Toronto, Canada. 2021. https://homelesshub.ca/blog/2021/link-between-foster-care-homelessness-and-criminalization/

- Enact the *American Family Act 2025* that provides a fully refundable Child Tax Credit that includes immigrant children and lifts families above the poverty line.
- Enact the *Worker Relief and Credit Reform Act* that redefines work to include unpaid family caregivers.
- Acknowledge the harms caused by criminalization; end arrests and raids of sex workers and fully decriminalize sex work.
- Provide sex workers with resources to enable them to leave prostitution, if they choose, specifically housing, health services, and a guaranteed income at a level that lifts women out of poverty.
- Fully implement and publicize the 2022 amendment to California's Welfare and Institution Code that prohibits family courts from separating a child from their family solely because of poverty: poverty is not neglect.
- End sexism, racism and other discrimination by the child welfare system. Provide financial and other support to mothers to keep families together.
- Recognize the unwaged work of immigrant mothers and ensure that no mother or child is terrorized by separation.
- Support the *Care Income Now* campaign for a care income for all caregiving work for people and the planet.

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Executive Summary

The Guaranteed Care Income program in San Francisco was a one-year pilot designed to value and support the unwaged caregiving work of 10 low-income mothers living in San Francisco and at risk of criminalization and/or losing custody of their children to child welfare. The program provided each participant with a direct cash transfer of $2,000 for 12 consecutive months and began in June 2024, when participants received their first payment. The In Defense of Prostitute Women's Safety Project initiated the pilot in partnership with the San Francisco Department on the Status of Women. Community partners were Global Women's Strike, and Women of Color/Global Women's Strike. It was fiscally sponsored by Women in Dialogue.

WHAT IS GUARANTEED *CARE* INCOME?

Similar to Guaranteed income (GI), guaranteed care income (GCI) is a recurring, unrestricted and unconditional cash payment made directly to caregivers engaged in unpaid work caring for others. The philosophy underpinning GCI is grounded in the belief that caregiving work is essential work and that the labor of caregivers has been historically undervalued and uncompensated in traditional economic systems.

EVALUATION FINDINGS

To understand the influence of the Guaranteed Care Income San Francisco Pilot Program, program administrators contracted with Social Policy Research Associates (SPR) to conduct a primarily qualitative evaluation of the pilot between March 2024 and June 2025. Interviews were conducted with participants at two points in time (at the beginning and near the end of the pilot). The evaluation aimed to understand the ways in which the pilot influenced participants' caregiving experience, financial situation, health and well-being, relationships including with their children, and personal safety. In addition, while child outcomes were not directly evaluated, there was an interest in understanding mothers' perceptions of how they may have been affected. Throughout the evaluation, the study team collaborated with a GCI working group consisting of representatives from the In Defense of Prostitute Women's Safety Project, Global Women's Strike, Women of Color/Global Women's Strike, and Women in Dialogue, and the project's coordinator. This report presents the evaluation findings on the ways in which the pilot program influenced the lives of participants and their children.

ABOUT THE PARTICIPANTS

Ten participants were randomly selected from a pool of 33 eligible women who were all single mothers residing in five zip codes across San Francisco. One participant was monolingual Spanish-speaking, with the rest being English speakers. Most mothers identified as Black or African American (n=7), followed by Latina/x or Hispanic (n=4), and Pacific Islander (n=1). The average age of participants was 30 years, with ages ranging from 22 to 43, and on average, each caregiver had two children. Three

mothers identified as having a disability and/or living with a chronic health condition. Other key characteristics included:

- Nearly all participants reported having no or low income (n=9),
- Most were impacted by the justice system (n=8), and had experienced child welfare involvement, including having their children removed or facing threats of removal (n=8).
- Six mothers identified as domestic violence / gender-based violence survivors, five were sex workers, two identified as LGBTQIA+, and one identified as an immigrant.
- All mothers participated in one or more public benefits programs including WIC (n=7), CalFresh (n=6), CalWORKs (n=5), Medi-Cal (n=4), and Housing Choice Voucher (n=1).

CAREGIVING

For the mothers in this pilot, caregiving is a full-time job, one that shapes who they are, how they make decisions, and how each day unfolds. Several described it as a job where they took on a multitude of roles such as doctor, chef, housecleaner, teacher, personal assistant, and therapist. The work of caregiving came with deep meaning, but participants didn't feel it was seen or valued.

By supporting mothers' and children's basic needs, health and wellbeing, and personal safety and welfare, the pilot supported mothers' ability to be just that—moms. As a result, many mothers felt valued as caregivers and as mothers. Pilot funds helped mothers spend more time with their children and buy things they needed, like clothes and toys. In providing for her children, one mother felt she was "doing [her] job as a mom."

> *"There's no one who can take better care for a child than their own mother. I think that's the program's greatest significance. The fact that they're appreciating the care a mother provides for her child." – Pilot Mom*

ECONOMIC STABILITY

During the pilot, mothers used the guaranteed care income to meet basic needs, address emergencies, and plan for their future. The funds reduced financial strain and provided caregivers with a newfound sense of independence and stability. These experiences affirmed their roles not only as caregivers but also as financial decision-makers with greater autonomy over their households. Mothers reported being able to:

- Better meet their children's needs
- Consistently pay bills and other essentials and manage unexpected expenses
- Make improvements to their transportation resources
- Save money or pay down debt during the pilot
- Improve their housing situation

> *It just feels good now knowing that I have my own place, like my own space and I don't have to rely on anybody else for help, like I can be independent I guess." – Pilot Mom*

HEALTH AND WELL-BEING

Mothers' health and well-being generally improved towards the end of the pilot. Mothers felt less stressed and anxious, prioritized self-care, and experienced a new sense of empowerment and self-reliance. While mothers did not share specific examples, it is likely that through improvements in mothers' mental and physical health, their children also experienced similar improvements. Mothers were also able to spend more quality time with their children, family, friends, and communities. Mothers reported being better able to:

- Manage their stress, including some entering therapy
- Prioritize self-care
- Have deeper relationships with their children, families and friends
- Assist family and community members in need

> *"I could take [my kids] to more places than I could when I was not a part of this program...[My goal was] to be able to actually do things with my kids and for my kids. Just let them be able to explore more because we really didn't have that...So when this source of income came, I was able to do the things that I said I wanted to do for my kids and for myself..." – Pilot Mom*

PERSONAL SAFETY AND WELFARE

The guaranteed care income supported mothers' sense of personal safety and well-being. Participants described how meeting their own needs and those of their children, helped them feel more secure, and increasingly empowered to make decisions that protected their bodies, families, and futures. For some, the income reduced the need to engage in activities that previously put them at risk. One mother shared that since receiving the guaranteed care income, she no longer needed to rely on criminalized means to provide for her children. She also spoke of a shift in mindset, saying the funds helped her recognize her self-worth. Another mother was able to stop doing sex work while in the program, which she felt reduced her risk of arrest and exposure to violence. Notably, nearly all participants reported no involvement with child welfare during the program.

> *"…just having [the additional income], I haven't had to go do things that I don't need to do."– Pilot Mom*

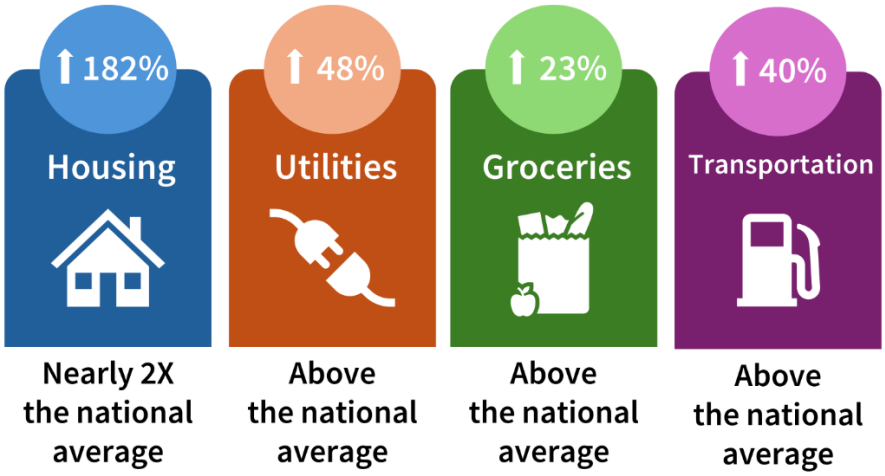
CONCLUSION

The pilot offers a strong proof of concept in demonstrating that direct cash support to mothers who are doing essential care work can bring dignity and increased stability, and improve personal safety and well-being. Although more research is needed, observations from the pilot also suggest a possible reduction in interactions with the child welfare and criminal justice systems. The evaluation team recommends that future guaranteed care income pilots include a greater number of low-income caregivers and their children so that more complex analyses can be conducted to explore a wider range of outcomes.

Introduction

San Francisco is a dense city that is home to over 800,000 residents of various racial, ethnic, and socioeconomic backgrounds.[2] While San Francisco is recognized for its innovation, wealth, and progressive values, these markers of prosperity exist alongside longstanding structural inequities that leave many residents behind. For example, while the official poverty rate in San Francisco is 12 percent—comparable to the state and national averages— this figure fails to reflect the city's exceptionally high cost of living. As illustrated in Exhibit 1, the cost of living in San Francisco can be as much as 182 percent higher than the national average.

Exhibit 1. The Cost of Basic Needs in San Francisco Compared to National Average



Source: Payscale.com

When factoring in the high costs of housing, utilities, groceries, gasoline, and childcare, the number of San Francisco residents struggling to meet their day-to-day needs rises significantly beyond what is reflected by the official poverty measure. According to the United Way's Real Cost Measure (RCM), 29 percent of households live below the income threshold required to meet their basic needs.[3] Moreover, single mothers, especially Black and Latina women, face increased economic pressure with almost three quarters (73 percent) struggling to make ends meet all while providing essential caregiving labor to children and family members that is both unpaid and often devalued.

The consequences associated with poverty extend beyond limited access to basic needs, with far-reaching impacts on household stability and children's long-term well-being. Poverty is routinely conflated with child neglect, and children from families experiencing deep poverty, especially families

[2] U.S. Census Bureau. July 2024. *QuickFacts: San Francisco County, California.* Accessed 13 June 2025. https://www.census.gov/quickfacts/fact/table/sanfranciscocountycalifornia/PST045224

[3] United Ways of California. *San Francisco County, The Real Cost Measure in California 2025.* 2023. Accessed 13 June 2025. https://unitedwaysca.org/realcost/

of color, are significantly more likely to be removed by child protective services (CPS).[4] In addition to the lasting trauma experienced by both parents and children as a result of CPS investigations, being subject to CPS intervention, particularly foster care placement, is closely linked to adverse impacts on children such as poorer educational outcomes, higher rates of mental health challenges, and greater likelihood of justice system involvement as adults.[5] These findings highlight how economic precarity not only places families at risk of separation, but also perpetuates intergenerational disadvantage. Public assistance programs, like the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF), can help families living in deep poverty, but they are inadequate. Moreover, they can only be accessed after meeting income and waged work requirements, and families are subject to time limits and restrictions on what they are able to purchase.[6]

To address this issue, as well as provide income to caregivers, the In Defense of Prostitute Women's Safety (IDPWS) Project launched the Guaranteed Care Income San Francisco Pilot Program (herein referred to as the "SF Pilot") in June of 2024 with support from the San Francisco Department on the Status of Women (DOSW) and community partners, Global Women's Strike and Women of Color/Global Women's Strike. The pilot aimed to focus on single mothers residing in San Francisco who are or have been at risk of criminalization and/or of losing custody of their children to child welfare, with emphasis on women who face sexism, racism and other discrimination.

ABOUT THE SF PILOT

The Guaranteed Care Income program in San Francisco was a one-year pilot designed to value and support the unwaged caregiving work of 10 low-income mothers, who live in San Francisco and are at risk of criminalization and/or losing the custody of their children to child welfare. The program provided each participant with a direct cash transfer of $2,000 per month for 12 consecutive months starting in June 2024. The pilot was initiated by the IDPWS, in partnership with the San Francisco Department on the Status of Women. Community partners were Global Women's Strike and Women of Color/Global Women's Strike. It was fiscally sponsored by Women in Dialogue. A working group consisting of members from IDPWS, Global Women's Strike, Women of Color/Global Women's Strike and Women in Dialogue, and one paid part-time project coordinator (herein referred to as the "Program Administrators") led the design and implementation of the pilot.

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[4] Human Right Watch. *If I Wasn't Poor, I Wouldn't be Unfit*. 2022 November 17. https://www.hrw.org/report/2022/11/17/if-i-wasnt-poor-i-wouldnt-be-unfit/family-separation-crisis-us-child-welfare#:~:text=Black%20children%20are%20almost%20twice%20as%20likely%20to%20be%20investigated%20as%20white%20children%20and%20are%20more%20likely%20to%20be%20separated%20from%20their%20families

[5] Doyle, Joseph J. *Child Protection and Child Outcomes: Measuring the Effects of Foster Care.* American Economic Review, vol. 97, no. 5, 2007, pp. 1583–1610. https://cap.law.harvard.edu/wp-content/uploads/2015/07/doyle_2007_aer_child_protection_placement_foster_care.pdf

[6] 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-andor

Pilot Design

Unlike many other guaranteed income programs—where monthly cash transfers typically range from $350 to $1,000 — the Guaranteed Care Income Pilot provided participants with $2,000 per month. This amount was intentionally set by Program Administrators to reflect several key considerations including San Francisco's exceptionally high cost of living, an amount that would substantially impact families' economic well-being, as well as the recognition that caregiving should be valued and compensated with a cash payment. This explicit focus on recognizing and compensating caregiving distinguishes the pilot from other guaranteed income initiatives.

To recruit participants, Program Administrators developed an online application and distributed outreach materials with directions for accessing that application through community partners serving individuals from the target population. These partners helped disseminate both digital and printed materials, and Program Administrators conducted direct outreach on the streets of the Mission neighborhood. Program Administrators also collaborated with other local guaranteed income pilots that were ending, to identify potential participants who wanted to continue in a similar program. Outreach material and the online application were made available in English and in Spanish.

A total of 33 unique applications were submitted, with most applying in English. Participants were selected using random selection based on some priority characteristics including geographic area, demographics such as racial identity, income level, and sexual identity as well as other characteristics such as being at risk of criminalization and child removal. These criteria were selected to ensure the selection of a diverse participant group.[7] Upon randomization, applicants were sorted into four groups: selected, waitlisted, not selected, and not eligible. Selected applicants and some waitlisted applicants were invited to an interview, where they were asked to verify the information provided in their application and to describe their caregiving experience as a single mother. Ultimately, 10 mothers, each representing a unique family unit, including one who required Spanish translation, were accepted into the pilot.

After enrolling, participants were invited to engage in benefits counseling with Bay Legal Aid to support them in assessing the potential impact of the guaranteed income on their public benefits. Program Administrators secured waivers to exclude program funds as reportable income for CalFresh, Medi-Cal, and the Housing Choice Voucher program. Mothers received their first payment in June 2024. The Program Administrators distributed payments directly to mothers via direct deposit into bank accounts.

LITERATURE SCAN

In the last five years, several pilot programs have evaluated the effectiveness of providing unrestricted cash to pregnant people[8] and families with children. To situate this evaluation in the larger context of

[7] Within those categories, the program prioritized individuals with no to low income, black and other women of color, sex workers, women with disabilities and/or chronic health conditions, domestic + gender-based violence survivors, and immigrants.

[8] The term "pregnant people" is used to acknowledge that not all individuals who can become pregnant identify as women. This inclusive language respects the identities of transgender men, non-binary, and gender-nonconforming individuals who may also experience pregnancy.

national research on guaranteed income, we document findings across nine guaranteed income pilots that have a focus on direct cash to families.[9] These varied in size, geography, length of time, and in the amount of cash they dispersed. The smallest pilot enrolled 94 participants, while the largest enrolled 3,200. Most ran for one year and a few for 1.5 or two years. The earliest of these began in Fall 2020 and the latest ended in May 2025. Cash disbursement ranged from $375 to $1,000 per month with an average of $550 per month. These nine pilots are part of the University of Pennsylvania's Center for Guaranteed Income Research's (CGIR) American Guaranteed Income Studies and are described in more detail in Appendix B.

Findings show improvements in personal safety and well-being; caregiving; relationships with children, families, and communities; financial stability; housing stability; and education and employment outcomes and are described in Appendix B. While many pilots report positive impacts in these areas, outcomes and their magnitudes can vary depending on sample size and local context. Further, while gains were often observed during the intervention, follow-up data (typically 6 to 12 months post-pilot) suggest that many of these improvements were not sustained once the payments ended.

ABOUT THE EVALUATION

Program Administrators contracted with Social Policy Research Associates (SPR) to conduct a primarily qualitative evaluation of the pilot between March 2024 and June 2025. The overall goal of the evaluation was to understand the ways in which the SF Pilot influenced participants' financial situation, health and well-being, relationships, caregiving experience, and personal safety. In addition, while child outcomes were not directly evaluated, there was an interest in understanding the ways in which they may be affected. The pilot program participants are interchangeably referred to as "mothers," "participants," and "caregivers."

The study team approached the evaluation with an emphasis on participatory research by collaborating with Program Administrators at all key stages of the evaluation including logic modeling and design, data collection, and interpretation of findings. The data collection was conducted by the program's coordinator who received training and technical assistance (TA) from SPR staff. In addition, participants were invited to a sensemaking session near the end of the pilot to support the interpretation of findings. This focus on participatory methods helped ensure that the evaluation was grounded in the lived experiences of participants, strengthened the relevance and accuracy of the findings, and fostered a shared sense of ownership among program staff and participants.

The study team prepared and submitted all documentation for human subjects approval to Solutions IRB (Institutional Review Board) and received approval for exemption for the study on June 3, 2024.

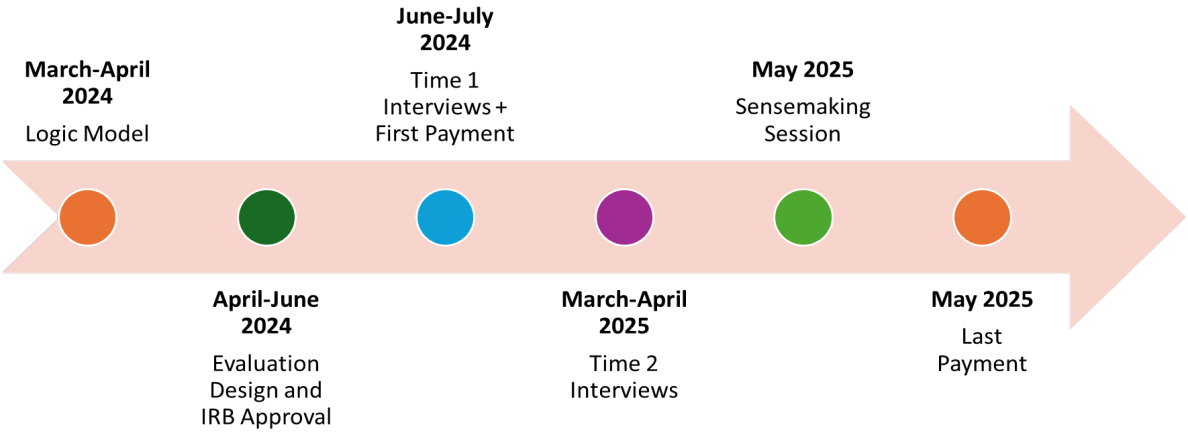
Evaluation Timeline

The study team started to design the evaluation in March 2024 and data collection activities began shortly after the receipt of IRB approval and after participants received their first payment in June

[9] There are very few guaranteed income pilots with published findings that have a caregiving focus *and* that enrolled fewer than 20 participants, so we broadened our search to include completed programs with a caregiving focus, even if their sample sizes were larger.

2024. Interviews were conducted at two points: at the beginning of the pilot program (Time 1) and near the end (Time 2). The sensemaking session was conducted near the end of the program to validate findings (see Exhibit 2).

Exhibit 2. Evaluation Timeline



Methodology

The evaluation relied primarily on qualitative methods—conducting interviews with program participants at two points in time (at the beginning and near the end of the pilot). In addition, the study team collaborated with Program Administrators to design a program logic model which served as a guide for developing the evaluation questions. The study team also worked closely with both Program Administrators and participants to interpret and validate findings.

Logic Model

SPR worked with the Program Administrators to create a Logic Model by facilitating a series of virtual meetings to engage in discussions about the goals and key anticipated outcomes of the pilot (see Appendix C). It was anticipated that, because of the pilot, the women and their children would experience greater financial security, improved health and well-being, improved relationships and community connections, and strengthened personal safety and welfare.

Evaluation Questions

The study team developed evaluation questions to capture the outcomes of interest and serve as the foundation for data collection. The evaluation questions focused on changes in the lives of the women in the areas of relationships, health/well-being, financial security, and personal safety/welfare as a result of their participation in the Guaranteed Care Income pilot. The evaluation questions can be found in Appendix D.

Data Collection and Analysis

To answer the evaluation questions, the study conducted interviews at two timepoints during the pilot and facilitated a sensemaking session at the end of the pilot to engage participants in data interpretation. In addition, participant enrollment data was obtained from IDPWS through a secure

platform. Enrollment data included participant information (i.e., zip code, gender, date of birth, language preference, involvement with the justice system, involvement with the child welfare system) and household information (i.e., public assistance use, number of children in household). The methodology is described in more detail in Appendix E.

- **Participant Interviews**. All 10 participants were invited to participate in two 60-minute semi-structured interviews: one at the start of the pilot (Time 1) and again at the end (Time 2). Nine participants were interviewed at Time 1 and seven at Time 2. SPR trained the project coordinator on qualitative interviewing techniques and reviewed the interview protocol and provided on-going TA to support data collection. With participant consent, all interviews were audio-recorded and transcribed. SPR analyzed the interview transcripts and organized data into themes related to the evaluation questions.
- **Sensemaking Session**. SPR convened pilot participants and project partners in a hybrid (in-person and virtual) sensemaking session to share the evaluation results and engage attendees in a facilitated discussion about the implications of the findings. The session was interactive and included several opportunities for participants to discuss their experiences in the pilot.
- **Participant Applications**. After completing a data sharing agreement, program administrators shared participant application data with SPR using DropSecure, a safe means of data transfer. Application data contained demographic and characteristic information for all 10 participants who were enrolled in the program.

Evaluation Findings

The evaluation findings from all data sources are presented in this section across five broad areas: about the participants and their families, caregiving, economic stability, health and well-being, and personal safety and welfare. All quotes presented in this report come directly from program participants.

ABOUT THE PARTICIPANTS AND THEIR FAMILIES

The 10 participants in the program were single mothers residing in five zip codes across San Francisco (based on application data). Most spoke English (n=9), with one participant being monolingual Spanish-speaking. The majority identified as Black or African American (n=7), followed by Latina/x or Hispanic (n=4), and Pacific Islander (n=1). The average age of participants was 30 years, with ages ranging from 22 to 43, and on average, each caregiver had two children. Three mothers identified as having a disability and/or living with a chronic health condition. Application data also indicated several other notable characteristics.

- Nearly all participants reported having no or low income (n=9),
- Most were justice-system impacted (n=8), and had experienced child welfare involvement, including having their children removed or facing threats of removal (n=8).
- Six mothers identified as domestic violence / gender-based violence survivors, five were sex workers, two identified as LGBTQIA+, and one identified as an immigrant.
- All mothers participated in one or more public benefits programs including WIC (n=7), CalFresh (n=6), CalWORKs (n=5), Medi-Cal (n=4), and Housing Choice Voucher (n=1).

Additional data from Time 1 interviews (n=9) revealed that six respondents were not engaged in waged work at the start of the pilot, while three were. Among those who shared information about their housing situation, responses reflected a range of living conditions, including experiencing homelessness (n=1), living with family (n=1), residing in supportive or transitional housing (n=2), and having stable housing (n=1).

CAREGIVING

The pilot's central tenet was to highlight the value of mothers' unwaged caregiving work. By supporting mothers' and children's basic needs, health and wellbeing, and personal safety and welfare, the pilot supported mothers' ability to be just that—moms. As a result, many mothers felt valued as caregivers and felt good about their role as mothers. Pilot funds helped mothers spend more time with their children and buy things they needed, like clothes and toys.

The Demands of Caregiving

- **For many of the mothers in this pilot, caregiving is a full-time job, one that shapes who they are, how they make decisions, and how each day unfolds.** Several described it as a job where they took on a multitude of roles such as doctor, chef, housecleaner, teacher, personal assistant, and therapist. The work of caregiving came with deep meaning and fulfillment, but

the demand, exacerbated by poverty, weighed heavily on the shoulders of the mothers. Moreover, some felt that their caregiving labor was unseen and undervalued.

> *"I think realistically, there is no cut off time to being a mom." – Pilot Mom*

> *"I feel people without kids don't value or understand what is like being a mother and a single mother especially. As a mother I'm a doctor, a provider, a teacher, a healer, a nurse, a motivational speaker, a therapist, security guard, and the list can go on." – Pilot Mom*

> *"I honestly feel like I'm mentally drained every day. From just worrying about not having anywhere to live, worrying about myself, worrying about my children, and you know, all the things that I have to do throughout the day or think about. I feel mentally drained at the end of the day. But I just have to keep going." – Pilot Mom*

Still, through all the stress and instability, mothers found meaning and joy in the care they provided. One said she went without sleep, food, and showers to make sure her kids were okay. Another spoke about the pride she felt watching her son grow and learn things she taught him. That, she said, made it all worth it.

> *"There's no one who can take better care for a child than their own mother. I think that's the program's greatest significance. The fact that they're appreciating the care their mother provides for her child ." – Pilot Mom*

- **While some participants had access to childcare, others explained that help was limited or nonexistent.** Some leaned on older children, relatives, partners, or the child's father, but their support was inconsistent. Moreover, many said they avoided asking for help because they didn't want to burden others or because they didn't trust anyone to care for their children. One mother described that mistrust came from a traumatic experience where CPS had launched an investigation after something happened while someone else was watching her child.
- **Nearly all participants had prior experience with CPS, including losing custody of their children at some point.** None had open cases during the pilot, but the impact of that involvement stayed with them. Several said the experience was traumatic with some adding that they continued to feel surveilled. In addition to the trauma, CPS involvement had material consequences, with one mother describing that she lost her job because of the CPS-related appointments she was mandated to attend. Even though mothers generally felt confident in their parenting now, many lived with the fear that CPS could come back.

> *"When CPS came to my home, I was so hard on myself of how I could just be so stupid and put myself in a situation like that because for a person to be able to tell me that they can take my kids broke me, broke me down like I could literally cry because, I don't ever want to feel like that ever again in life." – Pilot Mom*

Recognizing the Labor of Caregivers

Being in this pilot was a more humanizing experience for mothers compared to public assistance (e.g., food stamps, cash aid). For example, the pilot made fewer demands on mothers, and the cash was unconditional. As such, for one mother it was apparent that the pilot had "confidence in the mother and valued caregiving." Two mothers recognized that the pilot was helping them fulfill their job as caregivers with one mom saying the income was "just to help us be moms…[being] a mom is a job in itself."

> *"Just being able to stay at the house and still have the income and still be there with my kids…it's really helpful. It just helped me keep in mind that people really care, you know what I'm saying…You got people out here that care. And I really appreciate that. That definitely don't go unnoticed. I definitely appreciate it. Yes." – Pilot Mom*

ECONOMIC STABILITY

During the pilot, mothers used the guaranteed care income to meet basic needs, address emergencies, and plan for their future. The funds reduced financial strain and provided caregivers with a newfound sense of independence and stability. These experiences affirmed their roles not only as caregivers but also as financial decision-makers with greater autonomy over their households.

Meeting Daily Needs and Managing Emergencies

- **Mothers were better able to meet their children's needs.** This included purchasing essentials like clothing and diapers, covering costs associated with school, and fulfilling small requests like art classes or social outings. In particular, four participants said they were better able to keep up with their children's clothing needs as they grew, with one mother adding how good it made them feel to be able to fulfill that need. During the program, one mother gave birth and emphasized how vital the extra income was in affording newborn supplies.

  > *"Having that money helped me to get what I needed for [my newborn]. Honestly, I didn't have any clothes, no nothing. I was able to go, you know, use that money and spend what I needed to get her clothes." – Pilot Mom*

  > *"I would say, the diapers I used to get were not cheap, but like a little step up from the ones they give out. Now I spend a little bit more on diapers and wipes and stuff, so [my daughter] doesn't get rashes." – Pilot Mom*

- **Mothers were able to consistently pay bills and other essentials and better manage unexpected expenses.** Many participants entered the program under significant financial strain, struggling to cover basic needs such as rent, groceries, diapers, and utilities. As a result of the cash transfer, participants described how the additional income eased their ongoing stress about making ends meet by making it easier for them to afford their monthly expenses independently without the need to rely on other sources (e.g., loans). Mothers explained that they used the program funds to consistently pay for rent, household bills, and the needs of their children. The income also served as a critical buffer against the unexpected. Whether it was car repairs, a towed vehicle, or simply running out of groceries before the end of the

month, mothers described that having access to cash helped them navigate challenges with more confidence.

> *"I'm caught up on my bills. My car insurance is always up. They just charge me out of my bank account, and I don't even blink an eye because it's just 'take it and go.' Usually, I've struggled with that. You know, auto pays and stuff just messing me up for some reason. But now I've just been really good. Like all my stuff is caught up and I'm not worried like I have been in past years." – Pilot Mom*

> *"I haven't had to ask for, you know, for help from work or like, apply for the emergency funds [like] in the past... So, I haven't had to do that. I think, on a day-to-day basis, that translates to less stress, like less anxiety about what I'm capable of doing." – Pilot Mom*

- **Mothers purchased better quality food, and more of it.** Mothers noted they could now afford to buy more food on a consistent basis, often supplementing CalFresh benefits which were not sufficient for the full month. For example, one mother, who had relied on CalFresh for most of her life, reflected on the emotional experience of using cash to buy groceries which improved her ability to ensure her household's pantries were stocked throughout the month. Relatedly, two mothers emphasized their ability to purchase healthier options for themselves and their children, including fresh fruits, vegetables, seafood, and meat instead of boxed dinners. One explained that, before the pilot, seafood had always been out of reach financially, but the additional income finally made it possible to purchase. The other described how she had developed a new habit of planning meals and creating grocery lists as a result of being able to purchase different kinds of food.

> *"Before I might've gotten like hamburger helper or something like that but now, I try to do like chicken or steak." – Pilot Mom*

> *"Usually when I go to the grocery store, I don't touch the seafood because its expensive. But I actually got seafood this time. My five-year-old, he likes shrimp. He likes shrimp bowls. So, you know, I got shrimp." – Pilot Mom*

> *"I get the same selection type of stuff. Honestly. It's just I get more of it now, you know, if we run out, then I'm able to get more versus, you know, struggling, trying to make ends meet." – Pilot Mom*

- **Mothers made improvements to their transportation resources.** Three mothers were able to purchase cars which provided them with reliable access to transportation and increased their personal sense of safety and independence. One mother had her vehicle stolen at the start of the program and was able to quickly buy a replacement, ensuring she could get her children to school. Another said she finally had a car that she felt safe driving and no longer feared would break down. For her, owning a car outright was a milestone she never thought possible. Mothers also used the additional income to fill their tanks or access ridesharing services or rentals when needed.

> *"One of the biggest things was like, I was able to get a new car instead of having a car that was constantly breaking down...I never thought I'd be able to get a car...but next month I'll have it paid off." – Pilot Mom*

> *"Like when we first joined the program, I had just used all my little savings and everything and bought me a car and then I parked it outside the apartment, and somebody stole my catalytic converter... So, then I was stressed out and then just to have that guarantee coming in and being able to get another car and the means to be able to, you know, take my kids to school, I don't care what kind of car it could be a bucket. That's exactly what I ended up getting. But just to have that you know, it just really helped." – Pilot Mom*

Changes in Housing

The additional income supported a few mothers to improve their housing situation. Beyond helping with paying monthly rent, the funds also enabled three mothers to furnish their homes. One mother, for example, moved into subsidized housing after a period in transitional housing and was able to purchase furniture for her new apartment. Another used the income to create a fully furnished space for her children, including bookshelves, playsets, and a television of their own. This same mother was also in a transition period, awaiting relocation and unable to do waged work without risking the loss of her housing subsidy. In the meantime, the guaranteed care income provided a critical safety net, allowing her to continue covering rent during this period of instability. In total, three mothers moved into new housing. However, stable housing remained difficult for some to maintain, as they continued to navigate complex subsidy requirements and other barriers.

> *"It just feels good now knowing that I have my own place, like my own space and I don't have to rely on anybody else for help, like I can be independent." – Pilot Mom*

> *"I love his little room. I did it really nicely. It was like when I'm telling you all the kids that come, love to be in there. It's like a real kid room that I wish I had when I was a kid." – Pilot Mom*

Saving for the Future

Most mothers reported being able to save money or pay down debt during the pilot. Before the program, many participants said that saving money was not possible. During the program, however, several began saving for the first time. Mothers explained that they set aside money for personal goals, for emergencies, and in preparation for the end of the pilot. In terms of personal goals, mothers shared that they saved money to purchase reliable transportation, pay off debt, for medical procedures, and for trips with their family. For one mother who saved money to pay off debt, she added that being able to improve her credit, making it easier to access housing, for example, in the future. While a few admitted they still struggled to save, they appreciated having money to fall back on, which gave them a sense of self-reliance.

> *"I've been saving really well the money with the pilot program. So, I am really proud of myself because I feel like it really has helped me focus on budgeting and saving money and it's made a huge difference." – Pilot Mom*

Changes to Employment

There were minimal changes to mothers' engagement in waged work. Among participants interviewed at both Time 1 and Time 2, engagement in waged work remained largely unchanged with shifts occurring in just two cases. One mother, as noted earlier, shared that the added financial stability from the pilot allowed her to step away from sex work. Another was able to leave a difficult job situation. Two mothers who were not engaged in waged work at either Time 1 or Time 2 described how changes in income can impact their access to public benefits therefore the support from the pilot helped them meet their everyday needs while avoiding crossing the benefits cliff.[10] One mother, for example, was in the process of relocating using a housing subsidy and explained that taking on waged work would have jeopardized her eligibility. Still, she noted that the pilot gave her the flexibility to purchase a computer and begin exploring a business venture of her own.

HEALTH AND WELL-BEING

Mothers' health and well-being generally improved towards the end of the pilot. They felt less stressed and anxious, prioritized self-care, and experienced a new sense of empowerment and self-reliance. While mothers did not share specific examples, it is likely that through improvements in mothers' mental and physical health, their children also experienced similar improvements. Pilot funds also positively impacted mothers' relationships with those around them. For example, mothers were able to spend more quality time with their children, family, friends, and communities. Additional income each month also gave mothers the opportunity to offer and provide financial support to others.

Changes to Mental and Physical Health

- **Most mothers reported feeling less stressed near the end of the pilot**. Between caregiving and financial pressures, mothers described facing significant mental health challenges as a result of living in poverty. The financial stability they gained during the pilot, or "breathing room," helped to alleviate some of that anxiety and offered a sense of relief.

  > *"I feel really good about myself…I'm caught up on bills, my car insurance is always paid up. They just charge me out of my bank account, and I don't even like blink an eye…And usually I've struggled with that, you know…But now all my stuff is caught up and I'm not worried like I have been in past years…I feel really grown up." – Pilot Mom*

  Mothers saw improvements in their mood: they were happier and less worried. One mother also noticed that when she felt better, her family felt better, too.

  > *"[I was] definitely less stressed and happier and not so frustrated all the time. It gave my kids more of relief; everybody was happier." – Pilot Mom*

[10] 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.

Participant Profile

CRYSTAL

Crystal* is a single mother of two young children, one of whom requires constant medical attention and round-the-clock care. Being a mom is a deeply meaningful experience, one she had long hoped and planned for. She does everything she can to make sure her kids are healthy and safe.

But it is not easy. With a limited network of support, Crystal handles everyone on her own. Even after she puts her kids down to sleep, she continues work cleaning and planning for the future. The daily stress of caregiving is hard enough, but it's made even tougher by the ongoing struggle to cover basic costs, especially rent. The stress of trying to keep up with the costs of living takes a toll on her mental health. She often struggles with depression and anxiety, much of which is rooted in her concern for her children's stability and well-being.

Before enrolling in the guaranteed care income program, Crystal was constantly worried about her finances, especially how she would afford her child's medical care and keep a roof over their heads. After enrolling, she described feeling an immediate sense of relief. She finally reached a point where she no longer had to worry whether her family's basic needs would be met.

The support from the program allowed Crystal to step away from paid work and focus fully on caring for her kids, which was crucial after one had a serious surgery. She was able to attend all their medical appointments, keep up with treatments, and even afford a crucial medical device that had once been out of reach. She also used some of the funds to replace her old car, which had become unreliable. Having a dependable car not only made daily life easier but gave her peace of mind.

With her and her children's basic needs met, the program gave Crystal a greater sense of control and dignity and she felt fewer symptoms of depression and stress. She appreciated the fact that the guaranteed care income program recognized and supported the unpaid labor of her caregiving—work she feels is often overlooked and undervalued.

Today, with more stability at home, Crystal has the space to focus on her and her children's well-being—not just day to day, but long-term. She's currently working toward her GED and exploring a future in healthcare, not out of pressure, but because she finally has the breathing room to imagine what's next. For Crystal, the guaranteed care income program has been more than just financial support—it's been a recognition of her role as a caregiver, an affirmation of her worth, and an investment in her family's stability, dignity, and future on her own terms.

**Note that this is not an actual participant, but a composite profile created for this report using information from multiple participants to protect their identity.*

- **Several mothers managed their stress by seeing a therapist.** At Time 1, at least six mothers shared that they were experiencing symptoms of depression and exhaustion. At Time 2 interviews, three mothers were in therapy. One explained how she "really needed therapy" and appreciated the opportunity to speak openly to a professional about sensitive topics.

> *"Where [the income] has helped the most was my mental health. I was receiving therapy. Medical approved me for it. I was in a depression. And it turns out that it was a lot of worry about what I was going to do about the health of my child and what I would do about it by myself." – Pilot Mom*

- **Several mothers prioritized self-care towards the end of the pilot.** At Time 1, mothers typically put their needs "on the backburner" and three mothers added that they wished they had more time to engage in self-care. At Time 2, mothers invested more in their wellbeing. One mother had a "sip and paint" night with her girlfriends, another purchased good quality (and thus more expensive) hair and skin products, and a third tried dance classes for the first time. One mother shared how her therapist was trying to help her see that she "needed time for [herself]."

> *"Before, I was just focusing more on [my daughter] and what she needed… Now I make sure that she has what she wants and then get something I like. I would say it definitely helps with my mental health…to have the money to treat myself every once in a while." – Pilot Mom*

- **Several mothers experienced a sense of empowerment and autonomy by the end of the pilot.** One reflected that she "felt self-reliant" and was "not a burden on others." Another mother experienced a shift in her mindset as a result of the pilot; this opportunity showed her she was "worthy of more." A third mother liked having the financial freedom the pilot gave her to be a provider for her family and really lean into that role.

> *"I've kind of always been a provider in my family, whether I had [the money] or not. But this program, now that I really have the income to provide as much as I feel comfortable with, I like it. I like being the provider. I always want to be the provider. I'm manifesting that for myself right now, that I could become somebody [with] a lot of financial freedom to support my family and take them wherever they wanna go or support whatever they wanna do or buy them whatever they want. I want to do that for them one day." – Pilot Mom*

> *"The help from this program is like nothing else in San Francisco. Normally, the work a mother does is not valued. In fact, if a mother dedicates her time to care for her child, it is looked down upon."*

- **Few mothers reported changes related to their physical health.** While improvements in mental health were apparent, most mothers did not describe any changes in physical health. However, two mothers explained that they were able to meet the medical needs of their children more comfortably because of the pilot funds. One mother was able to purchase medical equipment for one of her children and one mother explained being able to take better care of her child after his surgeries.

> *"My son had two surgeries: when he was 6 months old and one year old. At 6 months the caregiving wasn't that difficult, but at a year I had to be much more careful with him…Having the income gave me peace of mind to take care of my son without having to worry about other things." – Pilot Mom Changes in Relationships with Children, Family, and Community*

- **Several mothers reported having deeper relationships with their children near the end of the pilot**. They used funds to travel together, taking trips to Disneyland, Las Vegas, and to see family living outside the Bay Area; they bonded over weekly meals out; and generally spent more quality time together.

> *"I had to really budget and save for [Disneyland]…I really had to be like, 'OK, this is what I'm planning for. And I'm going to set this aside and I'm going to make this happen for me and my kids.' So, I'm proud that I was able to do that cause I set a goal in my mind last year." – Pilot Mom*

> *"I could take [my kids] to more places than I could when I was not a part of this program...[My goal was] to be able to actually do things with my kids and for my kids. Just let them be able to explore more because we really didn't have that...So when this source of income came, I was able to do the things that I said I wanted to do for my kids and for myself...I wanted to be able to take my kids to more places, let them just enjoy themselves." – Pilot Mom*

One mother who previously had her son taken away by CPS felt like she was "making up for the times [she] didn't get to have." Another mother recounted how income from the pilot meant she had enough money to take both her kids out together (instead of one at a time): "[The children's] bond has changed with each other just because they get to do a lot more things together because I have the funds to pay for both kids."

- **Most mothers strengthened relationships with their friends and family**. Mothers used pilot funds to travel to and with family and treat friends and relatives to small gifts or activities. One mother described how she was able to support her brother financially, which brought them closer than they ever were before.

> *"This year I've been able to be there for my brother, which is a different thing because I'm not really that close with him...I've been able to donate money to him because he's saving to do another hike, and his mental health is worse than mine. He really was in love with hiking, and I saw how it changed his life and that's all I want for him again...for him to feel that self-love again...And that's really helped our relationship. Today I get to be a big sister...I didn't think that would have happened. I guess I don't even really think of myself as somebody's sister because I really didn't play that part. But I'm getting to show up as his sister and for him to feel—I'm going to call it love. Whatever I'm doing, it's working for him. And it feels good." – Pilot Mom*

One mother was able to help her sister, also a mother, with diapers and food without feeling stressed about it, and another mother talked about taking her kids and siblings to the zoo and then out to eat. A third made plans to travel with her parents with the new car she bought.

> *"My younger siblings [are] 10 and 2. So I don't really see them as much. But when I do see them, I [took] them all to the zoo—my kids, my sister, her girlfriend, my older sister and my brother—took us all to the zoo and then out to eat. That was fun. I try and keep a good bond with my siblings and try and help them as much as I can because they do struggle." – Pilot Mom*

> *"One of the biggest things was I was able to get a new car instead of having the car that was constantly breaking down. That made me feel a lot better. My parents are supposed to come out when I graduate and they want to go on a road trip to see Yellowstone. And I'll be able to do that. A car makes you more reliable." – Pilot Mom*

One mother was grateful she could support the people in her life—her parents, her partner—who had been there for her during difficult times.

> *"My mom and dad …that's all I got. You know, when s*** hits the fan, that's who I have. That's where I run to. And then my daughter's dad, too. That's my other support team, you know, I love him with all of me. [The pilot] has been able to impact that, yes…I was able to take my dad out for his birthday. I was able to take out my stepmom for her birthday. Like, people that matter. My babe, I was able to do something for his birthday. Because these people do stuff for me." – Pilot Mom*

- **A few mothers continued spending time with their communities**. One said she "did not expect the baby to slow [her] down too much" and talked about attending kid-friendly activities and programming through the San Francisco Black Infant Health Program and becoming more involved in her daughter's school. Another mother talked about the English classes she was taking. In addition to teaching her a new language, these classes helped her make a "security plan" in case she was detained by U.S. Immigration and Customs Enforcement (ICE).

> *"There are in-person and zoom groups from Good Samaritan. In my English class, they have provided information on how to react to situations. They have helped me create security plans. My security plans is to carry all of my important documents, such as my asylum application and son's passport, with me. In this way they have helped a lot." – Pilot Mom*

A third mother described how, during the Christmas holidays, she "went to Costco and bought 20 of the chickens and a bunch of socks, water, chips, and fruit" and distributed it to unhoused folks living in her neighborhood. "It felt good," she recounted, "We have to take care of each other…I would want someone to do it for me." She had also thought about how she might continue to support others after the end of the pilot: "Sometimes you don't feel like you have the ability or the bandwidth to because you don't have the financial ability to [take care of]

yourself. And so, how do you still show up for others when you don't have that for yourself? That will be the next chapter, trying to figure out how to continue that."

PERSONAL SAFETY AND WELFARE

The guaranteed care income supported the mothers' sense of personal safety and well-being. Participants described how meeting their own needs and those of their children, helped them feel more secure, and increasingly empowered to make decisions that protected their bodies, families, and futures. Although some described increased personal safety, broader systemic issues such as immigration were outside of the scope of the pilot.

Changes in Sense of Personal Safety

Mothers described a greater sense of physical and emotional safety. For some mothers, the income reduced the need to engage in activities that previously put them at risk. One mother shared that since receiving the guaranteed care income, she no longer needed to rely on criminalized means to provide for her children. She also spoke of a shift in mindset, saying the funds helped her recognize her self-worth. Another mother was able to stop doing sex work while in the program, which she felt reduced her risk of arrest and exposure to violence from men. These changes signified not just material relief, but greater bodily autonomy and safety. Beyond immediate safety, some mothers described internal transformations. Another mother reflected on how the program strengthened her sense of independence and self-confidence. As a result, she was less willing to tolerate relationships or behaviors that didn't meet her expectations. At the same time, two mothers shared persistent concerns. One shared concerns with immigration enforcement and the other the fear of arrest while at work at night.

> *"I think personally there's been growth because I'm very intolerable of anything I don't want to tolerate at this point and I'm able to take care of myself and me, myself and the kids very well by myself, so I just don't have the patience to deal with anything extra than what I expect." – Pilot Mom*

> *"I feel like it's not like a lot of stress on money and things we need. We have what we need. You know. I could say that like it's more at ease versus having to go like, I'm just being honest...Having to go hit and steal and do all that. Like I don't be going to do that. When **** hit the fan and I don't got it, I have to, you know, so just having [the additional income], I haven't had to go do things that I don't need to do." – Pilot Mom*

Notably, nearly all participants reported no involvement with child welfare during the program. One mother was subject to investigation during the pilot as part of a complaint she filed against another party. Despite initiating the report, she described the child welfare visit as a deeply uncomfortable experience where CPS inspected her refrigerator and trash and questioned her ability to provide for her child. She recounted the experience as invasive and distressing, despite being the one who sought help.

Participant Profile

BIANCA

Bianca* is a single mother of three boys who finds joy in watching them grow and learn. One of her favorite parts of parenting is seeing the excitement on her children's faces when they try something new. But every day, Bianca works to stretch her budget to make sure her kids are cared for. At times, she's had to make incredibly tough choices to keep her family afloat, including engaging in sex work. It's a choice that brings her fear and anxiety, especially the risk of arrest and what that could mean for her children. She worries constantly about Child Protective Services getting involved in her life, particularly because she is a Black woman. Despite these struggles, Bianca does everything she can to shield her boys from the stress she carries. She pushes forward, driven by a determination to give her children a better future.

Bianca experienced a major shift in her stability and independence after starting in the Guaranteed Care Income Program. The added income provided immediate relief, allowing her to catch up on bills and begin building a more stable home environment. For the first time in a long time, she didn't feel pressure to make unsafe choices and with her family's basic needs covered, Bianca was able to step away from sex work. With a steady source of income, when she visits the grocery store Bianca can purchase fresh fruits, vegetables, and meats to prepare nutritious meals at home.

The financial support also allowed Bianca to furnish her apartment, including buying beds and desks for her children's rooms, something she takes great pride in. She has also been able to save money, something that was difficult to do before the program. She saved for emergencies and for personal goals like taking her kids on a trip to Disneyland. Bianca shared that being able to meet basic needs such as rent, food, and transportation has helped her recognize her self-worth and boost her confidence as a mother.

Being a mother is a hard job and the ability to provide without fear of scarcity or criminalization has been deeply validating for her. She now feels a growing sense of security, which has contributed to a stronger sense of well-being for both her and her children.

**Note that this is not an actual participant, but a composite profile using information from multiple participants to protect their identity.*

Conclusion and Recommendations

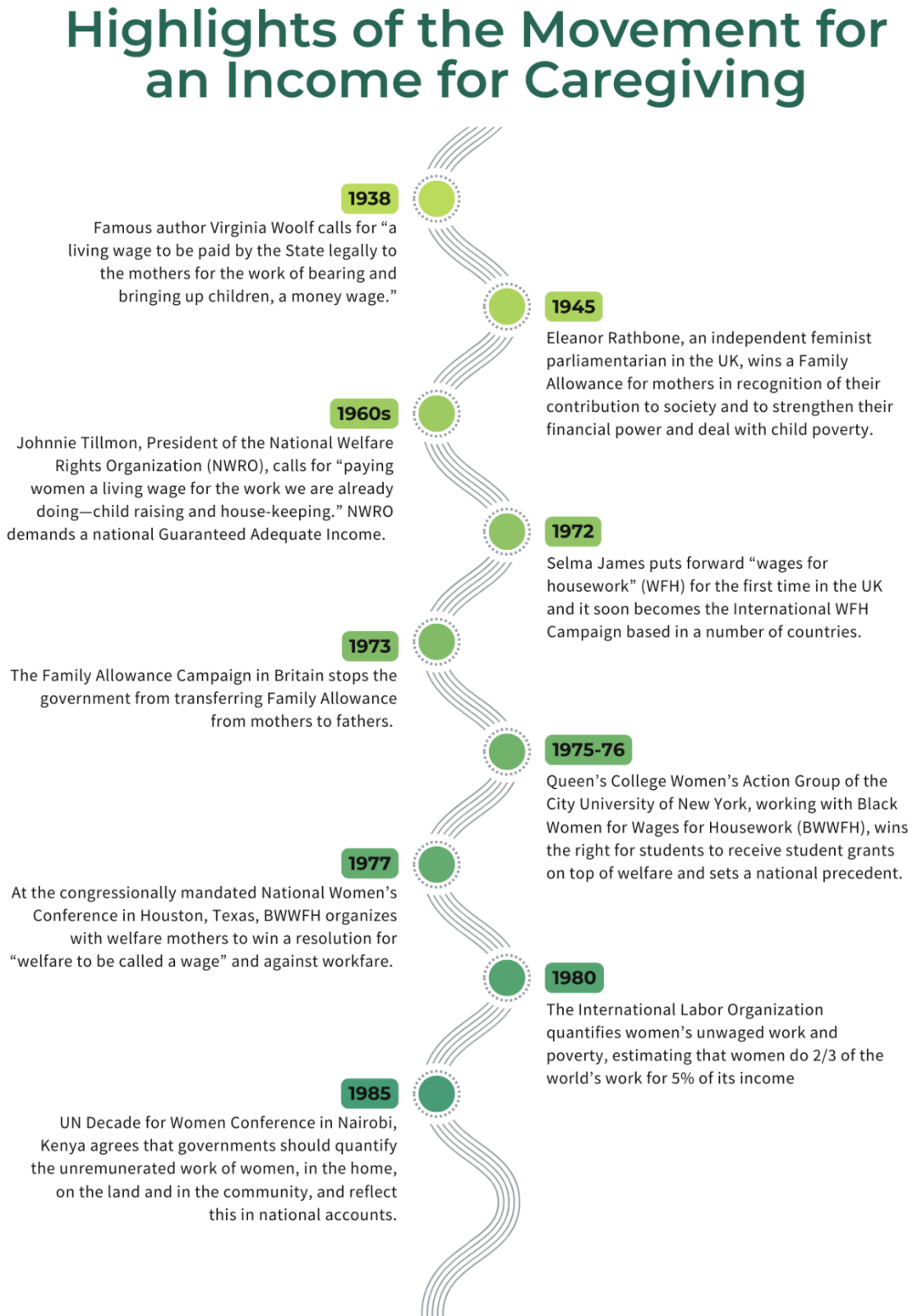
By improving mothers' ability to meet their basic needs, prioritize their children, and take care of themselves, the San Francisco Guaranteed Care Income pilot offers a strong proof of concept in demonstrating that direct cash support can bring dignity, stability, and choice to mothers doing essential care work. During the pilot, participants experienced meaningful improvements in their economic security and well-being. The pilot achieved its goal of recognizing caregiving as valuable labor and supported participants in their roles as mothers. Moreover, the income also had positive effects on participants' roles as sisters, daughters, and friends. However, the temporary nature of the pilot limited its ability to deliver long-term economic security.

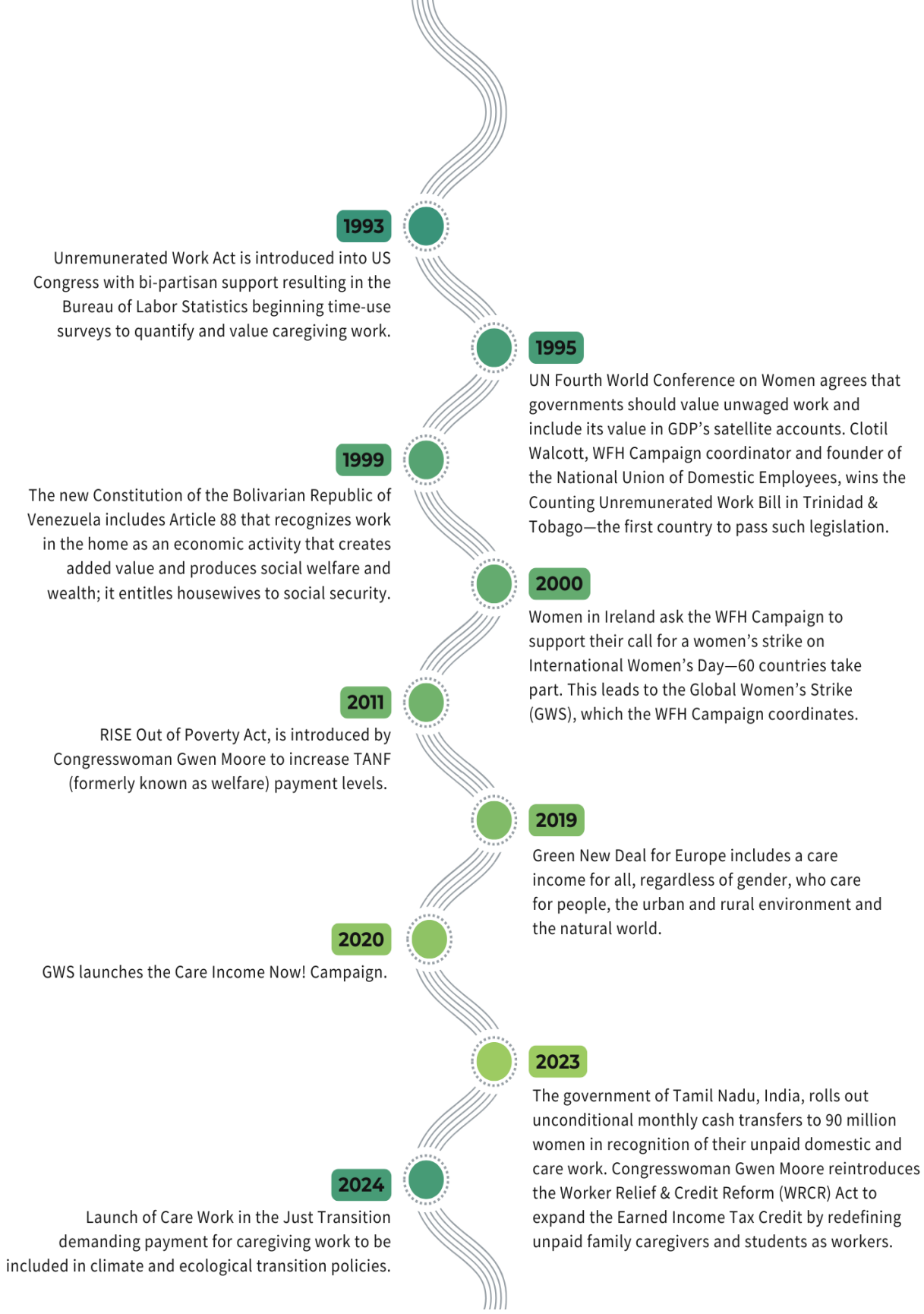
The evaluation's findings lead to recommendations for future guaranteed care income pilots:

- Participants in the pilot recommended that funds be dispensed two times per month, to increase ease of budgeting and saving.
- Future research could widen the lens on caregiving to examine how guaranteed care income strengthens the care networks that mothers rely on—both paid and unpaid. For example, several participants talked about the importance of fathers, other family members, and friends who support them and provide vital support to their children.
- Future pilots that include more participants could conduct more complex analyses that further explore outcomes from guaranteed care income. For instance, studying the correlation between the monthly cash income and its effects on financial security, health and well-being, etc.

Appendix A. Highlights of the Movement for an Income for Caregiving

This timeline traces key moments in the global movement for recognizing and compensating caregiving work, particularly unpaid labor performed by women, and highlights the evolving policy and advocacy milestones spanning nearly a century.




1993
Unremunerated Work Act is introduced into US Congress with bi-partisan support resulting in the Bureau of Labor Statistics beginning time-use surveys to quantify and value caregiving work.
1995
UN Fourth World Conference on Women agrees that governments should value unwaged work and include its value in GDP's satellite accounts. Clotil Walcott, WFH Campaign coordinator and founder of the National Union of Domestic Employees, wins the Counting Unremunerated Work Bill in Trinidad & Tobago—the first country to pass such legislation.
1999
The new Constitution of the Bolivarian Republic of Venezuela includes Article 88 that recognizes work in the home as an economic activity that creates added value and produces social welfare and wealth; it entitles housewives to social security.
2000
Women in Ireland ask the WFH Campaign to support their call for a women's strike on International Women's Day—60 countries take part. This leads to the Global Women's Strike (GWS), which the WFH Campaign coordinates.
2011
RISE Out of Poverty Act, is introduced by Congresswoman Gwen Moore to increase TANF (formerly known as welfare) payment levels.
2019
Green New Deal for Europe includes a care income for all, regardless of gender, who care for people, the urban and rural environment and the natural world.
2020
GWS launches the Care Income Now! Campaign.
2023
The government of Tamil Nadu, India, rolls out unconditional monthly cash transfers to 90 million women in recognition of their unpaid domestic and care work. Congresswoman Gwen Moore reintroduces the Worker Relief & Credit Reform (WRCR) Act to expand the Earned Income Tax Credit by redefining unpaid family caregivers and students as workers.
2024
Launch of Care Work in the Just Transition demanding payment for caregiving work to be included in climate and ecological transition policies.

Appendix B. CGIR Pilots Focusing on Direct Cash for Families

Findings show improvements in personal safety and well-being; caregiving; relationships with children, families, and communities; financial stability; housing stability; and education and employment outcomes. Not all pilots reported each of these findings, nor is this an exhaustive list of outcomes, but rather a sample of current guaranteed income research that centers the importance and value of caregiving work

Personal Safety and Well-being

Participants reported lower stress levels and small improvements in their physical health during the pilots. This extended to their children's mental and emotional health (e.g., attending therapy, enrolling in counseling) as well. Participants had increased food security and could purchase more and better food. In one program, participants reported lower levels of psychological abuse, sexual abuse, and coercive control; and leveraged cash to escape living situations where intimate partner violence (IPV) was prevalent or avoided returning to an abuse environment. Participants reported having more hope for the future as a result of guaranteed income.

Caregiving

Being able to provide for their children improved participants' satisfaction with themselves as caregivers, which in turn led to more positive relationships with their children. Participants were better able to balance paid work, unpaid work (e.g., caregiving), and time with family. In one program, participants were more likely to be a caregiver or a stay-at-home parent than to remain unemployed and not looking for work.

Relationships with Children, Family, and Communities

Participants had improved stability in the home. They prioritized their children's well-being, from basic needs (e.g., clothes, shoes, food, hygiene items) to providing treats and family experiences (e.g., travel, dining out), and were able to show up in their children's lives in meaningful ways that were not possible before (e.g., participation in extracurricular activities, playing video games together). Further, participants built connections, support networks, and contributed meaningfully to their communities.

Financial Stability

Participants reported better financial health, including increased savings, less debt, and an improved ability to pay for emergencies and unexpected expenses. Additionally, they consistently afforded day-to-day needs, including paying bills on time and without needing to borrow money.

Housing Stability

Participants improved housing stability, including moving from public or transitional housing into more permanent housing. They could also offset rental and mortgage costs and prevent homelessness.

Education and Employment

In the short term, some programs provided participants with sufficient financial stability to temporarily transition from full-time employment outside the home to parenting responsibilities. Participants aspired to or did return to education to improve their long-term employment situations. Additionally, participants were more likely to secure full-time employment than to remain unemployed not looking for work.

Pilot	Location	# of Participants	Amount	Frequency	Pilot Dates	Eligibility
Cambridge RISE	Cambridge, Massachusetts	130	$500	Monthly for 1.5 years	Sep 2021 – Feb 2023	Single (unmarried) caregiver of at least one child under the age of 18, resident in Cambridge, with an income below 80% of the area median income.
Embrace Mothers	Birmingham, Alabama	110	$375	Monthly for 1 year	Mar 2022 – Feb 2023	18 years or older, female identifying as single head of a family with children in the household under 18 years of age.
Columbia Life Improvement Monetary Boost (CLIMB)	Columbia, South Carolina	100	$500	Monthly for 1 year	Sep 2021 – Aug 2022	Fathers residing in Columbia and currently or recently enrolled in a program with the Midland Fathers Coalition.
Basic Income Guaranteed: Los Angeles Economic Assistance Pilot (BIG:LEAP)	Los Angeles, California	3,200	$1,000	Monthly for 1 year	Jan 2022 – Mar 2023	Resident of Los Angeles, 18 years or older, with at least one dependent child (younger than 18 or a student younger than 24) or are pregnant, with income at or below the federal poverty level.
Oakland Resilient Families	Oakland, California	600	$500	Monthly for 2 years	Jul 2021 – Jun 2023	Cohort 1: Residents in a one square mile area of East Oakland with income below 50% of the Area Median Income and at least one child under 18 Cohort 2: Oakland households living below 138% of the federal poverty level with at least one child under 18.
Richmond Resilience Initiative (RRI)	Richmond, California	94	$500	Monthly for 2 years	Oct 2020 – May 2025	City of Richmond resident; enrolled in the Office of Community Wealth Building workforce program; not currently receiving federal benefits, including housing vouchers and Medicaid; employed and earning more than $12.71 (the full-time wage federal benefits threshold); have children under the age of 18 living in the household; and for the third cohort only, are a returning citizen.
Santa Fe LEAP	Santa Fe, New Mexico	100	$400	Monthly for 1 year	Oct 2021 – Sep 2022	Students from the Expanding Opportunities for Young Families (EOYF) program, age 30 or under, who are the primary caretaker to at least one child (under 18), have an income of less than 200% of the federal poverty line, and are enrolled in a degree or certificate program (or have taken at least one class prior to Fall 2021) at Santa Fe Community College.
Shreveport Guaranteed Income Program	Shreveport, Louisiana	110	$660	Monthly for 1 year	Mar 2022 – Feb 2023	A single parent with school age children, 18 years or older, resident in Shreveport resident whose income is at or below 120% of the federal poverty line.
People's Prosperity Pilot (PPP)	St. Paul, Minnesota	150	$500	Monthly for 1.5 years	Oct 2020 – Mar 2022	St. Paul resident with a child with a CollegeBound Saint Paul college savings account and has been impacted financially by COVID-19.

Appendix C. Logic Model

The Guaranteed Care Income San Francisco Pilot's Logic Model graphically depicts the key components of the pilot—resources, activities, outputs, and outcomes—and provides a strategic roadmap that was used to guide the evaluation methodology. For example, by specifying the human and financial resources needed for the project to operate (the pilot resources), the program activities and results of those activities (outputs), the Logic Model links the anticipated participant-level outcomes to the key activities of the pilot program. This logical linking of activities to anticipated outcomes provides the foundation to generate salient evaluation questions and helps determine a sound methodology to collect related data, thereby laying the groundwork for the evaluation plan.

SPR worked with the pilot partners to create a Logic Model by facilitating a series of virtual meetings to engage in discussions about the goals and key anticipated outcomes of the pilot. It is anticipated that, because of the pilot, the women and their children would experience greater financial security, improved health and well-being, improved relationships and community connections, and strengthened personal safety and welfare. The evaluation team drafted the initial Logic Model and refined its contents in collaboration with pilot partners.

GUARANTEED CARE INCOME SAN FRANCISCO LOGIC MODEL

Description: The Guaranteed Care Income San Francisco pilot values and supports the unwaged caregiving work of participants by providing unconditional cash support for single mothers who are at risk of criminalization and/or losing their children to child welfare.

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	NORTH STAR
Administrator In Defense of Prostitute Women's Safety Project **Partner** SF Department on the Status of Women **Fiscal Sponsor** Women in Dialogue **Community Partners** Global Women's Strike; Women of Color/GWS **Service Partner** Bay Area Legal Aid **Referral Partners** Local community-based organizations **Evaluation Partner** Social Policy Research Associates (SPR)	**Administrator** • Promotes pilot and enrolls eligible participants • Distributes $2,000/month for 12 months • Provides documentation to SF County about CalFresh and CalWORKs enrollment • Provides participants with referrals to benefits counselors help prevent benefits cliff drop-off • Provides available funds to participants whose public benefits may be negatively impacted • Facilitates community-building activities, including touchpoints throughout the pilot period **Partners** • Conduct outreach/referrals for eligible participants • Provide benefits counseling and legal support • Evaluate the pilot to capture participants' experiences, learnings, and outcomes **Participants** • Volunteer to take part in evaluation	**Pilot Activities** • 10 participants receive $2,000/month for 12 months • Outreach materials & trainings provided in English and Spanish • Participants are more aware of partner programs/services **Evaluation Activities** Invite 10 participants to share the ways the pilot impacted their lives through interviews. • SPR-trained project coordinator interviews the participants. • Summarize key learnings & participant outcomes in an evaluation report.	**Improved Health/Well-being** • Improved health and mental well-being from reduced financial stress and anxiety • Increased activity in health promotion and self-care • Increased health and well-being of children • Strengthened ability and confidence in mothering and caregiving **Improved Relationships** • More time for children, friends, and community activities • Strengthened relationships with children, family, friends, and community **Strengthened Financial Security** • Greater ability to meet mother's and children's basic needs Greater ability for children to participate in enrichment and recreational activities • Improved housing security • Greater financial resilience **Strengthened Personal Safety and Welfare** • No or fewer interactions with law enforcement • No or fewer interactions with child welfare system • Increased ability to reunify with children detained by child welfare • Greater sense of personal safety from personal violence and/or discrimination	Ending Poverty; Unwaged caregiving work is recognized, valued, and supported with direct cash and other resources.

Appendix D. Evaluation Questions

Upon identifying anticipated outcomes (detailed in the pilot Logic Model), evaluation questions were developed around the outcomes of interest and serve as the foundation for the development of the primary data collection tool: interview questions. The evaluation questions were designed to capture changes in the lives of the women and their children in the areas of relationships, health/well-being, financial security, and personal safety/welfare as a result of their participation in the Guaranteed Care Income pilot.

IMPROVED RELATIONSHIPS

1. Did participants have more focused time for children, friends, and community activities because of the pilot, and to what extent?
2. Did the pilot influence participants' relationships with their children, family, friends, and community, and to what extent? Is there a change in the mothers' relationship and communication with their children?
3. How did the pilot strengthen participants' views on the value of their unwaged caregiving?
4. In what ways did the pilot influence participants' mothering/caregiving work?

IMPROVED PERSONAL HEALTH/WELL-BEING

5. How, and to what extent, did the pilot influence participants' health and well-being? How did the pilot influence participants' level of stress and anxiety?
6. How and to what extent did the pilot influence children's health and well-being?
7. How did the pilot influence participants' engagement in ensuring health and self-care activities?
8. How did the pilot influence participants' hope for their future and for their children?

IMPROVED FINANCIAL SECURITY

9. Were participants better able to meet their basic needs, such as food, rent, transportation, and utilities, as well as child's basic needs and to what extent?
10. Did the pilot influence participants' housing/living situation, and if so, how?
11. How did the pilot support participants' financial security?
12. How did the pilot impact participants' unwaged caregiving work?

STRENGTHENED PERSONAL SAFETY AND WELFARE

13. Did participants feel less at risk of criminalization and have fewer interactions with law enforcement, and if so, to what extent?
14. Did participants feel less at risk of having children detained by child welfare?
15. How did the pilot influence participants' ability to reunify with children detained by child welfare?
16. Did participants feel a greater sense of personal safety from violence and discrimination, and if so, to what extent? How did choices to protect themselves from violence change?

Appendix E. Qualitative Methodology

To answer the evaluation questions, the study's qualitative design was to conduct interviews at two timepoints during the pilot. In addition, participant enrollment data was obtained from In Defense of Prostitute Women's Safety Project through a secure platform. Enrollment data included participant information (i.e., zip code, gender, date of birth, language preference, involvement with the justice system, involvement with the child welfare system) and household information (i.e., public assistance use, number of children in household).

IRB SUBMISSION

In collaboration with program administrators, SPR designed data collection tools and material that would be used with program participants. The study team prepared and submitted all documentation for human subjects approval to Solutions IRB (Institutional Review Board) and approval for exemption for the study was received on June 3, 2024.

PARTICIPANT INTERVIEWS

All 10 participants were invited to participate in two 60-minute semi-structured interviews at two points: at the start (Time 1) and end of the pilot (Time 2). Nine participants were interviewed at Time 1 and seven at Time 2. SPR trained the project coordinator on qualitative interviewing techniques and reviewed the interview protocol and provided on-going TA to support data collection. SPR and the project coordinator debriefed after the first few interviews to review and refine interviewing techniques, as needed. Interviews were conducted in-person or virtually (based on participant preference) and at times that were convenient for the participants. After each interview, participants received $75 for their time and expertise (funded by In Defense of Prostitute Women's Safety Project). Most interviews were conducted in English; at least one interview was conducted in Spanish with the support of an interpreter.

Time 1 interviews were conducted within 1 month of their enrollment into the program. Interview questions were developed to answer the evaluation questions and center on understanding participants' and their children's current situation and context related to their household composition, economic and social situation, their health and well-being. Time 2 interviews were conducted near the end of the pilot. Interview questions were similar to those posed at Time 1, with the emphasis on assessing changes over time and understanding the ways in which participants have benefitted and any challenges they faced in the pilot. Time 2 interviews were analyzed in conjunction with the Time 1 interviews.

With participant consent, all interviews were audio-recorded and transcribed. SPR analyzed the interview transcripts, which were coded using a code book developed to organize data into themes as related to the evaluation questions. Interview data were organized using NVivo (a qualitative software program) and analyzed using content analysis where themes were identified, coded, and linked to capture the perspectives of the participants.

SENSEMAKING SESSION

SPR facilitated an interactive sensemaking session with the pilot participants, coordinator, and partners. The purpose of this session was twofold: 1) create a space for connection and dialogue, and 2) reflect on the outcomes of the pilot through shared stories and insights. SPR shared evaluation results and engaged attendees in a facilitated discussion about the implications of the findings.

PARTICIPANT APPLICATION DATA

The pilot administrators designed an online form to solicit applications from interested individuals. The application was available in English and in Spanish. The online application included questions to determine applicant's eligibility for the program, gather contact and demographic information, and an open-response section which allowed applicants to describe their experience as a single mother.

After developing a data sharing agreement, SPR obtained participant application data from program administrators using a secure means of data transfer, Dropsecure, and stored securely on encryption protected servers. Application data was transferred at one point in time and contained demographic and characteristic information for all 10 participants who were enrolled in the program.

Once the application data was transferred, authorized study team members conducted data clean-up where staff translated responses (if not in English), identified duplicates, assigned study identification numbers, and reconciled inquiries related to the data. Study team members then conducted descriptive statistical analysis on close-ended items.