

RESEARCH REPORT

Investing in Youth

A Randomized Controlled Trial of Cash Transfers for Violence Exposure Prevention

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Investing in Youth: A Randomized Controlled Trial of Cash Transfers for Violence Exposure Prevention

They didn't plan for tomorrow because they didn't expect to see a tomorrow.

—After-school program provider

Shortly before Dr. Kara Walker was sworn in as the secretary of the Delaware Department of Health and Social Services (DHSS), the Centers for Disease Control and Prevention (CDC) published a report highlighting the high rates of gun violence in Wilmington and opportunities for prevention (Sumner et al. 2015). The report presented some staggering facts. Delaware's homicide rate had grown more than that of any other state between 1999 and 2012, shootings in Wilmington had increased by 45 percent between 2011 and 2013, and reporting by NPR found that Wilmington had the fourth-highest homicide rate of all large cities in the United States.¹

After reviewing the CDC report and the programs and initiatives DHSS had been running to address this problem, Secretary Walker decided she wanted to try something new. She later told us, "I wondered what would happen if we gave vulnerable boys cash so they don't have to go to school with an empty stomach, so they can pay for the bus to get to an after-school job, or so they can help their families pay for groceries and rent and have more stable housing."

More than just trying something new, Secretary Walker wanted to test the new intervention to see if it was effective. She envisioned a randomized controlled trial where young men were randomly assigned to receive the cash transfer. Secretary Walker reached out to colleagues who were conducting research on cash transfers at the time, and our research team was formed.

Over the summer and fall of 2021,² we worked with DHSS to recruit young men to participate. The Yes! Study included young men between the ages of 14 and 17 who were randomly assigned to one of three groups:

- an after-school program combined with a cash transfer that participants received if they attended the first few weeks of programming (a partial conditional cash transfer),
- a cash transfer without any program requirements (an unconditional cash transfer), or
- a waitlisted group that served as a control group and received no treatment until after the study was complete.

This report summarizes the study at a high level. For a more detailed report, see Stacy et al. 2023.

Eligibility for the program was based on family income and ZIP code of residence. The after-school program consisted of activities such as tutoring, job training, conflict resolution training, financial coaching, recreational and arts programming, and training for social skills. In the programming-plus-cash-transfer group, participants received \$150 per week as long as they attended the initial weeks of the program (enough to have provided all of their documentation for the cash card). In the unconditional cash transfer group, participants received \$150 per week without any conditions attached.

Quantitative analysis from the survey data showed that participants in the cash transfer-only group spent more money in the past 30 days on electronics, accessories, food, entertainment, and other items than the control group.³ Participants in the programming-plus-cash-transfer group reported spending less on books and magazines than the control group but did not spend differently on other items. There were no statistically significant differences between either treatment group and the control group for spending on alcohol, marijuana, cigarettes, or other drugs, meaning the treatment groups did not purchase more of these items than the control group.

After completing the intervention and analysis, we found that receiving the cash transfer alone led to an increase in healthy behaviors, one of our primary outcome composite measures. This means that participants who received the cash transfer were less likely than the control group to engage in activities such as drinking alcohol, using marijuana, taking prescription medication without a prescription, being in a physical fight, carrying a weapon, or using a vapor product. Neither the cash transfer alone nor the programming plus cash transfer had statistically significant effects on our other composite measures for our primary outcomes of interest: physical and mental health or school

attendance and disciplinary actions. But in most cases, the confidence intervals were too large to rule out meaningful effects—either positive or negative.

We also found that the cash transfer plus programming improved the financial health of participants, one of our secondary outcome composite measures. This may be because the after-school programming included financial education, which may have helped the young people in that group spend their money more wisely. There were no statistically significant differences between groups for our other secondary composite measures (criminal justice engagement and social supports).

The young men who participated in the program told us that the programming plus cash transfer helped them avoid the violence of their neighborhoods, stay out of trouble, learn valuable skills, and form meaningful connections. Many shared that they experience a lot of violence in their neighborhoods and, as a result, do not go outside except to go straight to their bus or back to their homes. In fact, 43 percent of participants who answered the question said there was at least some chance they would be killed by the time they turned 21, and 11 percent said the likelihood was about 50/50 or “pretty likely.” The programming enabled them to go to a neutral, calm area after school, which helped them stay away from the violence in their neighborhoods. They also said that it connected them with adults who were really around and could tell them what to do and what not to do.

It wasn't about just programming; it was about giving them individuals they could look up to. Individuals they could reach out to.

—After-school program provider

Participants reported that they spent the cash transfer in a variety of ways, including personal items and entertainment (e.g., clothes or video games) and activities such as amusement parks. They also used the money for necessities, such as helping out a parent with groceries or fixing a car. Others reported that they saved the money to reach certain goals, such as purchasing a car or helping their family move out of their neighborhood and purchase a house. Some participants felt that the cash helped them perform better in school by allowing them to buy supplies; others felt that the cash alone helped reduce crime.

Well, people have to do certain things to get money, so it could help them stop from doing other things that they would normally do.

—Program participant

Overall, the results suggest that cash transfers alone increase healthy behaviors and reduce risky behaviors for young men at risk of violence exposure. Cash transfers plus programming also improve the financial health of these young men. However, low levels of participation coupled with modest response rates on participant surveys led to small sample sizes and reduced the statistical power of our quantitative analyses.⁴ Therefore, our study lacks the power to detect modest⁵ but meaningful changes in other composite measures, such as overall physical and mental health, school attendance and disciplinary actions, criminal history, and social supports. With more power, these effects may be present. Future research should conduct similar analyses on a larger sample.

What Are Cash Transfers and How Can They Help Reduce Youth Violence Exposure?

There are two main types of cash transfers: unconditional cash transfers, defined as money provided to people without any stipulations, and conditional cash transfers, defined as money provided to people with certain conditions, such as program attendance or work requirements. Conditional cash transfers have historically been given to families with low incomes (often in developing countries) and are typically conditioned on investments in human capital, such as sending children to school or bringing them to health centers on a regular basis (Rawlings and Rubio 2005). Prior research has found that conditional cash transfers have positive impacts on schooling and employment outcomes (Behrman, Parker, and Todd 2011; Behrman, Sengupta, and Todd 2005; Schultz 2004), preventive health care utilization (Gertler 2000), and property crime reductions (Loureiro 2012).

Unconditional cash transfers have generated positive impacts on nutrition outcomes, school attendance, and grades. They have also been linked to reductions in hospitalizations, improved mental health, increased probability of healthy birth weights, improved psychological well-being, and reductions in criminalized activity (Salkind and Haskins 1982; Gertler 2000; Akee et al. 2010; Forget 2011; Costello et al. 2010; Haushofer and Shapiro 2016). Early studies of guaranteed income cash transfers in the United States, such as that of the Stockton Economic Empowerment Demonstration⁶ in

California, have shown that cash transfer recipients experience lower rates of income volatility, lower mental distress, better energy and physical functioning, greater agency to explore new opportunities related to employment and caregiving, and better ability to weather pandemic-related financial volatility compared with the control group (West and Castro 2023). Another study in Washington, DC, called THRIVE East of the River—a privately funded guaranteed income pilot—found that recipients reported substantially better mental health and lower rates of food insecurity after receiving the cash payments compared with other people with low incomes, both nationally and in DC (Bogle et al. 2022).

While some opponents fear that cash transfers will make recipients less likely to work and more likely to consume temptation goods, such as drugs and alcohol, most studies have found neither of these to be true (Akee et al. 2010; Burtless 1986; West and Castro 2023; Salehi-Isfahani et al. 2017; Baird, McKenzie, and Ozler 2018; Vera-Cossio 2021; Gertler, Martinez, and Rubio-Codina 2012; Evans and Popova 2017). In fact, Evans and Popova conducted a meta-analysis finding that, on average, cash transfers have a significant *negative* effect on total expenditures on temptation goods, equal to -0.18 standard deviations. This negative result is supported by data from Latin America, Africa, and Asia, for both conditional and unconditional cash transfer programs.

While both conditional and unconditional cash transfers have proven successful in a number of settings and are growing in popularity, there are still a number of questions about how they work, which type works better in which settings, and whether giving funds directly to youth to prevent violence exposure can be successful.

How Effective Are After-School Programs?

Some after-school programs have been shown to improve youth outcomes, while others do not appear to have a significant impact. Many studies have found that the programs improved school attendance and social and emotional development and reduced likelihood of school dropout or likelihood of committing crimes (O'Donnell and Kirkner 2014; Lauer et al. 2006; Goldschmidt, Huang, and Chinen 2007; McCombs, Whitaker, and Yoo 2017; Huang et al. 2000; Welsh et al. 2002). However, other programs have been found less effective (Vandell, Pierce, and Dadisman 2005; Dynarski 2015; Schirm, Stuart, and McKie 2006). The difference in findings likely reflects the substantial heterogeneity of programs in terms of the children being served, types of activities offered, training and background of program staff, and variations in participation rates (Vandell, Pierce, and Dadisman 2005; Schirm, Stuart, and McKie 2006). Programs most likely to be successful are those that have positive and nonconflictual staff-child relationships, offer a variety of age-appropriate activities among which children can select

those that most interest them, and have children attend on a regular basis (Vendell, Pierce, and Dadisman 2005).

After-school hours are when young people are most likely to experience violence since that is when they are most frequently left unsupervised (NOIST 2004). Therefore, after-school programming can help reduce violence exposure by giving them a safe environment that protects them from high-risk neighborhoods. However, a study of an after-school program in Maryland in 1999 and 2000 found that participation reduced delinquent behavior for middle school-age youth, not by decreasing time spent unsupervised or increasing involvement in constructive activities, but by increasing their intentions not to use drugs and developing positive peer associations. Effects on these outcomes were strongest in programs that incorporated a high emphasis on social skills and character development (Gottfredson et al. 2004). In addition to area of focus, research has found that the quality of experiences in after-school programs is a more important factor than quantity in predicting positive outcomes (Shernoff 2010).

After-school programming has also been shown to improve student test scores. One review of 35 studies reported that the test scores of low-income, at-risk youth improved significantly in both reading and mathematics after participation in after-school programs (Lauer et al. 2006). Young people who participated in after-school programs improved significantly in three major areas: feelings and attitudes, indicators of behavioral adjustment, and school performance. More specifically, after-school programs succeeded in improving their feelings of self-confidence and self-esteem, school bonding (positive feelings and attitudes toward school), positive social behaviors, school grades, and achievement test scores. They also reduced problem behaviors, such as aggression, noncompliance, conduct problems, and drug use (Durlak and Weissberg 2007). Programs that used evidence-based skills training approaches were consistently successful in producing multiple benefits for young people, while those that did not were not successful in any outcome area (Durlak and Weissberg 2007).

Although there is empirical evidence suggesting the effectiveness of after-school programs for youth in general, very little data solely focus on the educational and health outcomes for young Black males who attend after-school programs (Fashola 2003, 2005). And the question of whether pairing after-school programming with a cash transfer increases the likelihood of positive outcomes has yet to be explored.

The YES! Study

Our study consisted of two main components. The first was a youth violence prevention program, which included approximately six months of after-school curricula. To coordinate the program, DHSS contracted with Career Team, an organization that provides workforce services and workforce software for government and education institutions. Programming consisted of tutoring, conflict resolution training, financial coaching, recreational and arts activities, and soft skills training.

The second component of the intervention was a cash transfer of \$150 a week. This cash transfer was meant to reduce the barriers young people face to both participating in programming and living a healthy life with minimal violence exposure. Young men eligible for the study were between the ages of 14 and 17, had parents identified as having low incomes, and resided in three Wilmington ZIP codes that DHSS identified as having high levels of violent crime (19801, 19802, and 19805).

Enrolled youth were split into three groups:

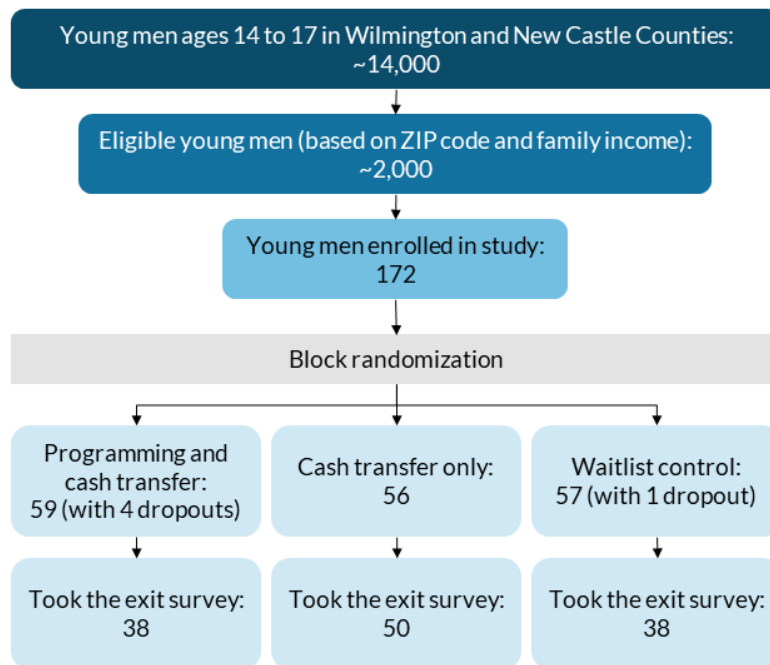
1. **Cohort 1 (programming plus cash transfer)** began programming in the fall of 2021 (coinciding with the period when some schools began to resume in-person learning) and received six months of after-school curricula accompanied by \$150 a week, ending in May 2022. There were 59 programming-plus-cash-transfer participants.
2. **Cohort 2 (cash transfer only)** began receiving the \$150 weekly cash transfer in the fall of 2021 and received six months of the cash transfer, ending in May 2022. There were 56 participants in the cash transfer-only group.
3. **Cohort 3 (control group)** was waitlisted for the program, and DHSS gave members the option to receive programming from the summer of 2022 to November 2022. There were 57 control group participants.

Young Men in the Study

DHSS used Medicaid data to identify close to 2,000 eligible young men and invited them or their parents into the study via mailers, email, texts, and phone calls (figure 1), as in-person recruitment was not possible due to safety protocols around the COVID-19 pandemic. After extending recruitment, 172 young men had enrolled in YES!—well below our initial target of 225 participants but sufficient to move forward with the three groups. We then randomized all participants in one batch in October 2021 and ended up with 59 young men in the after-school programming-plus-cash-transfer group, 56 in the

unconditional cash transfer group, and 57 in the waitlisted control group. One young person dropped out of the control group because he was incarcerated, and four dropped out of the programming-plus group for unreported reasons. Thirty-eight participants in the programming-plus-cash-transfer group, 50 participants in the cash transfer-only group, and 38 participants in the waitlisted control group took the exit survey.

FIGURE 1
Attrition and Sample Size



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Source: Urban Institute analysis of data from the US Census Bureau and Delaware Department of Health and Human Services and YES! program survey data.

Table 1 includes demographic characteristics for the whole sample according to Medicaid data in DHSS records. There were no statistically significant differences between the cohorts for these demographic characteristics.⁷

TABLE 1

Demographics of Effective Study Participants

| | All cohorts | Control | Cash transfer only | Programming plus cash transfer | Cash transfer only or programming plus cash transfer |
|--|-------------|---------|--------------------|--------------------------------|--|
| Number of participants after dropout (count) | 167 | 56 | 56 | 55 | 111 |
| Age at the start of the study (average) | 15.8 | 15.8 | 15.6 (0.313) | 15.9 (0.778) | 15.7 (0.672) |
| Black | 84% | 84% | 86% (0.795) | 82% (0.770) | 84% (0.981) |
| White | 15% | 14% | 14% (1.000) | 16% (0.764) | 15% (0.861) |
| Latine | 13% | 13% | 14% (0.784) | 13% (0.972) | 14% (0.856) |
| Living in ZIP code 19801 | 16% | 20% | 16% (0.625) | 13% (0.327) | 14% (0.389) |
| Living in ZIP code 19802 | 33% | 32% | 36% (0.693) | 31% (0.890) | 33% (0.878) |
| Living in ZIP code 19805 | 33% | 29% | 43% (0.117) | 40% (0.208) | 41% (0.105) |
| Number of participants responding to baseline survey (count) | 109 | 28 | 44 | 37 | 81 |
| Mother is a college graduate | 31% | 17% | 33% (0.199) | 40%* (0.078) | 36% (0.102) |
| Is in foster care | 0.08 | 0.19 | 0.05* (0.053) | 0.03** (0.028) | 0.04*** (0.009) |
| Physical and mental health | -0.03 | -0.23 | -0.03 (0.148) | 0.10** (0.019) | 0.03 (0.025) |
| Health behaviors | -0.06 | 0.01 | -0.02 (0.784) | -0.16 (0.438) | -0.09 (0.557) |
| School attendance and disciplinary actions+ | 0.21 | 0.11 | 0.29** (0.035) | 0.23 (0.169) | 0.26** (0.028) |
| Criminal justice engagement | -0.03 | -0.17 | 0.05 (0.128) | -0.03 (0.452) | 0.01 (0.178) |
| Financial health | -0.08 | -0.30 | -0.05** (0.036) | 0.07*** (0.003) | 0.00*** (0.004) |
| Social supports | 4.48 | 4.29 | 4.65 (0.196) | 4.41 (0.720) | 4.54 (0.363) |

Source: Urban Institute analysis of administrative data from the Delaware Department of Health and Human Services.

Notes: We ran t-tests on the differences between the cash transfer-only, programming-plus-cash-transfer, and cash transfer-only or programming-plus-cash-transfer groups against the control group, respectively. P values for the hypothesis that these differences are different from zero are shown in parentheses. We did not find any significant differences among these groups. The percentage of participants in each ZIP code does not add up to 100 because some participants reported that they did not live in the ZIP code listed in the administrative data. Statistically significant differences are denoted as follows: * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Data Collection

We collected data through surveys, interviews, and focus groups, as well as directly from DHSS and the Delaware Department of Education. We administered a total of six surveys to participants: a baseline survey after enrollment (but before programming began or in the first week of programming), four consecutive monthly surveys, and a final exit survey after the completion of programming. The surveys asked about participant demographics, school attendance, employment status, saving and spending patterns, financial stress, perceived physical and mental health status, and criminal justice involvement. Both the baseline survey and the monthly surveys had low response rates, so we use the outcome survey as the primary survey for our analysis.

In order to gather more nuanced information about the program, we conducted structured interviews with program participants and program staff. We interviewed 17 programming-plus-cash-transfer participants in the form of two one-hour focus groups in person, 1 cash transfer-only participant in a 30-minute virtual interview, and two program staff members in a one-hour virtual interview.⁸ Interviews and focus groups covered topics such as reasons for participating in the study; the experience and impact of programming; experience and impact of the cash transfer; what the cash transfer was spent on; and recommendations for improvements to the programming and cash transfer process.

Additionally, we collected administrative data from DHSS on program participation each week and cash transfer pickup, as well as data from the Delaware Department of Education on school attendance and disciplinary actions. We also used Medicaid enrollment data to draw our sample. These data, while less detailed than the survey data and measuring fewer outcomes of interest, helped increase the power of our sample and remove any bias caused by survey nonresponse.

OUTCOMES OF INTEREST

The primary outcomes of interest for this study include those related to physical and mental health, health behaviors, and school attendance and disciplinary actions (table 2). Secondary outcomes of interest include those related to educational attainment and criminal history/justice system involvement. Because there were so many outcomes, we combined them into composite indices, as shown below.

TABLE 2

Primary and Secondary Outcomes of Interest

| Primary outcomes | Questions |
|---|--|
| Physical and mental health | <p>In the past 30 days, how often did you feel nervous?</p> <p>In the past 30 days, how often did you feel so nervous that nothing could calm you down?</p> <p>In the past 30 days, how often did you feel hopeless?</p> <p>In the past 30 days, how often did you feel restless or fidgety?</p> <p>In the past 30 days, how often did you feel so restless that you could not sit still?</p> <p>In the past 30 days, how often did you feel depressed?</p> <p>In the past 30 days, how often did you feel that everything was an effort?</p> <p>In the past 30 days, how often did you feel so sad that nothing could cheer you up?</p> <p>In the past 30 days, how often did you feel worthless?</p> <p>In the past 30 days, how many times have you been seen in an emergency room or ER?</p> <p>During the past 30 days, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?</p> <p>During the past 30 days, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club?</p> <p>On a scale from "No chance" to "It will happen" what do you think are the chances you will be killed by the age 21?</p> <p>I have a lot of good qualities.</p> <p>I have a lot to be proud of.</p> <p>I feel loved and wanted.</p> |
| Health behaviors | <p>During the past 30 days, on how many days did you have at least one drink of alcohol?</p> <p>During the past 30 days, on how many days did you use marijuana?</p> <p>During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.</p> <p>During the past 30 days, how many times were you in a physical fight?</p> <p>During the past 30 days, on how many days did you carry a weapon such as a gun, knife or club?</p> <p>Have you ever used an electronic vapor product?</p> |
| School attendance and disciplinary actions | <p>During the past 30 days, how often did you skip school without an officially excused absence?</p> <p>In general, how hard do you try to do your school work well?</p> <p>During the past 30 days, how many times were you in a physical fight on school property?</p> <p>Have you been high on drugs at school in the past six months?</p> <p>Percent of school days attended+</p> <p>Any disciplinary incidents+</p> <p>Any severe disciplinary incidents+</p> |

| Secondary outcomes | Questions |
|--|--|
| Criminal history/ involvement with the justice system | <p>In the past 30 days, did you deliberately damage property that didn't belong to you?</p> <p>In the past 30 days, did you take something from a store without paying for it?</p> <p>In the past 30 days, did you use or threaten to use a weapon to get something from someone?</p> <p>In the past 30 days, how many times have you been stopped or detained by the police for questioning about your activities? By detained, I mean kept waiting or from going on your way by police but not arrested.</p> |
| Financial health | <p>Do you have a bank account in your name?</p> <p>Which of the following statements best describes your household's ability to afford food you need during the past 30 days?</p> <p>During the past 30 days, have you contributed by paying money to another household member, paying certain household bills, or buying things—such as groceries—for the household?</p> <p>On a scale of 1 to 7, where 1 is no stress at all and 7 is overwhelming stress, what do you feel is the level of your financial stress today?</p> <p>On a scale of 1 to 7 with 1 being never and 7 being all the time, how often does this happen to you: you want to go out to eat, go to a movie or do something else and don't go because you can't afford to?</p> |
| Social supports | <p>There is an adult who is around when I am in need.</p> <p>I can count on my friends when things go wrong.</p> <p>My friends really try to help me.</p> <p>I have friends with whom I can share my joys and sorrows.</p> <p>I can talk about my problems with my friends.</p> <p>I have an adult who is a real source of comfort to me.</p> <p>How much do you feel that adults care about you?</p> <p>There is an adult in my life who cares about my feelings.</p> <p>My family really tries to help me.</p> <p>I get the emotional help and support I need from my family.</p> <p>I can talk about my problems with my family.</p> <p>My family is willing to help me make decisions.</p> |

Notes: All measures are from survey data, except those noted with ⁺, which are from administrative data from the Delaware Department of Education.

Analysis Methods

Our primary method for estimating the impacts of the unconditional and conditional cash transfer plus programming is an “intent to treat” model, which tests the effect of being offered treatment, whether or not they participate in programming or receive the cash transfer. We also estimate the “treatment on the treated,” or the impact of actually participating in programming, on outcomes. This method allows us to detect effects that may have been drowned out by non-participation in the prior model. However, participants who choose to participate in programming may systematically differ in unobservable ways from those who choose not to participate, which may cause bias in the results. We correct for this by estimating the complier average causal effect, which uses an instrumental variables approach to correct

for bias (Angrist, Imbens, and Rubin 1996). In this approach, randomization into the treatment group is used as an instrument for the actual treatment. In both models we control for baseline measures of each of the key outcomes, where available.⁹ Both models also control for the education level of the participants' mother, an indicator for whether he was in foster care, his race and ethnicity, ZIP code, and age.

Findings

WHO PARTICIPATED IN PROGRAMMING?

Out of the 55 study participants in the programming-plus-cash-transfer group, 16 (29 percent) did not attend a single session, 16 (29 percent) attended between 1 and 17 sessions (or one-third of all possible sessions), and 23 (42 percent) attended 18 sessions or more.

Both programming-plus-cash-transfer participants and program staff emphasized transportation as key to making the program effective. Delaware DHSS provided transportation from school to the after-school program. Participants explained that it made it convenient for them to attend, and program staff shared that it was important that the van drivers came from the community. Providing food was another important part of programming. Staff shared, "We didn't realize how important those meals were because some kids were not getting anything other than lunch at school, they weren't sure what they were gonna have beyond programming." Staff also let youth take extra food home for themselves and siblings.

WHO PICKED UP THE CASH TRANSFER CARD?

Out of the 111 participants eligible to receive the cash transfer (those in the cash transfer and the programming-plus-cash-transfer group), 86 picked up the card that would enable them to receive it (77 percent). A larger share of the participants in the cash transfer-only group picked up the card (86 percent) than did those in the programming-plus-cash-transfer group (68 percent). This is likely because those in the latter group were only able to pick up the reloadable cash transfer card if they attended at least the first few weeks of programming (enough sessions for them to submit all their forms for the cash transfer card). Not picking up the card could also reflect challenges communicating with youth after enrolling in the study (which was also present when attempting to get them to take the baseline survey), and in some cases due to lack of trust in systems that may have historically excluded them.

WHAT DID PARTICIPANTS SPEND THE MONEY ON?

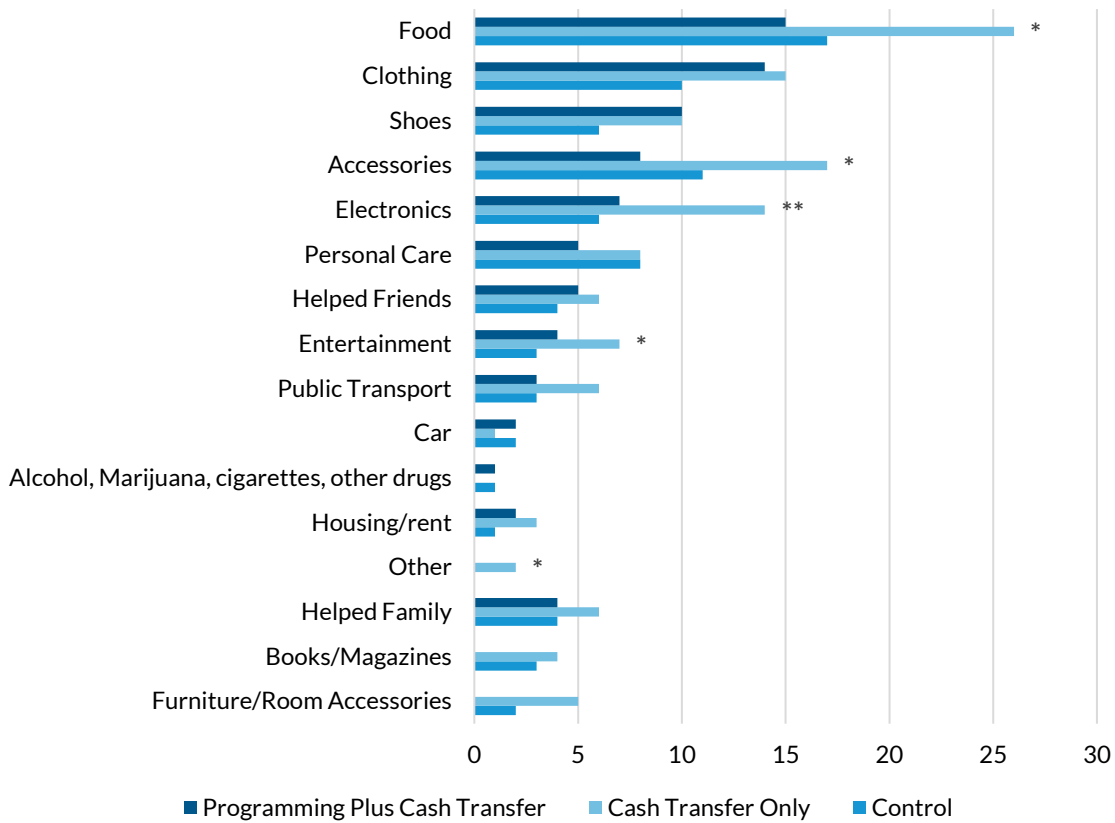
The way the cash transfer was used varied amongst participants. Some bought clothes and video games, others went to amusement parks with friends, and others used it for necessities such as helping out a parent with groceries or fixing a car. One participant shared that his car would not be running without the cash transfer.

Participants reported that the financial education included in the after-school program influenced how they used the cash transfer and encouraged them to save. At first, young people were spending the money quickly on items such as clothes, video games, and eating out. After receiving financial literacy and planning lessons, youth began to spend more conscientiously and save. One participant shared that he had saved \$600 by the end of the program. Other participants shared that they were saving to reach long-term goals, such as the purchase of a car or a house. One participant saved the cash to help his mom buy a house so they could move out of their neighborhood. Program staff also noted a change in behavior after the financial lessons, sharing that “for a room full of young men to feel like they could contribute to a household versus take away from the household” had an impact on how youth were handling their money.

From the survey data, participants in the cash transfer only group reported spending more money over the past 30 days on electronics, accessories, food, entertainment, and other items than did the control group (figure 2).¹⁰ Participants in the programming-plus-cash-transfer group reported spending less on books and magazines than did the control group. There were no statistically significant differences between either treatment group and the control group for spending on alcohol, marijuana, cigarettes, or other drugs, meaning that participants did not purchase more of these items than did members of the control group.

FIGURE 2

Reported Overall Spending between Treatment Groups and Control Group



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Source: Authors' analysis of survey data.

Notes: We ran t-tests on the differences between the cash transfer only against the control group, and programming plus cash transfer against the control group, respectively. Statistically significant differences are denoted as follows: * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

IMPACTS FROM THE CASH TRANSFER AND PROGRAMMING PLUS CASH TRANSFER

Impact estimates show that the cash transfer alone improved the health behaviors of the young men randomized to receive it, and cash transfers combined with programming improved the financial health of the young men in the study. We find no statistically significant impacts on our other composite measures: the primary outcomes of physical and mental health and school disciplinary actions or the secondary outcomes of criminal justice engagement and social supports.

PRIMARY OUTCOMES

Using both an intent-to-treat (ITT) and treatment-on-the-treated (TOT) model, we find that the cash transfer improved health behaviors for the young men in the cash-only group (table 3). This means that young men who were offered and/or received the cash transfer were less likely to engage in activities such as drinking alcohol, using marijuana, taking prescription medications without a prescription, getting into a physical fight, carrying a weapon, or using an electronic vapor product. This result is driven by the group being less likely to have taken prescription medication without a prescription, use marijuana, or be in a physical fight. The estimated effect on prescription medication usage was statistically significant in the ITT model, and the estimated effects on marijuana use, prescription medication, and physical fights were statistically significant in the TOT model.

Additionally, while the other composite measures were not statistically significant, all of them were in the intended direction (i.e., they indicate a more positive outcome for participants in the cash-only and cash-plus-programming groups than for those in the control group). And while the overall composite measures were not significant for physical or mental health, young men in the programming-plus-cash-transfer group were less likely to visit the emergency room (in both the ITT and TOT models), and young men in the cash transfer group were less likely to visit the ER and more likely to report that they felt loved and wanted in the TOT model, some of the measures within this composite.

Similarly, while the school attendance and disciplinary actions composite index was not statistically significant for any group or model, participants who received the cash transfer were less likely to get into a fight in school in the TOT model.

TABLE 3

Impact of Conditional and Unconditional Cash Transfers on Primary Youth Outcomes

| | Physical and mental health | Health behaviors | School attendance and disciplinary actions [†] |
|--|-------------------------------|--------------------|--|
| Intent-to-treat estimates | | | |
| Cash transfer only | 0.051 (0.751) | 0.334** (0.024) | 0.139 (0.410) |
| Programming plus cash transfer | 0.032 (0.872) | 0.113 (0.621) | 0.070 (0.704) |
| Any cash transfer | 0.054 (0.714) | 0.201 (0.163) | 0.072 (0.615) |
| Treatment-on-the-treated estimates | | | |
| Received the cash transfer | 0.056 (0.708) | 0.373** (0.007) | 0.177 (0.347) |
| Attended at least 1/3 of programming | 0.052 (0.846) | 0.188 (0.554) | 0.189 (0.666) |
| Received cash transfer or attended 1/3 of programming | 0.061 (0.682) | 0.227 (0.122) | 0.106 (0.584) |
| Number of observations | | | |
| In cash transfer estimates | 88 | 86 | 111 |
| In programming plus cash estimates | 73 | 71 | 107 |
| In combined estimates | 123 | 121 | 110 |

Source: Urban Institute analysis of survey data and education data from the Delaware Department of Education.

Notes: All models include a measure of the individual's response to the same question on the baseline survey or a dummy variable equal to 1 if the person did not take the baseline survey, along with controls for ZIP code, race and ethnicity, and baseline survey responses to questions about food insecurity and housing stability. We calculate standard errors using heteroskedastic robust standard errors, with p values listed in parentheses. * p < 0.10, ** p < 0.05, *** p < 0.01.

[†]The school attendance and disciplinary action measure includes data from both the surveys and administrative data from the Delaware Department of Education.

SECONDARY OUTCOMES

When looking at our secondary outcomes, we find that the cash transfer plus programming (and the two groups combined) had higher financial health scores than the control group at outcome in both the intent-to-treat and the treated-on-the-treated models (table 4). This result was driven by participants' higher likelihood of having a bank account and lower financial stress, and in the TOT model, a higher likelihood of contributing to household finances.

Additionally, while the other composite measures were not significant, individual measures within them were. For instance, young men in the cash transfer-only group were more likely to report that they have a friend they can share their joys and sorrows with (in the TOT model), and participants in the programming-plus control group were more likely to say that they could talk about their problems with their family.

TABLE 4

Intent to Treat Impact of Conditional and Unconditional Cash Transfers on Secondary Youth Outcomes

| | Criminal justice engagement | Financial health | Social supports |
|---|-----------------------------|--------------------|-------------------|
| Intent- to-treat estimates | | | |
| Cash transfer only | 0.079 (0.755) | 0.191 (0.195) | 0.255 (0.502) |
| Programming plus cash transfer | 0.200 (0.409) | 0.377** (0.024) | -0.221 (0.583) |
| Any cash transfer | 0.114 (0.522) | 0.288** (0.025) | 0.180 (0.570) |
| Treatment-on-the-treated estimates | | | |
| Received the cash transfer | 0.089 (0.713) | 0.214 (0.130) | 0.285 (0.427) |
| Attended at least 1/3 of programming | 0.323 (0.301) | 0.624** (0.012) | -0.367 (0.522) |
| Received cash transfer or attended 1/3 of programming | 0.130 (0.473) | 0.324** (0.012) | 0.203 (0.527) |
| Number of observations | | | |
| In cash transfer-only equation | 84 | 88 | 85 |
| In programming-plus-cash transfer equation | 70 | 74 | 70 |
| In any cash transfer equation | 118 | 124 | 120 |

Source: Urban Institute Analysis of survey data and education data from the Delaware Department of Education.

Notes: We calculate standard errors using heteroskedastic robust standard errors, with p values listed in parentheses* p < 0.10, ** p < 0.05, *** p < 0.01.

While the impacts of programming and cash on our primary measures are significant only for the cash transfer-alone group and only for one primary outcome index, programming-plus-cash-transfer participants had very positive feedback about the program and the cash transfer. Participants noted that having a safe, neutral space to go after school helped them stay away from the violence in their neighborhoods. They shared that they experience violence every day in their neighborhoods, with two of young people stating explicitly that they do not go outside of their homes when in their neighborhood because of violence. They said that programming gave them a safe place to go to avoid getting into fights, avoid seeing violence, and avoid getting harmed secondhand by the violence around them (for example, one noted that his mom's car had been hit earlier that week by a person committing a drive-by shooting, who hit four cars in the process).

Participants also highlighted parts of the curriculum they found valuable, including the math sessions, lessons on credit scores and financial planning, and Black history. In particular, the teacher for the Black history sessions was an important connection for the young people. One respondent shared the following:

[We learned] about Black history: where I come from, where I've been, what is really behind this...Really, what I know—he taught us about how Martin Luther King and Malcolm X, they are the face of Black culture, but there's more people out there that did stuff for us too. He taught us about that.

—Youth participant

Participants reported that the relationships they formed were essential to the success of the program and one of its greatest impacts. Young people felt that program staff were people they could trust and served as role models who were looking out for them. Participants therefore felt comfortable opening up to program staff as the weeks went on, such as sharing about the lack of food at home or asking for help in how to talk to a teacher about a grade. Program staff and participants told us that they wanted to extend the program and asked if they could come back over the summer. After the programming ended, some young people dropped by the office just to say hi and let the staff know how they were doing.

Not only were the relationships formed with program staff influential, but so were the relationships formed with other participants. Young people came from three different ZIP codes, so many students did not know one another when they first came to after-school programming. Staff explained how close the participants had grown by the end of the program and how participants had requested to continue programming with the same cohort.

Participants also reported that programming affected their employment, with some having summer jobs lined up because of the program. They also felt they gained knowledge, especially financial knowledge, and built positive relationships. Program staff reported that teachers, counselors, and parents noticed differences in their students and children and shared these positive changes with the staff. Multiple participants shared they are planning to go to college or trade school.

Programming-plus-cash participants and program staff believe these impacts were achieved through the combination of cash transfer and programming. All interviewees shared that they would like to see the program expanded. One respondent shared:

I hope, if putting these kids that's in the streets right now, this could change their [minds and give them] a newer mindset. If they don't want to change, then they won't change. If they can see that this program really is beneficial, then maybe they will.

—Youth participant

Conclusion

Cash transfers that are designed to reduce crime often prove difficult to implement from a political perspective. Some opponents believe that people who need financial assistance are untrustworthy and that their financial position reflects a moral failing rather than a societal one (Marinescu 2018). Therefore, it is difficult for policymakers to garner support for such a controversial policy without rigorous evidence to support it. For example, an opponent of cash transfers in California stated, “I have serious concerns with a program that is apparently based upon the payment of money to high-risk individuals in exchange for a promise not to engage in violent criminal conduct. There is insufficient evidence-based data to show this approach is effective in preventing gun violence.”¹¹

Yet this study shows that direct cash transfers to youth who have high exposure to violence not only do not increase negative behaviors but reduce them. Specifically, we find that the cash transfer alone increased healthy behaviors among participants—such as reducing drug and alcohol use and physical fights—and that the programming in addition to the cash transfer improved participants’ financial health.

However, the small sample size prevented us from identifying smaller or more heterogenous impacts. We failed to find statistically significant impacts (at even the 10 percent level) on our primary outcome composite measures for physical and mental health and school attendance and disciplinary actions. We also failed to find statistically significant impacts on two of our secondary outcome composite measures: criminal justice engagement and social supports.

Qualitative findings support the positive results; the young men who participated in programming reported that it was a positive experience and, at least for some, helped them have a safe space away from violence and allowed them to form bonds with adults and the other participants. Some participants felt that this helped improve their school and employment outcomes. These qualitative findings warrant additional research on a larger sample of young people.

Low enrollment rates in the study might imply challenges to scaling it. However, they might also reflect the distrust of researchers, in which case a cash transfer and/or program that is not part of a study might be more effective at recruiting participants. Low enrollment could reflect distrust of the state, in which case any state-run programs may face similar challenges with participation. It is also possible that the pandemic might have led to lower enrollment because it is harder to recruit people into programs when it cannot be done face to face. In that case, future enrollment is likely to be much more successful since in-person recruitment is now possible.

While the results are limited due to power and COVID-19 limitations, it shows that such initiatives hold promise to improve the lives of youth. Additionally, none of our findings suggest that youth used their cash transfer for nefarious purchases, allaying concerns about potential negative impacts. Future research should expand the sample size on such an intervention to determine whether the effects we started to see here are statistically significant with more power.

Appendix A. Supplemental Tables

Tables A.1 to A.6 display estimated intent-to-treat impacts on each component of the primary and secondary outcome measures.

TABLE A.1

Estimated Impact on Components of Physical and Mental Health

| | Cash Only | | | Programming Plus Cash | | | Any Cash | | |
|---|------------------------------|------------------------------|------|------------------------------|------------------------------|------|------------------------------|------------------------------|------|
| | ITT estimate (p-value) | TOT estimate (p-value) | Obs. | ITT estimate (p-value) | TOT estimate (p-value) | Obs. | ITT estimate (p-value) | TOT estimate (p-value) | Obs. |
| In the past 30 days, how often did you feel nervous? ⁱ | 0.335 (0.171) | 0.384 (0.112) | 81 | 0.465 (0.247) | 0.756 (0.176) | 67 | 0.344 (0.143) | 0.394 (0.100) | 114 |
| In the past 30 days, how often did you feel so nervous that nothing could calm you down? ⁱ | 0.062 (0.774) | 0.071 (0.735) | 81 | -0.094 (0.764) | -0.140 (0.717) | 64 | 0.063 (0.752) | 0.073 (0.724) | 112 |
| In the past 30 days, how often did you feel hopeless? ⁱ | 0.061 (0.788) | 0.07 (0.751) | 81 | 0.000 (0.999) | 0.000 (0.999) | 66 | -0.014 (0.947) | -0.016 (0.941) | 114 |
| In the past 30 days, how often did you feel restless or fidgety? ⁱ | 0.133 (0.676) | 0.153 (0.624) | 81 | -0.094 (0.815) | -0.154 (0.776) | 66 | 0.029 (0.920) | 0.034 (0.911) | 114 |
| In the past 30 days, how often did you feel so restless that you could not sit still? ⁱ | 0.076 (0.744) | 0.087 (0.702) | 80 | -0.01 (0.980) | -0.016 (0.975) | 66 | 0.083 (0.705) | 0.095 (0.673) | 113 |
| In the past 30 days, how often did you feel depressed? ⁱ | 0.076 (0.740) | 0.087 (0.696) | 81 | -0.211 (0.438) | -0.316 (0.343) | 66 | 0.016 (0.937) | 0.018 (0.930) | 113 |
| In the past 30 days, how often did you feel that everything was an effort? ⁱ | 0.066 (0.870) | 0.076 (0.847) | 79 | -0.293 (0.532) | -0.427 (0.454) | 63 | -0.133 (0.695) | -0.152 (0.660) | 110 |
| In the past 30 days, how often did you feel so sad that nothing could cheer you up? ⁱ | -0.108 (0.590) | -0.123 (0.520) | 80 | -0.032 (0.917) | -0.046 (0.898) | 63 | -0.127 (0.481) | -0.145 (0.428) | 111 |
| In the past 30 days, how often did you feel worthless? ⁱ | -0.09 (0.733) | -0.099 (0.688) | 80 | -0.192 (0.518) | -0.285 (0.431) | 65 | -0.137 (0.539) | -0.153 (0.492) | 112 |
| In the past 30 days, how many times have you been seen in an emergency room or ER? ⁱ | -0.203 (0.105) | -0.227* (0.051) | 85 | -0.250* (0.085) | -0.413** (0.044) | 68 | -0.178* (0.083) | -0.202* (0.050) | 116 |

| | Cash Only | | | Programming Plus Cash | | | Any Cash | | |
|---|------------------------------|------------------------------|------|------------------------------|------------------------------|------|------------------------------|------------------------------|------|
| | ITT estimate (p-value) | TOT estimate (p-value) | Obs. | ITT estimate (p-value) | TOT estimate (p-value) | Obs. | ITT estimate (p-value) | TOT estimate (p-value) | Obs. |
| During the past 30 days, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse? ⁱ | -0.089 (0.350) | -0.101 (0.270) | 79 | 0.195 (0.592) | 0.316 (0.511) | 65 | 0.036 (0.832) | 0.041 (0.812) | 111 |
| During the past 30 days, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club? ⁱ | -0.057 (0.738) | -0.064 (0.694) | 83 | 0.101 (0.597) | 0.163 (0.539) | 68 | 0.003 (0.980) | 0.004 (0.978) | 117 |
| On a scale from "No chance" to "It will happen" what do you think are the chances you will be killed by the age 21? ⁱ | 0.076 (0.664) | 0.086 (0.610) | 79 | 0.091 (0.746) | 0.143 (0.687) | 65 | 0.142 (0.400) | 0.164 (0.346) | 110 |
| I have a lot of good qualities. | 0.193 (0.493) | 0.218 (0.412) | 81 | 0.311 (0.287) | 0.502 (0.185) | 68 | 0.266 (0.232) | 0.303 (0.179) | 115 |
| I have a lot to be proud of. | 0.241 (0.435) | 0.274 (0.358) | 81 | 0.256 (0.449) | 0.413 (0.362) | 68 | 0.254 (0.341) | 0.289 (0.290) | 115 |
| I feel loved and wanted. | 0.387 (0.149) | 0.438* (0.081) | 81 | 0.386 (0.255) | 0.580 (0.154) | 67 | 0.417* (0.079) | 0.477* (0.048) | 114 |
| Physical and mental health composite | 0.051 (0.751) | 0.056 (0.708) | 88 | 0.032 (0.872) | 0.052 (0.846) | 73 | 0.054 (0.714) | 0.061 (0.682) | 123 |

Source: Urban Institute analysis of survey data.

Notes: All models include a measure of the individual's response to the same question on the baseline survey or a dummy variable equal to 1 if the person did not take the baseline survey, along with controls for ZIP code, race and ethnicity, and baseline survey responses to questions about food insecurity and housing stability. We calculate standard errors using heteroskedastic robust standard errors, with p values listed in parentheses.

ⁱ In the composite measure, we use an inverted value (maximum value minus response) so that a positive change corresponds with an improvement in physical and mental health.

* p < 0.10, ** p < 0.05, *** p < 0.01.

TABLE A.2

Estimated Impact on Components of Health Behaviors

| | Cash Only | | | Programming Plus Cash | | | Any Cash | | |
|--|-----------------------------------|------------------------------|------|------------------------------|------------------------------|------|------------------------------|------------------------------|------|
| | ITT estimate (p-value) | TOT estimate (p-value) | Obs. | ITT estimate (p-value) | TOT estimate (p-value) | Obs. | ITT estimate (p-value) | TOT estimate (p-value) | Obs. |
| During the past 30 days, on how many days did you have at least one drink of alcohol? ⁱ | <i>Not estimatedⁱⁱ</i> | | | | | | | | |
| During the past 30 days, on how many days did you use marijuana? ⁱ | -0.311 (0.122) | -0.348* (0.070) | 85 | -0.389 (0.124) | -0.586* (0.071) | 69 | -0.268 (0.153) | -0.305 (0.113) | 118 |
| During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? ⁱ | -0.312** (0.016) | -0.352*** (0.003) | 83 | -0.038 (0.863) | -0.061 (0.837) | 69 | -0.172 (0.191) | -0.195 (0.147) | 117 |
| During the past 30 days, how many times were you in a physical fight? ⁱ | -0.420 (0.102) | -0.476* (0.053) | 83 | -0.051 (0.888) | -0.077 (0.866) | 67 | -0.218 (0.343) | -0.250 (0.293) | 116 |
| During the past 30 days, on how many days did you carry a weapon such as a gun, knife or club? ⁱ | -0.098 (0.229) | -0.110 (0.154) | 80 | 0.046 (0.756) | 0.071 (0.711) | 66 | -0.027 (0.733) | -0.031 (0.706) | 114 |
| Have you ever used an electronic vapor product? ⁱ | -0.017 (0.899) | -0.019 (0.881) | 85 | -0.074 (0.554) | -0.114 (0.478) | 70 | -0.025 (0.818) | -0.028 (0.797) | 119 |
| Health behaviors composite | 0.334** (0.024) | 0.373** (0.007) | 86 | 0.113 (0.621) | 0.188 (0.554) | 71 | 0.201 (0.163) | 0.227 (0.122) | 121 |

Sources: Urban Institute analysis of survey data.

Notes: All models include a measure of the individual's response to the same question on the baseline survey or a dummy variable equal to 1 if the person did not take the baseline survey, along with controls for ZIP code, race and ethnicity, and baseline survey responses to questions about food insecurity and housing stability. We calculate standard errors using heteroskedastic robust standard errors, with p values listed in parentheses.

ⁱ In the composite measure, we use an inverted value (maximum value minus response) so that a positive change corresponds with an improvement in health behaviors.

ⁱⁱ Not estimated because only one respondent reported having a drink of alcohol in the last 30 days.

* p < 0.10, ** p < 0.05, *** p < 0.01.

TABLE A.3

Estimated Impact on Components of School Attendance and Disciplinary Actions

| | Cash Only | | | Programming Plus Cash | | | Any Cash | | |
|--|------------------------------|------------------------------|------|------------------------------|------------------------------|------|------------------------------|------------------------------|------|
| | ITT estimate (p-value) | TOT estimate (p-value) | Obs. | ITT estimate (p-value) | TOT estimate (p-value) | Obs. | ITT estimate (p-value) | TOT estimate (p-value) | Obs. |
| During the past 30 days, how often did you skip school without an officially-excused absence? ⁱ | -0.073 (0.833) | -0.083 (0.803) | 81 | -0.176 (0.646) | -0.282 (0.580) | 66 | -0.042 (0.888) | -0.048 (0.875) | 113 |
| In general, how hard do you try to do your school work well? | -0.001 (0.995) | -0.002 (0.994) | 82 | -0.041 (0.874) | -0.066 (0.850) | 67 | -0.054 (0.759) | -0.062 (0.733) | 115 |
| During the past 30 days, how many times were you in a physical fight on school property? ⁱ | -0.433 (0.129) | -0.491* (0.066) | 81 | -0.128 (0.720) | -0.204 (0.668) | 67 | -0.264 (0.299) | -0.301 (0.247) | 114 |
| Have you been high on drugs at school in the past six months? ⁱ | 0.004 (0.964) | 0.004 (0.957) | 86 | -0.050 (0.293) | -0.081 (0.209) | 71 | -0.007 (0.906) | -0.008 (0.895) | 120 |
| Percent of school days attended | -3.250 (0.427) | -4.220 (0.366) | 103 | -2.770 (0.516) | -8.040 (0.473) | 100 | -3.68 (0.282) | -5.55 (0.243) | 153 |
| Any disciplinary incidents ⁱ | -0.085 (0.430) | -0.111 (0.369) | 103 | -0.081 (0.491) | -0.235 (0.433) | 100 | -0.084 (0.374) | -0.127 (0.856) | 153 |
| Any severe disciplinary actions ⁱ | -0.048 (0.644) | -0.062 (0.599) | 103 | -0.020 (0.857) | -0.058 (0.836) | 100 | -0.028 (0.761) | -0.042 (0.740) | 153 |
| School attendance and disciplinary actions composite | 0.139 (0.410) | 0.177 (0.347) | 111 | 0.070 (0.704) | 0.189 (0.666) | 107 | 0.072 (0.615) | 0.106 (0.584) | 163 |

Sources: Urban Institute analysis of survey data and education data from the Delaware Department of Education.

Notes: All models include a measure of the individual's response to the same question on the baseline survey or a dummy variable equal to 1 if the person did not take the baseline survey, along with controls for ZIP code, race and ethnicity, and baseline survey responses to questions about food insecurity and housing stability. We calculate standard errors using heteroskedastic robust standard errors, with p values listed in parentheses.

ⁱ In the composite measure, we use an inverted value (maximum value minus response) so that a positive change corresponds with an improvement in school attendance and disciplinary actions

* p < 0.10, ** p < 0.05, *** p < 0.01.

TABLE A.4

Estimated Impact on Components of Criminal Justice Engagement

Intent-to-treat estimates

| | Cash Only | | | Programming Plus Cash | | | Any Cash | | |
|---|-----------------------------------|------------------------------|------|------------------------------|------------------------------|------|------------------------------|------------------------------|------|
| | ITT estimate (p-value) | TOT estimate (p-value) | Obs. | ITT estimate (p-value) | TOT estimate (p-value) | Obs. | ITT estimate (p-value) | TOT estimate (p-value) | Obs. |
| In the past 30 days, did you deliberately damage property that didn't belong to you? ⁱ | -0.073 (0.263) | -0.083 (0.189) | 82 | -0.058 (0.413) | -0.087 (0.311) | 68 | -0.056 (0.269) | -0.064 (0.221) | 115 |
| In the past 30 days, did you take something from a store without paying for it? ⁱ | 0.018 (0.749) | 0.020 (0.711) | 83 | -0.021 (0.452) | -0.034 (0.369) | 69 | 0.001 (0.970) | 0.002 (0.967) | 117 |
| In the past 30 days, how many times have you been stopped or detained by the police for questioning about your activities? ⁱ | -0.003 (0.982) | -0.004 (0.979) | 81 | -0.081 (0.651) | -0.129 (0.577) | 67 | -0.043 (0.688) | -0.049 (0.654) | 114 |
| In the past 30 days, did you use or threaten to use a weapon to get something from someone? ⁱ | <i>Not estimatedⁱⁱ</i> | | | | | | | | |
| Criminal justice engagement composite | 0.079 (0.755) | 0.089 (0.713) | 84 | 0.200 (0.409) | 0.323 (0.301) | 70 | 0.114 (0.522) | 0.130 (0.473) | 118 |

Source: Urban Institute analysis of survey data.

Notes: All models include a measure of the individual's response to the same question on the baseline survey or a dummy variable equal to 1 if the person did not take the baseline survey, along with controls for ZIP code, race and ethnicity, and baseline survey responses to questions about food insecurity and housing stability. We calculate standard errors using heteroskedastic robust standard errors, with p values listed in parentheses.

ⁱ In the composite measure, we use an inverted value (maximum value minus response) so that a positive change corresponds with an improvement in criminal justice engagement.

ⁱⁱ Not estimated because only no respondents reported using or threatening to use a weapon in the last 30 days.

* p < 0.10, ** p < 0.05, *** p < 0.01.

TABLE A.5

Estimated Impact on Components of Financial Health

Intent-to-treat Estimates

| | Cash Only | | | Programming Plus Cash | | | Any Cash | | |
|---|------------------------|------------------------|------|------------------------|------------------------|------|------------------------|------------------------|------|
| | ITT estimate (p-value) | TOT estimate (p-value) | Obs. | ITT estimate (p-value) | TOT estimate (p-value) | Obs. | ITT estimate (p-value) | TOT estimate (p-value) | Obs. |
| Do you have a bank account in your name? | 0.088 (0.530) | 0.100 (0.457) | 83 | 0.350** (0.027) | 0.551** (0.008) | 68 | 0.211* (0.087) | 0.242* (0.055) | 115 |
| Which of the following statements best describes your household's ability to afford food you need during the past 30 days? | -0.017 (0.909) | -0.019 (0.894) | 86 | -0.060 (0.744) | -0.097 (0.690) | 69 | 0.028 (0.835) | 0.032 (0.816) | 119 |
| During the past 30 days, have you contributed by paying money to another household member, paying certain household bills, or buying things—such as groceries—for the household? | 0.196 (0.134) | 0.219* (0.084) | 83 | 0.222 (0.099) | 0.355* (0.058) | 68 | 0.218** (0.043) | 0.249** (0.024) | 116 |
| On a scale of 1 to 7, where 1 is no stress at all and 7 is overwhelming stress, what do you feel is the level of your financial stress today? ⁱ | -3.700 (0.626) | -4.350 (0.553) | 72 | -20.240** (0.006) | -34.190*** (0.002) | 62 | -10.460 (0.130) | -12.240* (0.081) | 102 |
| On a scale of 1 to 7 with 1 being never and 7 being all the time, how often does this happen to you: you want to go out to eat, go to a movie or do something else and don't go because you can't afford to? ⁱ | -8.82 (0.242) | -9.88 (0.164) | 74 | -13.62 (0.190) | -20.66 (0.103) | 62 | -8.95 (0.219) | -9.66 (0.166) | 103 |
| Financial health composite | 0.191 (0.195) | 0.214 (0.130) | 88 | 0.377** (0.024) | 0.624** (0.012) | 74 | 0.288** (0.025) | 0.324** (0.012) | 124 |

Source: Urban Institute analysis of survey data.

Notes: All models include a measure of the individual's response to the same question on the baseline survey or a dummy variable equal to 1 if the person did not take the baseline survey, along with controls for ZIP code, race and ethnicity, and baseline survey responses to questions about food insecurity and housing stability. We calculate standard errors using heteroskedastic robust standard errors, with p values listed in parentheses.

ⁱ Responses coded out of 100. In the composite measure, we use an inverted value (maximum value minus response) so that a positive change corresponds with an improvement in financial health.

* p < 0.10, ** p < 0.05, *** p < 0.01.

TABLE A.6

Estimated Impact on Components of Social Supports

Intent-to-treat estimates

| | Cash Only | | | Programming Plus Cash | | | Any Cash | | |
|---|------------------------------|------------------------------|------|------------------------------|------------------------------|------|------------------------------|------------------------------|------|
| | ITT estimate (p-value) | TOT estimate (p-value) | Obs. | ITT estimate (p-value) | TOT estimate (p-value) | Obs. | ITT estimate (p-value) | TOT estimate (p-value) | Obs. |
| There is an adult who is around when I am in need. | 0.260 (0.681) | 0.291 (0.628) | 84 | 0.316 (0.647) | 0.515 (0.585) | 68 | 0.413 (0.441) | 0.466 (0.390) | 118 |
| I can count on my friends when things go wrong. | 0.153 (0.734) | 0.172 (0.689) | 85 | -0.036 (0.951) | -0.058 (0.941) | 69 | 0.099 (0.795) | 0.112 (0.772) | 119 |
| My friends really try to help me. | 0.254 (0.550) | 0.284 (0.479) | 84 | -0.035 (0.931) | -0.053 (0.916) | 68 | 0.131 (0.708) | 0.149 (0.675) | 117 |
| I have friends with whom I can share my joys and sorrows. | 0.709 (0.099) | 0.793* (0.050) | 84 | -0.305 (0.563) | -0.456 (0.481) | 67 | 0.346 (0.362) | 0.393 (0.312) | 117 |
| I can talk about my problems with my friends. | 0.059 (0.882) | 0.066 (0.863) | 84 | -0.355 (0.436) | -0.532 (0.354) | 67 | -0.062 (0.862) | -0.070 (0.846) | 117 |
| I have an adult who is a real source of comfort to me. | 0.121 (0.787) | 0.136 (0.753) | 84 | 0.002 (0.997) | 0.003 (0.996) | 67 | 0.208 (0.588) | 0.236 (0.548) | 117 |
| There is an adult in my life who cares about my feelings. | 0.391 (0.387) | 0.437 (0.312) | 84 | -0.534 (0.388) | -0.872 (0.334) | 68 | 0.114 (0.773) | 0.129 (0.749) | 118 |
| My family really tries to help me. | 0.064 (0.887) | 0.071 (0.868) | 84 | -0.246 (0.673) | -0.402 (0.619) | 68 | 0.193 (0.628) | 0.218 (0.590) | 118 |
| I get the emotional help and support I need from my family. | 0.186 (0.693) | 0.208 (0.643) | 84 | -0.026 (0.960) | -0.038 (0.952) | 67 | 0.246 (0.521) | 0.279 (0.476) | 117 |
| I can talk about my problems with my family. | 0.481 (0.331) | 0.538 (0.247) | 85 | 0.699 (0.162) | 1.145* (0.086) | 67 | 0.585 (0.153) | 0.667 (0.109) | 117 |
| My family is willing to help me make decisions. | 0.177 (0.694) | 0.198 (0.645) | 84 | -0.094 (0.812) | -0.140 (0.777) | 67 | 0.173 (0.627) | 0.196 (0.588) | 117 |
| Social support scale | 0.255 (0.502) | 0.285 (0.427) | 85 | -0.221 (0.583) | -0.367 (0.522) | 70 | 0.180 (0.570) | 0.203 (0.527) | 120 |

Sources: Urban Institute analysis of survey data.

Notes: All models include a measure of the individual's response to the same question on the baseline survey or a dummy variable equal to 1 if the person did not take the baseline survey, along with controls for ZIP code, race and ethnicity, and baseline survey responses to questions about food insecurity and housing stability. We calculate standard errors using heteroskedastic robust standard errors, with p values listed in parentheses.

* p < 0.10, ** p < 0.05, *** p < 0.01.

Notes

- ¹ Audie Cornish, “Wilmington, Del., Struggles With Outsized Murder Rate,” NPR All Things Considered, January 1, 2014, <http://www.npr.org/2014/01/01/258889969/wilmington-del-struggles-with-outsized-murder-rate>.
- ² The study initially began in 2019. Unfortunately, we had to cancel all programming and cash delivery at the onset of the COVID-19 pandemic, since it was all being done in person. This was devastating for the young men who had to lose services and cash at a time when it was needed most. In fact, program staff reported that one of the young men who was in the first round of programming was later shot and killed. Our funder, the Robert Wood Johnson Foundation, worked with us to redesign the study and redo it after COVID-19 precautions had mostly lifted.
- ³ We asked both treatment and control group participants what they spent money on in the last 30 days in order to compare spending across groups.
- ⁴ A reverse power analysis found that we would not have the power to identify less than 0.51 to 0.29 standard deviations in our key variables.
- ⁵ Our study generally lacked the power to identify changes of less than 0.3 standard deviations. However, changes of this size could have been meaningful for young men in this program.
- ⁶ “Our Key Findings,” Stockton Economic Empowerment Demonstration, accessed October 2023, <https://www.stocktondemonstration.org/#summary-of-key-findings>.
- ⁷ Since our main impact estimates are based on the outcome survey alone, we also conducted an equivalency test for the 126 participants who took the exit survey. We did not find any significant differences across cohorts within this subsample.
- ⁸ It was a challenge to recruit cash transfer-only participants for an interview, resulting in only one successful interview.
- ⁹ Our initial research plan included the use of fixed-effects models that would incorporate data from both the baseline and exit surveys. Analysis using this method, however, would have relied on a much smaller sample size. Among the control group, only 23 participants took both surveys. Similarly, we do not use monthly surveys in our data analysis, since response rates for the monthly survey were low and only 21 participants in the control group took both the baseline and outcome survey, as well as at least one monthly survey.
- ¹⁰ We asked both treatment and control group participants what they spent money on in the last 30 days in order to compare spending across groups.
- ¹¹ Max Resnik and Natalie Brunell, “5 Things to Know about Sacramento Program to Curb Gun Violence,” KRCA3, August, 29, 2017, <https://www.kcra.com/article/things-to-know-about-the-program-sacramento-hopes-with-curb-gun-violence/12122507>.

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