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Basic Income at Municipal Level: Insights from the Barcelona B-MINCOME Pilot

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Abstract: Between 2017 and 2019, Barcelona was one of the first European cities to implement a basic income experiment, the B-MINCOME pilot, aimed at reducing poverty and social exclusion in a low-income area of the city. A new cash grant was designed along with a package of active policies. Four modalities of participation were then established depending on two criteria: whether attending these policies was mandatory or not, and whether participants' additional income altered the amount of the grant or was instead net added on top. The context which initially moulded the pilot is firstly explained. Then, the cash schema and the active policies are described followed by an explanation of its experimental design. The main results at individual, community and institutional levels formerly released in the official reports are now integrated and jointly addressed. Finally, conclusions discuss some issues raised by the pilot's results in light of the findings gathered in other similar basic income experiments.

Keywords: B-MINCOME, Barcelona, basic income experiment, cash transfer, active policies

1 Introduction

Labour markets are failing to secure minimum economic security for all people, while social welfare programmes have proven insufficient for reducing the increasing inequalities, precariousness and poverty. As a reaction, there is growing interest in testing new policies that, beyond labour markets, might be able to ensure decent living conditions for all. In doing so, various governments

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worldwide have implemented, or are in the process of doing so, new cash transfer schemes that can fall within the so-called "basic income experiments".[1] This is the case of the B-MINCOME pilot implemented in the city of Barcelona between 2016 and 2019.[2] It was an innovative experimental project co-funded by the Urban Innovative Actions (UIA) programme of the European Union, which aimed to reduce poverty and social exclusion through a combination of a new passive policy –a cash transfer benefit– and four active social and labour inclusion policies in one of the most vulnerable areas of the city, the so-called Eix Besòs.[3]

This paper describes the B-MINCOME pilot programme, its main features and its most outstanding results. This introduction is followed by a second section explaining the context that moulded the pilot programme and set its goals, while the third section analyses its two core components: the cash transfer scheme and the active policies. The experimental design is described in the fourth section, the methodology of impact assessment in the fifth, while the sixth section briefly discusses its main impact results. Although the results of the project were formerly published in the form of research reports required by the UIA program, this article offers a synthetic and joint presentation of them, and published in a peer-reviewed journal. The paper concludes by suggesting some elements for discussion regarding the pilot's design, implementation, evaluation and impacts, which could be extended to other, similar, basic income experiments.

2 Municipal Policymaking: Between Material Deprivation and Political Restrictions

The B-MINCOME pilot must be understood in a very particular context. After the municipal elections of May 2015, a coalition of left-wing parties and grassroots

1 We are using indistinctly "experiment" and "pilot", though they must be differentiated. Guy Standing (2021) or Malcolm Torry (2019) offer convincing explanations of the methodological and scientific differences between both methodologies.

2 Details on the official programme can be accessed at the UIA webpage at: https://uia-initiative.eu/en/uia-cities/barcelona.

3 It is an area located in the northeast of Barcelona that groups together ten neighbourhoods with similar socio-economic and demographic characteristics distributed across three districts: Ciutat Meridiana, Trinitat Nova, Vallbona, Torre Baró, and Roquetes in the district of Nou Barris; Trinitat Vella, Baró de Viver, and Bon Pastor in Sant Andreu; and Verneda-La Pau, and Besòs-Maresme in Sant Martí. With 114,000 inhabitants (7.12% of Barcelona), its high rates of unemployment, socio-economic vulnerability and lower education profile in comparison with the city's average make Eix Besòs a priority-intervention area by the Barcelona City Council and explains the reason why the B-MINCOME was implemented there.

movements took over the Mayor's Office under the label of *Barcelona en Comú*. The new municipal government was then immersed in an ambitious plan to reduce the inequalities that had progressively increased since 2008. Among other actions, the new government envisaged the creation of a new municipal income scheme to provide financial assistance to the most vulnerable, particularly those who usually slip through the social protection system and do not receive any benefit or social assistance.[4]

B-MINCOME was conceived in a context in which the traditional national contributory benefits, designed under circumstances of labour market expansion and the welfare state had an ever-diminishing capacity to respond to current forms of poverty and widespread insecurity. Because of these national policy boundaries, "local bodies, and specifically their basic social services, become the main point of access and the last level of social protection for the general public, thereby recovering their most assistance-based role" (Porcel & Navarro-Varas, 2016, p. 1). In addition, and due to the lack of coordination between the Spanish and Catalan social protection systems and their precariousness (Laín & Torrens, 2019; Navarro-Varas & Porcel, 2017), the growing poverty rates of the most vulnerable groups forced the municipal governments to create *ad hoc* multiple emergency subsidies and benefits to counter the new forms of urban poverty (Benassi & Morlicchio, 2019; Martín & Goodman, 2016).

Governments usually recur to employment and minimum wage regulations and labour market policies to reduce primary, market or *ex-ante* inequality. However, these policies have proven insufficient for mitigating the growing economic inequalities and the new forms of poverty both at the international (Dwyer, 2016) and Spanish levels (Ayala et al., 2021; Fernández, 2013; De la Rica & Gorjón, 2017). While these and similar social policies employed by the central government are insufficient, municipalities face even greater limitations. The Barcelona City Council cannot tackle this primary inequality since it cannot create the almost 9,0000 jobs needed to eradicate unemployment in the city (estimation for 2016). At the same time, mechanisms to reduce the secondary or *ex-post* inequalities are also shown insufficient. For example, the Spanish *Ingreso Mínimo Vital*, the minimum income scheme implemented just a few months after the irruption of the COVID-19 pandemic, is reaching out to only 40 per cent of its potential beneficiaries while its non-take-up rate is still above 60 per cent almost three years after its implementation (Airef, 2022). Barcelona, as in all other Spanish municipalities, cannot reduce secondary or *ex-post* inequalities either by, for example, supplying a guaranteed income scheme. According to the present

4 The full political programme in Catalan is available at: https://bcnroc.ajuntament.barcelona.cat/jspui/handle/11703/86532.

legislation, this is an exclusive legal faculty of the Spanish and regional governments, while municipalities are only allowed to provide "complementary" and "punctual" benefits subsidiary to the Spanish and Catalan programs.[5] Thus, Barcelona was and is then limited by these economic, policy and legal restrictions while still having the *de facto* responsibility to assist those in need. Municipal policymaking is always complex, particularly because it must deal face-to-face with the most dramatic expressions of poverty and social exclusion. This was the context in which the B-MINCOME pilot was to be designed.

The programme started in November 2016 and ran for three years. In the first year the design, the diagnosis and the sample were set up, and the administrative data were collected. The pilot programme was then carried out and evaluated during the following two years. The pilot was led by the Social Rights Area of the City Council along with a consortium compound by IVALUA (the Catalan Institute for the Evaluation of Public Policies), NOVACT (International Institute for Nonviolent Action), IGOP (Institute of Government & Public Policies) and ICTA (Institute of Environmental Science & Technology) from the Autonomous University of Barcelona, The Young Foundation, and the Data Management Group from the Technical University of Catalonia. The project was carried out in collaboration with some third sector and civil society entities, community centres, neighbours' associations, social economy companies, and other institutional partners, such as public libraries and cultural centres, Barcelona Activa (the agency for economic development), the departments of the three districts where the pilot was implemented, the Municipal Institute of Social Services and the Barcelona Education Consortium. Thus, the pilot was not only innovative regarding the experimental and policy design but also considering the highly demanding cross-department and civil cooperation involved, which dealt with overcoming policy silos and reinforcing public administration coordination (Bouckaert et al., 2010; Lægreid et al., 2015; O'Leary, 2015).

3 An Innovative Design: the Policy Components of the Pilot

In contrast to other similar pilots or experiments in cash transfers (in Finland, California, Ontario and the Netherlands, for example), B-MINCOME aimed to test

5 In the Catalan case, and according to the Law 13/2006 (DOGC 4691), municipalities are only entitled to provide "in-cash benefits of social urgency" –only to social services users– defined as the mechanism to respond to the subsistence basic needs which must be "punctual, urgent and basic" (art.5), and which are established by "local authorities according to their legal faculties regarding primary social assistance responsibilities" (art.6).

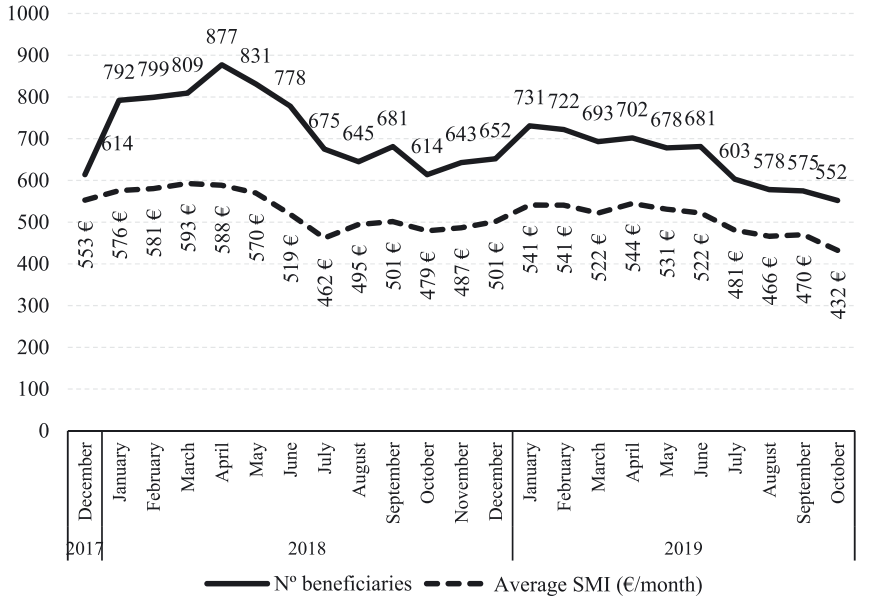
the effectiveness (concerning its impact results) and the efficiency (regarding its cost) of an innovative and comprehensive policy that combined a passive policy, a cash transfer called Municipal Inclusion Support (SMI, in Catalan), with four active social and labour inclusion policies to promote the economic autonomy of 1000 beneficiaries while boosting their professional and relational skills.

3.1 The New Municipal Minimum Income Scheme

Due to the legal restrictions already mentioned, the SMI was considered a "social emergency benefit" because this is the only kind of in-cash benefit local governments are legally entitled to offer in Spain. Although the participation was individual and just one member of the household was the formal beneficiary, the SMI was forced to be *legally designed* to complement the entire household's income to guarantee the minimum threshold established by the project. Therefore, it had to be subsidiary to other benefits and to any other private income source and had a time limit of two years. Consequently, it was not introduced as a permanent, subjective right, but as a "temporary", "subsidiary" and variable benefit intended to specifically cover basic needs (food, clothing, housing, transportation and the like).

These legal restrictions distance SMI from the general idea of an individual, permanent, and stable Universal Basic Income (UBI) while it may be also argued that these features limit the possibilities of individual emancipation. Nevertheless, precisely due to the "experimental" character of the pilot, the City Council was able to test already existing different modalities of cash transfer within the same SMI scheme which would have not been testeable without this program. On the one hand, the SMI adopted a conditional and an unconditional modality depending on whether attending the social and labour inclusion policies explained in Section 3.2. was mandatory or just optional. These two first modalities were designed to evaluate the performance of the "conditionality" associated with most of our conventional minimum income schemes. On the other hand, the SMI also adopted a withdrawable or limited and unlimited character, meaning that an additional household's income proportionally reduced the amount of the SMI, or instead, a non-withdrawable form as it was net added onto the top. This way, the "subsidiary" character of many conventional social benefits was able to be evaluated through the poverty trap this feature usually brings about.

The minimum monthly economic threshold the pilot aimed to cover was rated according to leading studies (Daleph, 2017; KSNET, 2016; Penne et al., 2016) and data from administrative registers, and then adjusted to the particular economic context of the Eix Besòs. The resulting threshold had two components: household basic needs



Graphic 1: Evolution of beneficiaries and the average value of the SMI (2017–2019). Source: authors' design based on records of Municipal Institute of Social Service.

(including basic utilities) and housing needs (rent or mortgage costs). Considering those studies, a scale of equivalence was then established to adjust the amount to the composition of the household. For the household's monthly basic needs the SMI was established at 402 € for the first adult and 148 € for each additional member. For the housing needs, it was 260 € for the first adult, 110 € for the second, and 40 € for each additional member. In that case scale did not make a difference whether the household's additional member was an adult or a minor; that explains why the value difference between the first member and the others had a less gradual decline. The final amount was the result of the difference between this basic threshold and the net income of the entire household.

Due to legal constraints mentioned above, periodic reviews of the changes in participants' household income and composition were also required to adjust the amount of the SMI, up to a maximum of 1676 € per month. Hence, both the number of beneficiaries and the average value of their SMI varied during the pilot (Graphic 1). This fluctuation is basically due to changes in participants' household number of members and changes in their income, which would come from their salaried work or other in-cash benefits. For example, job loss or newcomers to the household meant increasing the SMI while taking a job (or having a wage

improvement), perceiving another public benefit or a reduction of household's size meant a decrease thereof. In particular, it is worth noting that the newly implemented in the midst of the pilot of the *Renda Garantida de Ciutadania*, the Catalan minimum income scheme, along with the reception of the already in place municipal benefit for children under 16 years old, does probably explain the reduction in the number of the SMI beneficiaries and the monthly amount they perceived.

Considering this evolving situation, 96.31 per cent of the total number of participants received at least one monthly payment during the project while 3.67 per cent never received a payment because they did not require the SMI at any point (i.e. their income was sufficient to bring them above the official minimum economic threshold).

3.2 Beyond a Cash Transfer: Active Social and Labour Inclusion Policies

A distinctive feature of the B-MINCOME pilot was that it included four active policies that were implemented ex-novo, created specifically to fit the participants' necessities. These policies were designed by the City Council and other departments and public agencies in collaboration with various civil society and neighbourhood associations, who also participated in designing and implementing them.

1. Training and public employment programme. It sought to improve employability and access to the labour market through a combination of a 340-h certified professional training course and a 12-month full-time contract to work on 22 projects in the following fields: maintenance of public space, recycling and energy efficiency, local trade, promotion of sociocultural activities in favour of neighbourhoods' cohesion, food provision and healthy habits awareness, and care services. This was designed and implemented in collaboration with social entities and district officers.
2. Social entrepreneurship policy to promote the social and cooperative economy. This policy offered participants an alternative to the traditional labour market by combining a training process and professional support to promote their own entrepreneurship projects linked to the principles of this economic field (i.e. territorial and community roots, eco-social commitment, democratic governance, etc.). Up to six initiatives were created and 15 work experience stays were carried out in entities in this sector.
3. Plan to subsidise the refurbishment of rooms and/or communal spaces, such as the kitchen or the bathroom, for those participants owning their flats to obtain

an additional income through renting out a room permanently and at a regulated price. It was intended to legalize a common practice, though it could not be fully implemented because there were not enough eligible participants. These participants were finally reassigned to the group without an active policy.

4. Community participation programme to engage participants in social networks and create spaces for cohesion and communitarian projects. Through different participatory dynamics, it fostered increasing social capital, building ties to the neighbourhood's social infrastructure, and preventing participants from isolation and loneliness. This was unconditional (i.e. nobody would lose the SMI if they did not attend) since it was considered that this is a non-instrumental, autotelic activity, which nobody can be obligated to perform.[6]

By combining the four modalities of SMI transfer with these four active policies, the pilot aimed to determine the best policy design to support up to 1000 individual participants covering their and their families' basic needs as well as giving them greater autonomy and decision-making capacity in their lives to finally reduce their dependence on public and private subsidies.

4 An Innovative Experimental Design

4.1 Universe, Sample and Participation Requirements

A universe of 5000 potential participants was initially identified among municipal social service users. This was the number of people who, according to administrative records, may have been eligible for the pilot. In September 2017, they were sent letters by post and phoned to invite them to attend information sessions where, if they were interested, they would be helped to fill out the application form. Up to 400 information sessions were held at different venues in the pilot area. In the end, a total of 2525 application forms were received,[7] of which 1527 met all the requirements (almost 40 per cent were excluded mostly because they exceeded the income threshold).

6 For further debate on the matter see De Wispelaere and Stirton (2007), in response to Anthony Atkinson's (1996) "participation income", arguing why mandatory participation fails in accommodating universal social protection and participation. To discuss both perspectives, see Hiilamo (2022).
7 To analyse why almost half of the universe did not apply for the programme, see the non-take-up pilot's assessment at Laín and Julià (2022).

Apart from being users of the municipal social services, potential beneficiaries had to meet other conditions: (1) residence in the city for at least two years and be living in the Eix Besòs area; (2) at least one member of the household had to be aged between 25 and 60; (3) demonstrate effective cohabitation of all members; (4) the beneficiary's household assets could not exceed four times the estimated annual SMI value; (5) household annual income in 2017 could not exceed the annual cost of the household's basic needs; (6) to consent to be interviewed and allowing the scientific team to collect personal data. On 17 November 2017, the sample of participants was set up by means of a stratified random draw: 1000 individuals were selected and then assigned to ten treatment groups, 383 to the control group, and 144 to the reserve group to replace those unwilling or unable to participate in the end.

Due to these requirements, selected participants were more vulnerable than the average population of Barcelona in risk of poverty and even more than the average municipal social service users.[8] In particular, they were found to be more vulnerable concerning: (i) material and severe material deprivation (93.5 and 69 per cent, in comparison with the population at risk of poverty in Barcelona which was 44.6 and 15.4 per cent, respectively); (ii) their average monthly income (635.70 € whilst was 785.60 € for social services users); (iii) their size (4.1 members on average in contrast with the average of those at risk of poverty that was 2.54 people, and 2.6 members in the case of social service users); (iv) their regime of housing tenancy (57.7 per cent of the rental regime in comparison with the 45 per cent of those at risk of poverty); (v) the benefits they received (mostly social assistance, family allowances, school benefits, and aid for children instead of retirement pensions, unemployment benefits and the Catalan Minimum Income scheme which were more frequent among those households outside the program); (vi) internet access (39.8 per cent without connection contrasting the 21.1 per cent of access among the population at risk of poverty); (vii) health status (51.1 per cent with a fair or poor state of health, while it records 29.7 per cent among those at risk of poverty); and (viii) labour participation (38.1 per cent of participants' households had no member with a job, in contrast with less than the half, the 16.9 per cent, of those at risk of poverty).[9]

8 According to the Statistical Yearbook of the Barcelona City Council (available at the following link: https://ajuntament.barcelona.cat/estadistica/angles/Anuaris/Anuaris/index.htm), in 2017 Barcelona social services attended 81,638 people, which represented the 5% of the city population.

9 Comparisons are according to two sources: the Barcelona sample of the Spanish National Statistics Institute for the "Study into Living Conditions 2016" (https://iermb.uab.cat/wp-content/uploads/2017/11/Quaderns-2.pdf) and the "Study into Living Conditions of Users of Social Service 2016" (https://ajuntament.barcelona.cat/en/administrative-information/public-opinion-poll-register).

Some socio-demographic features are also worth pointing out. For example, 84 per cent of beneficiaries were women.[10] People aged under 16 (1453 people) were the largest group followed by those aged 31–50 (1115) along with those of working age (16–64 years), which accounted for 87.7 per cent of the total (2271 people). A total of 62.7 per cent lived in households of four or more members. While 38.2 per cent were born in Spain (363), 47.1 per cent were from 35 non-EU countries: 14 per cent (133) from Morocco and 8.3 per cent (79) from Pakistan, which were the two largest groups. The distribution of final beneficiaries across the Eix Besòs was consistent with the three participant districts' weight which was also proportional to the population of the city as a whole: 448 (47.2 per cent) came from Nou Barris, 282 (29.7 per cent) from Sant Martí, and 220 (23.2 per cent) from Sant Andreu.

4.2 Treatment Groups

The experimental design was based on a randomised control trial (RCT) model, which was used to select the final beneficiaries. Their participation modality was assigned randomly. Ten treatment groups and one control group were created. As mentioned in Section 3.1., the treatment groups were set up according to four different participation modalities: conditional or unconditional depending on whether attending the assigned policy was mandatory (or not) to receive the SMI, and limited or unlimited according to whether the additional income altered the amount of the initially estimated SMI or was rather net added on top.

Thus, this pilot can be included among "basic income experiments" because, overall, it tested a cash transfer scheme different from traditional means-tested benefits, and also because at least one of the treatment groups was fully unconditional and unlimited. The rest of the modalities tested the effectiveness and the efficiency of various ranges of conditionality and withdrawal logic through an innovative formula that was implemented along with the active policies in some cases. To sum up, the combination of the four SMI modalities and the four active social and labour inclusion policies together with the control group make up the experimental design diagram of the B-MINCOME pilot.

The distribution of 1000 beneficiaries slightly declined after the draw because part of them did not begin to be part of the project. This mainly happened either because they did not meet all the requirements (after a new documentation check), or they moved out of the Eix Besòs area, or it was impossible to contact them, or they refused to participate after knowing the treatment group assigned to. These

10 This may be because 71.8 per cent of those attending social services were women and therefore they were the ones who by *de facto* ended up becoming the SMI beneficiaries.

<table>
<tr><td rowspan="11">Total participants (1.333)</td><td rowspan="10">Treatment groups or beneficiaries (950)</td><td colspan="2" rowspan="2">SMI (419)</td><td>Limited (233)</td><td rowspan="2">Limited vs. Unlimited (All Unconditional)</td></tr>
<tr><td>Unlimited (186)</td></tr>
<tr><td rowspan="8">SMI + Active policy (531)</td><td rowspan="2">Training and employment (152)</td><td>Conditional (76)</td><td rowspan="6">Conditional vs. Unconditional (All Unlimited)</td></tr>
<tr><td>Unconditional (76)</td></tr>
<tr><td rowspan="2">Entrepreneurship in the social economy (99)</td><td>Conditional (49)</td></tr>
<tr><td>Unconditional (50)</td></tr>
<tr><td rowspan="2">Refurbishing flats to rent out rooms (10)</td><td>Conditional (4)</td></tr>
<tr><td>Unconditional (6)</td></tr>
<tr><td rowspan="2">Communitarian participation (270)</td><td>Limited (137)</td><td rowspan="2">Limited vs. Unlimited (All Unconditional)</td></tr>
<tr><td>Unlimited (133)</td></tr>
<tr><td colspan="5">Control Group (383)</td></tr>
</table>

Figure 1: Experimental design, treatment and control groups, modalities of SMI and active policies. Source: authors' design.

people were replaced with reserves, which allowed reaching a total of 950 individuals in the treatment groups (Figure 1).

During the implementation, it was noticed that not all beneficiaries actively participated in the active policies. As expected, those who were conditioned tended to participate more regularly. For example, 79 per cent of those conditioned in the training and employment policy effectively took part, in comparison with the 72.4 per cent of those who were unconditioned. In contrast, 79.2 per cent of those conditioned by the social entrepreneurship policy took part in comparison with 39.2 per cent of those who were unconditioned. This point will be briefly discussed in the conclusions.

5 Assessment Methodology

The B-MINCOME evaluation was based on both quantitative and qualitative data. Each research partner was responsible for a different assessment dimension by using different methodologies and techniques. The main methodological strategies used by them are summarized below.

According to the RCT design, IVALUA carried out the impact evaluation based on the analysis of quantitative data of both treatment and control groups coming from administrative registers (Social Security, Spanish Tax Agency, etc.) and three survey waves (Todeschini & Sabes-Figuera, 2019). The baseline survey was conducted before the draw, between October and November 2017. It was a

computer-assisted telephone survey (CATI) and 1325 individuals (87 percent) responded. The follow-up survey was conducted in October 2018, and it just introduced a few nuances. First, those in the reserve group were excluded because they were not accounted for in the final evaluation. Second, a few questions were slightly altered or removed and a few questions were added. In addition, sociodemographic questions of the baseline survey were only asked to those participants who did not answer that survey. Third, some surveys were conducted in person (CAPI). Those whose first interview took too much time because of language or understanding difficulties were sent to a professional to conduct the questionnaire in person, while those who could not be reached by phone were interviewed at the social services centres. The response rate was 79.5 per cent, slightly lower than the previous wave. The final survey was quite similar and it was conducted in July 2019 reaching a response rate of 75.7 per cent. Attrition rates were similar between treatment and control groups and, in general, response rates were similar to, or even higher than, other similar experiments.[11] The quality of the data used by IVALUA relies on the low level of attrition, the reliability of the administrative registers, and the validity of the variables. Most of the variables came from questionnaires previously validated, e.g. the economic and material deprivation variables come from the *Income and Living Condition* (EU-SILC survey from Eurostat), while the mental health indicators use the GHQ-12 indicator from the *National Health Survey* (NHS).

ICTA also used these questionnaires but only to assess the evolution of the subjective well-being and happiness of participants in the treatment groups (Bonilla & Sekulova, 2019). Unlike IVALUA, they did not contrast treatment results with the control group. Using cross-sectional regression analysis and panel study (using "mixed-effects models"), ICTA evaluated the evolution of the treatment groups, and the effect of some independent variables (e.g. gender, country of origin, etc.). Their main aim was to analyse individual and collective changes in subjective well-being over time.

IGOP analysed in particular the deployment and the effects of the community participation policy and the implementation and governance of the project as a whole (Blanco et al., 2019, 2020) with a combination of quantitative and qualitative methodologies, including (a) two specific survey waves only addressed to all beneficiaries of the community policy (159 and 144 respondents in the first and the second wave); (b) 29 in-depth interviews with professionals of the project (administration staff, facilitators, educators, and social workers); (c) 13 in-depth

11 In Utrecht, for example, response rates ranged between 70 and 80 per cent (Verlaat et al., 2021, p. 16, 53), while in Finland they only reached 31.3 and 20.2 per cent for treatment and control groups respectively (Kangas et al., 2020, p. 184).

interviews with representative neighbours of the area; and (d) 7 discussion groups with professionals involved in the four active policies.

Other qualitative results came from The Young Foundation (Hill-Dixon et al., 2020). They specifically analysed data from a sample of participants in the treatment groups. Their findings were based on an in-depth ethnographic and participatory research strategy that took place between July 2017 and April 2019. This included interviews with 190 beneficiaries and countless observational and informal visits to places and events in each neighbourhood. To obtain a longitudinal perspective, around 35 beneficiaries were visited three times. The foundation engaged with each of the other 155 participants once. In addition, they facilitated a process called "Participatory Video Most Significant Change" involving 52 participants divided into 10 groups. The aim of this initiative was to explore and share their stories, and to support each other to produce films of 10 of the "most significant life-change" stories.

One of the most salient differences between the B-MINCOME and other similar basic income pilots is the variety of assessment methods. In other cases, just one or two types of sources have been employed, mostly quantitative. For example, the Finnish Basic Income Experiment predominantly used administrative registries (De Wispelaere et al., 2019) while the data gathered from its evaluation survey relies on a meagre 23.23 per cent of response rate (Kangas et al., 2020). Therefore, the Finnish team had to weigh the data to correct the bias caused by attrition (Simanainen & Kangas, 2020). Also, the recent Basic Income Pilot in Ontario and the municipal Dutch experiments were mostly based on survey data (McFarland, 2017). In comparison, the B-MINCOME pilot provided robust evidence based on both quantitative and qualitative data and analysis. The use of qualitative methods can enhance the understanding of quantitative data by providing the context or background necessary to situate the findings. In cases where both types of findings converge, they strengthen the confidence and reliability of the whole pilot's results. In other cases, they provide insights into the validity and limitations of quantitative findings (Jimenez et al., 2018).

6 Main Results

As briefly explained above, a difference between B-MINCOME and other basic income experiments was the evaluation design in which different techniques and methodologies were deployed. For this purpose, all quantitative and qualitative information was analysed (summarised in Table 1) and results were grouped into three dimensions of change: individual, community, and institutional. In the case of the individual dimension, we mainly find results from the IVALUA assessment, which contains the contrast between the control group and the treatment groups,

Table 1: Summary of research actors, data, result assessment methodology, and references.

Actor	Data	Source	Assessment method	References
IVALUA	Quantitative	General surveys, and administrative registers	Causal inference through a Randomised Control Trial (RCT) including treatment and control groups comparison. Regressions analysis.	Todeschini and Sabes-Figuera (2019)
ICTA	Quantitative	General surveys	Regression analysis, only with treatment groups. Analysis of the life satisfaction evolution.	Bonilla and Sekulova (2019)
IGOP	Qualitative and quantitative	Specific surveys, in-depth interviews, discussion groups, and internal reports and documents	Analysis of the evolution of participants of the community participation policy.	Blanco et al. (2019)
			Analysis of the implementation and governance of the pilot.	Blanco et al. (2020)
The Young Foundation	Qualitative	In-depth interviews, and participatory and non-participatory observation	An ethnographic study of living conditions of a sample of participants only within treatment groups.	Hill-Dixon et al. (2020)

and from ICTA, although their assessment is only based on cross-sectional and longitudinal analysis of the treatment groups. The community and institutional dimensions are based on the qualitative assessments from IGOP and The Young Foundation.

The impact assessment carried out by IVALUA used logistic and linear regression models to compare the treatment group and each modality with the control group (Todeschini & Sabes-Figuera, 2019). When Ordinary Least-Square (OLS) regressions of the outcome for different treatment dummies are estimated, the control group is always the default category and thus reported coefficients must always be interpreted according to it.[12] This methodology is consistent with other RCT analyses (Chen et al., 2009; Ravallion, 2006). Nevertheless, there are some studies that warn of the potential misinterpretation of treatment effects due to the use of odds ratios and logistic regression in RCT (Khandker et al., 2009; Knol et al. 2011).

12 Although the Todeschini & Sabes-Figuera official publication (2019) is not a peer review paper but a technical report, it is rich in methodological description and robustness by applying a very common analysis technique in previous impact assessments studies. The link to this report is available in the references section of this paper.

Thus, the B-MINCOME stands out as a project that evaluates its impact with the robustness and validity of other similar impact evaluations and simultaneously incorporates quantitative results that enrich the explanation of which factors may have caused different impacts in the three dimensions of evaluation. The qualitative analysis, despite not taking advantage of the potential of the RCT design, provides valuable information to understand the impact of the project. The triangulation of these methodologies is quite unique in this kind of impact assessment.

6.1 Results at the Individual Level

Tables 2 and 3 summarize the main findings of six models from the regression analysis. Model 1 reports the effect on all the participation modalities combined when a dummy variable (equal to 1 if the participant belongs to the treatment group) is used. Model 2 reports those receiving only the SMI and those with the SMI and an assigned activation policy regardless of whether it is conditioned or unconditioned. Model 3 reports the effect for those with conditional and unconditional SMI (Table 4).

Similarly, Model 4 shows the effect for those with limited and unlimited SMI. In Table 3, Model 5 reports the effect for those with the unconditional and unlimited SMI (the most fully-fledged basic income-related modality), for those with the unconditional and limited SMI, and finally, for those with the conditional and unlimited SMI. Model 6 reports the effect on those with SMI conditioned to attending the active policies, on those unconditioned and on those with the unconditional SMI with no active policy assigned.

As in many other basic income experiments (Haushofer & Shapiro, 2016; Kangas et al., 2020; Osterkamp, 2013; Salehi-Isfahani & Mostafavi-Dehzooei, 2018; Simpson et al., 2017; Verlaat et al., 2020), the evaluation confirms a significant reduction in severe material deprivation and food insecurity, as well as significant improvements in terms of housing insecurity. Likewise, the financial situation notably improved as well as the burden of rent and mortgages, which was the main reason for households being in debt. Consequently, and as observed in other experiments (Davala, 2019; Haarmann et al., 2019), this also reduced the need to borrow from family and friends. The impact on subjective well-being was also quite positive. The feeling of, and the stress associated with, financial uncertainty was reduced, and thus satisfaction with the personal financial situation improved, which led to a significant increase in life satisfaction one year after starting the pilot. In the second year, this was still pretty high though it had slightly decreased in comparison. If we focus on the evolution of the treatment groups, ICTA's panel data analysis highlights that 27 per cent of the beneficiaries increased their satisfaction with life through the implementation of the project (Bonilla & Sekulova, 2019). Also, the authors conclude that there are strong

Table 2: Estimated effects of all treatment groups and modalities (Models 1–4).

Severe material deprivation	**Model 1**	**Model 2**		**Model 3**		**Model 4**	
	Treatment	**SMI**	**SMI + Active policy**	**Conditional**	**Unconditional**	**Limited**	**Unlimited**
	−0.08[b] (0.04)	**−0.11[a] (0.04)**	**−0.05 (0.04)**	**−0.10[c] (0.06)**	**−0.08[b] (0.04)**	**−0.09[b] (0.04)**	**−0.07[b] (0.04)**
Going to bed hungry	−0.13[b] (0.06)	−0.16[a] (0.06)	−0.10[c] (0.06)	−0.20[a] (0.07)	−0.12[b] (0.06)	−0.14[b] (0.07)	−0.13[b] (0.06)
Being satisfied with life (7 or higher on a 0–10 scale)	0.15[a] (0.03)	0.13[a] (0.04)	0.16[a] (0.03)	0.09[a] (0.05)	0.15[a] (0.03)	0.16[a] (0.04)	0.14[a] (0.03)
Having unpaid bills	−0.17[c] (0.09)	−0.20[c] (0.10)	−0.14 (0.10)	−0.04 (0.16)	−0.19[c] (0.10)	−0.17 (0.11)	−0.17[c] (0.10)
Having leaks and/or damp	−0.08[b] (0.04)	−0.08[c] (0.04)	−0.07[c] (0.04)	−0.10[c] (0.06)	−0.07[c] (0.04)	−0.05 (0.05)	−0.09[b] (0.04)
Satisfaction with economic situation (scale 0–10)	1.08[a] (0.19)	1.15[a] (0.21)	1.02[a] (0.21)	0.88[a] (0.29)	1.11[a] (0.19)	1.10[a] (0.23)	1.06[a] (0.20)
Borrowing money from family and/or friends	−0.07[b] (0.03)	−0.07[c] (0.04)	−0.07[c] (0.04)	−0.06 (0.06)	−0.07[b] (0.04)	−0.07[c] (0.04)	−0.07[b] (0.04)
Having an outstanding debt	−0.04[c] (0.02)	−0.05[c] (0.03)	−0.04 (0.03)	−0.06 (0.04)	−0.04[c] (0.02)	−0.05 (0.03)	−0.04[c] (0.02)
Using social services	−0.05 (0.04)	−0.08[b] (0.04)	−0.01 (0.04)	0.01 (0.06)	−0.05 (0.04)	−0.02 (0.04)	−0.06 (0.04)
Labour participation[d]	−0.13[a] (0.04)	−0.10[b] (0.04)	−0.17[a] (0.04)	−0.14[c] (0.09)	−0.13[a] (0.04)	−0.11[a] (0.04)	−0.16[a] (0.04)
Working full-time with an indefinite contract[d]	−0.04[c] (0.02)	−0.04[c] (0.03)	−0.05[c] (0.03)	−0.06 (0.05)	−0.04[c] (0.02)	−0.04 (0.03)	−0.05[b] (0.02)
Undertake training	0.04 (0.06)	−0.02 (0.06)	0.10 (0.07)	0.16 (0.15)	0.03 (0.06)	0.04 (0.07)	0.04 (0.06)
Engaging in social leisure activities	0.05 (0.04)	0.05 (0.04)	0.05[c] (0.04)	0.13[b] (0.06)	0.04 (0.04)	0.03 (0.04)	0.06 (0.04)
Spending more time on household chores	0.02 (0.01)	0.02 (0.02)	0.03[c] (0.02)	0.04[b] (0.02)	0.02 (0.01)	0.00 (0.02)	0.03[b] (0.01)
Having quality sleep	0.07[c] (0.03)	0.06 (0.04)	0.07[c] (0.04)	0.06 (0.06)	0.07[c] (0.04)	0.05 (0.04)	0.07[b] (0.04)
Good/very good/excellent health	−0.00 (0.04)	−0.03 (0.04)	−0.03[c] (0.04)	−0.00 (0.06)	−0.00 (0.04)	0.01 (0.04)	0.00 (0.04)
Risk of mental illness	−0.02 (0.04)	−0.04 (0.04)	−0.00 (0.04)	−0.01 (0.06)	−0.02 (0.04)	0.01 (0.05)	−0.03 (0.04)
New diagnostics of anxiety or depression	0.01 (0.01)	−0.00 (0.01)	0.01 (0.01)	0.01 (0.01)	0.00 (0.01)	−0.00 (0.01)	0.01 (0.01)
Perception of more social support	0.04 (0.04)	0.00 (0.04)	0.07[c] (0.04)	0.04 (0.06)	0.04 (0.04)	0.04 (0.04)	0.03 (0.04)
Doing social volunteering	−0.02 (0.03)	−0.08[b] (0.03)	0.04 (0.03)	−0.01 (0.05)	−0.02 (0.03)	−0.01 (0.04)	−0.02[a] (0.03)
Engaging in social participation	0.02 (0.04)	−0.01 (0.04)	0.05 (0.04)	0.11[c] (0.06)	0.01 (0.04)	0.01 (0.04)	−0.03 (0.04)
Repetition of school years[e]	−0.02 (0.03)	0.00 (0.04)	−0.04 (0.03)	−0.07[c] (0.04)	−0.01 (0.03)	0.04 (0.04)	−0.05 (0.03)
Continue post mandatory education[e]	0.03 (0.02)	0.05[c] (0.03)	0.01 (0.02)	0.05 (0.04)	0.02 (0.02)	0.02 (0.03)	0.03 (0.02)

Level of significance: [a]<0.001; [b]<0.01; [c]<0.05. Standard Error in parentheses. [d] Those assigned to the training and employment policy were excluded from the analysis of the employment dimensions. [e]children <16 years old. Source: Authors' adaptation based on Todeschini and Sabes-Figuera (2019).

Table 3: Estimated effects of all treatment groups and modalities (Models 5–6).

Severe material deprivation	Model 5			Model 6		
	Unconditional + Unlimited	**Unconditional + Limited**	**Conditional + Unlimited**	**Conditional + Active policy**	**Unconditional + Active policy**	**Unconditional + No active policy**
	−0.07[c] (0.04)	**−0.09[b] (0.04)**	**−0.10[c] (0.06)**	**−0.10[c] (0.06)**	**−0.04 (0.04)**	**−0.11[a] (0.04)**
Going to bed hungry	−0.11[c] (0.06)	−0.14[b] (0.07)	−0.20[a] (0.07)	−0.19[a] (0.07)	−0.08 (0.07)	−0.16[b] (0.06)
Being satisfied with life (7 or higher on a 0–10 scale)	0.15[a] (0.03)	0.16[a] (0.04)	0.09[c] (0.05)	0.09[a] (0.05)	0.18[a] (0.03)	0.14[a] (0.04)
Having unpaid bills	−0.20[c] (0.10)	−0.17 (0.11)	−0.04 (0.16)	−0.43 (0.16)	−0.17 (0.11)	−0.21[c] (0.10)
Having leaks and/or damp	−0.09[b] (0.04)	−0.05 (0.05)	−0.10[c] (0.06)	−0.10[c] (0.06)	−0.06 (0.04)	−0.08[c] (0.04)
Satisfaction with economic situation (scale 0–10)	1.11[a] (0.21)	1.10[a] (0.23)	0.88[a] (0.29)	0.87[a] (0.29)	1.06[a] (0.22)	1.15[a] (0.21)
Borrowing money from family and/or friends	−0.08[b] (0.04)	−0.07[c] (0.04)	−0.06 (0.06)	−0.60 (0.06)	−0.08[c] (0.04)	−0.07[c] (0.04)
Having an outstanding debt	−0.04 (0.03)	−0.05 (0.03)	−0.06 (0.04)	−0.06 (0.04)	−0.03 (0.03)	−0.05[c] (0.03)
Using social services	−0.07[c] (0.04)	−0.02 (0.04)	0.01 (0.06)	0.02 (0.06)	−0.02 (0.04)	−0.09[b] (0.04)
Labour participation[d]	−0.11[a] (0.04)	−0.16[a] (0.04)	−0.14 (0.09)	−0.14 (0.09)	−0.17[a] (0.04)	−0.10[b] (0.04)
Working full-time with an indefinite contract[c]	−0.05[c] (0.02)	−0.04 (0.03)	−0.06 (0.05)	−0.06 (0.05)	−0.05[c] (0.03)	−0.04[c] (0.03)
Undertake training	0.03 (0.06)	0.04 (0.07)	0.16 (0.15)	0.16 (0.15)	0.10 (0.07)	0.02 (0.06)
Engaging in social leisure activities	0.04 (0.04)	0.03 (0.04)	0.13[b] (0.06)	0.13[b] (0.06)	0.03 (0.04)	0.05 (0.04)
Reducing school drop-out rates[e]	−0.07[c] (0.04)	−0.09[b] (0.04)	−0.10[c] (0.06)	−0.10[c] (0.06)	−0.04 (0.04)	−0.11[a] (0.04)
Having quality sleep	0.08[b] (0.04)	0.05 (0.04)	0.06 (0.06)	0.06 (0.06)	0.07[c] (0.04)	0.06 (0.04)
Good/very good/excellent health	−0.01 (0.04)	0.01 (0.04)	−0.00 (0.06)	−0.00 (0.06)	−0.03 (0.04)	0.03 (0.04)
Risk of mental illness	−0.04 (0.04)	0.01 (0.05)	0.01 (0.06)	0.01 (0.06)	−0.01 (0.04)	−0.04 (0.04)
New diagnostics of anxiety or depression	0.01 (0.01)	−0.00 (0.01)	0.01 (0.01)	0.01 (0.01)	0.01 (0.01)	−0.00 (0.01)
Perception of more social support	0.03 (0.04)	0.04 (0.04)	0.04 (0.06)	0.04 (0.06)	0.07[c] (0.04)	0.00 (0.04)
Doing social volunteering	−0.02 (0.03)	−0.001 (0.04)	−0.01 (0.05)	−0.00 (0.05)	0.05 (0.04)	−0.08[b] (0.03)
Engaging in social participation	0.01 (0.04)	0.01 (0.04)	0.11[c] (0.06)	0.11[c] (0.06)	0.04 (0.04)	−0.01 (0.04)
Spending more time on household chores	0.03[b] (0.01)	0.00 (0.02)	0.04[b] (0.02)	0.04[b] (0.02)	0.03[c] (0.02)	0.02 (0.02)
Repetition of school years[e]	−0.04 (0.03)	0.04 (0.04)	−0.07[c] (0.04)	−0.07[c] (0.04)	−0.03 (0.03)	0.00 (0.04)

Table 3: (continued)

Severe material deprivation	Model 5			Model 6		
	Unconditional + Unlimited	**Unconditional + Limited**	**Conditional + Unlimited**	**Conditional + Active policy**	**Unconditional + Active policy**	**Unconditional + No active policy**
	−0.07[c] (0.04)	**−0.09[b] (0.04)**	**−0.10[c] (0.06)**	**−0.10[c] (0.06)**	**−0.04 (0.04)**	**−0.11[a] (0.04)**
Continue post mandatory education[e]	0.03 (0.02)	0.02 (0.03)	0.05 (0.04)	0.05 (0.04)	0.00 (0.02)	0.05[c] (0.03)

Level of significance: [a]<0.001; [b]<0.01; [c]<0.05. Standard Error in parentheses. [d]Those assigned to the training and employment policy were excluded from the analysis of the employment dimensions. [e]children <16 years old. Source: Authors' adaptation based on Todeschini and Sabes-Figuera (2019).

correlations between the reported values of life satisfaction and their economic situation, material deprivation, health, social capital, gender and country of origin.

In accordance with some authors (Gibson et al., 2020) and contrasting with others (BICN, 2019; Forget, 2011), there were no significant improvements in health, at least in terms of physical health, nor in self-perceived health or in the likelihood of having a serious health problem. In contrast with the results obtained halfway through the pilot (Laín, 2019), no effect on the likelihood of developing a mental health problem was detected either. The most positive impacts regarding health were: (a) improved quality of hours slept, associated with the reduction in stress due to financial worries; (b) a lifestyle change potentially oriented towards healthier patterns; and (c) enhanced access to medical attention which could bring about positive results in the medium term both for participants and for the public health system itself.

Similar to other cases (Jones & Marinescu, 2020; Widerquist, 2005) and contrary to others (de Paz-Báñez et al., 2020), neither the SMI nor the active policies stimulated the wish for economic entrepreneurship, nor did they increase the probability of finding a quality job. In those groups with an active policy and conditional modality, the effect was significant and more pronounced than in the unconditional groups. However, the overall effect of the pilot slightly reduced participation in the labour market as a consequence of the lock-in effect experienced by some treatment groups. It should be noted, however, that those in the training and employment policy were not included in this analysis and therefore, the presence of the lock-in effect is not conclusive for the whole pilot.

Although it cannot be assumed that "the behavioural effects of introducing a basic income in various institutional settings will be similar" (Peeters & Marx, 2008, p. 6), the effects of a basic income on individual autonomy can usually justify such a measure regardless of the institutional setting (Laín, 2022; Van Parijs & Vanderborght, 2017; Widerquist, 2018). In the B-MINCOME case, however, this was quite ambiguous and the evaluation can lead to contradictory interpretations. For example, the participation of certain individuals implied the opportunity to acquire greater economic independence and a greater capacity to plan for a more autonomous future. However, others did not manage to get out of their economic and housing precariousness. For them, the SMI was not enough to break away from their situation, which in many cases is caused by large long-term debts. The impact assessment did not reveal any overall effect on the likelihood of receiving social support from other people (relatives or others), which only increased for those unconditionally assigned to an active policy.

The economic autonomy that being the holder or beneficiary of the SMI entailed as well as the participation and the involvement of women in active policies definitely favoured gender empowerment processes and dynamics (Hill-Dixon et al.,

2020). In some cases, and consistent with other findings (Miller et al., 2019; Yoong et al., 2012), this contributed to the repositioning of the women's role in the domestic, labour and community spheres, and also fostered patterns of mutual support which were facilitated by the spaces for dialogue and care created within the framework of some of the active policies and the activities they performed within them.

6.2 Results at the Community Level

The pilot obtained significant and positive results for community involvement. The evaluation revealed that participation increased the probability of participants getting involved in a group or community initiative, although it was only possible to contrast the significance of this effect for those in conditional modalities. The specific evaluation of the community policy confirms that participation contributed to improving participants' views of their neighbourhoods, stimulating their sense of belonging to these neighbourhoods and the predisposition towards cooperating to improve them. Moreover, participants also developed a better awareness of the area and its public and community assets and became more interested in getting to know and working with local entities (Hill-Dixon et al., 2020). Within the policy of community participation, the number of participants willing to keep participating in community activities or maintain links to neighbourhood entities increased, though this cannot be extrapolated to all participants.

The evaluation of the impacts on the existing social and community fabric indicated that the community participation policy did not manage to create connections between the working groups created by the policy and the pre-existing neighbourhood entities, and neither did participants join these entities (Blanco et al., 2019). Moreover, no new community entities or associations were created as a result of this policy, though these are dynamics and phenomena with longer gestation periods and, therefore, they are difficult to set up in only 24 months. The community participation policy was shown to be efficient as an opportunity for breaking ndividual isolation and creating social bonds among neighbours, as well as fostering positive values in the willingness to help others and in trusting neighbours. The activities carried out also promoted intercultural relationships between the various ethnic groups and strengthened the feeling of belonging to a common group by helping to break down cultural stereotypes and increasing the appreciation of the cultural diversity in the districts. This could have obvious, positive implications for social cohesion in the districts in the long term. Overall, the key results of the community participation, which to a certain extent were not initially foreseen, were the activation of non-organised people, the creation of new community groups and

the strengthening of the role of local facilities (cultural centres, community centres, public libraries) as core spaces within the neighbourhood.

6.3 Results at the Institutional Level

As in other similar programmes (Castro Baker et al., 2020; Groot et al., 2019; Kangas et al., 2020; Yoo et al., 2019), the B-MINCOME pilot also altered the relationship between the social fabric and public administrations. The evaluation of the community participation policy, for example, highlighted the importance of the bonds created between the participants and the social workers involved in the pilot. These are based on more horizontal and less assistance-based relationships than those which usually occur in the scope of social services. Note that 53 per cent of the Catalan social workers reported spending more time doing bureaucratic and administrative tasks than accompanying and properly advising their users; while 81 percent of social workers work less than 4 h a day directly with users (TSCAT, 2021). Therefore, the pilot promoted new ways of working in social services, which included innovative strategies for public/customer services, which were carried out within the framework of active policies (Blanco et al., 2020). These seemed to contribute to improving the perception of the public administration, opinions regarding its presence and closeness to neighbourhoods and the awareness of the public services in the area.

7 Conclusions: Discussing the Results

This paper has two main objectives. Due to the long time required to properly assess the data collated during the latest fieldwork and also specially to the unique consequences of the COVID-19 outbreak, some of the official B-MINCOME reports were released with an important delay. Thus, the first aim of this paper has been to explain the pilot's context, design and, in particular, to share its main results with the academic community. Once these questions have been addressed, the second goal has been to discuss some of these results in light of the findings gathered by other similar basic income pilots. Although we do not pretend to develop an exhaustive comparison, the lessons extracted from the dialogue between the B-MINCOME pilot and similar projects may be found informative both for further basic income experiments and innovative social policies. In accordance with this purpose, we conclude by briefly discussing five points concerning some of the pilot's results.

First, both partial (Laín, 2019) and final results (Riutort et al., 2021) showed that the pilot had positive overall effects in all dimensions of the analysis, although some

differences among modalities were reported. On the one hand, limited or withdrawal modalities reported results that were a bit more negative both in qualitative and quantitative terms. This should be considered in future cash transfer policies. On the other hand, some conditioned participants reported slightly better results, particularly in terms of well-being, happiness and social inclusion. This might be because "people obliged to take part in the active policies strengthen their social relations, group cohesion, individual and collective confidence and trust, their social and communication skills, and many more. The social and psychological ties fostered through the active policies could be the 'hidden' variable that might explain the more positive results in this group" (Laín, 2019, p. 21). Most participants belonged to a socially excluded population, usually immigrant women with low levels of literacy in Catalan and Spanish. As these participants are the least well-off members of society, and in some cases have hardly any social interactions, the active policies provided them with an opportunity to feel more socially integrated. Hence, as noted elsewhere (Verlaat et al., 2020), the explanation is not to be found by differentiating between conditional and unconditional modalities, but between those that did actually take part in the active policies and those who did not regardless of their modality of participation. Therefore, this would not mean that basic income or unconditional cash schemes do not work nor even that conditioned programs do necessarily perform better, it just alerts politicians and policymakers to "ensure that new social protection arrangements are not solely based on financial effects, but that they should be social in nature to ameliorate the harmful social effects of inequality on people, communities and society" (Mays, 2019, p. 76). In sum, the debate around basic income cannot obviate that social exclusion is not solely the result of economic poverty, and then, that active and inclusion policies –even if not mandatory– play a significant role in ensuring decent and more autonomous life for the less advantaged populations (Hiilamo, 2022, p. 139 and ff).

Second, results in terms of labour activation tended to be neutral or even negative in the short and mid-term, both in the B-MINCOME and in similar programmes. The lock-in effect experienced by some participants might have appeared because taking part in active policies or similar work insertion programmes takes time away from and changes participants' preferences, expectations and strategies for looking for a job (Lechner & Wunsch, 2009; Sianesi, 2008; Van Ours, 2004). Nevertheless, this result is not surprising as seen in cases such as Manitoba, Utrecht, Finland, Ontario or Barcelona. Indeed, most of these experiments "have shown that a certain number of participants reduced their job prospects in the short term" (Simpson et al., 2017, p. 97). Impact results are usually assessed during or when the experiments have just been completed and in doing so they tend to overemphasise this lock-in effect still in place when the pilot is coming to an end in detriment to the mid and long-term effects, which might be more

positive in the longer term (Füllbrunn et al., 2019, p. 197). As suggested elsewhere (Calnitsky, 2020; Calnitsky & Latner, 2017), changes in labour supply are hardly conclusive in most of the basic income experiments conducted in rich economies where it is clear "that evidence can be deceptive" (Widerquist, 2018, p. 120).[13] Comparing labour participation in the treatment and control groups always "attracts attention because it is a nice, neat, apparently-easy-to understand number" (Widerquist, 2018, p. 117). In contrast, qualitative effects observed in the B-MINCOME such as subjective well-being and happiness, community and social participation, personal and collective empowerment, leisure and care work time, or household stress release, are much more difficult to grasp and require more detailed and expensive research. Although most experiments prioritized quantitative-labour results, these qualitative impacts observed in most experiments have been quite positive and statistically more robust and significant than those related to labour participation.

There is a third and a fourth factor concerning the pilot design that are worthwhile discussing. On the one hand, the B-MINCOME pilot showed itself to be effective in improving the overall material and economic conditions for all participants. However, concerning its efficiency (cost-effectiveness), the time scale of two years requires further research as the effects in the mid and long-term could not be properly determined. As noted in other cases, the impact assessments of basic income experiments in fields such as health, economic autonomy and labour participation require evaluations with a longer time scale (Groot, 2006; Muffels & Gielens, 2019). For example, in the case of the B-MINCOME pilot, although in the first-year beneficiaries reported a reduction of 9 percentage points in the risk of contracting mental illness (Laín, 2019, p. 38), this effect disappeared in the second year. This might be because, by then, beneficiaries foresaw that the pilot was coming to an end and that they were no longer going to receive the grant, which would result in a painful shock, particularly for the lower-income participants (Leff et al., 2019, p. 228). If so, this serves as a reminder of the ethical implications of basic income experiments when considering how they affect the most vulnerable groups, particularly their well-being and mental health. Alternatively, this also points out how implementing a permanent basic income rather than a time-limited experiment might positively impact the well-being and health of its beneficiaries (Torry, 2019, p. 530). These are important and influential limitations when the efficiency of this or other similar pilots is

13 For example, in the Finnish case, participants were employed just five more days on average than the control group, although this result is not conclusive due to the introduction of the "activation model" in 2018.

assessed, especially when the intention is to turn them into permanent or scalable programmes.

On the other hand, the strategy of combining active-inclusion policies with a cash transfer scheme was found to be very positive in qualitative terms and also participants' psychological well-being. Unlike the traditional conditional and means-tested income policies, this pilot made it possible to run a combination of active and passive policies that did not stigmatise recipients (Hill-Dixon et al., 2020) and even increased their feeling of community and sense of belonging and pride in being part of an empowered group of fellow-neighbours (Blanco et al., 2019). As observed in Finland and Utrecht, active social policies and their related activities (group gathering, collective support, professional conseil, periodic meeting with other participants, mutual and professional support, etc.) provided meaningful opportunities for social interaction for many participants, regardless of being conditioned or unconditioned (Merrill et al., 2021). However, it was particularly challenging to implement the active policies because it was necessary to manage certain mismatches (caused by the random nature of the experimental design) between some participants' profiles and the activities that they were required to perform within the framework of their assigned active policies. This has also occurred in other basic income experiments (Muffels & Gielens, 2019, p. 125).

The fifth and last point concerns how the B-MINCOME pilot was implemented. The *legally compulsory* administrative tracking of the evolution of the participants throughout the pilot programme was carried out separately from social assistance. Thus, tracking of income and outgoings arising from SMI (as far as the social emergency economic support was intended to cover exclusively basic needs) was carried out centrally, away from social services centres, by means of a computer-routine mechanism. Likewise, the calculation of the amount of the SMI assigned to each participant was also automated. This enabled the professionals in charge of running the active policies as well as the team of social workers involved in the programme to focus exclusively on guidance, support and personalised advisory tasks as they did not need to worry about constantly providing cash aid. As suggested in Section 6.3., this also entails a major benefit for the welfare system as it may gain in effectiveness and efficiency. We have not found this singular observation in other pilots' assessments. In light of this last point, further basic income experiments should therefore consider changes at the institutional level as part of their implementation and evaluation strategy, as well as the potential implications this may pose on the existing social policies.

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Appendix A

Table 4: Outcome variables description for the impact assessment.

Severe material deprivation	Variable equal to 1 if the household answered No in at least four of the following situation: 1) No delays in the payment of expenses related to the household (mortgage, rent, gas receipt, community …) in the last 12 months, 2) Keeping the household warm enough, 3) Assuming unforeseen expenses, 4) Eating meat, chicken or fish at least every two days, 5) going on vacation at least a week a year, 6) having a car, 7) a telephone 8) a TV 9) a washing machine.
Going to bed hungry	Variable equal to 0 if they answer that any member went to sleep hungry during the last 4 weeks. It is equal to 1 if they answer yes to the last question and that happened once or twice during the last 4 weeks. It is equal to 2 if it happened between 3 and 10 times and, last, equal to 3 if the situation happened more than 10 times during the last month.
Being satisfied with life (7 or higher on a 0–10 scale)	Answer to the question "how much satisfied the person is with their life from 0 to 10". Variable equal to 1 if the person answers more than 7 points to the question: "How much satisfied the person is with their life from 0 to 10".
Having unpaid bills	Answer to the question Are you late in paying rent, mortgage, or household supplies (water, gas, electricity)? 1 = Yes, 0 = No.
Having leaks and/or damp	Answer the question "Does your home have problems with leaks, moisture on the walls, on the floor or ceiling, or flowers on the floor, window frames or doors?" 1 = Yes, 0 = No.
Satisfaction with economic situation (scale 0–10)	Answer to the question "how much satisfied the person is with their economic situation from 0 to 10".
Borrowing money from family and/or friends	Dummy is equal to 1 if the household said they asked for a loan from their family/friends since 2018.

Table 4: (continued)

Having an outstanding debt	Variable equal to 1 if the household has at least two debts that are not paid at the moment of the interview. If the household didn't have any debt in 2018 it is missing.
Using social services	Variable numeric with the number of use/visits to social services in the last 12 months.
Labour participation	Variable equal to 1 if the person identified as the head is in the following situations: working full time (category 1); working part-time (category 2); working on their own business full time (category 3); working on their business part-time (category 4).
Working full-time with an indefinite contract	Variable equal to 1 if they are working not on a temporal basis and full time at the moment of the interview.
Undertake training	Sum of the number of members between 18 and 65 years old that are doing or did (during the last 6 months) a training course (post-compulsory education).
Engaging in social leisure activities	Dummy variable equal to 1 if they go to a bar, to the movies, concerts or discos once a week, a month or daily.
Spending more time on household chores	Dummy variable equal to 1 if they perform at least once a week, monthly or daily household chores.
Having quality sleep	Dummy variable is equal to 1 if they slept more than 6 h during the last month and they consider the quality of sleep good or very good.
Good/very good/excellent health	Variable equal to 1 if the answer to the question "how do you think is your health in general?" is excellent, very good or good.
Risk of mental illness	Variable equal to 1 if the sum of the components of the GHQ12 is equal to or greater than 3.
New diagnostics of anxiety or depression	Dummy variable equal to 1 if the person hasn't a diagnosis of anxiety and no open prescription of N06B, N05C or N05B on November 1st, 2017 but they have new prescriptions between Nov. 1st, 2017 and Dec. 31st, 2018.
Perception of more social support	Dummy is a variable equal to 1 if the Duke index is greater than 32.
Doing social volunteering	Dummy variable equal to 1 if they work voluntarily once a month, a week or daily.
Engaging in social participation	Dummy variable equal to 1 if they actively belong to any group, organization or initiative of civil society during the last 12 months.
Repetition of school years	Children <16 years old in secondary education repeating the course in 17/18 and 18/19
Continue post mandatory education	Children <1 continuing to post mandatory education in the academic year of 2017/2018, 2018/2019 and 2019/2020.

References

Airef – Autoridad Independiente de Responsabilidad Fiscal. (2022). *Primera opinión del Ingreso Mínimo Vital. Opinión 1/22*. 19 July 2022. www.airef.es

Atkinson, A. B. (1996). The case for a participation income. *The Political Quarterly*, *67*(1), 67–70.

Ayala, L., Arranz, J. M., García-Serrano, C., & Martínez-Virto, L. (2021). The effectiveness of minimum income benefits in poverty reduction in Spain. *International Journal of Social Welfare*, *30*(2), 152–169.

Benassi, D., & Morlicchio, E. (2019). New urban poverty. In A. Orum (Ed.), *The Wiley Blackwell Encyclopedia of urban and regional studies* (pp. 1–8). Wiley-Blackwell.

BICN – Basic Income Canada Network. (2019). *Signposts to success: Report of a BICN survey of Ontario basic income recipients*. https://assets.nationbuilder.com/bicn/pages/42/attachments/original/1551664357/BICN_-_Signposts_to_Success.pdf

Blanco, I., Fernández, C., Gallego, R., Marra, G., & Yanes, S. (2019). *Analysis of the results and its progress and final report of the B-MINCOME pilot*. https://ajuntament.barcelona.cat/dretssocials/sites/default/files/arxius-documents/edited_es_o741_igop.pdf

Blanco, I., Fernández, C., Gallego, R., Marra, G., & Yanes, S. (2020). Final report: Assessment of governance. https://ajuntament.barcelona.cat/dretssocials/sites/default/files/arxius-documents/edited_es_o731_igop.pdf

Bonilla, F., & Sekulova, F. (2019). *B-Mincome's impact on life satisfaction*. https://ajuntament.barcelona.cat/dretssocials/sites/default/files/arxius-documents/bmincome_final_report_life_satisfaction.pdf

Bouckaert, G., Peters, B. G., & Verhoest, K. (2010). *The coordination of public sector organisations*. Palgrave Macmillan.

Calnitsky, D. (2020). The employer response to the guaranteed annual income. *Socio-Economic Review*, *18*(2), 493–517.

Calnitsky, D., & Latner, P. J. (2017). Basic income in a small town: Understanding the elusive effects on work. *Social Problems*, *64*(3), 373–397.

Castro Baker, A., West, S., Sukhi, S., & Cusack, M. (2020). Mitigating loss of health insurance and means-tested benefits in an unconditional cash transfer experiment: Implementation lessons from Stockton's guaranteed income pilot. *Population Health*, *11*, 100578.

Chen, S., Mu, R., & Ravallion, M. (2009). Are there lasting impacts of aid to poor areas? *Journal of Public Economics*, *93*(3–4), 512–528.

DALEPH. (2017). *Calculating the benchmark salary for the Barcelona Metropolitan Area. Final report*. http://ajuntament.barcelona.cat/premsa/wp-content/uploads/2017/03/SDR_AMB.pdf

Davala, S. (2019). Pilots, evidence and politics: The basic income debate in India. In M. Torry (Ed.), *The Palgrave international handbook of basic income* (pp. 373–387). Palgrave Macmillan.

De la Rica, S., & Gorjón, L. (2017). Assessing the impact of a minimum income scheme in the Basque country. *IZA Institute of Labour Economics Discussion Paper Series*, n. 10867.

de Paz-Báñez, M. A., Asensio-Coto, M. J., Sánchez-López, C., & Aceytuno, M. T. (2020). Is there empirical evidence on how the implementation of a universal basic income (UBI) affects labour supply? A systematic review. *Sustainability*, *12*(22), 9459.

De Wispelaere, J., Halmetoja, A., & Pulkka, V. V. (2019). The Finnish basic income experiment: A primer. In M. Torry (Ed.), *The Palgrave international handbook of basic income* (pp. 389–406). Palgrave Macmillan.

De Wispelaere, J., & Stirton, L. (2007). The public administration case against participation income. *Social Service Review*, *81*(3), 523–549.

Dwyer, P. (2016). Citizenship, conduct and conditionality: Sanction and support in the 2nd century UK welfare state. *Social Policy Review*, *28*, 41–62.

Fernández Maíllo, G. (2013). El aumento de la fragilidad de las Rentas Mínimas de Inserción durante la crisis. *Documentación Social*, *166*, 169–191.

Forget, F. (2011). The town with no poverty: Health effects of a Canadian guaranteed annual income experiment. *Canadian Public Policy*, *37*(3), 283–305.

Füllbrunn, S., Delsen, L., & Vyrastekova, J. (2019). Job search, employment capabilities and well-being of people on welfare in the Dutch 'participation income' experiments. In L. Delsen (Ed.), *Empirical research on an unconditional basic income in Europe* (pp. 171–200). Springer.

Gibson, M., Hearty, W., & Craig, P. (2020). The public health effects of interventions similar to basic income: A scoping review. *The Lancet Public Health*, *5*(3), 165–176.

Groot, L. (2006). Reasons for launching a basic income experiment. *Basic Income Studies*, *1*(2), 1–7.

Groot, L., Muffels, R., & Verlaat, T. (2019). Welfare states' social investment strategies and the emergence of Dutch experiments on a minimum income guarantee. *Social Policy and Society*, *18*(2), 277–287.

Haarmann, C., Haarmann, D., & Nattrass, N. (2019). The Namibian basic income grant pilot. In M. Torry (Ed.), *The Palgrave international handbook of basic income* (pp. 357–372). Palgrave Macmillan.

Haushofer, J., & Shapiro, J. (2016). The short-term impact of unconditional cash transfer to the poor: Experimental evidence from Kenya. *Quarterly Journal of Economics*, *131*(4), 1973–2042.

Hiilamo, H. (2022). *Participation income. An Alternative to basic income for poverty reduction in the digital age*. Edward Elgar.

Hill-Dixon, A., Davis, H., Gitanjali, P., & Boelman, V. (2020). *The voices of basic minimum income. A report evaluating experiences of a B-MINCOME trial in Barcelona*. https://youngfoundation.org/wp-content/uploads/2020/02/Voices-of-Basic-Income.pdf

Jimenez, E., Waddington, H., Goel, N., Prost, A., Pullin, A., White, H., Lahiri, S., & Narain, A. (2018). Mixing and matching: Using qualitative methods to improve quantitative impact evaluations (IEs) and systematic reviews (SRs) of development outcomes. *Journal of Development Effectiveness*, *10*(4), 400–421.

Jones, D., & Marinescu, I. (2020). *The labor market Impacts of Universal and permanent cash transfers: Evidence from the Alaska permanent fund*. NBER Working Paper 24312. National Bureau of Economic Research.

Kangas, O., Jauhiainen, S., Simanainen, M., & Ylikännö, M. (2020). *Suomen perustulokokeilun arviointi*. Sosiaali-ja terveysministeriö. http://urn.fi/URN:ISBN:978-952-00-9890-2

Khandker, S. R., Koolwal, G. B., & Samad, H. A. (2009). *Handbook on impact evaluation: Quantitative methods and practices*. World Bank Publications.

Knol, M. J., Duijnhoven, R. G., Grobbee, D. E., Moons, K. G., & Groenwold, R. H. (2011). Potential misinterpretation of treatment effects due to use of odds ratios and logistic regression in randomized controlled trials. *PLoS One*, *6*(6), e21248.

KSNET. (2016). Introduction of a guaranteed-income system in Barcelona. Theoretical framework and recommendations. https://media-edg.barcelona.cat/wp-content/uploads/2017/05/24141333/02.Estudi-implantaci%C3%B3-sistema-de-garantia-de-rendes-Barcelona_2016.pdf

Lægreid, P., Sarapuu, K., Rykkja, L. H., & Randma-Liiv, T. (2015). New coordination challenges in the welfare state. *Public Management Review*, *17*(7), 927–939.

Laín, B. (Ed.). (2019). *Report on the preliminary results of the B-MINCOME project (2017–18). Combining a guaranteed minimum income and active social policies in deprived urban areas of Barcelona*. Barcelona City Council. https://ajuntament.barcelona.cat/bmincome/en

Laín, B. (2022). Between epistemic necessity and political utility: The role of basic income experiments. *Journal of Policy Analysis and Management*, *41*(2), 633–639.

Laín, B., & Julià, A. (2022). Why do poor people not take up benefits? Evidence from the Barcelona's B-MINCOME experiment. *Journal of Social Policy*, 1–22. https://doi.org/10.1017/S0047279422000575.

Laín, B., & Torrens, L. (2019). The minimum living wage initiative of Barcelona. *Transfer. European Review of Labour and Research*, *25*(3), 386–391.

Lechner, M., & Wunsch, C. (2009). Are training programs more effective when unemployment is high? *Journal of Labor Economics*, *27*(4), 653–692.

Leff, B., Percy, A., Story, M., & Szlinder, M. (2019). Alternatives to basic income. In M. Torry (Ed.), *The Palgrave international handbook of basic income* (pp. 213–232). Palgrave Macmillan.

Martin, S., & Goodman, R. (2016). Living on the edge: New forms of poverty and disadvantage on the urban fringe. In C. William (Ed.), *Social work and the city* (pp. 235–257). Palgrave Macmillan.

Mays, J. (2019). Social effects of basic income. In M. Torry (Ed.), *The Palgrave international handbook of basic income* (pp. 73–90). Palgrave Macmillan.

McFarland, K. (2017). Overview of current basic income-related experiments. *Basic Income News*. 17 October 2017. https://basicincome.org/news/2017/10/overview-of-current-basic-income-related-experiments-october-2017

Merrill, R., Neves, C., & Laín, B. (2021). *The political philosophy and epistemology of basic income experiments*. Palgrave Macmillan.

Miller, A., Yamamori, T., & Zelleke, A. (2019). The gender effects of a basic income. In M. Torry (Ed.), *The Palgrave international handbook of basic income* (pp. 133–153). Palgrave Macmillan.

Muffels, R., & Gielens, E. (2019). Job search, employment capabilities and well-being of people on welfare in the Dutch 'participation income' experiments. In L. Delsen (Ed.), *Empirical research on an unconditional basic income in Europe* (pp. 109–138). Springer.

Navarro-Varas, L., & Porcel, S. (2017). L'acció contra la pobresa: Cap a una política metropolitana de garantia de rendes? In J. Clapés (Ed.), *Anuari Metropolità de Barcelona* (pp. 39–60). Institut d'Estudis Regionals i Metropolitans.

O'Leary, R. (2015). From silos to networks: Hierarchy to heterarchy. In M. E. Guy, & M. M. Rubin (Eds.), *Public administration evolving: From foundations to the future* (pp. 85–102). Routledge.

Osterkamp, R. (2013). The basic income grant pilot project in Namibia: A critical assessment. *Basic Income Studies*, *8*(1), 71–91.

Peeters, H., & Marx, A. (2008). Lottery games as a tool for empirical basic income research. *Basic Income Studies*, *1*(2), 1–7.

Penne, T., Cussó Parcerisas, I., Mäkinen, L., Storms, B., & Goedemé, T. (2016). Can reference budgets be used as a poverty line? ImPRovE working paper. Discussion Paper 16/05. Herman Deleeck Centre for Social Policy. University of Antwerp. https://hosting.uantwerpen.be/improve/?wpdmact=process&did=MTMyLmhvdGxpbms=

Porcel, S., & Navarro-Varas, L. (2016). *Pobresa, suports econòmics municipals i renda metropolitana*. Barcelona Institute of Regional and Metropolitan Studies.

Ravallion, M. (2006). *Evaluating anti-poverty programs*. World Bank.

Riutort, S., Julià, A., Laín, B., & Torrens, L. (2021). *B-MINCOME pilot final results (2017–2019). Executive report*. Barcelona City Council. https://ajuntament.barcelona.cat/dretssocials/sites/default/files/arxius-documents/bmincome_executive_report.pdf

Salehi-Isfahani, D., & Mostafavi-Dehzooei, M. H. (2018). Cash transfers and labor supply: Evidence from a large-scale program in Iran. *Journal of Development Economics*, *135*, 349–367.

Sianesi, B. (2008). Differential effects of active labour market programs for the unemployed. *Labour Economics*, *15*(3), 370–399.

Simanainen, M., & Kangas, O. (2020). Speaking to those who know it best: Does participation in an experiment explain citizens' attitudes to basic income? *Journal of International and Comparative Social Policy*, *36*(3), 269–283.

Simpson, W., Mason, G., & Godwin, R. (2017). The Manitoba basic annual income experiment: Lessons learned 40 years later. *Canadian Public Policy Analyse de politiques*, *43*(1), 85–104.

Standing, G. (2021). Basic income pilots: Uses, limitations and design principles. *Basic Income Studies*, *16*(1), 75–99.

Todeschini, F., & Sabes-Figuera, R. (2019). *Barcelona city council welfare programme. Final report: Impact evaluation of GMI on household outcomes*. https://ajuntament.barcelona.cat/dretssocials/sites/default/files/arxius-documents/bmincome_d731.pdf

Torry, M. (Ed.). (2019). *The Palgrave international handbook of basic income*. Palgrave Macmillan.

TSCAT – Col·legi Oficial de Treball Social de Catalunya. (2021). Press release March 27. https://www.tscat.cat/continguts/noticies/gairebe-la-meitat-de-les-treballadores-socials-dedica-mes-de-mitja-jornada

Van Ours, J. (2004). The locking-in effect of subsidized jobs. *Journal of Comparative Economics*, *32*(1), 37–52.

Van Parijs, P., & Vanderborght, Y. (2017). *Basic income: A radical proposal for a free society and a sane economy*. Harvard University Press.

Verlaat, T., de Kruijk, M., Rosenkranz, S., Groot, L., & Sanders, M. (2020). *Study what works. Summary of the final report in English*. Utrecht University. https://www.uu.nl/sites/default/files/uu-use-eindrapport-wetenwatwerkt-summary-en.pdf

Verlaat, T., Rosenkranz, S., Groot, L., & Sanders, M. (2021). Requirements vs. autonomy: What works in social assistance? *Social Science Research Network*, *(SSRN)*. https://dx.doi.org/10.2139/ssrn.3720953.

Widerquist, K. (2005). A failure to communicate: What (if anything) can we learn from the negative income tax experiments? *The Journal of Socio-Economics*, *34*, 49–81.

Widerquist, K. (2018). *A critical analysis of basic income experiments for researchers, policymakers and citizens*. Palgrave Macmillan.

Yoo, Y. S., Jeong, W., Kwanhyung, R., Yun, S., & Ma, J. (2019). *Analysis of the effects of the youth basic income policy in Gyeonggi Province: Comparison of the ex-ante and ex-post survey*. Gyeonggi Research Institute.

Yoong, J., Rabinovich, L., & Diepeveen, S. (2012). *The impact of economic resource transfers to women versus men: A systematic review*. EPPI-Centre, Social Science Research Unit, Institute of Education, University of London. https://eppi.ioe.ac.uk/cms/Portals/0/PDF%20reviews%20and%20summaries/Economic%20transfers%202012Yoong.pdf?ver=2012-01-13-101615-493