

In this post we introduce our latest impact case study, which draws together the work of the [Health Case for Basic Income research group](#).

## What is Basic Income?

A basic income (BI) is defined as:

- **Periodic:** It is paid at regular intervals (for example every month), not as a one-off grant.
- **Cash payment:** It is paid in an appropriate medium of exchange, allowing those who receive it to decide what they spend it on. It is not, therefore, paid either in kind (such as food or services) or in vouchers dedicated to a specific use.
- **Individual:** It is paid on an individual basis and not, for instance, to households.
- **Universal:** It is paid to all, without means test. Only rare examples such as serious criminal behaviour would lead to the payments being withdrawn.
- **Unconditional:** It is paid without a requirement to work or to demonstrate willingness-to-work.

## The arguments for and against basic income

Basic income (or Universal Basic Income (UBI) as it is also known) is often a polarising topic, especially at a political and government level. It is often associated with progressive politics and the left, having been supported by, for example, the [British Labour Party](#) under Jeremy Corbyn and the [Green Party of England and Wales](#). It is often discussed as a policy response when considering:

- Reducing poverty and inequality
- The rights, efficiency, growth and flexibility in the economy and the labour market
- Supporting education and unpaid labour such as volunteering and caring
- Benefits of public health

Those supporting BI as a policy often highlight the potential improvements in the above areas that a guaranteed and regular income would give people. They also highlight that it could lead to more [innovation, risk-taking and gives people more freedom to make choices](#). Advocates also highlight that the scheme would be [socially just](#).

Those against often cite the cost of such a scheme and suggest it might [disincentivise workers and those looking for work](#), and thus lead to economic decline or shrinkage. They also argue that it would lead to an [upward pressure on prices](#) such as the cost of labour, housing rents and rise in inflation.

There have been few examples of cash transfer programmes like BI in general, and [those that are often compared to BI](#) differ significantly in ways that restrict the generalisation of findings. This makes it very hard to analyse the impact such a scheme would have on all areas of life, including the potential health benefits.

## The health impact of basic income

Research on Basic Income often looks at the financial implications of schemes including how much the payments should be, how much a scheme would cost and how much benefit this would provide to the economy.

The work outlined in this case study takes a different angle. The researchers look not just at the financial implications but focus instead on the potential health benefits to people who receive money through a basic income scheme.

The studies and trials conducted over the course of this project have shown that basic income can impact people's health positively in many ways, including:

- **Addressing poverty:** which increases people's ability to satisfy their basic needs, for example helping them to afford better food and housing.
- **Reducing income inequality:** also giving people the option to leave abusive, damaging environments. This would reduce stress and related illnesses.
- **Providing a predictable and secure future:** increasing people's perception of their lifespan and making it worthwhile for them to invest in healthy behaviours.

### The role of UK Data Service data in the project

The UK Data Service's collection of longitudinal panel data provides unparalleled access to data on the relationship between income, financial security and a range of health conditions over time. Not only does it permit comparison between datasets, it also enables contextualisation of qualitative work in specific communities as well as smaller studies of natural experiments, such as [The Changing Cost of Living study](#). In this vein, the availability of large longitudinal panel datasets has also been instrumental in shaping generic, adaptive protocol resources for the study of Basic Income Pilots and Trials. Datasets used throughout the research were the [Family Resources Survey](#), [Millenium Cohort Study](#), [Next Steps](#) and [Understanding Society](#).

### Findings

Through the research presented in the case study, the researchers present the following findings:

1. Income, financial security and perception of inequality are key drivers of health outcomes.
2. Basic Income as a means of improving income and financial security is impactful as a preventive and responsive public health strategy.
3. Basic Income is affordable.
4. Basic Income is popular.
5. Trials can be evaluated much more effectively to understand health impact.

More details on these findings and the related recommendations for policy can be found in the accompanying case study.

### Impact

This impact of this research is evident in several areas. For example, the research helped in persuading policymakers of the health, social and economic benefits and to commit publicly to Basic Income. Contributions and endorsements for the various pieces of work and research were received from several politicians including the below excerpt from Andy Burnham, Mayor of Greater Manchester. The micropilot was also discussed in the [House of Commons](#) and Sadiq Khan, Mayor of London, highlighted it at the [London Assembly](#) and stated his plan to follow the scheme and the results of it.

*"This report sets out how Universal Basic Income, a radical yet feasible alternative to the existing, failing benefits system, could begin to address these issues [of financial and mental wellbeing for young people]. Universal Basic Income would reduce poverty to almost unheard-of levels, address the inequality both between and within regions that harms*

*people's wellbeing, and provide a foundation for our young people to secure good lives that support good mental health."* Mayor of Greater Manchester, Andy Burnham

Other beneficiaries of the impact include community organizations, NGOs and charities, health professionals and the general public. For example, Dr Jonathan Coates, GP in Newcastle upon Tyne and NIHR In-Practice Fellow, Durham University gave the following feedback on the Basic Income micropilot ([see Johnson, Goodman et al. 2023](#)):

*"Put simply, financial precarity is making people sick, something I see increasingly in my clinical work. The detailed modelling in this report suggests that Basic Income could significantly reduce this precarity, with consequent positive effects on health and wellbeing...Basic Income represents an opportunity to follow in the footsteps of previous bold interventions to address the causes, not the symptoms, of illness."*

**You can read more about this research including the methods used, the recommendations for policy and further impact this research have had in the accompanying case study.**