# Inclusion Policy Lab: Evaluation results

## Cáritas Española: EMPLEA LAB - Project of intensive itineraries of labor insertion

***May 2024***

Financiado por la Unión Europea NextGenerationEU
MINISTERIO DE INCLUSIÓN, SEGURIDAD SOCIAL Y MIGRACIONES
Plan de Recuperación, Transformación y Resiliencia
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This report has been prepared by the General Secretariat for Inclusion of the Ministry of Inclusion, Social Security, and Migration within the framework of the Inclusion Policy Lab, as part of the Recovery, Transformation, and Resilience Plan (RTRP), with funding from the Next Generation EU funds. As the agency in charge of carrying out the project, Cáritas española has collaborated in the elaboration of this report. This collaborating organization is one of the implementers of the pilot projects and has collaborated with the SGI for the design of the RCT methodology, actively participating in the provision of the necessary information for the design, monitoring, and evaluation of the social inclusion itinerary. Likewise, their collaboration has been essential to gathering informed consent, ensuring that the participants in the itinerary were adequately informed and that their participation was voluntary.

A research team coordinated by CEMFI (Center for Monetary and Financial Studies) has substantially contributed to this study. Specifically, Yarine Fawaz, researcher at CEMFI, Laura Hospido, researcher at the Bank of Spain and CEMFI, and Júlia Martí Llobet, researcher at the Bank of Spain, have participated under the coordination of Mónica Martínez-Bravo (until 8 January 2024) and Samuel Bentolila, professors at CEMFI. The researchers have actively participated in all phases of the project, including the adaptation of the initial proposal to the needs of the evaluation through randomized experiments, the evaluation design, the design of measurement instruments, data processing, and the performance of econometric estimations that lead to quantitative results.

The partnership with J-PAL Europe has been a vital component in the efforts of the General Secretariat of Inclusion to improve social inclusion in Spain. Their team has provided technical support and shared international experience, assisting the General Secretariat in the comprehensive evaluation of pilot programs. Throughout this partnership, J-PAL Europe has consistently demonstrated a commitment to promoting the adoption of evidence-based policy and facilitating the integration of empirical data into strategies that seek to promote inclusion and progress within our society.

This evaluation report has been produced using the data available at the time of its writing and is based on the knowledge acquired about the project up to that date. The researchers reserve the right to clarify, modify, or delve into the results presented in this report in future publications. These potential variations could be based on the availability of additional data, advances in evaluation methodologies, or the emergence of new information related to the project that may affect the interpretation of the results. The researcher is committed to continuing exploring and providing more accurate and updated results for the benefit of the scientific community and society in general.

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# Index

# Executive Summary

- The **Minimum Income Scheme**, established in May 2020, is a minimum income policy that aims to guarantee a minimum income to vulnerable groups and provide ways to promote their social and labor integration.
- Within the framework of this policy, the Ministry of Inclusion, Social Security and Migration (MISSM) fosters a strategy to promote inclusion through pilot projects of social innovation, which are conducted in the **Inclusion Policy Lab**. These projects are evaluated according to the standards of scientific rigor and using the methodology of Randomized Controlled Trials.
- This document presents the evaluation results and main findings of the "EMPLEA-LAB Project: Pilot project of intensive itineraries of labor insertion" and has been performed in cooperation between **the Ministry of Inclusion, Social Security and Migration (MISSM) and Cáritas española**.
- This study evaluates the possibilities of finding and maintaining a job for people of working age who are beneficiaries of the Minimum Vital Income, the regional minimum incomes or who are in a situation of vulnerability or social exclusion. The study distinguishes three experimental groups: **a control group** and **two treatment groups**. All three groups receive basic job orientation sessions. In addition to these sessions, treatment group 1 receives additional training in active job search, soft skills and job intermediation, and treatment group 2 receives all the above and, in addition, training in digital skills.
- The project took place in the provinces of Albacete, Barcelona, Cuenca, Girona, León, Lugo, Menorca, Ourense, Guadalajara, Valladolid, and Zamora. A total of 2,364 people participated, of whom 1,055 were initially assigned to the control group, 656 to treatment group 1 and 653 to treatment group 2.
- On average, the participants had a mean age of 44.41 years, and 69% were women. 30% of the participants headed single-parent households and 75% were of Spanish nationality. 11% had some degree of disability. In addition, only 23% were employed and 65% were renting their home.
- The degree of follow-up of the different sessions carried out ranged from 43% to 74% for treatment group 1, between 42% and 72% for treatment group 2 and 81% for the control group, which was limited to occupational and competence diagnosis.
- The main results of the evaluation are as follows:
    - **Increased revenues**: Treatment as a whole and treatment 2 separately increase revenues by 0.06 and 0.08 standard deviations respectively in the short term. In the medium term, this result increases to 0.09 standard deviations in treatment 2, and overall, in treatment to 0.08. There is also a positive effect on the possibility of not including essential services in arrears, in treatment 2 in the medium term, with an effect of 0.15 standard deviations, meanwhile in the general case of the treatments, the results could indicate an effect of 0.09, although with less significance[1] and not conclusive in all cases.

[1] Given that it is only significant at 10% and not in all the models proposed

- **Higher occupation**: Treatment could reduce the likelihood of working without a contract by 0.08 standard deviations (-0.12 standard deviations for treatment 1 separately) in the short term. The rest of the occupancy indicators are not statistically significant.
- **Reduction of the digital divide in job search**: Treatment 2 increases the use of the mobile device for job search by 0.13 standard deviations. For this same treatment, positive and significant effects have been detected in the short term in attaching files in an email, making use of *apps* to search for jobs, using public administration apps and in the use of communication tools for interviews. In the medium term, some of these effects disappear.
- The results indicate that no proposed treatment generates a statistically significant improvement on the indicators of employability skills (self-knowledge and soft skills).

# 1 Introduction

**General Regulatory Framework**

The Minimum Income Scheme (MIS), regulated by Law 19/2021[2], is an economic benefit whose main objective is to prevent the risk of poverty and social exclusion of people in situations of economic vulnerability. Thus, it is part of the protective action of the Social Security system in its non-contributory modality and responds to the recommendations of various international organizations to address the problem of inequality and poverty in Spain.

The provision of the MIS has a double objective: to provide economic support to those who need it most and to promote social inclusion and employability in the labor market. This is one of the social inclusion policies designed by the General State Administration, together with the support of Autonomous Communities, the Third Sector of Social Action, and local corporations[3]. It is a central policy of the Welfare State that aims to provide minimum economic resources to all individuals in Spain, regardless of where they live.

Within the framework of the National Recovery, Transformation, and Resilience Plan (RTRP),[4] the General Secretariat of Inclusion (onward SGI by its acronyms in Spanish) of the Ministry of Inclusion, Social Security, and Migration (MISSM) participates significantly in Component 23 "New public policies for a dynamic, resilient, and inclusive labor market", framed in Policy Area VIII: "New care economy and employment policies".

Investment 7: "Promotion of Inclusive Growth by linking socio-labor inclusion policies to the Minimum Income Scheme" is among the reforms and investments proposed in this Component 23. Investment 7 promotes the implementation of a new model of inclusion based on the MIS which reduces income inequality and poverty rates. Therefore, the MIS goes beyond being a mere economic benefit and supports the development of a series of complementary programs that promote socio-labor inclusion. However, the range of possible inclusion programs is very wide, and the government decides to pilot different programs and interventions to evaluate them and generate knowledge that allows prioritizing certain actions. With the support of investment 7 under component 23, the MISSM establishes a new framework for pilot inclusion projects constituted in two phases through two royal decrees covering a set of pilot projects based on experimentation and evaluation:

[2] Law 19/2021 dated December 20, establishing the minimum living income (BOE-A-2021-21007).

[3] Article 31.1 of Law 19/2021 dated December 20, establishing the Minimum Income Scheme.

[4] The Recovery, Transformation, and Resilience Plan refers to the Recovery Plan for Europe, which was designed by the European Union in response to the economic and social crisis triggered by the COVID-19 pandemic. This plan, also known as Next Generation EU, sets out a framework for the allocation of recovery funds and for boosting the transformation and resilience of member countries' economies.

- **Phase I: Royal Decree 938/2021**[5], through which the MISSM grants subsidies for the execution of 16 pilot projects of inclusion pathways corresponding to autonomous communities, local organizations, and the Third Sector of Social Action organizations. This royal decree contributed to the fulfillment of milestone number 350[6] and monitoring indicator 351.1[7] of the RTRP.
- **Phase II: Royal Decree 378/2022**[8], which grants subsidies for a total of 18 pilot projects of inclusion pathways executed by autonomous communities, local organizations, and the Third Sector of Social Action organizations. Along with the preceding Royal Decree, this one helped the RTRP's monitoring indicator number 351.1 to be fulfilled.

To support the implementation of evidence-based public and social policies, the Government of Spain decided to evaluate the social inclusion pilot projects using the Randomized Controlled Trial (RCT) methodology. This methodology, which has gained relevance in recent years, represents one of the most rigorous tools to measure the causal impact of a public policy intervention or a social program on indicators of interest, such as social and labor insertion or the well-being of beneficiaries.

Specifically, RCT is an experimental method of impact evaluation in which a representative sample of the population potentially benefiting from a public program or policy is randomly assigned either to a group receiving the intervention or to a comparison group that does not receive the intervention for the duration of the evaluation. Thanks to the randomization in the allocation of the program, this methodology can statistically identify the causal impact of an intervention on a series of variables of interest. This methodology enables us to analyze the effect of this measure, which helps determine whether the policy is adequate to achieve the planned public policy objectives. Experimental evaluations enable us to obtain rigorous results of the intervention effect, i.e., what changes the participants have experienced in their lives due to the intervention. In addition, these evaluations provide an exhaustive analysis of the program and its effects, providing insights into why the program was effective, who has benefited most from the interventions, whether there were indirect or unexpected effects, and which components of the intervention worked, and which did not.

[5] Royal Decree 938/2021 dated October 26, which regulates the direct granting of subsidies from the Ministry of Inclusion, Social Security and Migration in the field of social inclusion, for an amount of €109,787,404, within the framework of the Recovery, Transformation, and Resilience Plan (BOE-A-2021-17464).

[6] Milestone 350 of the RTRP: "Improve the rate of access to the Minimum Income Scheme and increase the effectiveness of the MIS through inclusion policies, which, according to its description, will translate into supporting the socio-economic inclusion of the beneficiaries of the MIS through itineraries: eight collaboration agreements signed with subnational public administrations, social partners and social action entities of the third sector to conduct the itineraries. The objectives of these partnership agreements are: (i) to improve the MVI access rate; ii) increase the effectiveness of the MVI through inclusion policies."

[7] Monitoring indicator 351.1 of the RTRP: "at least 10 additional collaboration agreements signed with subnational public administrations, social partners and social action entities of the third sector to conduct pilot projects to support the socio-economic inclusion of MVI beneficiaries through itineraries".

[8] Royal Decree 378/2022 dated May 17, regulating the direct granting of subsidies from the Ministry of Inclusion, Social Security, and Migration in the field of social inclusion, for an amount of €102,036,066, within the framework of the Recovery, Transformation and Resilience Plan (BOE-A-2022-8124).

These evaluations have focused on the promotion of social and labor inclusion among MIS beneficiaries, recipients of regional minimum incomes, and other vulnerable groups. In this way, the MISSM establishes a design and impact evaluation of results-oriented inclusion policies, which offers evidence for decision-making and its potential application in the rest of the territories. The promotion and coordination of 32 pilot projects by the Government of Spain has led to the establishment of a laboratory for innovation in public policies of global reference named the Inclusion Policy Lab.

For the implementation and development of the Inclusion Policy Lab, the General Secretariat of Inclusion has established a governance framework that has made it possible to establish a clear and potentially scalable methodology for the design of future evaluations and promoting decision-making based on empirical evidence. The General State Administration has had a triple role as promoter, evaluator, and executive of the different programs. Different regional and local administrations and the Third Sector of Social Action organizations have implemented the programs, collaborating closely in all their facets, including evaluation and monitoring. In addition, the Ministry has had the academic and scientific support of the Abdul Latif Jameel Poverty Action Lab (J-PAL) Europe and the Centre for Monetary and Financial Studies (CEMFI), as strategic partners to ensure scientific rigor in the assessments. Likewise, the Inclusion Policy Lab has an Ethics Committee[9], which has ensured the strictest compliance with the protection of the rights of the people participating in the social inclusion pathways.

This report refers to "EMPLEA LAB-Project of intensive itineraries of labor insertion," executed within the framework of Royal Decree 378/2022[10] by the Department of Social Policy and Youth of the Regional Government of Galicia. This report contributes to the fulfillment of milestone 351 of the RTRP: "Following the completion of at least 18 pilot projects, the publication of an evaluation on the coverage, effectiveness and success of the MIS, including recommendations to increase the level of application and improve the effectiveness of social inclusion policies".

**Context of the project**

Social exclusion is a complex and multidimensional phenomenon that affects millions of people around the world. Social exclusion not only implies the lack of sufficient economic income to meet basic needs, such as food, shelter, and medical care, but also deprives people of educational, employment, and social opportunities that are fundamental for human development and full participation in society

The report "*Report on the World Social Situation 2016: Leaving no one behind: the imperative of inclusive development*", prepared by the UN Department of Social and Economic Affairs (DESA),

[9] Regulated by Order ISM/208/2022 dated March 10, which creates the Ethics Committee linked to social inclusion itineraries, on 20/05/2022 it issued a favorable report for the realization of the project that is the subject of the report.

[10]On September 20, 2022, an agreement was signed between the General State Administration, through the SGI, and Cáritas Española to carry out a social inclusion project under the Plan for Recovery, Transformation, and Resilience. This agreement was published in the "Official State Gazette" on October 1, 2022 (BOE No. 236).

highlights the multidimensional nature of the problem, identifying various causes. These include poverty and inequality, scarcity of job opportunities, discrimination, and prejudice, as well as social, cultural, and political regulations.

For the FOESSA Foundation[11] (Promotion of Social Studies and Applied Sociology, promoted by Caritas), social exclusion is "a phenomenon of accumulation of difficulties in different areas, which includes economic poverty but also employment, housing, social relations, or access to social protection systems." In this sense, we must understand social exclusion as a process of several layers that move the individual away from integration as they accumulate.

According to FOESSA, in 2021 it was estimated that more than 11 million people (4 million households) were at risk of moderate or severe exclusion.

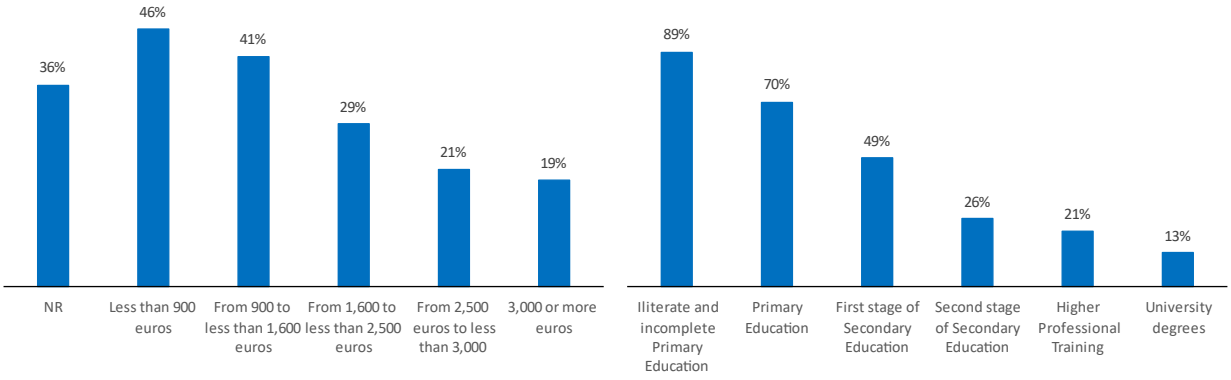
Under an economic and occupational approach, the INE publishes the AROPE rate[12], which measures the group of people at risk of poverty and/or social exclusion. According to this indicator, in 2023, around 12.6 million people in Spain were at risk of poverty or social exclusion, accounting for 26.5% of the population.

People at risk of social exclusion often lack basic personal and digital skills, exacerbating their vulnerability by limiting their access to government services, educational resources, job opportunities, and healthcare services. For example, in Spain, data from the INE shows that 46% of people with a monthly income of less than 900 euros have low or insufficient digital skills, a percentage that increases among those with lower levels of education.

[11] Established in 1965, this foundation seeks to objectively understand the social situation in Spain. He conducts empirical research through his reports on the situation and social change in Spain.

[12] The population at risk of poverty or social exclusion is defined according to criteria established by Eurostat. This is the population that is in at least one of these three situations: (1) At risk of poverty (equivalent income below 60% of the median income per unit of consumption). (2) In severe material and social deprivation (if you declare that you are deficient in at least seven of the 13 items on a list that includes, for example, not being able to afford a meal of meat, poultry or fish at least every other day, keeping the home at an adequate temperature, having two pairs of shoes in good condition or replacing damaged clothes with new ones). (3) In households with no employment or low employment intensity (households in which their working-age members did less than 20% of their total work potential during the year prior to the interview).

**Figure 1: Percentage of people (16 to 74 years old) with low or lower Digital Skills according to net monthly household income (left) and completed studies (right)[13]**




Source: Use of ICT products by people, digital skills (INE)

In terms of the unemployment situation in Spain, the average unemployment rate in 2022 was 12.9%. This figure is well above the average of the European Union (EU-17) at 6.2%, and far from neighboring countries such as France (7.3%), Portugal (6.2%), Germany (3.1%), and Italy (8.1%)

Finally, among the people who do have a job, FOESSA points out in its report "Violation of Rights: Decent Work" (2020) that there were almost 2.5 million poor workers in Spain. Even when employed, these workers were unable to escape their situation of relative poverty, suffering a violation of their right to cover their basic needs and those of their family. The report highlights some causes of this situation, including a high rate of part-time working hours and the short duration of some employment contracts.

**Regulatory framework associated with the project and the governance structure**

A wide range of public bodies have addressed the problem of social exclusion and labor insertion. At the European level, member states have configured the fight against poverty and social exclusion as one of their specific objectives, as established by the Treaty on the Functioning of the European Union (Articles 151 and 153), which entered into force in 2009. Following this path, the European Pillar of Social Rights (ESDP), proclaimed in 2017 by the European Parliament, the European Council, and the European Commission at the Gothenburg Summit, consists of 20 pillars of social rights aimed at building a stronger, fairer, more inclusive Europe full of opportunities.

Similarly, in 2021, the action plan for the social economy aimed to complement Member States' actions by providing quality social services in a cost-effective manner and integrating disadvantaged groups into the labor market and society at large.

[13] Digital competence is based on Eurostat's methodology. It only considers people who have used the internet in the last three months and establishes four types of skills: no skills, low skills, basic and advanced. Built from the degree of ability in the fields of Information, Communication, Problem Solving and Computer Skills.

At the national level, the reference document is the National Strategy for the Prevention and Fight against Poverty and Social Exclusion (2019-2023). This strategy responds to the commitment of the Government of Spain to maintain and develop the Welfare State to address social challenges, particularly focusing on the full social inclusion of the most vulnerable people.

The United Nations has highlighted the importance of closing the gap in diversity of access to digital technologies since the World Summit on the Information Society. The focus is on the need for investments in digital infrastructures and skills. At the European level, two key initiatives have emerged to address this problem. Firstly, the Digital Education Action Plan 2021-2027 seeks to improve the quality and accessibility of digital education in Europe, promoting a high-performance digital education ecosystem and enhancing digital skills. Secondly, Europe's Digital Decade aims to ensure that technology and innovation benefit everyone, setting specific targets in areas such as connectivity, digital skills, and digital public services.

On the other hand, the Government of Spain has contributed with initiatives such as Digital Spain 2026, a roadmap that seeks to promote the country's digital transformation to achieve equitable economic growth. The National Digital Skills Plan, part of the 2026 Digital Agenda and the Recovery, Transformation, and Resilience Plan, aims to promote the training and digital inclusion of the population and workers, with an investment of 3,750 million euros for the period 2021-2023.

This pilot project is aligned with European and national strategies in the field of combating poverty and social exclusion, as well as with the 2030 Agenda for Sustainable Development, contributing specifically to SDGs 1, 8 and 10.

In this context, Caritas Spain has conceived a project aimed at increasing the level of socio-labor inclusion of its participants. The project aims to enhance their capacity for autonomy in economic matters with the goal of integrating them more closely into the business fabric.

The scientific objective of the project is to evaluate the impact of conducting intensive itineraries in career guidance and digital training to improve employability and social inclusion. Additionally, the project aims to promote the transfer of knowledge into the public policymaking process and to be accountable for the project's results.

The governance framework established for the proper execution and evaluation of the project includes the following actors:

- **Cáritas Española** is the entity responsible for the execution of the project. Established in 1947, its purpose is to carry out the charitable and social action of the Catholic Church in Spain through its confederated members.

  Caritas Spain promotes the integral development of people, especially the poorest and most excluded, through accompanying vulnerable individuals. They empower people to defend their rights from three fundamental areas of integral development: basic needs, the meaning of life, and social participation.

Within Caritas Spain there are a total of 70 Diocesan Caritas (CCDD) that are responsible for coordinating, guiding, and promoting charitable and social action in their respective dioceses. The extensive experience in the framework of the accompaniment of vulnerable people and at risk of social exclusion endorses Cáritas Española as the ideal entity responsible for the execution of this project.

- The **Ministry of Inclusion, Social Security and Migration** (MISSM) is the funding source of the project, and the main responsible for the RCT evaluation. For this reason, the General Secretariat of Inclusion (SGI) assumes the following commitments:
    - Providing support to the beneficiary organization for the design of actions to be conducted for the execution and monitoring of the grant object, as well as profiling potential participants in the pilot project.
    - Designing the randomized controlled trial (RCT) methodology of the pilot project in coordination with the beneficiary organization and scientific collaborators. Additionally, conducting the project evaluation.
    - Ensuring strict compliance with ethical considerations by obtaining approval from the Ethics Committee.
- **CEMFI and J-PAL Europe** are scientific and academic institutions supporting MISSM in the design and RCT evaluation of the project.

In view of the above, this report follows the following structure: **section 2** provides a **project description**, detailing the issues to be addressed, the target audience for the intervention, and the specific interventions associated with improving labor and social inclusion. Next, **section 3** contains information related to the **evaluation design**, defining the theory of change linked to the project, hypotheses, sources of information, and indicators used. **Section 4** describes the **implementation of the intervention,** the analysis of the sample, the results of random allocation, and the level of participation and attrition in the intervention. This section is followed by **Section 5**, which presents the **results of the evaluation**, along with a detailed analysis of the econometric analysis carried out and the results for each of the indicators used. Finally, the general conclusions of the project evaluation are described in **Section 6**. Besides, in the appendix **Economic Management and Regulatory**, additional information is provided on management tools and project governance.

**Ethics Committee linked to the Social Inclusion Itineraries**

During research involving human individuals in the field of biology or the social sciences, researchers and workers associated with the program often face ethical or moral dilemmas in the development of the project or its implementation. For this reason, in many countries it is common practice to create ethics committees that verify the ethical viability of a project as well as its compliance with current legislation on research involving human beings. The Belmont Report (1979) and its three fundamental ethical principles – respect for individuals, profit and justice – constitute the most common frame of reference in which ethics committees operate, in addition to the corresponding legislation in each country.

With the aim of protecting the rights of participants in the development of social inclusion itineraries and ensuring that their dignity and respect for their autonomy and privacy are guaranteed, Order ISM/208/2022 dated March 10 creates the Ethics Committee linked to the Social Inclusion Itineraries. The Ethics Committee, attached to the General Secretariat of Inclusion and Social Welfare Objectives and Policies, is composed of a president – with an outstanding professional career in defense of ethical values, a social scientific profile of recognized prestige and experience in evaluation processes – and two experts appointed as members.

The Ethics Committee has conducted analysis and advice on the ethical issues that have arisen in the execution, development, and evaluation of the itineraries, formulated proposals in those cases that present conflicts of values and approved the evaluation plans of all the itineraries. In particular, the Ethics Committee issued its approval for the development of this evaluation on January 25, 2023.

# 2 Description of the program and its context

This section details the program implemented by Caritas Spain within the framework of the pilot project. It describes the target population, the territorial framework, and provides a detailed description of the intervention.

## 2.1 Introduction

Caritas Spain's pilot project "EMPLEA LAB: Pilot project of intensive itineraries of labor insertion" aims to promote the socio-labor insertion of the most vulnerable people of working age. This is achieved through the implementation of intensive and innovative itineraries and training in digital skills

Scientific studies related to the project include those in the field of combating social exclusion, such as the meta-analysis conducted by McFarland (2017). This review of studies, mostly using the RCT

methodology, provides a range of experiments related to basic income. It highlights the diversity of experimental approaches, and the effects observed on labor participation, health, education, and other socioeconomic aspects, as well as the political and social implications of the results obtained. Specifically, the article by Verho et al. (2022) stands out, demonstrating some positive effects on employability when replacing unemployment benefits with a basic income of equivalent economic value.

In scientific literature, there are precedents showing positive results of support programs, particularly in the fields of economic support, social outreach, and labor integration. A notable example is the study on the B-MINCOME pilot program (Todeschni & Sabes-Figuera, 2019), implemented in the city of Barcelona. This study evaluated an innovative policy combining cash transfers with social and labor inclusion measures such as training and socialization activities. The results indicated a reduction in material deprivation and food insecurity, along with improvements in life satisfaction, sleep quality, and community participation. However, there was no significant effect observed on employment status or health perception.

Among the main studies addressing the impact of interventions combining employment and training, Card et al. (2010) stands out. Their study shows how programs integrating labor insertion and skills development can generate positive impacts in the medium and long term, contrasting with other employment policies such as subsidies and transfers, which have relatively minor effects. Another significant study is the one conducted in Colombia by Attanasio et al. (2011), which implemented a six-month employment and training intervention. This study yielded positive results in terms of increased employment and future productivity among participants.

Regarding the digital aspect of the project, there is also scientific evidence available. The study by Lee et al. (2022), conducted in South Korea, identified positive impacts of digital literacy training on the use of digital devices among adults aged over 65. This study showed improvements in well-being and cognitive function. On the other hand, Choudhary, and Bansal (2022) reviewed digital training programs, highlighting a variety of impacts that largely depend on the quality of services and the structure of the program.

In addition to the evidence related to RCT, two relevant references have been utilized for the "EMPLEA LAB" project by Caritas Española. Firstly, Maíllo et al. (2019) provided the definition of poverty and social exclusion, which incorporates a total of 35 indicators used to calculate the Synthetic Social Exclusion Index (ISES) developed by FOESSA. Secondly, FOESSA (2020) conducted an analysis of the Spanish labor market, focusing on the concept of decent work and its various implications.

## 2.2 Target population and territorial scope

The target population consists of working-age individuals who are beneficiaries of the IMV or regional minimum income, or who are not beneficiaries but are in a situation of vulnerability or social exclusion.

The territorial scope of the includes the provinces of Albacete, Barcelona, Cuenca, Girona, León, Lugo, Menorca, Ourense, Guadalajara, Valladolid, and Zamora.

Further details on the recruitment process are provided in **section 3.5** as part of the evaluation design.

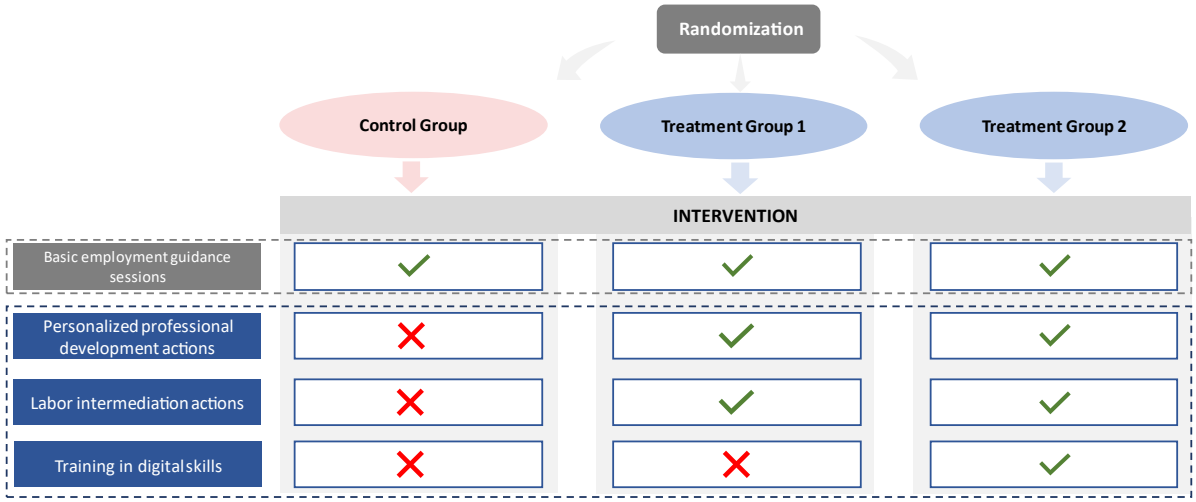
## 2.3. Description of interventions

The intervention strategy aims to increase the chances of finding and maintaining a job for the people participating in the intensive inclusion itinerary, through the acquisition of basic skills of active job search and digital skills.

To rigorously evaluate the impact of the intervention, participants are divided into three experimental groups: a control group and two treatment groups. All experimental groups receive basic job orientation sessions. Treatment Group 1, in addition to basic employment guidance sessions, receives specific and personalized professional development actions including basic, transversal, and technical skills for job search, as well as labor intermediation actions. Finally, Treatment Group 2 receives all actions provided to Treatment Group 1 plus training in digital skills.

To achieve the expected participation results, the project is designed in three successive editions that replicate the intervention scheme with each group of participants in each edition. **Figure 2** summarizes the actions carried out in each of the models, based on the experimental group that receives them.

**Figure 2: Intervention scheme**




In this setup, both the control group and the treatment groups attend basic job orientation sessions. The basic career guidance training comprises three sessions, each lasting two hours, focusing on curriculum vitae preparation, job interview preparation, and active job search strategies. In addition to these basic sessions, to maintain participation levels, the control group receives an economic incentive during the project's implementation. Regarding incentives, all participants receive compensation for their involvement in a follow-up, which includes three periodic interviews assessing their situation: an initial diagnosis, a follow-up interview after three months, and another after five months. The incentives are structured as follows: 50 euros for the first questionnaire, 60 euros for the

second, and 70 euros for the third. Additionally, an extra measurement is conducted, corresponding to a third post-test for participants from the first and second editions, scheduled for January 2024, with an incentive of 70 euros.

The main content of the three actions carried out in the treatment groups is described below:

### Personalized job guidance actions

The two treatment groups participate in actions developed individually and/or in groups, with a minimum of 2 weekly sessions. Initially, the focus is on defining each participant's professional objectives and expectations to effectively plan their career development. This includes identifying skills acquired outside paid work through participation in educational or social contexts.

These 8 sessions also aim to enhance basic skills such as self-control, self-esteem, communication, adherence to rules and tasks, and language proficiency. Participants also receive training in transversal skills such as leadership improvement, decision-making, teamwork, problem-solving, time management, and flexibility. These skills are complemented by training in job search techniques and tools (such as cover letters, selection processes, and job portals). Additionally, sessions focused on improving language proficiency and mathematics skills are provided.

### Labor intermediation actions

Through collaborative efforts between CCDD Placement Agencies, the project promotes a network of alliances with local businesses to facilitate job opportunities for participants. These actions, targeted at both treatment groups, include individual sessions with participants to prepare for selection interviews, group sessions for mutual support in job searching, and selection of candidates based on job profiles and requirements. This involves CV screening and initial interviews to optimize the selection process for participants.

Additionally, initial contact is made with participating companies to identify sectors of interest and market trends. Efforts are made to engage and strengthen relationships with these companies, providing support in identifying their needs and requirements associated with each job offer.

### Digital training actions

Exclusive to treatment group 2, these actions consist of 8 training sessions focused on digital skills. The objective of these sessions is to enhance participants' ability to perform daily tasks digitally, increase their digital autonomy in active job search processes (such as managing job portals and creating digital resumes), and acquire fundamental digital skills essential for most jobs.

Considering the intervention scheme outlined above, the treatment phases broadly follow these steps:

**Figure 3: Treatment phases**


- **Entrance phase**: This phase marks the entry into the program and the initial contact with participants. Both treatment and control group participants consent to participate in the project and complete the initial or baseline survey. This survey collects and records essential information about the participants, providing an initial diagnosis of their employment status, competencies, and socioeconomic situation.
- **Intervention Phase:** During this phase, actions specific to each experimental group are implemented. All experimental groups receive basic sessions, including personalized job guidance and labor intermediation actions provided to both treatment groups. Additionally, digital training sessions are exclusively offered to treatment group 2.
- **Exit Phase:** The focus of this phase is on planning the closure of treatment, which includes collecting information through the final line survey and evaluating outcomes.

# 3 Evaluation design

This section describes the design of the impact assessment of the projects outlined in the previous section. The section describes the Theory of Change, which identifies the mechanisms and aspects to measure, the hypotheses to test in the evaluation, the sources of information to build the indicators and the design of the experiment.

## 3.1 Theory of Change

This report, with the aim of designing an evaluation that enables understanding the causal relationship between the intervention and its final objective, develops a Theory of Change. The Theory of Change schematizes the relationship between the needs identified in the target population, the benefits, or services that the intervention provides, and the immediate and medium-long term results sought by the intervention. It explains the relationships between these elements, the assumptions underlying them, and outlines measures or outcome indicators.

### Theory of Change

A Theory of Change begins with the correct identification of the needs or problems to be addressed and their underlying causes. This situational analysis should guide the design of the intervention, i.e., the activities or products that are provided to alleviate or resolve the needs, as well as the processes necessary to properly implement the treatment. Next, we identify the expected effect(s) based on the initial hypothesis, i.e., what changes – in behavior, expectations, or knowledge – are expected to be obtained in the short term with the actions conducted. Finally, the process concludes with the definition of the medium- to long-term results that the intervention aims to achieve. Sometimes, the effects directly obtained with the actions are identified as intermediate results, and one identifies the indirect effects in the results.

The development of a Theory of Change is a fundamental element of impact evaluation. At the design stage, the Theory of Change helps to formulate hypotheses and identify the indicators needed for the measurement of results. Once the results are achieved, the Theory of Change makes it easier, if results are not as expected, to detect which part of the hypothetical causal chain failed, as well as to identify, in case of positive results, the mechanisms through which the program works. Likewise, the identification of the mechanisms that made the expected change possible allows a greater understanding of the possible generalization or not of the results to different contexts.

The "Emplea-lab" project aims to enhance employability by improving participants' basic, transversal, and digital skills for job searching and maintenance, while simultaneously activating their labor potential. The goal of the pilot project is to increase participants' access to job opportunities, thereby enhancing their employability.

The main issue addressed by this program is that unemployment hinders the social inclusion of vulnerable or excluded individuals. This pilot project aims to tackle this by providing treatment focused on guidance, intermediation, and enhancement of work skills, along with an additional treatment that includes training in digital skills. There is a special emphasis on fostering social interaction among participants.

As a result of the actions described, several outputs are expected, which are crucial for achieving the expected outcomes. Job guidance and enhancement of basic skills aim to engage participants and motivate them to actively participate in the process. Incentives are provided to cover their basic needs and ensure they have sufficient time for effective participation. Labor intermediation and prospecting efforts are expected to provide participants with better information about the labor market.

Moreover, participants in the second treatment group, who receive training in digital skills, are anticipated to gain additional tools for their integration into the labor market.

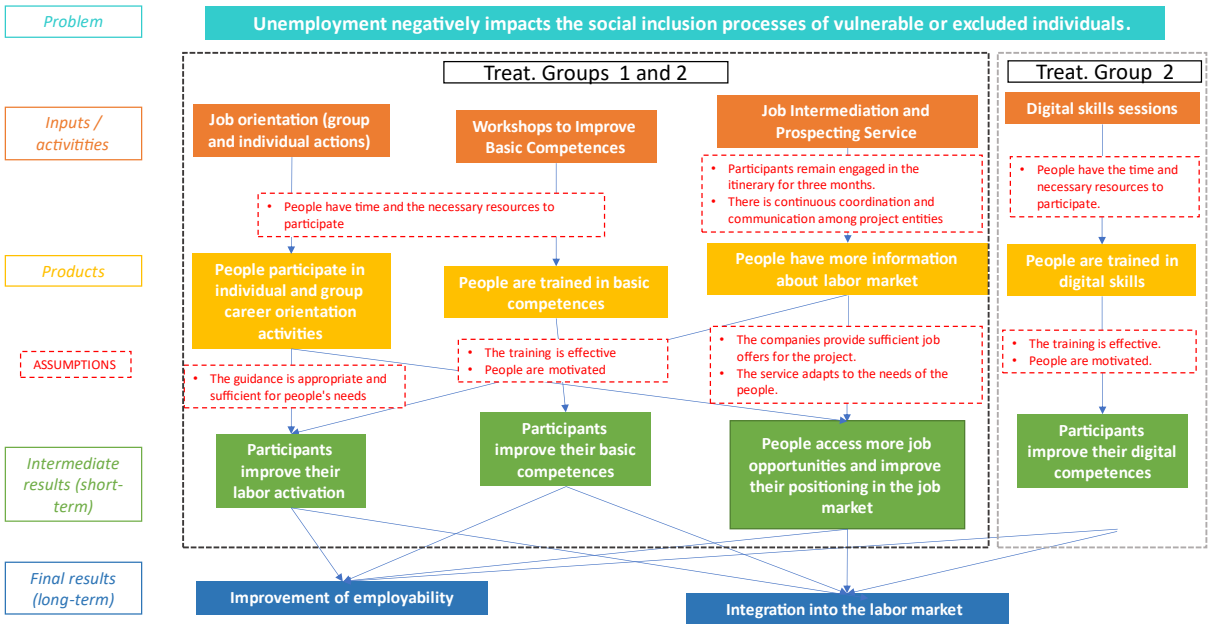
In the short term, participants are expected to increase their motivation in actively seeking employment (job activation) and enhance their employability and basic skills, thereby improving their

positioning in the job market. Additionally, participants in the second treatment group are expected to improve their digital skills.

In the long term, the project aims for a substantial improvement in employability and successful labor market integration for the participants.

**Figure 4** illustrates the breakthrough scheme and the main assumptions of the Theory of Change for both treatment groups.

**Figure 4. Outline of the Theory of Change towards labor and social inclusion**




## 3.2 Hypothesis

The "Emplea-lab" Project proposes testing a series of hypotheses to evaluate the impact of two treatments on achieving the goal of increasing participants' access to job offers and improving their labor insertion rates. These treatments aim to contribute to the long-term objective of enhancing employability and achieving sustained labor market integration.

The hypotheses to be tested are set out below:

### Increased income or reduced difficulty making ends meet

This study postulates the hypothesis that participation in the "Emplea-lab" program of Caritas will mean greater income, or at least, less difficulty in making ends meet, compared to the participants of the control group for each of the two treatment groups.

### Occupancy improvement

This report establishes the hypothesis that participants in the treatment groups of the "Emplea-lab" pilot project will have more options to find a job or keep the one they already have, compared to the control group.

### Improved employability

This study postulates the hypothesis that the "Emplea-lab" treatment has a positive impact on "soft" or transversal skills to any type of employment, improving people's proactivity to find a job.

### Narrowing the digital divide in job search

To evaluate the effects on the digital divide in job search, the study proposes the hypothesis that the treated group will experience a positive effect on their digital skills in the job search.

## 3.3 Sources of information

The main source of information used to collect data on the indicators for confirming or refuting the initial hypotheses are the follow-up questionnaires prepared by Caritas Spain in coordination with the Technical Committee. These questionnaires were completed by study participants both in the pre-experiment phase (the **baseline survey**) and the post-experiment phase (the **endline** surveys). The data collection was facilitated through a social enterprise specializing in social and labor insertion as well as market research. It was primarily conducted in person by the technical teams of the responsible company across different regions. In exceptional cases where there were mobility constraints or other reasons, the interviews were conducted over the phone by the same teams, ensuring that initial interviews in all three editions were conducted face-to-face.

The baseline survey is utilized to assess the initial situation of participants across various study areas, while the end-line survey is employed to compare outcomes between the treatment and control groups post-intervention. These surveys are crucial for drawing conclusions in scientific study.

The baseline survey comprises approximately 50 specific questions divided into several sections: personal information, current employment status, job activation, employability, and digital skills.

The Final line survey contains a similar number of questions, adding a project satisfaction section. While some specific questions may differ in formulation, the shared sections between both questionnaires aim to evaluate the program's impact on participants. Here is a brief description of the general theme of each subdivision:

- **Personal data:** Collects demographic details and participant identifiers (ID card, municipality of residence, nationality, level of education, disability, employment situation, household, housing, and income).
- **Current employment status:** Assesses whether participants are employed, unemployed, or in other statuses (last week's employment status and paid activity).

- **Job activation:** Explores prior status and evolution of participants' engagement in job-seeking activities and job offers received (current job search, professional objectives, knowledge of the job market, number of job offers to which they have applied, interviews carried out/offered, job training actions, job guidance actions...).
- **Employability:** Evaluates prior status and changes in skills, competencies, and readiness for employment (their level of planning and time management, emotional management, teamwork, personal image, conflict resolution, verbal, and non-verbal communication...).
- **Digital skills:** Assesses prior status and improvements in participants' digital proficiency (electronic administration, use of e-mail, use of operating systems...).
- **Satisfaction with the project (final line questionnaire only):** Questions related to the degree of satisfaction of the participant with the project (subjective assessment) and future job and life prospects.

In the employment section, there is also access to administrative information regarding the work histories of the participants. All participants consented to the use of this information when they signed the informed consent to participate in the project.

## 3.4 Indicators

This section describes the indicators used to assess the impact of the pathway, categorized by themes related to the hypotheses outlined earlier. Each indicator is detailed below.

### Revenue

Two indicators are used for the income situation of the participants.

**Average revenue for the last six months**: This is the average net income that a participant has received in the previous six months.

**Ability to make ends meet**: This is a binary variable that takes a value of 0 when the household has been in arrears for the last 12 months and takes a value of 1 when it has managed not to be so.

### Occupation

Within this domain, in addition to the indicators derived from surveys, there is also information obtained from the administrative records.

In the case of survey-based indicators, the following indicators are constructed:

**Working (Yes/No):** Binary variable that takes value 1 if the participant is working and 0 otherwise.

**Looking for a job (Yes/No):** A binary variable that takes a value of 1 if the participant is looking for a job in the last five months and 0 otherwise.

**Number of jobs offers submitted:** Average of the number of jobs offers to which the participant applied in the last 5 months

**Number of job interviews conducted:** Average of the number of jobs interviews the participant had in the last 5 months.

**Selected in process (Yes/No):** Binary variable that takes value 1 if the participant has been selected in a process in the last week and 0 otherwise.

**Reject job offer (Yes/No):** Binary variable that takes value 1 if the participant has said no to a job offer and 0 otherwise.

The following section describes the employment indicators constructed from the participants' work life data rather than survey data. These indicators comprise two types based on this source: those associated with a specific period and those referencing a specific calendar date.

Within the first group, we calculated them using four to five reference periods per edition, like the periods when the surveys were conducted, and the treatment was administered:

The indicators corresponding to this group are:

**Number of days worked:** Sum of the days worked in the reference period analyzed.

**Number of full-time equivalent days:** Sum of the days in registration considering the type of working day of each employment relationship in the period analyzed.

**Work intensity:** Ratio between the number of days worked and the total number of days in the reference period analyzed.

**Full-time work intensity:** Ratio between the number of full-time equivalent days worked and the total number of days in the reference period analyzed.

For indicators associated with a specific date:

**Working:** Binary variable that takes value 1 if the participant is working and 0 otherwise during the reference period analyzed.

**No contract:** Binary variable that takes value 1 if the participant is working without a contract and 0 otherwise during the reference period analyzed.

**Indefinite contract:** Binary variable that takes value 1 if the participant is working with an indefinite contract and 0 otherwise during the reference period analyzed.

**Full-time contract:** Binary variable that takes value 1 if the participant is working with a full-time contract and 0 otherwise during the reference period analyzed.

## Employability

It is measured with several indicators:

**Self-knowledge:** Constructed using the Anderson index[14], with mean 0 and standard deviation 1. It is built with description of strengths and weaknesses to obtain a job and self-perception of the ability to obtain a job

**Soft skills:** Constructed using the Anderson index, with mean 0 and standard deviation 1. It is built with self-care and image, verbal and non-verbal communication, conflict resolution, teamwork skills, emotional management, and self-control, planning and time management.

## Digital divide

This study measures the differential effect of treatment on reducing the digital divide in participants' job search using five indicators:

**Use of any digital device for job search:** The indicator is constructed through binary variables that take a value of 1 if the participant has used a mobile phone, tablet or computer and a qualitative variable that measures their level of knowledge of the internet that takes values between 1 (minimum level) and 4 (maximum level).

**Send CV online:** Binary variable that takes value 1 if the participant has sent a CV online in the last week and 0 otherwise.

**Access to online job offers:** Binary variable that takes a value of 1 if the participant has managed to access a job online and 0 otherwise.

**Get information from public administration websites or apps:** Constructed through three binary variables that take value 1 if the participant has obtained information from public administration websites or apps, has downloaded and printed forms and has sent completed forms; and they take a value of 0 in the opposite helmets.

**Ability to manage online tasks:** Built through binary variables that take value 1 if the participant has been able to manage online tasks, use email, create a cloud account, create folders on the computer, use online applications to search for a job, use e-government applications and use online communication tools for interviews; and take value 0 otherwise.

[14] This method aggregates information from a set of variables that attempt to measure a common latent variable. Intuitively, the method calculates a weighted average of all the variables, where the weight assigned to each of them depends on how correlated it is with the others (the lower the correlation, the greater the weight).

## 3.5 Design of the experiment

To assess the effect of the pilot project on the indicators described in the previous section across the two treatments, we use an experimental evaluation (RCT) where participants are randomly assigned to treatment groups 1 and 2, as well as the control group.

In this specific project, it is important to note that the recruitment phase, randomization phase, treatments, and surveys were conducted across three different editions. The process of recruiting and selecting intervention beneficiaries is detailed below, along with the random assignment and experiment timeframe.

**Recruitment of the beneficiaries of the intervention**

The target population for this intervention included individuals aged 16 to 65 residing in the provinces of Albacete, Barcelona, Cuenca, Girona, Guadalajara, León, Lugo, Ourense, Valladolid, Zamora, and on the island of Menorca. They were recipients of the IMV and/or regional minimum income or were at risk of social exclusion.

To select participants for the project, priority was given to households receiving the MIS listed by the Ministry. Additionally, individuals participating in Caritas activities were also contacted.

Those interested in participating signed the informed consent with which they approved their participation in the program. Thus, the signatory group went on to define the sample of the study.

**Informed consent**

One of the fundamental ethical principles of research involving human beings (respect for people) requires study participants to be informed about the research and consent to be included in the study. Informed consent is usually part of the initial interview and has two essential parts: the explanation of the experiment to the person, and the request and registration of their consent to participate. Consent should begin with a comprehensible presentation of key information that will help the person make an informed decision, i.e., understand the research, what is expected of it, and the potential risks and benefits. Documentation is required as a record that the process has taken place and as proof of informed consent, if so.

Informed consent is required in most research and may be oral or written, depending on different factors such as the literacy of the population or the risks posed by consent. Only under very specific circumstances, such as when the potential risks to participants are minimal and the informed consent is very complex to obtain or would harms the validity of the experiment, informed consent may be avoided, or partial information may be given to participants with the approval of the ethics committee.

**Random assignment of participants**

After signing the consent, participants in the experiment are randomly assigned to either the treatment group or the control group. Random assignment is the cornerstone of RCTs for identifying a causal relationship between treatment and outcomes. When executed properly, this process

ensures that the treatment and control groups are statistically comparable, encompassing both observable and unobservable variables. This homogeneity provides the necessary framework for accurately measuring potential effects resulting from the intervention.

Participants were randomly assigned to treatment 1, treatment 2, and SGI control groups. Randomization takes place at the individual level[15]. This randomization was stratified by territory for each of the three waves.

**Figure 5: Recruitment and randomization process**

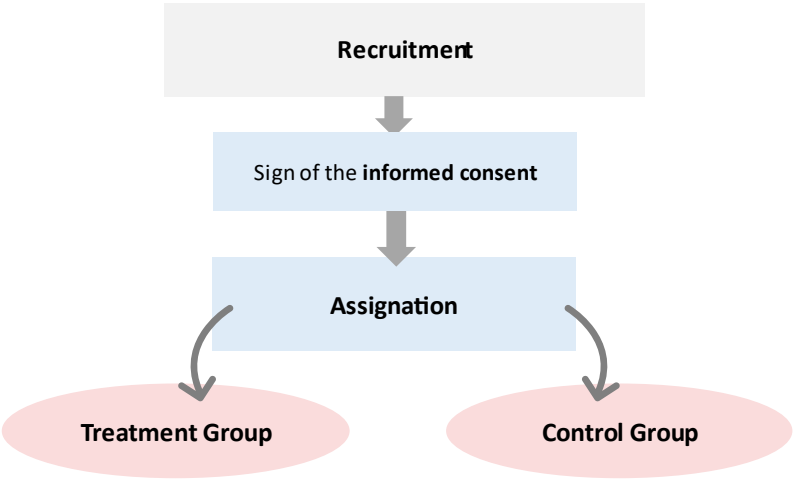


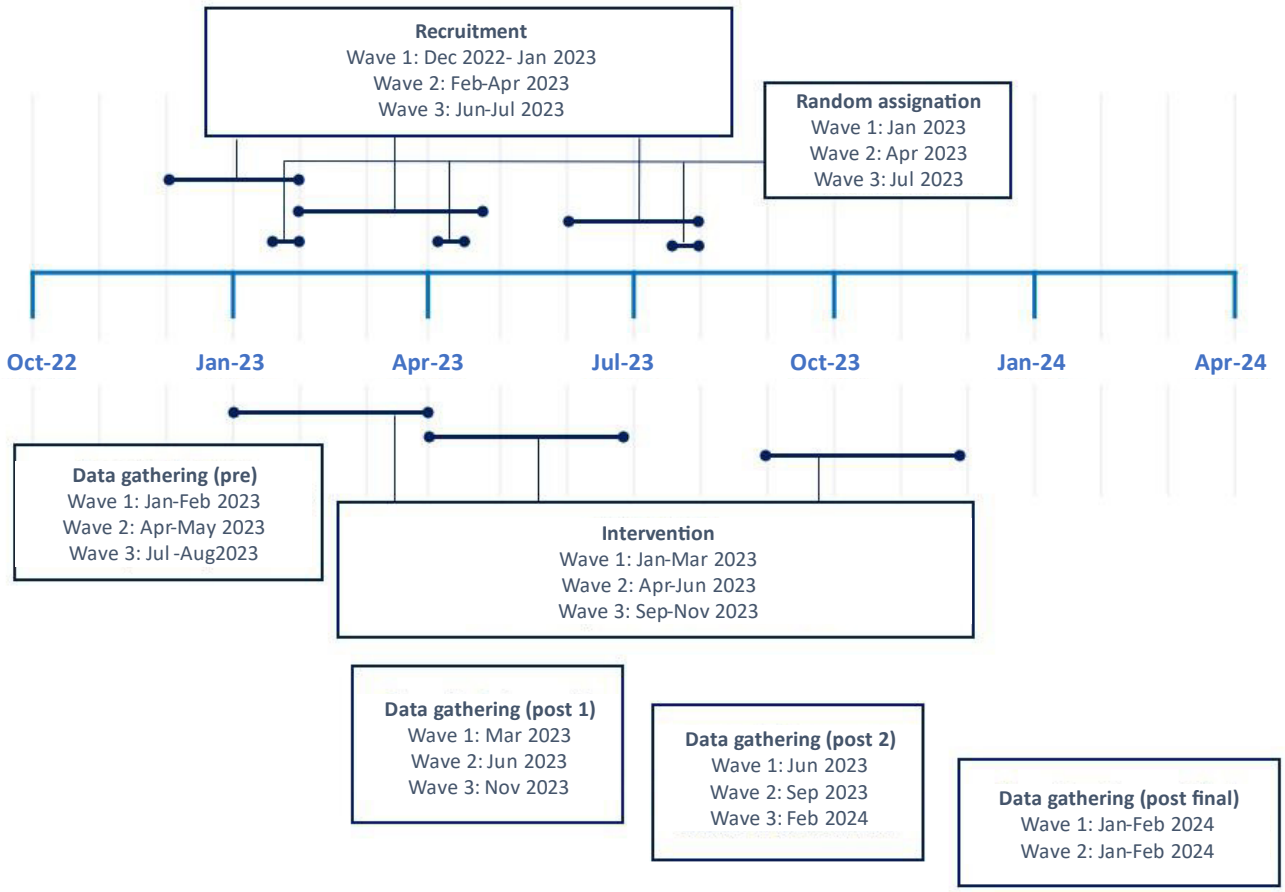

**Figure 6** shows the time sequence of the project evaluation process. In December 2022, the process of attracting the first wave of participants began, in February 2023 that of the second wave and in June 2023 that of the third. The recruitment processes ended in January 2023, April 2023, and July 2023 respectively in each of them.

Randomization took place in December 2022 (first wave), April 2023 (second wave), and July 2023 (third wave). Treatment began in January 2023, April 2023, and September 2023 in the first, second, and third waves, respectively, and ended in March 2023, June 2023, and November 2023, respectively.

The baseline survey began in January 2023, April 2023, and July 2023 for the first, second, and third waves, respectively. For the final line survey, three measurements were carried out. The first measurement took place in March 2023, June 2023, and November 2023 for each of the waves respectively. The second measurement of the final line survey took place in June 2023 (first wave), September 2023 (second wave) and February 2024 (third wave), the last final line survey was only carried out for the first two editions between January and February 2024.

[15] In general, only one member of the same family participated. However, in some specific cases, it was considered appropriate for several members of the same family to participate. Allocation included the restriction that members of the same family were assigned to the same group, maintaining the equiprobability of their assignment to any group.

**Figure 6: Evaluation timeframe**




# 4 Description of the implementation of the intervention

This section describes the practical aspects of how the intervention was implemented as part of the evaluation design. It describes the results of the participant recruitment process and other relevant logistical aspects to contextualize the results of the evaluation.

## 4.1 Sample Description

The recruitment procedure relied on the databases of MIS beneficiaries. Initially, it has been planned to transmit contacts of potential beneficiaries from the MISSM at a ratio of approximately 5 times the estimated number of participants. For instance, in the first wave/edition with a theoretical participation of 631 people, a volume of contacts totaling 3,078 individuals was sent. The intention was to ensure that these contacts were not fully utilized, they could be carried over for the next edition. Conversely, if exhausted, a supplementary list of contacts would be provided.

From the outset of the recruitment process, it became evident that the proportion of contacts to acquire potential participants did not yield enough candidates, necessitating additional lists even for the first edition. Consequently, depending on the advancement of the Caritas recruitment efforts, additional transmissions of contacts from MIS beneficiaries were implemented. This eventually totaled more than 27,000 contacts, depleting the available number of IMV beneficiaries listed in the MISSM databases, particularly in territories like Menorca. Therefore, Caritas had to introduce supplementary lists of potential beneficiaries through its own network in these regions.

**Table 1: Contact breakdown for recruitment**

| Province | (1) Acquisition objective per edition | (2) First Edition Contacts | (3) Total contacts 3 editions |
|---|---|---|---|
| Albacete | 44 | 220 | 1,545 |
| Barcelona | 132 | 660 | 11,821 |
| Basin | 44 | 165 | 639 |
| Girona | 44 | 264 | 2,097 |
| Lion | 88 | 440 | 2,178 |
| Lugo | 33 | 165 | 1,427 |
| Minorca | 33 | 83 | 390 |
| Ourense | 88 | 440 | 1,854 |
| Sigüenza-Guadalajara | 44 | 236 | 1,165 |
| Valladolid | 37 | 185 | 3,232 |
| Zamora | 44 | 220 | 1,109 |
| **TOTAL** | **631** | **3,078** | **27,457** |

**Table 2: Reasons why participants are unwilling/unable to participate**

| Province | Edition 1 | Edition 2 | Edition 3 | Total |
|---|---|---|---|---|
| They have not attended the appointment | 8.4% | 9.9% | 9.3% | 9.3% |
| They do not show interest in participating once the project has been presented | 35.3% | 39.5% | 29.6% | 34.8% |
| They are rejected for not meeting the requirements | 31.8% | 28.6% | 44.4% | 35.3% |

| Province | Edition 1 | Edition 2 | Edition 3 | Total |
|---|---|---|---|---|
| Other | 24.4% | 21.9% | 16.7% | 20.6% |

After signing the informed consent form and randomization (2,430 people), 2,364 people answered the initial questionnaire. Therefore, 2,430 people make up the sample of the study, although some no longer respond to the baseline survey. Finally, 1,055 participants were assigned to the control group (44.6%), 656 to treatment group 1 (27.8%) and 653 to treatment group 2 (27.6%).

In the third edition, there was an incident in the communication of the assignment to a treatment and control group in a parish, which caused 45 cases to be assigned to the wrong group. For this reason, **in section 5** of the report, results are presented for both the initial assignment and the effective assignment in the field, excluding these 45 problematic cases.

### Final Assessment Sample Features

**Table 3** shows the descriptive statistics of the participants at the time of their entry into the project (baseline survey). The average age of the project participants was 44 years, of which 31% were men and 69% women. 30% of the participants belonged to single-parent households and 75% had Spanish nationality. 11% of the participants have some type of disability. Barcelona is the territory that registered the most participants with 19%, while Menorca is the one that contributes the lowest number with 5% of the total.

Only 23% were employed, while 54% of the participants were unemployed. 65% of the sample lived in rented accommodation.

The most common level of education was, with 62%, the group of Primary Education or ESO or Basic Vocational Training, while 18% of the participants had not completed compulsory education.

As for the average income of the last six months, the average of the participants was €782, while the average number of interviews in the last 3 months stood at 0.2 and 92% declared that they had used a digital device at some point.

**Table 3: Descriptive statistics of the initial sample[16]**

| Variable | Obs. | Mean | Standard deviation | Minimal | Maximum |
|---|---|---|---|---|---|
| Treatment | 2,364 | 0.55 | 0.50 | 0.00 | 1.00 |
| Treatment 1 | 2,364 | 0.28 | 0.45 | 0.00 | 1.00 |
| Treatment 2 | 2,364 | 0.28 | 0.45 | 0.00 | 1.00 |

[16] The values not answered in the surveys are imputed according to the mean of the variable in each corresponding treatment or control group.

| Variable | Obs. | Mean | Standard deviation | Minimal | Maximum |
|---|---|---|---|---|---|
| *Stratification variables (pre-intervention)* | | | | | |
| Edition 1 (First wave) | 2,364 | 0.27 | 0.45 | 0.00 | 1.00 |
| Edition 2 (Second wave) | 2,364 | 0.36 | 0.48 | 0.00 | 1.00 |
| Edition 3 (Third Wave) | 2,364 | 0.36 | 0.48 | 0.00 | 1.00 |
| Albacete | 2,364 | 0.07 | 0.26 | 0.00 | 1.00 |
| Minorca | 2,364 | 0.05 | 0.21 | 0.00 | 1.00 |
| Barcelona | 2,364 | 0.19 | 0.39 | 0.00 | 1.00 |
| Basin | 2,364 | 0.07 | 0.26 | 0.00 | 1.00 |
| Girona | 2,364 | 0.08 | 0.27 | 0.00 | 1.00 |
| Sigüenza-Guadalajara | 2,364 | 0.07 | 0.26 | 0.00 | 1.00 |
| Lion | 2,364 | 0.14 | 0.35 | 0.00 | 1.00 |
| Lugo | 2,364 | 0.06 | 0.24 | 0.00 | 1.00 |
| Ourense | 2,364 | 0.13 | 0.34 | 0.00 | 1.00 |
| Valladolid | 2,364 | 0.07 | 0.26 | 0.00 | 1.00 |
| Zamora | 2,364 | 0.07 | 0.25 | 0.00 | 1.00 |
| *Characteristics of the participants* | | | | | |
| Age | 2,364 | 44.41 | 10.85 | 16.00 | 73.00 |
| Man | 2,364 | 0.31 | 0.46 | 0.00 | 1.00 |
| Country of Birth Spain | 2,364 | 0.51 | 0.50 | 0.00 | 1.00 |
| Spanish nationality | 2,364 | 0.75 | 0.44 | 0.00 | 1.00 |
| Compulsory education not completed | 2,364 | 0.18 | 0.37 | 0.00 | 1.00 |
| Compulsory education and basic vocational training | 2,364 | 0.62 | 0.47 | 0.00 | 1.00 |
| Baccalaureate and Higher Vocational Training | 2,364 | 0.14 | 0.33 | 0.00 | 1.00 |
| University education | 2,364 | 0.07 | 0.24 | 0.00 | 1.00 |
| Certificate of professionalism | 2,364 | 0.28 | 0.45 | 0.00 | 1.00 |
| Non-regulated training | 2,364 | 0.61 | 0.46 | 0.00 | 1.00 |
| Degree of disability | 2,364 | 0.11 | 0.31 | 0.00 | 1.00 |
| People who reside in the home | 2,364 | 2.91 | 1.85 | 0.00 | 25.00 |
| Single-person household | 2,364 | 0.18 | 0.39 | 0.00 | 1.00 |
| Single-parent household | 2,364 | 0.30 | 0.46 | 0.00 | 1.00 |
| Home of a couple with children | 2,364 | 0.30 | 0.46 | 0.00 | 1.00 |
| Other Household Types | 2,364 | 0.21 | 0.41 | 0.00 | 1.00 |
| Property | 2,364 | 0.19 | 0.39 | 0.00 | 1.00 |

| Variable | Obs. | Mean | Standard deviation | Minimal | Maximum |
|---|---|---|---|---|---|
| Rent | 2,364 | 0.65 | 0.48 | 0.00 | 1.00 |
| Other housing | 2,364 | 0.16 | 0.37 | 0.00 | 1.00 |
| Going to another program | 2,364 | 0.12 | 0.32 | 0.00 | 1.00 |
| No availability | 2,364 | 0.01 | 0.09 | 0.00 | 1.00 |
| Morning time availability | 2,364 | 0.51 | 0.49 | 0.00 | 1.00 |
| Afternoon time availability | 2,364 | 0.18 | 0.38 | 0.00 | 1.00 |
| Availability at any time | 2,364 | 0.30 | 0.45 | 0.00 | 1.00 |
| Employee | 2,364 | 0.23 | 0.42 | 0.00 | 1.00 |
| No contract | 2,364 | 0.19 | 0.38 | 0.00 | 1.00 |
| Unemployed | 2,364 | 0.54 | 0.50 | 0.00 | 1.00 |
| *Outcome indicators (pre-intervention)* | | | | | |
| Average revenue in the last 6 months | 2,364 | 782.38 | 421.36 | 0.00 | 3.200.00 |
| Average admissions in the last 3 months | 2,364 | 784.16 | 426.98 | 0.00 | 3.200.00 |
| Media offers that were submitted in the last 3 months | 2,364 | 1.82 | 3.97 | 0.00 | 30.00 |
| Media interviews did in the last 3 months | 2,364 | 0.20 | 0.62 | 0.00 | 7.67 |
| You have been selected in a process | 2,364 | 0.05 | 0.22 | 0.00 | 1.00 |
| You've said no to any offer | 2,364 | 0.04 | 0.19 | 0.00 | 1.00 |
| PRE A: Self-Knowledge | 2,364 | -0.00 | 1.00 | -1.53 | 0.95 |
| PRE A: Soft skills | 2,364 | 0.00 | 1.00 | -1.33 | 1.75 |
| Have you used any digital device | 2,364 | 0.92 | 0.27 | 0.00 | 1.00 |
| Have you sent CVs online in the last week using the internet? | 2,364 | 0.27 | 0.44 | 0.00 | 1.00 |
| Have you managed to access any job offers online? | 2,364 | 0.26 | 0.44 | 0.00 | 1.00 |
| Get information from government websites or apps | 2,364 | 0.84 | 0.34 | 0.00 | 1.00 |
| Download or print official forms | 2,364 | 0.56 | 0.46 | 0.00 | 1.00 |
| Submit Completed Forms | 2,364 | 0.38 | 0.45 | 0.00 | 1.00 |
| Able to manage online tasks | 2,364 | 2.66 | 1.21 | 1.00 | 4.00 |
| Able to use email | 2,364 | 2.98 | 1.21 | 1.00 | 4.00 |
| Able to attach files to an email | 2,364 | 2.75 | 1.32 | 1.00 | 4.00 |
| Able to create a Cloud account (Drive) | 2,364 | 2.14 | 1.30 | 1.00 | 4.00 |

| Variable | Obs. | Mean | Standard deviation | Minimal | Maximum |
|---|---|---|---|---|---|
| Able to create folders on the computer | 2,364 | 2.45 | 1.34 | 1.00 | 4.00 |
| Able to use job search apps (infojobs, jobtoday) | 2,364 | 2.60 | 1.30 | 1.00 | 4.00 |
| Able to use e-government applications (Utilities) | 2,364 | 2.58 | 1.28 | 1.00 | 4.00 |
| Able to use communication tools for interviews (Zoom, Teams...) | 2,364 | 2.51 | 1.21 | 1.00 | 4.00 |

## 4.2 Random Assignment Results

**Table 4** shows the results of the random assignment, detailing the number of participants assigned to each group and breaking down this information according to the territory, which is the stratification variable used in this pilot project

**Table 4: Random Assignment Result**

| Territories. Dioceses | Total Participants | Total Treatment Groups | GT (1) | GT (2) | Total Control Group |
|---|---|---|---|---|---|
| **Albacete (total)** | **144** | **80** | **40** | **40** | **64** |
| 1st wave | 44 | 24 | 12 | 12 | 20 |
| 2nd wave | 50 | 28 | 14 | 14 | 22 |
| 3rd wave | 50 | 28 | 14 | 14 | 22 |
| **Barcelona (total)** | **390** | **214** | **107** | **107** | **176** |
| 1st wave | 124 | 69 | 35 | 34 | 55 |
| 2nd wave | 134 | 73 | 36 | 37 | 61 |
| 3rd wave | 132 | 72 | 36 | 36 | 60 |
| **Basin (total)** | **149** | **82** | **41** | **41** | **67** |
| 1st wave | 44 | 24 | 12 | 12 | 20 |
| 2nd wave | 50 | 28 | 14 | 14 | 22 |
| 3rd wave | 55 | 30 | 15 | 15 | 25 |
| **Gerona (total)** | **151** | **82** | **41** | **41** | **69** |
| 1st wave | 46 | 24 | 12 | 12 | 22 |
| 2nd wave | 50 | 28 | 14 | 14 | 22 |
| 3rd wave | 55 | 30 | 15 | 15 | 25 |
| **León (total)** | **298** | **164** | **82** | **82** | **134** |

| Territories. Dioceses | Total Participants | Total Treatment Groups | GT (1) | GT (2) | Total Control Group |
|---|---|---|---|---|---|
| 1st wave | 88 | 48 | 24 | 24 | 40 |
| 2nd wave | 100 | 56 | 28 | 28 | 44 |
| 3rd wave | 110 | 60 | 30 | 30 | 50 |
| **Lugo (total)** | **131** | **70** | **35** | **35** | **61** |
| 1st wave | 37 | 18 | 9 | 9 | 19 |
| 2nd wave | 50 | 28 | 14 | 14 | 22 |
| 3rd wave | 44 | 24 | 12 | 12 | 20 |
| **Menorca (total)** | **105** | **54** | **27** | **27** | **51** |
| 1st wave | 30 | 16 | 8 | 8 | 14 |
| 2nd wave | 37 | 18 | 9 | 9 | 19 |
| 3rd wave | 38 | 20 | 10 | 10 | 18 |
| **Orense (total)** | **280** | **155** | **77** | **78** | **125** |
| 1st wave | 80 | 43 | 21 | 22 | 37 |
| 2nd wave | 100 | 56 | 28 | 28 | 44 |
| 3rd wave | 100 | 56 | 28 | 28 | 44 |
| **Guadalajara (total)** | **149** | **82** | **41** | **41** | **67** |
| 1st wave | 44 | 24 | 12 | 12 | 20 |
| 2nd wave | 50 | 28 | 14 | 14 | 22 |
| 3rd wave | 55 | 30 | 15 | 15 | 25 |
| **Valladolid (total)** | **145** | **80** | **40** | **40** | **65** |
| 1st wave | 40 | 22 | 11 | 11 | 18 |
| 2nd wave | 50 | 28 | 14 | 14 | 22 |
| 3rd wave | 55 | 30 | 15 | 15 | 25 |
| **Zamora (total)** | **137** | **76** | **38** | **38** | **61** |
| 1st wave | 43 | 24 | 12 | 12 | 19 |
| 2nd wave | 44 | 24 | 12 | 12 | 20 |
| 3rd wave | 50 | 28 | 14 | 14 | 22 |
| **TOTAL 1st wave** | **620** | **336** | **168** | **168** | **284** |
| **TOTAL 2nd wave** | **715** | **395** | **197** | **198** | **320** |
| **TOTAL 3rd wave** | **744** | **408** | **204** | **204** | **336** |
| **TOTAL project** | **2.079** | **1.139** | **569** | **570** | **940** |

In some territories, a group of substitutes was included; 35 in the first edition, 166 in the second edition and 150 in the third. These people had also been randomly assigned and hierarchical.

**Table 5: Additional participants (substitutes) in each edition**

| Edition | Unassigned Substitutes | Control substitutes | Treat. Group 1 substitutes | Treat. Group 2 substitutes | Total |
|---|---|---|---|---|---|
| 1 | 35 | | | | **35** |
| 2 | | 63 | 52 | 51 | **166** |
| 3 | | 75 | 38 | 37 | **150** |
| **Total** | **35** | **138** | **90** | **88** | **351** |

In the second and third editions, we assigned substitutes to the groups they could potentially replace. However, in the first edition, we did not assign substitutes to any group initially.

We managed the incorporation of substitutes according to Caritas's operational capacity specified in the project and in response to participant withdrawals. Specifically, in territories where participants withdrew, we replaced them with the first substitute assigned to that group (except in the first edition where no group of substitutes existed). We carried out this replacement process during the initial weeks of the project, as we anticipated that a delayed start by one participant would not significantly affect overall project outcomes compared to others.

In **Figures 7, 8, and 9 below**, the results of the balance tests between the control group and treatment groups 1 and 2, as well as between the two treatment groups themselves, are shown. All data reflected in these figures pertain to the survey conducted prior to the intervention (baseline). Each observable variable is represented by three consecutive rows of points, indicating the differences between them:

1. Difference between the mean of this variable in treatment group 1 and control.
2. Difference between treatment group 2 and the control group; and
3. Difference Between Treatment Group 1 and Treatment Group 2

Focusing on each of them, we represent the 95% confidence interval for each difference. A confidence interval that includes zero on the vertical axis indicates that the mean difference between groups is not statistically significant, meaning it is not different from zero. This would conclude that the intervention groups are balanced in this characteristic. If the confidence interval for the mean difference does not include zero, it indicates that the difference is statistically significant, thus indicating that the groups are unbalanced in this characteristic.

**Figure 7** shows that all stratification variables (edition and province) are balanced both between the control group and the two treatment groups, as well as in the treatment groups with each other.

Among the demographic characteristics, as shown in **Figure 8**, the only unbalanced variables are the composition of the household (single-parent household) between treatment group 1 and the control group, and the housing tenure regime (ownership vs. renting). Specifically, the variable that measures home ownership is unbalanced between treatment group 1 and the control group, and between treatment group 1 and treatment group 2, while the rental regime is unbalanced between both treatment groups.

Regarding the outcome indicators, the unbalanced indicators presented in **Figure 9** are the mean admissions in the last 6 months, the mean admissions in the last 6 months, between treatment groups 1 and 2 and having been selected in a process in the last month also between both treatment groups.

**Figure 7: Difference in standardized means between treatment group and control group stratification variables (95% confidence interval)**

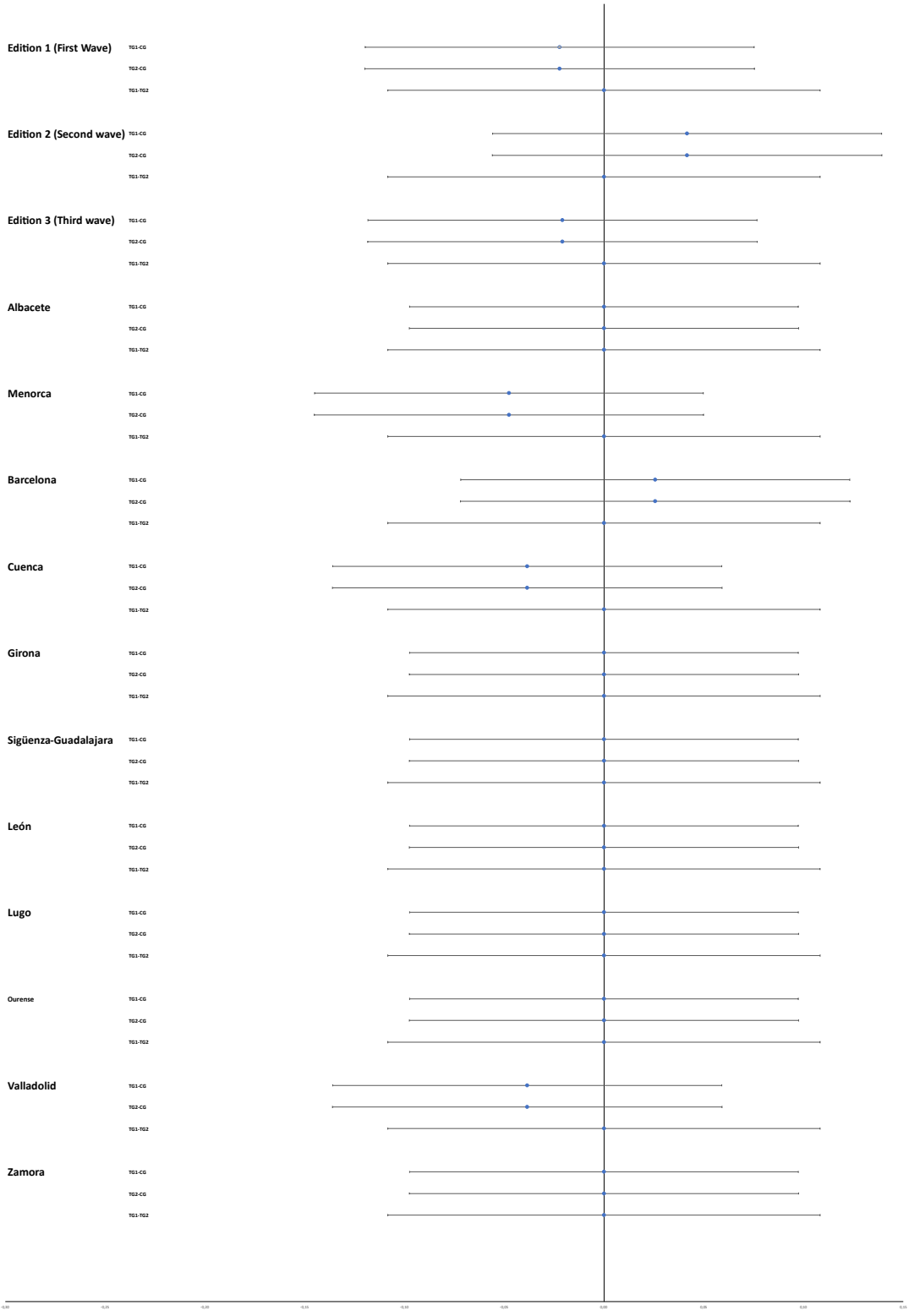


**Figure 8: Standardized mean difference between treatment and control groups for sociodemographic variables (95% confidence interval)**

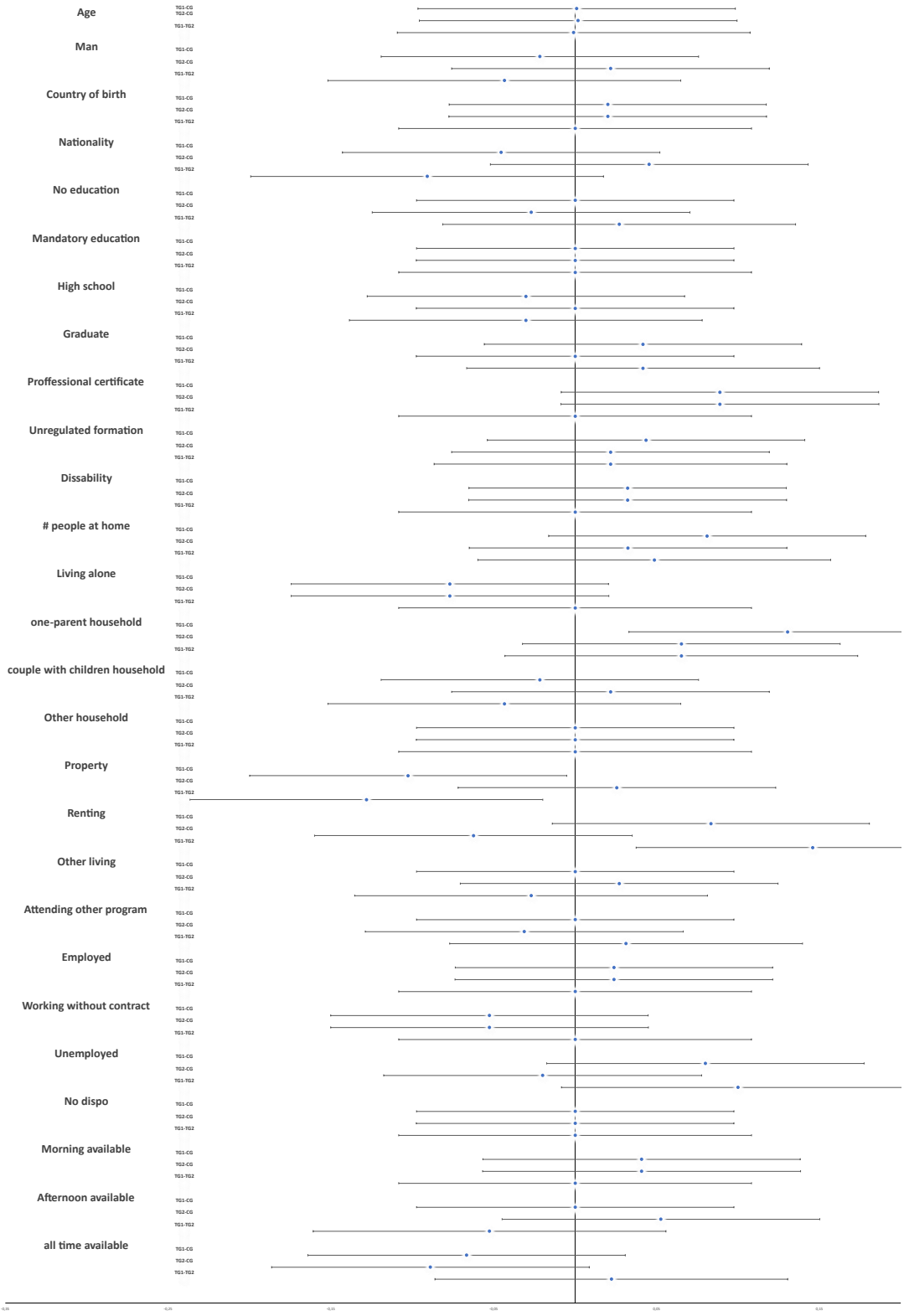
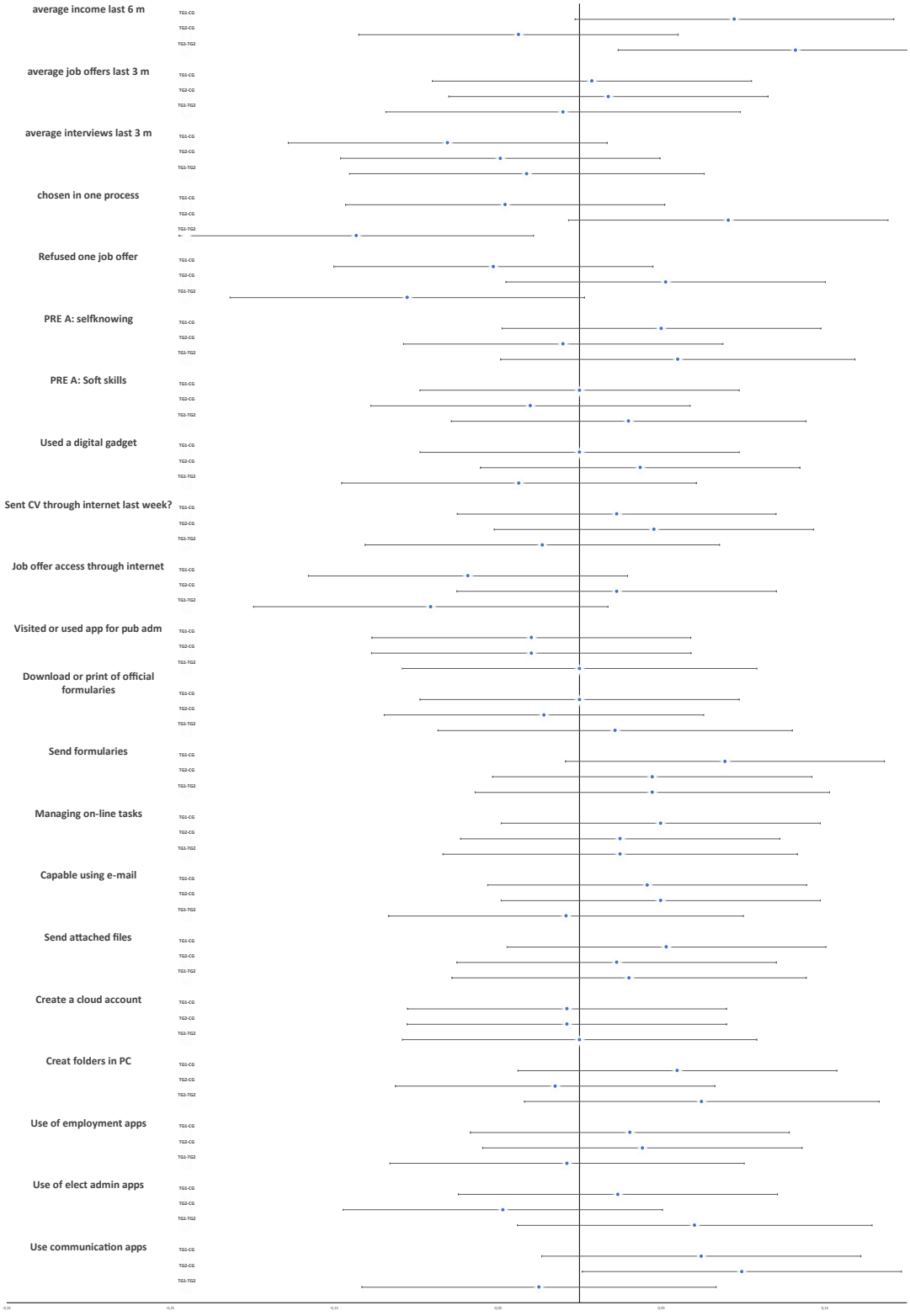


**Figure 9: Standardized mean difference between treatment and control groups for outcome indicators (95% confidence interval)**



## 4.3 Degree of participation and attrition by groups

The group signing the informed consent form constitutes the experimental sample that was randomly assigned to the control and treatment groups. However, both participation in the program and responses to the initial and final surveys are voluntary. On the one hand, it is important to analyze the degree of participation in the program since the estimation of results will refer to the average effects of offering it, given the degree of participation. For example, if participation in treatment activities is low, the treatment and control groups will look very similar, making it harder to find an effect. Additionally, this section examines whether the non-completion of the final survey by some participants reduces the comparability of the treatment and control groups after the intervention. This occurs if the response rate differs between groups or according to the demographic characteristics of the participants in each group.

Among the various activities carried out in the pilot project, the percentage of units completed out of the expected total, except for the follow-up of individual sessions, shows an almost complete adherence to the planned itinerary. Lower attendance rates are associated with individualized activities. It is important to note that since these activities are tailored to the individual profiles of each person, they do not follow rigid planning and monitoring guidelines. Consequently, the follow-up percentages for both sessions and participants have a lower potential for analysis.

**Table 6: Number of units expected and completed from the pilot project.**

| Activity | Total expected value of the project | Number of units made | Groups that receive them | % achieved of the expected total |
|---|---|---|---|---|
| Reception session, diagnosis, and design of action plan | 1,894 | 1,818 | CG, TG1 and TG2 | 96.0% |
| Soft Skills Sessions (basic and transversal) | 672 | 672 | TG1 and TG2 | 100.0% |
| Active Job Search Sessions Treatment | 588 | 588 | TG1 AND TG2 | 100.0% |
| Active Job Search Control Sessions | 99 | 99 | CG | 100.0% |
| Individual Employment Orientation sessions. | 5,120 | 2,729 | TG1 and TG2 | 53.3% |
| Digital Skills Sessions | 336 | 336 | TG2 | 100.0% |
| Individual Employment Intermediation sessions. | 4,096 | 1,771 | TG1 and TG2 | 43.2% |
| Group sessions on Employment Intermediation. | 312 | 311 | TG1 and TG2 | 99.7% |

As shown in the following table, the control group exhibited the highest participation in the occupational and competence diagnosis with almost 81%. The follow-up for treatment group 2 in the digital basic skills workshops exceeded 50%. Additionally, treatment group 1 had greater participation in the rest of the activities compared to treatment group 2.

**Table 7: People who have carried out the various activities of the project (%) aggregated by groups**

| Activity | Labor and Competence Diagnosis | Soft skills workshop | Digital Basic Skills Workshop | Individual Career Guidance | Individual Labor Intermediation | Group spaces for mutual support in the search for employment |
|---|---|---|---|---|---|---|
| T1 Group | 74.4% | 56.1% | 0.0% | 56.1% | 43.4% | 40.9% |
| T2 Group | 71.5% | 52.2% | 50.4% | 51.5% | 41.8% | 41.7% |
| Control Group | 80.8% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

If we look at participation by waves, as shown in the following table, the control group and treatment groups 1 and 2 had greater participation in the first edition of all activities. The third edition had the lowest participation across all groups and activities, except in the soft skills workshop for treatment group 2, where participation was lower in the second edition.

**Table 8: People who have carried out the various activities of the project (%) aggregated by groups and editions (waves)**

| Activity | Labor and Competence Diagnosis | Soft skills workshop | Digital Basic Skills Workshop | Individual Career Guidance | Individual Labor Intermediation | Group spaces for mutual support in the search for employment |
|---|---|---|---|---|---|---|
| **Issue 1** | | | | | | |
| T1 Group | 81% | 67% | 0% | 68% | 56% | 55% |
| T2 Group | 78% | 63% | 60% | 60% | 51% | 52% |
| Control Group | 89% | 0% | 0% | 0% | 0% | 0% |
| **Issue 2** | | | | | | |
| T1 Group | 73% | 53% | 0% | 54% | 43% | 37% |
| T2 Group | 63% | 44% | 42% | 48% | 35% | 37% |
| Control Group | 80% | 0% | 0% | 0% | 0% | 0% |
| **Issue 3** | | | | | | |
| T1 Group | 71% | 51% | 0% | 49% | 35% | 34% |
| T2 Group | 76% | 53% | 51% | 49% | 42% | 39% |
| Control Group | 75% | 0% | 0% | 0% | 0% | 0% |

**Table 9** shows the total number of participants who agreed to take part in the evaluation. Of the 2,364 people who responded to the initial survey, 1,880 (79.5%) also responded to the final exit. The percentage is similar among the 656 initially assigned to treatment 1 (79.1% of them responded to the final survey), 653 initially assigned to treatment 2 (79.2%) and 1,055 initially assigned to the control (80%). If, instead of the initial assignment, we consider the assignment in the field (with the fortuitous error of the 45 misassigned cases) or we analyze the sample without considering these 45 cases, the attrition percentage does not vary significantly, always standing at around 80%.

**Table 9. Early Dropout Rate**

| Group | Initial Assignment | | Field Assignment | | No problem cases | |
|---|---|---|---|---|---|---|
| | For | Post | For | Post | For | Post |
| Control | 1,055 | 844 (80.0%) | 1,057 | 846 (80.0%) | 1,039 | 828 (79.7%) |
| Treatment 1 | 656 | 519 (79.1%) | 654 | 517 (79.1%) | 642 | 505 (78.7%) |
| Treatment 2 | 653 | 517 (79.2%) | 653 | 517 (79.2%) | 638 | 502 (78.7%) |
| **Total** | **2,364** | **1,880 (79.5%)** | **2,364** | **1,880 (79.5%)** | **2,319** | **1,835 (79.1%)** |

To assess whether this difference in the attrition rate of the sample between the groups is statistically significant, a regression of the final survey binary variable not performed on the assignment to each treatment group, including the strata as regressors, is estimated. Since the project has had two measurement moments, measurement 1 (short term) and measurement 2 (medium term), the same equations have been estimated twice by changing the dependent variable as a function of the measurement.

**Table 10** presents the results of the first measurement. The coefficient of the treatment variable in the first column is 0.008 and is not statistically significant. This lack of significance persists when each treatment group is considered separately in column 2. To determine if the sample attrition is selective, we estimated regressions that included family characteristics and their interactions with the treatment variables as additional regressors. Column 3 displays the estimated coefficients for these interactions, showing that only the interaction with age is significant at the 5% level. We added this variable as an additional control in the regressions of the short-term effect (first measurement).

**Table 11** presents the results of estimating the same regressions for the second measurement of the project. The coefficient of the treatment variable in column (1) is 0.006 and is not statistically significant. This also applies when each treatment group is considered separately in column 2. Column 3 displays the estimated coefficients for the interactions, showing that interactions with University Education, Compulsory Education and Basic Vocational Training, and nationality are significant at 1%, 5%, and 10%, respectively. These variables will be included as additional controls in the regressions of the medium-term effect. In the future, we will perform the Lee Bounds analysis on the main results to verify their robustness to this selective attrition.

**Table 10: Regressions of the probability of not answering in the final interview, first measurement (short term)**

| Short-term survey not completed | (1) | (2) | (3) |
|---|---|---|---|
| Treatment | 0.008 | | 0.237 |
| | (0.016) | | (0.272) |
| Treatment 1 | | 0.009 | |
| | | (0.020) | |
| Treatment 2 | | 0.007 | |
| | | (0.020) | |
| Treatment and man | | | 0.056 |
| | | | (0.040) |
| Treatment and age | | | -0.004** |
| | | | (0.002) |
| Treatment and nationality | | | -0.028 |
| | | | (0.044) |
| Treatment and people residing in the home | | | -0.003 |
| | | | (0.011) |
| Treatment and Compulsory Education and Basic Vocational Training | | | -0.010 |
| | | | (0.052) |
| Treatment and Baccalaureate and Higher Vocational Training | | | -0.104 |
| | | | (0.065) |
| Treatment and University Education | | | -0.000 |
| | | | (0.084) |
| Treatment and morning schedule availability | | | -0.045 |
| | | | (0.226) |
| Treatment and Availability in the afternoon | | | 0.012 |
| | | | (0.228) |
| Treatment and Availability at any time | | | -0.040 |
| | | | (0.226) |
| Treatment and disability | | | 0.065 |
| | | | (0.054) |
| Treatment and Single-person household | | | 0.040 |
| | | | (0.057) |
| Treatment and Single-parent home | | | 0.049 |
| | | | (0.051) |
| Treatment and Home for a Couple with Children | | | 0.016 |
| | | | (0.054) |
| Treatment and Ownership | | | 0.011 |
| | | | (0.055) |

| Short-term survey not completed | (1) | (2) | (3) |
|---|---|---|---|
| Treatment and Rental | | | -0.046 |
| | | | (0.047) |
| Observations | 2,364 | 2,364 | 2,364 |

Note: Standard errors, grouped by household, reported in parentheses. All columns include the randomization strata as controls. Columns 2 and 3 also include the non-interacting variables as additional controls

**Table 11: Regressions of the probability of not answering in the final interview, second measurement (medium term)**

| Mid-term survey not completed | (1) | (2) | (3) |
|---|---|---|---|
| Treatment | 0.006 | | 0.158 |
| | (0.012) | | (0.219) |
| Treatment 1 | | 0.021 | |
| | | (0.015) | |
| Treatment 2 | | -0.009 | |
| | | (0.014) | |
| Treatment and man | | | 0.014 |
| | | | (0.030) |
| Treatment and age | | | -0.001 |
| | | | (0.001) |
| Treatment and nationality | | | -0.062* |
| | | | (0.032) |
| Treatment and people residing in the home | | | -0.009 |
| | | | (0.008) |
| Treatment and Compulsory Education and Basic Vocational Training | | | 0.094** |
| | | | (0.038) |
| Treatment and Baccalaureate and Higher Vocational Training | | | 0.035 |
| | | | (0.048) |
| Treatment and University Education | | | 0.188*** |
| | | | (0.059) |
| Treatment and morning schedule availability | | | -0.071 |
| | | | (0.178) |
| Treatment and Availability in the afternoon | | | -0.027 |
| | | | (0.179) |
| Treatment and Availability at any time | | | -0.054 |
| | | | (0.178) |
| Treatment and disability | | | 0.048 |
| | | | (0.038) |
| Treatment and Single-person household | | | -0.015 |
| | | | (0.043) |

| Mid-term survey not completed | (1) | (2) | (3) |
|---|---|---|---|
| Treatment and Single-parent home | | | 0.005 |
| | | | (0.039) |
| Treatment and Home for a Couple with Children | | | 0.005 |
| | | | (0.040) |
| Treatment and Ownership | | | -0.001 |
| | | | (0.039) |
| Treatment and Rental | | | -0.030 |
| | | | (0.033) |
| Observations | 2,364 | 2,364 | 2,364 |

Note: Standard errors, grouped by household, reported in parentheses. All columns include the randomization strata as controls. Columns 2 and 3 also include the non-interacting variables as additional controls

# 5 Results of the evaluation

Randomization of the experimental sample to the control and treatment groups ensures that, a sufficiently large sample given, the groups are statistically comparable. Therefore, any differences observed after the intervention can be causally associated with the treatment. Econometric analysis provides, in essence, this comparison. However, this analysis has the advantages of allowing other variables to be included to increase accuracy in the estimates and to provide confidence intervals for the estimates. In this section, the econometric analysis and the estimated regressions are presented, as well as the analysis of the results obtained.

## 5.1 Description of econometric analysis: estimated regressions

The regression model used to estimate the causal effect in a randomized experiment is typically a simple comparison of the variable of interest between each treatment group and the control group. These groups are statistically comparable due to randomization, considering stratification and unbalanced variables at baseline. This ensures that differences between the treatment and control groups are accounted for before performing the intervention.

Additionally, the following analysis includes regressions where the initial value of the dependent variable is controlled whenever possible. This means that the value of the dependent variable before the intervention is considered, which improves the accuracy of the estimates.

Specifically, the base specification of the regressions presented below is as follows:

$$Y_{i,t=1} = \alpha + \beta T_i + \gamma Y_{i,t=0} + \delta_i X_i + \varepsilon_i$$

where $Y_{i,t=1}$is the dependent variable of interest observed after the intervention for the person *i*, $T_i$indicates whether the family has been assigned to the treatment (=1) or to the control (=0), $Y_{i,t=0}$ is

the lagging value of the dependent variable (i.e., before the intervention), $X_i$is a vector of controls and $\varepsilon_i$ is the error term.

In addition, a specification such as the following is also considered:

$$Y_{i,t=1} = \alpha + \beta T_{1i} + \mu T_{2i} + \gamma Y_{i,t=0} + \delta_i X_i + \varepsilon_i$$

Where $Y_{i,t=1}$is the dependent variable of interest observed after the intervention for participant i, $T_{1i}T_{2i}$indicates whether the participant has been assigned to treatment 1 (=1), indicates whether the participant has been assigned to treatment 2 (=1), $Y_{i,t=0}$ is the baseline value in the baseline survey of the dependent variable (i.e., before the intervention), $X_i$ is a vector of controls that includes the unbalanced variables and $\varepsilon_i$ is the error term.

Standard errors are grouped at the household level because in some cases there is more than one participant from the same household.

## 5.2 Analysis of the results

### 5.2.1 Main results

This section presents the results of the evaluation on the indicators, following the structure of the evaluation scheme. As indicated above, all outcome variables have been standardized to have a mean equal to zero and standard deviation equal to one. This allows all regression coefficients to be interpreted in terms of standard deviations, which is useful for comparing the size of effects in different domains.

#### Higher income and fewer difficulties in making ends meet

**Table 12** and **Table 13** show the results of the intervention on income and on the probability of not incurring in arrears. Columns 1 and 2 show the effects for initial allocation, columns 3 and 4 for effective field allocation, and columns 5 and 6 for allocation that excludes those 45 problem cases that were assigned to the wrong group in the third edition. In all cases, two specifications are presented: one for Treatment and Control, and the other for Treatment 1, Treatment 2, and Control.

If focusing on the immediate effect, columns 1 and 2 of **Table 12** show a positive and significant effect at 10% of Treatment and Treatment 2 on revenues of 0.06 and 0.08 standard deviations, respectively for the initial allocation. The effect becomes more imprecise in the medium term (**Table *13***).

**Table 12. Effects on income (first measurement)**

| | Initial Assignment | | Field Assignment | | No problematic cases | |
|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) |
| Treatment | 0.06* | | 0.05 | | 0.05 | |
| | (0.04) | | (0.04) | | (0.04) | |
| Treatment 1 | | 0.04 | | 0.03 | | 0.03 |
| | | (0.04) | | (0.04) | | (0.04) |
| Treatment 2 | | 0.08* | | 0.06 | | 0.07 |
| | | (0.04) | | (0.04) | | (0.04) |
| N | 1,880 | 1,880 | 1,880 | 1,880 | 1,835 | 1,835 |
| Mean dep. var. pre | -0.035 | -0.035 | -0.028 | -0.028 | -0.040 | -0.040 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 13. Effect on income (second measurement)**

| | Initial Assignment | | Field Assignment | | No problematic cases | |
|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) |
| Treatment | 0.05 | | 0.04 | | 0.04 | |
| | (0.04) | | (0.04) | | (0.04) | |
| Treatment 1 | | 0.04 | | 0.03 | | 0.03 |
| | | (0.04) | | (0.04) | | (0.04) |
| Treatment 2 | | 0.06 | | 0.05 | | 0.05 |
| | | (0.04) | | (0.04) | | (0.04) |
| N | 1,891 | 1,891 | 1,891 | 1,891 | 1,852 | 1,852 |
| Mean dep. var. pre | -0.029 | -0.029 | -0.022 | -0.022 | -0.032 | -0.032 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

Regarding the effect of treatment on the probability of making ends meet, in the short term no statistically significant effect was detected (**Table *14***), while in the medium-term positive effects of 0.10 standard deviations were found for Treatment 2 in the initial allocation, which were also maintained in the rest of the allocations (**Table *15***).

**Table 14. Making ends meet (first measurement)**

| | Initial Assignment | | Field Assignment | | No problematic cases | |
|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) |
| Treatment | -0.03 | | -0.02 | | -0.03 | |
| | (0.05) | | (0.05) | | (0.05) | |
| Treatment 1 | | -0.03 | | -0.02 | | -0.03 |
| | | (0.06) | | (0.06) | | (0.06) |
| Treatment 2 | | -0.03 | | -0.01 | | -0.03 |
| | | (0.06) | | (0.06) | | (0.06) |
| N | 1,880 | 1,880 | 1,880 | 1,880 | 1,835 | 1,835 |
| Mean dep. var. pre | 0.020 | 0.020 | 0.012 | 0.012 | 0.012 | 0.012 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 15. Making ends meet (second measurement)**

| | Initial Assignment | | Field Assignment | | No problematic cases | |
|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) |
| Treatment | 0.04 | | 0.04 | | 0.04 | |
| | (0.05) | | (0.05) | | (0.05) | |
| Treatment 1 | | -0.01 | | -0.02 | | -0.01 |
| | | (0.06) | | (0.06) | | (0.06) |
| Treatment 2 | | 0.10* | | 0.11** | | 0.10* |
| | | (0.05) | | (0.05) | | (0.05) |
| N | 1,891 | 1,891 | 1,891 | 1,891 | 1,852 | 1,852 |
| Mean dep. var. pre | -0.018 | -0.018 | -0.017 | -0.017 | -0.023 | -0.023 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

In summary, these results suggest that participation – especially in Treatment 2 – has had a positive impact on the income level of its participants, as well as on their ability not to default in the medium term.

### Better access to employment within three months of starting treatment

**Table 16** and **Table 17** report the results of the intervention on the employment situation. In all cases, two specifications are presented: one for Treatment and Control, and the other for Treatment 1, Treatment 2, and Control.

**Table *16*** and **Table *17*** estimate the impact on employment through indicators that measure whether the person is active in the workforce (working or looking for work), if they are working, if their last job was without a contract, or if they are unemployed, but looking for a job. In the first measurement (**Table 16**) the probability of working without a contract is lower for the Treatment group (-0.08 standard deviations, statistically significant at 10%), especially for Treatment 1 (-0.13 standard deviations, statistically significant at 5%). For the coefficients of the other indicators, none is statistically significant. For the second measurement (**Table *17***), negative effects were observed in the variable working for the Treatment as a whole (-0.08 standard deviations, statistically significant at 10%) and for Treatment 1 (-0.14 standard deviations, statistically significant at 1%). The effects on the probability of working without a contract are still negative, but more imprecise.

**Table 16. Effect on employment (first measurement)**

| | Active | | Laboring | | No contract | | Unemployed, looking for | |
|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (1) | (2) | (3) | (4) | (5) | (6) |
| Treatment | 0.01 | | -0.04 | | -0.08* | | 0.04 | |
| | 0.04 | | (0.04) | | (0.04) | | (0.04) | |
| Treatment 1 | | 0.01 | | -0.07 | | -0.13** | | 0.08 |
| | | (0.05) | | (0.05) | | (0.05) | | (0.05) |
| Treatment 2 | | 0.01 | | 0.00 | | -0.03 | | 0.01 |
| | | (0.05) | | (0.05) | | (0.05) | | (0.05) |
| N | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 |
| Mean dep. var. pre | -0.017 | -0.017 | 0.019 | 0.019 | 0.061 | 0.061 | -0.032 | -0.032 |
| Init. val. dep. var | | | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 17. Effect on employment (second measurement)**

| | Active | | Laboring | | No contract | | Unemployed, looking for | |
|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (1) | (2) | (3) | (4) | (5) | (6) |
| Treatment | -0.01 | | -0.08* | | -0.03 | | 0.07 | |
| | (0.04) | | (0.04) | | (0.04) | | (0.04) | |
| Treatment 1 | | -0.06 | | -0.14*** | | -0.02 | | 0.08 |
| | | (0.05) | | (0.05) | | (0.05) | | (0.05) |
| Treatment 2 | | 0.05 | | -0.02 | | -0.05 | | 0.06 |
| | | (0.05) | | (0.05) | | (0.05) | | (0.05) |
| N | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 |
| Mean dep. var. pre | -0.009 | -0.009 | 0.033 | 0.033 | 0.032 | 0.032 | -0.040 | -0.040 |
| Init. val. dep. var | | | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table *18*** and **Table *19*** report the results of the intervention on job search through indicators of the number of offers requested, number of interviews conducted, probability of having been selected in a process or probability of having said no to an offer. The results do not reflect that any statistically significant effect is detected either in the short or medium term.

**Table 18. Effect on job search (first measurement)**

| | Media offers | | Media interviews | | have been selected in a process | | Have refused any offer | |
|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| Treatment | 0.06 | | -0.03 | | -0.02 | | 0.03 | |
| | (0.04) | | (0.05) | | (0.05) | | (0.05) | |
| Treatment 1 | | 0.05 | | -0.06 | | -0.04 | | 0.01 |
| | | (0.05) | | (0.05) | | (0.05) | | (0.05) |
| Treatment 2 | | 0.07 | | 0.01 | | 0.01 | | 0.05 |
| | | (0.05) | | (0.06) | | (0.06) | | (0.06) |
| N | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 |
| Mean dep. var. pre | -0.048 | -0.048 | 0.006 | 0.006 | 0.001 | 0.001 | -0.023 | -0.023 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes | | |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 19. Effect on job search (second measurement)**

| | Media offers | | Media interviews | | have been selected in a process | | Have refused any offer | |
|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| Treatment | -0.05 | | 0.02 | | -0.00 | | -0.02 | |
| | (0.04) | | (0.04) | | (0.04) | | (0.04) | |
| Treatment 1 | | -0.07 | | 0.00 | | -0.02 | | -0.02 |
| | | (0.05) | | (0.05) | | (0.05) | | (0.07) |
| Treatment 2 | | -0.03 | | 0.05 | | 0.01 | | 0.06 |
| | | 0.05 | | 0.05 | | 0.05 | | 0.06 |
| N | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 |
| Mean dep. var. pre | 0.016 | 0.016 | -0.023 | -0.023 | -0.018 | -0.018 | -0.021 | -0.021 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

In summary, we found that having participated in the Treatment group, and especially in Treatment 1, has a negative effect on the number of people working without a short-term contract. This effect seems to suggest that participation in Treatment 1 has helped participants who worked without one before the start of the project to get a contract, as the number of people working has not increased or decreased. However, we observed a negative effect on the number of people working in the medium term for the Treatment and Treatment 1 group, although they are still actively looking for work. It is also important to note that the additional sessions for the acquisition of digital skills in the Treatment 2 group have not contributed to an improvement in the employability of its participants as measured by these indicators.

For the **employment indicators based on working life data**, only the results with significant findings are presented, while the rest of the estimates are available in the appendix. **Table 20** shows a statistically significant positive effect (at 10%) of 0.93 days for the Treatment group on the number of days worked (third measurement). **Table 21** indicates a positive effect for the Treatment 2 group (second measurement) on the number of days worked full-time, with an increase of 0.82 days, also statistically significant at 10%. As in previous tables, two specifications are presented: one for Treatment and Control, and another for Treatment 1, Treatment 2, and Control, both with and without controls.

**Table 20. Effect on the number of days worked (third measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.934* | | 0.785 | |
| | (0.544) | | (0.540) | |

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment 1 | | 0.972 | | 0.711 |
| | | (0.658) | | (0.655) |
| Treatment 2 | | 0.895 | | 0.859 |
| | | (0.661) | | (0.656) |
| N | 1,501 | 1,501 | 1,501 | 1,501 |
| Mean dep. var. pre | 6.826 | 6.826 | 6.826 | 6.826 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 21. Effect on the number of days worked full-time (second measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.483 | | 0.430 | |
| | (0.359) | | (0.357) | |
| Treatment 1 | | 0.149 | | 0.065 |
| | | (0.426) | | (0.425) |
| Treatment 2 | | 0.820* | | 0.798* |
| | | (0.661) | | (0.443) |
| N | 2,356 | 2,356 | 2,356 | 2,356 |
| Mean dep. var. pre | 5.400 | 5.400 | 5.400 | 5.400 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

Regarding work intensity, in **Table 23** we find a positive effect of 0.03 (statistically significant at 10%) for the Treatment group (third measurement) and in **Table 22** of 0.03 for full-time work intensity in the Treatment 2 group (second measurement).

**Table 22. Effect on full-time work intensity (second measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.015 | | 0.014 | |
| | (0.012) | | (0.012) | |
| Treatment 1 | | 0.005 | | 0.002 |

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| | | (0.014) | | (0.014) |
| Treatment 2 | | 0.026* | | 0.026* |
| | | (0.014) | | (0.014) |
| N | 2,356 | 2,356 | 2,356 | 2,356 |
| Mean dep. var. pre | 0.174 | 0.174 | 0.174 | 0.174 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 23. Effect on work intensity (third measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.030* | | 0.026 | |
| | (0.018) | | (0.018) | |
| Treatment 1 | | 0.032 | | 0.023 |
| | | (0.022) | | (0.021) |
| Treatment 2 | | 0.029 | | 0.028 |
| | | (0.022) | | (0.021) |
| N | 1,501 | 1,501 | 1,501 | 1,501 |
| Mean dep. var. pre | 0.223 | 0.223 | 0.223 | 0.223 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

Regarding the situation of being working full-time, Table **24** reports positive and statistically significant coefficients at 5% of 0.023 and 0.022 (without and with controls) for the Treatment group (second measurement). These effects are higher in level and more precise for the Treatment 2 group (0.038 and 0.037, respectively).

**Table 24. Effect on being working full-time (second measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.023** | | 0.022** | |
| | (0.011) | | (0.011) | |
| Treatment 1 | | 0.008 | | 0.006 |

| | No controls | | With controls | |
|---|---|---|---|---|
| | | (0.013) | | (0.013) |
| Treatment 2 | | 0.038*** | | 0.037*** |
| | | (0.014) | | (0.014) |
| N | 2,356 | 2,356 | 2,356 | 2,356 |
| Mean dep. var. pre | 0.073 | 0.073 | 0.073 | 0.073 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

Finally, regarding the possibility of working on a permanent contract, **Table 25** reports a positive effect for the treatment group of 0.02 statistically significant to 10% in the third measurement.

**Table 25. Effect on being working on a permanent contract (third measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.024* | | 0.020 | |
| | (0.014) | | (0.014) | |
| Treatment 1 | | 0.027 | | 0.020 |
| | | (0.017) | | (0.017) |
| Treatment 2 | | 0.021 | | 0.020 |
| | | (0.017) | | (0.017) |
| N | 1,501 | 1,501 | 1,501 | 1,501 |
| Mean dep. var. pre | 0.118 | 0.118 | 0.118 | 0.118 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

Finally, the rest of the tables of results of these indicators based on the working life of the participants that contain results that are not statistically significant, can be consulted in the **appendix**.

### Awareness of transversal skills to any type of employment

**Table 26** and **Table 27** report the results of the intervention related to the participants' self-knowledge about their own strengths and weaknesses when looking for a job. In none of the measurements, treatment seems to have been relevant to improve this indicator. However, in the first measurement, if we differentiate by the level of involvement of the participants, a negative and significant effect is observed in the Treatment variable (more notable for Treatment 1) for those who had a presence in the sessions below the average, and a positive and significantly greater effect for those above the average.

**Table 26. Effect on self-knowledge (first measurement)**

| | Initial Assignment | | | | Field Assignment | | | | No problem cases | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
| Treatment | -0.06 | -0.13* | | | -0.03 | -0.03 | | | -0.05 | -0.11 | | |
| | (0.04) | (0.07) | | | (0.04) | (0.07) | | | (0.04) | (0.07) | | |
| Frequent treatment and care | | 0.16* | | | | 0.05 | | | | 0.14 | | |
| | | (0.09) | | | | (0.05) | | | | (0.09) | | |
| Treatment 1 | | | -0.07 | -0.17** | | | -0.04 | -0.07 | | | -0.06 | -0.15* |
| | | | (0.05) | (0.05) | | | (0.05) | (0.05) | | | (0.05) | (0.05) |
| Treatment 1 and frequent attendance | | | | 0.21** | | | | 0.11 | | | | 0.20** |
| | | | | (0.10) | | | | (0.10) | | | | (0.10) |
| Treatment 2 | | | -0.05 | -0.10 | | | -0.01 | 0.00 | | | -0.04 | -0.08 |
| | | | (0.05) | (0.08) | | | (0.05) | 0.07 | | | (0.05) | (0.05) |
| Treatment 2 and frequent attendance | | | | 0.10 | | | | 0.00 | | | | 0.08 |
| | | | | (0.10) | | | | (0.09) | | | | (0.10) |
| N | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,835 | 1,835 | 1,835 | 1,835 |
| Mean dep. var. pre | 0.023 | 0.023 | 0.023 | 0.023 | 0.007 | 0.007 | 0.007 | 0.007 | 0.020 | 0.020 | 0.020 | 0.020 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 27. Effect on self-knowledge (second measurement)**

| | Initial Assignment | | | | Field Assignment | | | | No problem cases | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
| Treatment | -0.05 | -0.04 | | | -0.03 | 0.02 | | | -0.04 | -0.03 | | |
| | (0.04) | (0.07) | | | (0.04) | 0.06 | | | (0.04) | (0.07) | | |
| Frequent treatment and care | | 0.01 | | | | -0.05 | | | | 0.02 | | |
| | | (0.08) | | | | (0.08) | | | | (0.08) | | |
| Treatment 1 | | | -0.05 | -0.04 | | | -0.03 | -0.00 | | | -0.04 | -0.04 |
| | | | (0.05) | (0.08) | | | (0.05) | (0.07) | | | (0.05) | (0.08) |

| | Initial Assignment | | | | Field Assignment | | | | No problem cases | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
| Treatment 1 and frequent attendance | | | -0.05 | -0.03 | | | -0.03 | 0.04 | | | -0.04 | -0.03 |
| | | | (0.05) | (0.07) | | | (0.05) | (0.07) | | | (0.05) | (0.08) |
| Treatment 2 | | | | 0.02 | | | | -0.02 | | | | 0.03 |
| | | | | (0.10) | | | | (0.09) | | | | (0.10) |
| Treatment 2 and frequent attendance | | | | -0.01 | | | | -0.08 | | | | 0.01 |
| | | | | (0.10) | | | | (0.09) | | | | (0.10) |
| N | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,852 | 1,852 | 1,852 | 1,852 |
| Mean dep. var. pre | 0.020 | 0.020 | 0.020 | 0.020 | 0.010 | 0.010 | 0.010 | 0.010 | 0.012 | 0.012 | 0.012 | 0.012 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 28** and **Table 29** include indicators of "soft" competencies (self-care and image, verbal and non-verbal communication, conflict resolution, teamwork skills, emotional management, and self-control, planning and time management). In this case, negative effects are also documented, even in the medium term, which, however, in many cases lose significance when the level of attendance of the participants at the sessions is considered. It is important to highlight that the use of the actions can be a result of the intervention itself.

**Table 28. Effect on soft skills (first measurement)**

| | Initial Assignment | | | | Field Assignment | | | | No problem cases | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
| Treatment | -0.06* | -0.05 | | | -0.05 | -0.02 | | | -0.06* | -0.04 | | |
| | (0.04) | (0.07) | | | (0.04) | (0.06) | | | (0.04) | (0.07) | | |
| Frequent treatment and care | | -0.01 | | | | -0.04 | | | | -0.03 | | |
| | | (0.08) | | | | (0.08) | | | | (0.08) | | |
| Treatment 1 | | | -0.04 | -0.14* | | | -0.04 | -0.12 | | | -0.04 | -0.13* |
| | | | (0.04) | (0.07) | | | (0.04) | (0.07) | | | (0.04) | (0.07) |
| Treatment 1 and frequent attendance | | | | 0.20** | | | | 0.18* | | | | 0.19** |
| | | | | (0.09) | | | | (0.09) | | | | (0.09) |
| Treatment 2 | | | -0.08* | 0.04 | | | -0.06 | 0.07 | | | -0.08* | 0.05 |
| | | | (0.04) | (0.07) | | | (0.04) | (0.07) | | | (0.04) | (0.07) |

| | Initial Assignment | | | | Field Assignment | | | | No problem cases | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
| Treatment 2 and frequent attendance | | | | -0.22** | | | | -0.24*** | | | | -0.25*** |
| | | | | (0.09) | | | | (0.09) | | | | (0.09) |
| N | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,835 | 1,835 | 1,835 | 1,835 |
| Mean dep. var. pre | 0.032 | 0.032 | 0.032 | 0.032 | 0.028 | 0.028 | 0.028 | 0.028 | 0.022 | 0.022 | 0.022 | 0.022 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 29. Effect on soft skills (second measurement)**

| | Initial Assignment | | | | Field Assignment | | | | No problem cases | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
| Treatment | -0.14*** | -0.08 | | | -0.14*** | -0.08 | | | -0.14*** | -0.08 | | |
| | (0.04) | (0.06) | | | (0.04) | (0.06) | | | (0.04) | (0.07) | | |
| Frequent treatment and care | | -0.07 | | | | -0.07 | | | | -0.07 | | |
| | | (0.08) | | | | (0.07) | | | | 0.08 | | |
| Treatment 1 | | | -0.13*** | -0.11 | | | -0.13*** | -0.10 | | | -0.13*** | -0.12 |
| | | | (0.04) | (0.07) | | | (0.04) | (0.07) | | | (0.04) | (0.07) |
| Treatment 1 and frequent attendance | | | -0.14*** | -0.05 | | | -0.14*** | -0.06 | | | -0.14*** | -0.05 |
| | | | (0.05) | (0.08) | | | (0.05) | (0.07) | | | (0.05) | (0.08) |
| Treatment 2 | | | | 0.00 | | | | -0.01 | | | | 0.01 |
| | | | | (0.09) | | | | (0.09) | | | | (0.09) |
| Treatment 2 and frequent attendance | | | | -0.14 | | | | -0.13 | | | | -0.15 |
| | | | | (0.10) | | | | (0.09) | | | | (0.10) |
| N | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,852 | 1,852 | 1,852 | 1,852 |
| Mean dep. var. pre | 0.065 | 0.065 | 0.065 | 0.065 | 0.067 | 0.067 | 0.067 | 0.067 | 0.062 | 0.062 | 0.062 | 0.062 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

## Narrowing the digital divide in job search

**Table 30** only reports a positive coefficient of 0.09 standard deviations (statistically significant at 10%) for Treatment 1 in mobile phone use. In the medium term, it disappears, but a greater and more significant impact appears in Treatment 2 with the use of the same device (**Table 31**). In general, the additional sessions received by Treatment 2 compared to Group 1 do not report significant effects on the use of devices (except mobile).

**Table 30. Effect on the use of devices for job search (first measurement)**

| | Mobile | | Computer | | Tablet | |
|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) |
| Treatment | 0.05 | | 0.02 | | 0.01 | |
| | (0.05) | | (0.04) | | (0.04) | |
| Treatment 1 | | 0.09* | | 0.03 | | 0.01 |
| | | (0.05) | | (0.05) | | (0.05) |
| Treatment 2 | | 0.02 | | 0.01 | | 0.01 |
| | | (0.06) | | (0.05) | | (0.05) |
| N | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 |
| Mean dep. var. pre | -0.032 | -0.032 | -0.017 | -0.017 | -0.009 | -0.009 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 31. Effect on the use of devices for job search (second measurement)**

| | Mobile | | Computer | | Tablet | |
|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) |
| Treatment | 0.07 | | 0.01 | | 0.00 | |
| | (0.05) | | (0.04) | | (0.04) | |
| Treatment 1 | | 0.03 | | 0.01 | | 0.02 |
| | | (0.06) | | (0.05) | | (0.05) |
| Treatment 2 | | 0.10** | | 0.01 | | -0.01 |
| | | (0.05) | | (0.05) | | (0.05) |
| N | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 |
| Mean dep. var. pre | -0.033 | -0.033 | -0.009 | -0.009 | -0.012 | -0.012 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 32** and **Table 33** show the effects of the intervention on certain procedures carried out online. No significant effect was detected either in the short term (**Table *32)*** or in the medium term (**Table 33**). No significant improvement was observed for Treatment 2 group compared to Treatment 1.

**Table 32. Effect on online procedures (first measurement)**

| | Have you sent a CV online? | | Have you accessed offers online? | | Download Forms | | Fill out forms | |
|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| Treatment | 0.06 | | 0.01 | | -0.00 | | 0.04 | |
| | (0.04) | | (0.04) | | (0.04) | | (0.04) | |
| Treatment 1 | | 0.05 | | -0.02 | | -0.03 | | 0.03 |
| | | (0.05) | | (0.05) | | (0.05) | | (0.05) |
| Treatment 2 | | 0.07 | | 0.04 | | 0.03 | | 0.06 |
| | | (0.05) | | (0.05) | | (0.05) | | (0.05) |
| N | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 |
| Mean dep. var. pre | -0.055 | -0.055 | -0.011 | -0.011 | -0.016 | -0.016 | -0.050 | -0.050 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes | | |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

Source: Own elaboration

**Table 33. Effect on online procedures (second measurement)**

| | Have you sent a CV online? | | Have you accessed offers online? | | Download Forms | | Fill out forms | |
|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| Treatment | -0.07 | | -0.00 | | -0.00 | | -0.05 | |
| | (0.04) | | (0.04) | | (0.04) | | (0.04) | |
| Treatment 1 | | -0.10* | | -0.01 | | -0.05 | | -0.05 |
| | | (0.05) | | (0.05) | | (0.05) | | (0.05) |
| Treatment 2 | | -0.04 | | 0.01 | | 0.04 | | -0.05 |
| | | (0.05) | | (0.05) | | (0.05) | | (0.05) |
| N | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 |
| Mean dep. var. pre | 0.019 | 0.019 | -0.009 | -0.009 | -0.017 | -0.017 | -0.000 | -0.000 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

The following tables report the effects of the intervention on the ability to perform different generic online tasks. Unlike the two previous tables, these tables show positive and statistically significant effects at 1% in Treatment 2.

In the first measurement (**Table 34** and **Table 35**) the following tasks are highlighted: attaching files to an email in treatment 2 with 0.07 standard deviations, creating a cloud account in both treatment

in general (0.11 standard deviations) and in treatment 2 (0.17 standard deviations), making use of applications to search for work in the general treatment (0.07 standard deviations) and in treatment 2 (0.12 standard deviations), use applications of electronic administration in the overall treatment (0.06 standard deviations) and in treatment 2 (0.13 standard deviations) and the use of communication tools for interviews in treatment 2 (0.08 standard deviations).

All these effects disappear in the second measurement (**Table 36** and **Table 37**), except for those found in the creation of cloud accounts. In this area, the differences between interventions to which both groups of treatises were assigned are evident in terms of digital competences acquired.

**Table 34. Effect on Job Search Device Use A (First Measurement)**

| | Online tasks | | Email | | Attachments | | Cloud | |
|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| Treatment | -0.00 | | 0.02 | | 0.04 | | 0.11*** | |
| | (0.03) | | (0.03) | | (0.03) | | (0.03) | |
| Treatment 1 | | -0.02 | | -0.00 | | 0.01 | | 0.05 |
| | | (0.04) | | (0.04) | | (0.04) | | (0.04) |
| Treatment 2 | | 0.02 | | 0.04 | | 0.07* | | 0.17*** |
| | | (0.04) | | (0.04) | | (0.04) | | (0.04) |
| N | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 |
| Mean dep. var. pre | -0.021 | -0.021 | -0.027 | -0.027 | -0.041 | -0.041 | -0.071 | -0.071 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 35. Effect on Job Search Device Use B (First Measurement)**

| | Folders | | Apps Employment | | Apps administration | | Interview tools | |
|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| Treatment | 0.04 | | 0.07** | | 0.06* | | 0.02 | |
| | (0.03) | | (0.03) | | (0.03) | | (0.04) | |
| Treatment 1 | | 0.02 | | 0.01 | | -0.00 | | -0.05 |
| | | (0.04) | | (0.04) | | (0.04) | | (0.04) |
| Treatment 2 | | 0.06 | | 0.12*** | | 0.13*** | | 0.08* |
| | | (0.04) | | (0.04) | | (0.04) | | (0.04) |
| N | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 |
| Mean dep. var. pre | -0.039 | -0.039 | -0.059 | -0.059 | -0.038 | -0.038 | -0.040 | -0.040 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 36. Effect on use of job-search devices A (second measurement)**

| | Online tasks | | Email | | Attachments | | Cloud | |
|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| Treatment | 0.02 | | 0.03 | | 0.01 | | 0.07** | |
| | (0.03) | | (0.03) | | (0.03) | | (0.03) | |
| Treatment 1 | | -0.00 | | 0.04 | | 0.01 | | 0.04 |
| | | (0.04) | | (0.04) | | (0.04) | | (0.04) |
| Treatment 2 | | 0.03 | | 0.02 | | 0.02 | | 0.10** |
| | | (0.04) | | (0.04) | | (0.04) | | (0.04) |
| N | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 |
| Mean dep. var. pre | -0.040 | -0.040 | -0.038 | -0.038 | -0.033 | -0.033 | -0.057 | -0.057 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 37. Effect on use of job-search devices B (second measurement)**

| | Folders | | Apps Employment | | Apps administration | | Interview tools | |
|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| Treatment | 0.03 | | 0.03 | | 0.03 | | -0.00 | |
| | (0.03) | | (0.03) | | (0.03) | | (0.04) | |
| Treatment 1 | | 0.00 | | -0.01 | | -0.01 | | -0.06 |
| | | (0.04) | | (0.04) | | (0.04) | | (0.04) |
| Treatment 2 | | 0.05 | | 0.06 | | 0.07 | | 0.06 |
| | | (0.04) | | (0.04) | | (0.04) | | (0.04) |
| N | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 |
| Mean dep. var. pre | -0.042 | -0.042 | -0.042 | -0.042 | -0.023 | -0.023 | -0.032 | -0.032 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

### 5.2.2 Heterogeneity analysis

This section presents the analysis of heterogeneity of the effects according to the different implementation editions. To this end, regressions like those in the previous section are specified, but adding the variable for which the heterogeneous effects are to be estimated and the interaction of this variable with the treatment.

**Table *38*** and **Table *39*** report the heterogeneous results for each of the three implementation editions. The tables have 8 columns, which correspond to the four main hypotheses indicated in the evaluation scheme: higher income and lower probability of defaulting (columns 1 and 2), occupation (columns 3 and 4), employability (columns 5 and 6), and reduction of the digital divide for job search (columns 7 and 8).

Regarding the improvement in revenue and use of digital devices, the second edition appears to have been the most successful, even in the medium term. However, in terms of access to the labor market, none of the editions significantly changed the proportion of participants who work compared to the control group. Finally, participants' perception of their job search skills was particularly negative in the third edition. It is important to note that attendance at the sessions decreased in editions 2 and 3 compared to the first edition.

**Table 38. Effects per edit (first measurement)**

| | Revenue | | Laboring | | Self | | Mobile | |
|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| Treatment | 0.05 | | -0.03 | | 0.09 | | -0.04 | |
| And edition 1 | 0.05 | | 0.08 | | 0.08 | | 0.06 | |
| Treatment and | 0.13** | | 0.04 | | -0.02 | | 0.15* | |
| Issue 2 | 0.05 | | 0.07 | | 0.07 | | 0.09 | |
| Treatment and | 0.01 | | -0.11 | | -0.20*** | | 0.03 | |
| Issue 3 | 0.07 | | 0.07 | | 0.06 | | 0.09 | |
| Treatment 1 | | | | | | | | |
| and | | -0.01 | | -0.12 | | 0.13 | | 0.01 |
| Issue 1 | | 0.06 | | 0.09 | | 0.09 | | 0.04 |
| Treatment 1 | | | | | | | | |
| and | | 0.15** | | -0.02 | | -0.09 | | 0.15 |
| Issue 2 | | 0.06 | | 0.09 | | 0.08 | | 0.10 |
| Treatment 1 | | | | | | | | |
| and | | -0.01 | | -0.08 | | -0.21*** | | 0.10 |
| Issue 3 | | 0.08 | | 0.09 | | 0.07 | | 0.09 |
| Treatment 2 | | | | | | | | |
| and | | 0.10 | | 0.05 | | 0.04 | | -0.10 |
| Issue 1 | | 0.07 | | 0.09 | | 0.09 | | 0.09 |
| Treatment 2 | | | | | | | | |
| and | | 0.10* | | 0.11 | | 0.04 | | 0.16** |
| Issue 2 | | 0.06 | | 0.08 | | 0.08 | | 0.08 |
| Treatment 2 | | 0.03 | | -0.14 | | -0.20** | | -0.03 |
| and edition 3 | | 0.09 | | 0.08 | | 0.08 | | 0.12 |
| N | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 | 1,880 |
| Mean dep. var. | | | | | | | | |
| pre | -0.035 | -0.035 | 0.019 | 0.019 | 0.023 | 0.023 | -0.032 | -0.032 |
| Init. val. dep. | | | | | | | | |
| var | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 39. Effects per edit (second measurement)**

| | Revenue | | Laboring | | Self | | Mobile | |
|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| Treatment | 0.06 | | -0.10 | | -0.05 | | 0.11 | |
| And edition 1 | (0.06) | | (0.08) | | (0.07) | | (0.08) | |
| Treatment and | 0.09 | | 0.10 | | 0.05 | | 0.03 | |
| Issue 2 | (0.05) | | (0.07) | | (0.06) | | (0.09) | |
| Treatment and | 0.02 | | -0.04 | | -0.15** | | 0.06 | |
| Issue 3 | (0.07) | | (0.07) | | (0.07) | | (0.07) | |
| Treatment 1 and | | -0.00 | | -0.21** | | -0.07 | | 0.08 |
| Issue 1 | | (0.07) | | (0.10) | | (0.09) | | (0.08) |
| Treatment 1 and | | 0.11 | | -0.00 | | -0.04 | | 0.14* |
| Issue 2 | | (0.07) | | (0.08) | | (0.09) | | (0.08) |
| Treatment 1 and | | 0.11* | | 0.03 | | 0.05 | | -0.07 |
| Issue 3 | | (0.06) | | (0.09) | | (0.07) | | (0.14) |
| Treatment 2 and | | 0.07 | | 0.17** | | 0.05 | | 0.14* |
| Issue 1 | | (0.06) | | (0.09) | | (0.08) | | (0.07) |
| Treatment 2 and | | 0.03 | | -0.05 | | -0.12 | | 0.09 |
| Issue 2 | | (0.09) | | (0.09) | | (0.08) | | (0.06) |
| Treatment 2 and edition 3 | | 0.01 | | -0.03 | | -0.18** | | 0.03 |
| | | (0.09) | | (0.09) | | (0.08) | | (0.11) |
| N | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 |
| Mean dep. var. pre | -0.029 | -0.029 | -0.009 | -0.009 | 0.020 | 0.020 | -0.033 | -0.033 |
| Init. val. dep. var | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

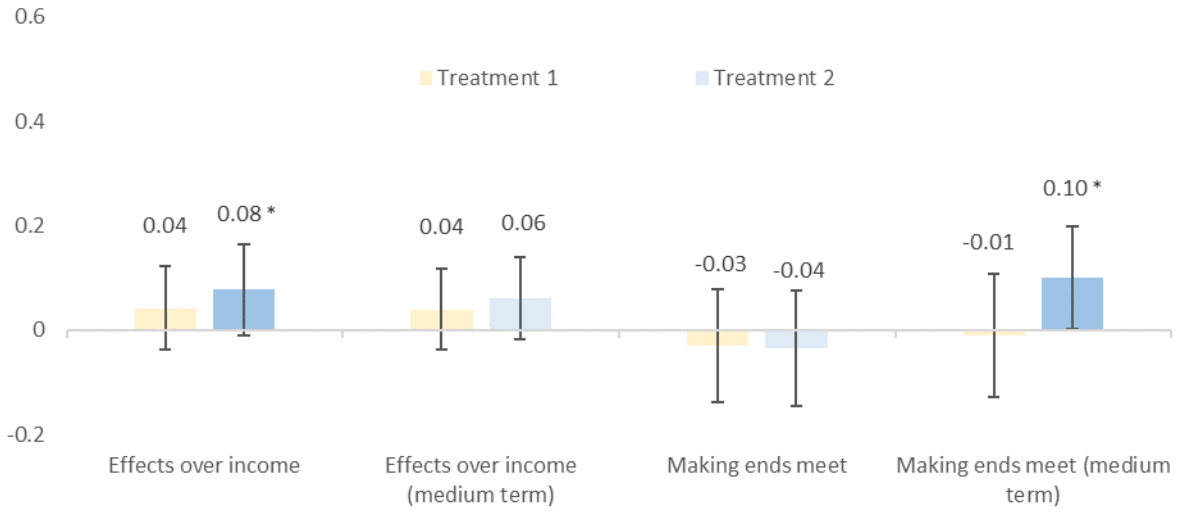
# 6 Conclusions of the evaluation

The pilot project "Emplea-lab" and its new model of labor insertion proposed for people in situations of poverty or social exclusion, has generated promising results in different areas.

The following figures show the effects calculated for the regressions that consider the two treatments separately, with the initial allocation of the sample.

Regarding the first hypothesis (improved income and ability not to default), the economic situation of the participants has improved, especially for those who received Treatment 2 (digital skills). This improvement is evident in both increased revenues and a greater ability to make ends meet.

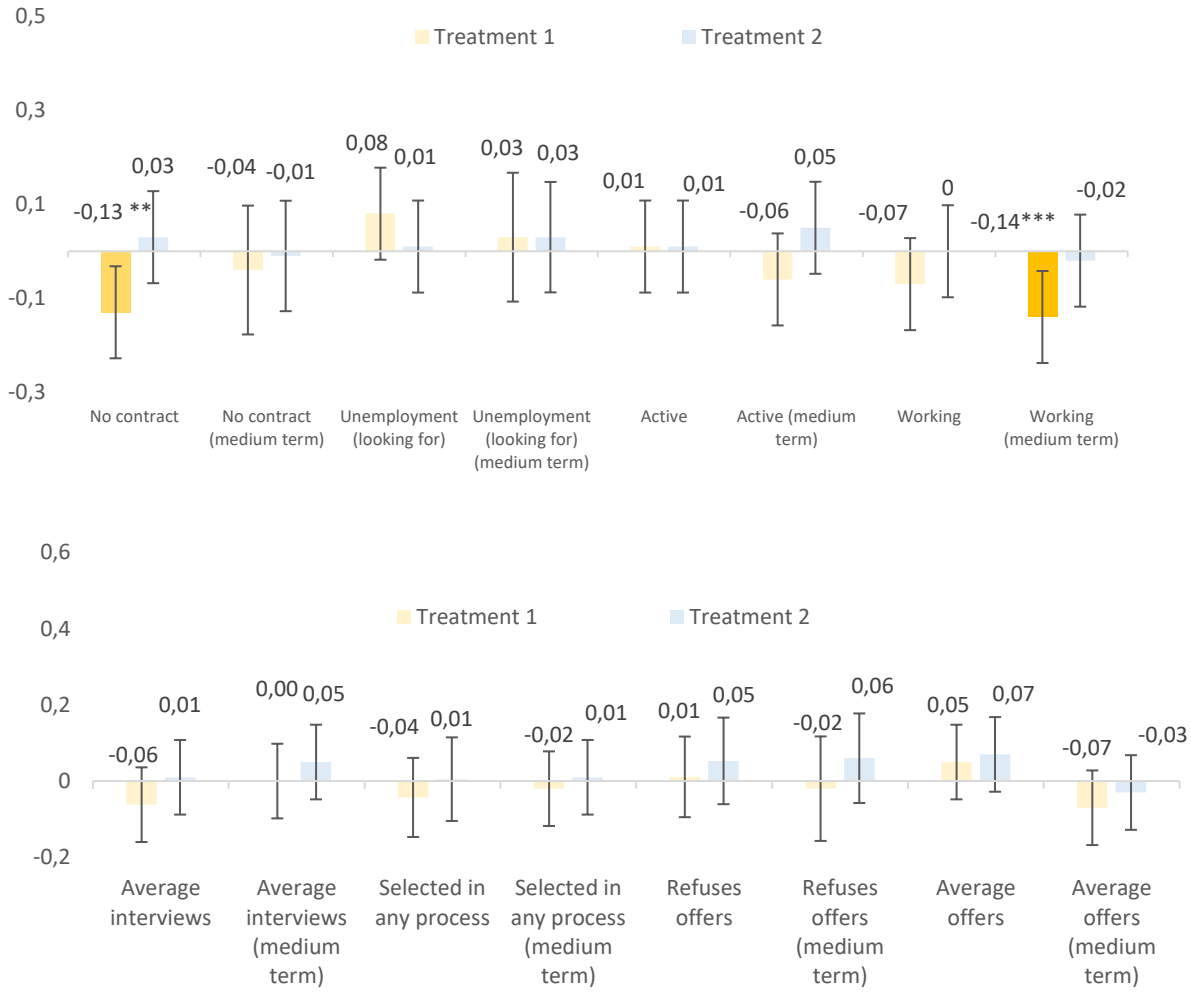
**Figure 10: Effects on income and ability not to default (Hypothesis 1)**




Note: The results of the participants in Treatment Group 1 are presented in yellow. Indicators whose treatment effect is significant at 1% are shown in dark yellow, 10% significant effects in yellow, and 10% indicators that are not significant in light yellow. The results of the participants in Treatment Group 2 are presented in blue. The indicators whose treatment effect is significant at 1% are presented in dark blue, the significant effects at 10% are shown in blue, and those indicators that are not significant at 10% are presented in light blue. The effects included in the graphics refer to regressions with controls.

In addition, regarding the second hypothesis (occupation), a positive impact on the acquisition of a contract has been found for those participants who worked but did not have a contract in their previous job. As can be seen in the figure below, participants in treatment 1 are less likely to work without a contract on the first measurement.

**Figure 11: Effects on main occupancy indicators (Scenario 2)**




Note: The results of the participants in Treatment Group 1 are presented in yellow. The indicators whose treatment effect is significant at 1% are shown in dark yellow, in medium-dark yellow the significant effects at 5%, in medium-light yellow the significant effects at 10% and in light yellow those indicators that are not significant at 10%. The results of the participants in Treatment Group 2 are presented in blue. Indicators whose treatment effect is significant at 1% are presented in dark blue, significant effects at 5% in medium-dark blue, 10% significant effects in medium-light blue, and 10% significant indicators in light blue. The effects included in the graphs refer to the regressions for the initial allocation and for both treatments separately.

Regarding indicators based on working life statistics, three figures are presented below that show the significant effects found for both the overall treatment group (Treatment 1 and 2) and Treatment 2 separately.

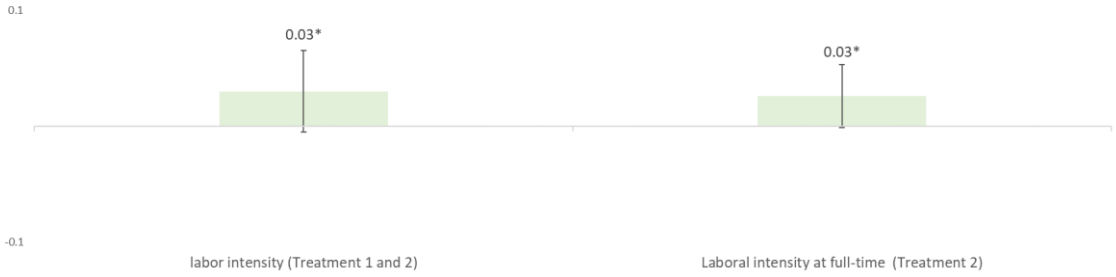
The graphs only show the coefficients that have been found to be significant regardless of whether it is in the first, second or third measurement and ignoring the non-significant results depending on the treatment group analyzed (for this reason, no results are presented for treatment group 1 separately, but this information can be seen in the tables in the corresponding results section and appendix)

Specifically, positive, and significant effects have been found on the number of days worked, on work intensity, about working full-time, and about being working on a permanent contract.

**Figure 12: Effects on indicators based on working life statistics-Number of days worked (Scenario 2)**

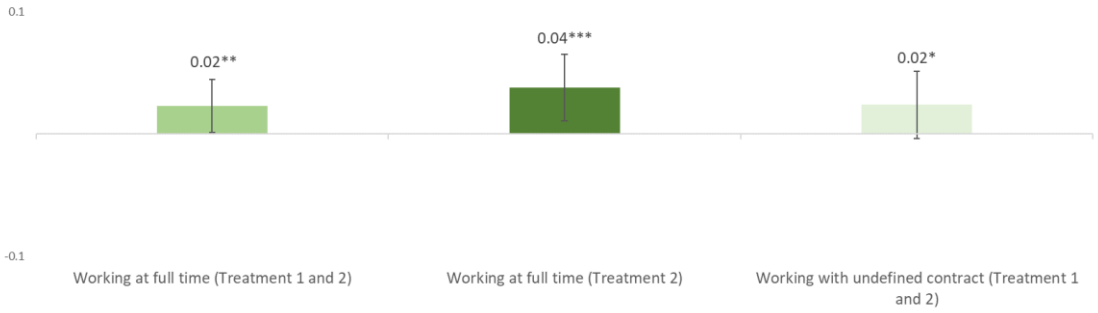

Note: The results of the participants of the Treatment (Treatment Groups 1 and 2 together) and those of Treatment Group 2 separately are presented in green. Indicators whose treatment effect is significant at 1% are shown in dark green, significant effects at 5% in medium green, and 10% significant effects in light green. The effects included in the graphs refer to the coefficients that have shown positive effects for the different measurements of these variables based on working life statistics.

**Figure 13: Effects on indicators based on working life statistics-Work intensity (Scenario 2)**




Note: The results of the participants of the Treatment (Treatment Groups 1 and 2 together) and those of Treatment Group 2 separately are presented in green. Indicators whose treatment effect is significant at 1% are shown in dark green, significant effects at 5% in medium green, and 10% significant effects in light green. The effects included in the graphs refer to the coefficients that have shown positive effects for the different measurements of these variables based on working life statistics.

**Figure 14: Effects on indicators based on working life statistics-Type of working day and contract (Hypothesis 2)**




Note: The results of the participants of the Treatment (Treatment Groups 1 and 2 together) and those of Treatment Group 2 separately are presented in green. Indicators whose treatment effect is significant at 1% are shown in dark green, significant effects at 5% in medium green, and 10% significant effects in light green. The effects included in the graphs refer to the coefficients that have shown positive effects for the different measurements of these variables based on working life statistics.

As for the third hypothesis (Awareness of transversal skills to any type of employment), no statistically significant positive effect has been found because of the treatment. There are negative effects in treatment 1, which disappear in the medium term (second measurement).

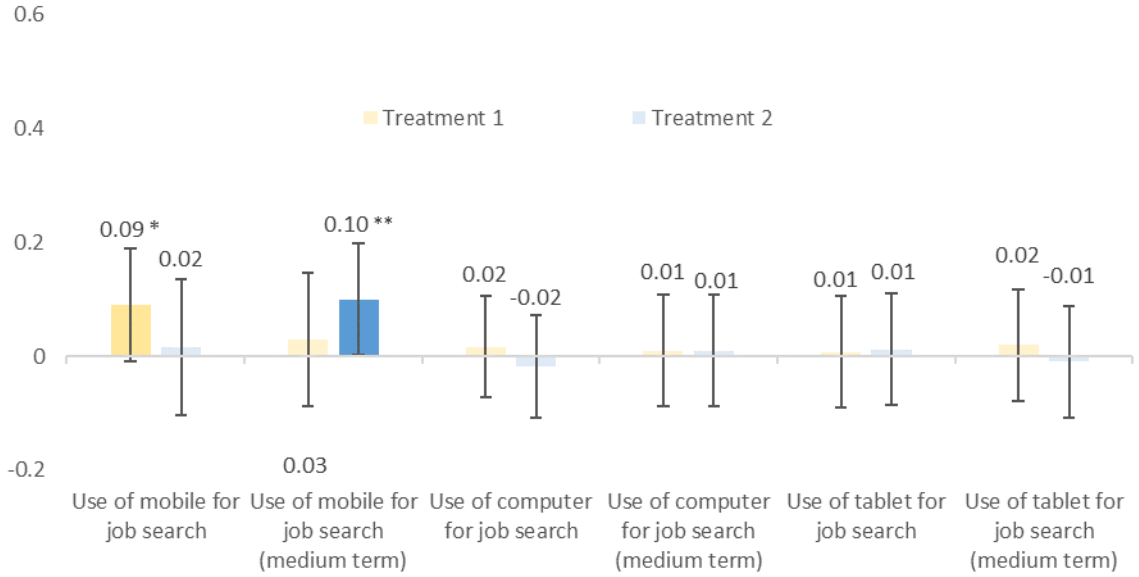
**Figure 15: Effects on self-knowledge and soft skills (Hypothesis 3)**


Note: The results of the participants in Treatment Group 1 are presented in yellow. The indicators whose treatment effect is significant at 1% are shown in dark yellow, in medium-dark yellow the significant effects at 5%, in medium-light yellow the significant effects at 10% and in light yellow those indicators that are not significant at 10%. The results of the participants in Treatment Group 2 are presented in blue. Indicators whose treatment effect is significant at 1% are presented in dark blue, significant effects at 5% in medium-dark blue, 10% significant effects in medium-light blue, and 10% significant indicators in light blue. The effects included in the graphs refer to the regressions for the initial allocation and for both treatments separately.

Regarding the fourth hypothesis (reduction of the digital divide in job search) in terms of digital skills, a notable improvement has been found thanks to the specialized treatment of the digital divide

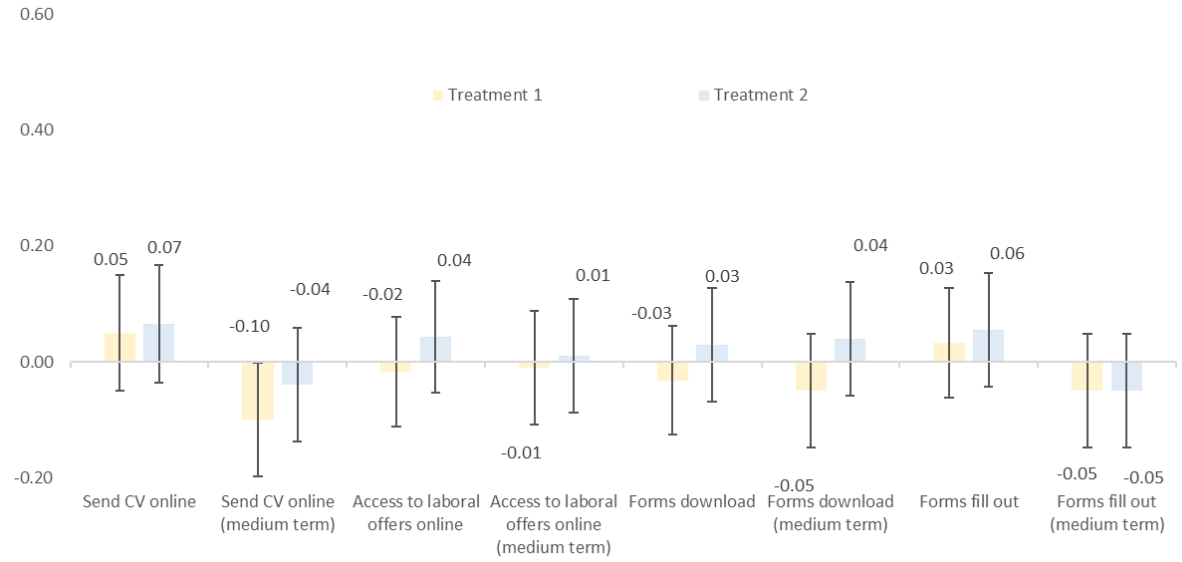
(treatment 2). Positive effects have been found in the use of devices for job search, in digital skills to carry out online procedures and in the acquisition of digital skills.

**Figure 16: Effects on the use of job-search devices (Hypothesis 4)**




Note: The results of the participants in Treatment Group 1 are presented in yellow. The indicators whose treatment effect is significant at 1% are shown in dark yellow, in medium-dark yellow the significant effects at 5%, in medium-light yellow the significant effects at 10% and in light yellow those indicators that are not significant at 10%. The results of the participants in Treatment Group 2 are presented in blue. Indicators whose treatment effect is significant at 1% are presented in dark blue, significant effects at 5% in medium-dark blue, 10% significant effects in medium-light blue, and 10% significant indicators in light blue. The effects included in the graphs refer to the regressions for the initial allocation and for both treatments separately.

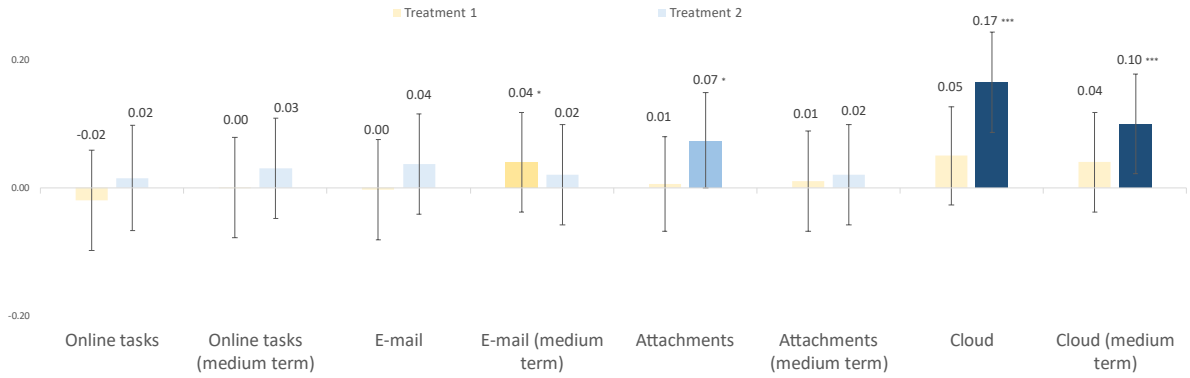
**Figure 17: Effects on online procedures (Hypothesis 4)**




Note: The results of the participants in Treatment Group 1 are presented in yellow. Indicators whose treatment effect is significant at 1%

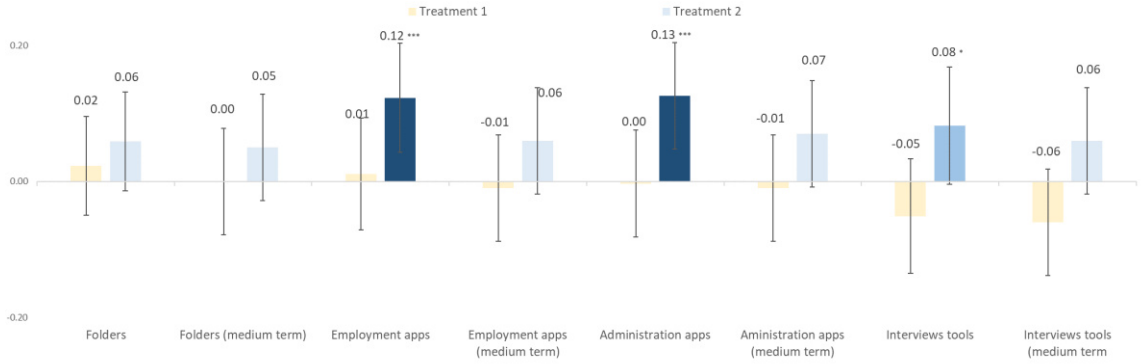
are shown in dark yellow, significant effects at 5% in medium-dark yellow, 10% significant effects in medium-light yellow, and 10% indicators that are not significant in light yellow. The results of the participants in Treatment Group 2 are presented in blue. Indicators whose treatment effect is significant at 1% are presented in dark blue, significant effects at 5% in medium-dark blue, 10% significant effects in medium-light blue, and 10% significant indicators in light blue. The effects included in the graphs refer to the regressions for the initial allocation and for both treatments separately.

**Figure 18: Effects on digital skills A (Hypothesis 4)**




Note: The results of the participants in Treatment Group 1 are presented in yellow. Indicators whose treatment effect is significant at 1% are shown in dark yellow, significant effects at 5% in medium-dark yellow, 10% significant effects in medium-light yellow, and 10% indicators that are not significant in light yellow. The results of the participants in Treatment Group 2 are presented in blue. Indicators whose treatment effect is significant at 1% are presented in dark blue, significant effects at 5% in medium-dark blue, 10% significant effects in medium-light blue, and 10% significant indicators in light blue. The effects included in the graphs refer to the regressions for the initial allocation and for both treatments separately.

**Figure 19: Effects on digital competences B (Hypothesis 4)**




Note: The results of the participants in Treatment Group 1 are presented in yellow. Indicators whose treatment effect is significant at 1% are shown in dark yellow, significant effects at 5% in medium-dark yellow, 10% significant effects in medium-light yellow, and 10% indicators that are not significant in light yellow. The results of the participants in Treatment Group 2 are presented in blue. Indicators whose treatment effect is significant at 1% are presented in dark blue, significant effects at 5% in medium-dark blue, 10% significant effects in medium-light blue, and 10% significant indicators in light blue. The effects included in the graphs refer to the regressions for the initial allocation and for both treatments separately.

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# Appendix

## Economic and regulatory management

### 1. Introduction

Within the framework of the Recovery, Transformation, and Resilience Plan, the General Secretariat for Inclusion of the Ministry of Inclusion, Social Security, and Migration is significantly involved in Component 23 "New public policies for a dynamic, resilient and inclusive labor market", framed in policy area VIII "New care economy and employment policies".

Investment 7 "Promotion of Inclusive Growth by linking socio-labor inclusion policies to the Minimum Income Scheme" is one of the reforms and investments proposed in this Component 23. Investment 7 promotes the implementation of a new model of inclusion based on the Minimum Income Scheme (MIS), which reduces income inequality and poverty rates. To achieve this objective, the development of pilot projects has been proposed, among others, for the implementation of social inclusion pathways with the autonomous communities and cities, local entities, and Third Sector of Social Action entities, as well as with the different social agents.

Royal Decree 938/2021 dated October 26, which regulates the direct granting of subsidies from the Ministry of Inclusion, Social Security and Migration in the field of social inclusion, for an amount of 109,787,404 euros, within the framework of the Recovery, Transformation and Resilience Plan[17] contributed to meeting milestone 350 for the first quarter of 2022 as outlined in the Council's Implementing Decision: "Improve the rate of access to the Minimum Income Scheme, and increase the effectiveness of the MIS through inclusion policies, which, according to its description, will translate into supporting the socio-economic inclusion of the beneficiaries of the MIS through itineraries: eight collaboration agreements signed with subnational public administrations, social partners and entities of the Third Sector of Social Action to conduct the itineraries. The objectives of these partnership agreements are: (i) improve the MIS access rate; ii) increase the effectiveness of the MIS through inclusion policies". Likewise, along with Royal Decree 378/2022, of 17 May,[18] "at least 10 additional collaboration agreements signed with subnational public administrations, social partners and organizations of the Third Sector of Social Action to implement pilot projects to support the socio-economic inclusion of the beneficiaries of MIS through itineraries" contributed to compliance with

[17] https://www.boe.es/diario_boe/txt.php?id=BOE-A-2021-17464

[18] https://www.boe.es/diario_boe/txt.php?id=BOE-A-2022-8124

monitoring indicator number 351.1 in the first quarter of 2023, linked to the Operational Arrangements document[19].

Likewise, after the execution and evaluation of each of the subsidized pilot projects, an evaluation will be conducted to assess the coverage, effectiveness, and success of the minimum income schemes. The publication of this evaluation, which will include specific recommendations to improve the rate of access to the benefit and improve the effectiveness of social inclusion policies, contributes to the achievement of milestone 351 of the Recovery, Transformation and Resilience Plan scheduled for the first quarter of 2024.

In accordance with Article 3 of Royal Decree 378/2022, dated May 17, subsidies will be granted through a resolution accompanied by an agreement of the head of the Ministry of Inclusion, Social Security, and Migration as the competent authority for granting them, without prejudice to the existing delegations of competence in the matter, upon request of the beneficiary entities.

On **September 16, 2022**, the entity Cáritas Española was notified of the Resolution of the General Secretariat for Inclusion and Social Welfare Objectives and Policies granting a subsidy amounting to 7,139,879.10 euros to Cáritas Española. On **September 19, 2022**, an agreement is signed between the General State Administration, through the General Secretariat for Inclusion and Social Welfare Objectives and Policies and Cáritas Española, for the implementation of a Social Inclusion Policy within the framework of the Recovery, Transformation and Resilience Plan, which was published in the "*Boletín Oficial del Estado*" on **October 1, 2022** (BOE no. 236).[20]

**2. Time frame of the intervention**

Article 17(1) of Royal Decree 378/2022 dated May 17, 2022 established that the deadline for the implementation of the pilot projects of social inclusion itineraries subject to the subsidies provided for in this text shall not exceed the deadline of 30 November 2023, while the evaluation shall not extend beyond March 31, 2024, in order to comply with the milestones set by the Recovery, Transformation and Resilience Plan with regard to social inclusion policies.

Within this general timeframe, the implementation begins in **January 2023**, when the intervention itinerary begins, continuing until **November 30, 2023,** and then developing dissemination and evaluation tasks of the project until **March 31, 2024**.

[19] Decision of the European Commission approving the document Operational Provisions of the Recovery, Transformation and Resilience Plan, which can be consulted at the following link:

https://www.lamoncloa.gob.es/serviciosdeprensa/notasprensa/hacienda/Documents/2021/101121-CountersignedESFirstCopy.pdf

[20] https://www.boe.es/diario_boe/txt.php?id=BOE-A-2022-16013

3. **Relevant Agents**

Among the relevant agents in the implementation of the project can be mentioned:

- **Cáritas Española,** as the beneficiary entity and coordinator of the project that also assumes the role of coordinating entity with the participating Diocesan Caritas.
- **10 Cáritas Diocesanas** as executors and beneficiaries of the project (as stated in article 11.2 of the General Law on Subsidies): Albacete, Cuenca, Girona, León, Lugo, Menorca, Ourense, Sigüenza-Guadalajara, Valladolid, and Zamora.
- The **Ministry of Inclusion, Social Security and Migration (MISSM)** as the sponsor of the project, and as the main responsible for the RCT evaluation process. The General Secretariat for Inclusion (SGI) assumes the following commitments:
    a) Assist the beneficiary entity in the design of the activities to be carried out for the implementation and monitoring of the object of the grant, as well as for the profiling of the potential participants of the pilot project.
    b) Design the randomized controlled trial (RCT) methodology of the pilot project in coordination with the beneficiary entity.
    c) Evaluate the pilot project in coordination with the beneficiary entity.
- **Adecco Foundation,** subcontracted for recruitment, attention to the control group and the fulfillment of impact measurement interviews.
- **CEOE Foundation,** subcontracted to carry out business prospecting and labor intermediation in the territories.
- **Formació and Treball,** subcontracted to carry out individualized itineraries of treatment groups in Barcelona.
- **CEMFI** and **J-PAL Europe**, as scientific and academic institutions that support MISSM in the design and RCT evaluation.

## Sample Balancing

The results of the equilibrium contrasts between the control group and the treatment groups are shown below in **Table 40**. All data reflected in this figure refer to the survey conducted before the intervention (baseline).

The mean value of each variable for each group, the number of observations in each group and the p-value resulting from an F contrast of equality for all groups, and those of the three mean difference tests by pairs, are reported. The lower the p-value, the more confidently one can reject the hypothesis that the mean of the variable in both groups is equal. For example, if the p-value is less than 0.05, the hypothesis of equality of means at a 5% confidence level of control for variables such as educational level, sex, and nationality in the regressions can be rejected.

**Table 40: Equilibrium contrasts between experimental groups**

| Variable | GC Mean (Var.) | GT1 Mean (Var.) | GT2 Mean (Var.) | F-test for all sample groups | T-test by pairs GC vs GT1 (p-value) | T-test by pairs GC vs GT2 (p-value) | T-test by pairs GT1 vs GT2 (p-value) |
|---|---|---|---|---|---|---|---|
| Issue 1 (First wave) | 0.28 (0.20) | 0.27 (0.20) | 0.27 (0.20) | 0.10 0.90 | 0.71 | 0.70 | 0.99 |
| Issue 2 (Second wave) | 0.35 (0.23) | 0.37 (0.23) | 0.37 (0.23) | 0.24 0.78 | 0.56 | 0.56 | 1.00 |
| Edition 3 (Third wave) | 0.37 (0.23) | 0.36 (0.23) | 0.36 (0.23) | 0.04 0.96 | 0.82 | 0.82 | 1.00 |
| Albacete | 0.07 (0.06) | 0.07 (0.07) | 0.07 (0.07) | 0.05 0.95 | 0.76 | 0.83 | 0.93 |
| Minorca | 0.05 (0.05) | 0.04 (0.04) | 0.04 (0.04) | 0.32 0.72 | 0.44 | 0.65 | 0.77 |
| Barcelona | 0.18 (0.15) | 0.19 (0.15) | 0.19 (0.15) | 0.04 0.96 | 0.87 | 0.78 | 0.91 |
| Basin | 0.08 (0.07) | 0.07 (0.07) | 0.07 (0.06) | 0.21 0.81 | 0.84 | 0.51 | 0.68 |
| Girona | 0.08 (0.07) | 0.08 (0.07) | 0.08 (0.07) | 0.03 0.97 | 0.82 | 0.89 | 0.94 |
| Sigüenza-Guadalajara | 0.07 (0.07) | 0.07 (0.07) | 0.07 (0.07) | 0.03 0.97 | 0.82 | 0.97 | 0.81 |
| Lion | 0.14 (0.12) | 0.14 (0.12) | 0.14 (0.12) | 0.00 1.00 | 0.93 | 0.97 | 0.96 |
| Lugo | 0.06 (0.06) | 0.06 (0.06) | 0.06 (0.06) | 0.09 0.92 | 0.77 | 0.70 | 0.92 |
| Ourense | 0.13 (0.11) | 0.13 (0.12) | 0.13 (0.12) | 0.12 0.89 | 0.69 | 0.67 | 0.97 |
| Valladolid | 0.08 (0.07) | 0.07 (0.07) | 0.07 (0.07) | 0.03 0.97 | 0.84 | 0.86 | 0.98 |
| Zamora | 0.07 (0.06) | 0.07 (0.06) | 0.07 (0.06) | 0.02 0.98 | 0.89 | 0.87 | 0.98 |
| Age | 44.40 (115.92) | 44.41 (125.95) | 44.42 (112.35) | 0.01 0.99 | 0.92 | 0.99 | 0.99 |
| Man | 0.31 (0.21) | 0.30 (0.21) | 0.32 (0.22) | 0.56 0.57 | 0.46 | 0.68 | 0.30 |
| Country of Birth (Spain) | 0.51 (0.25) | 0.52 (0.25) | 0.52 (0.25) | 0.00 1.00 | 0.97 | 0.98 | 0.97 |

| Variable | GC Mean (Var.) | GT1 Mean (Var.) | GT2 Mean (Var.) | F-test for all sample groups | T-test by pairs GC vs GT1 (p-value) | T-test by pairs GC vs GT2 (p-value) | T-test by pairs GT1 vs GT2 (p-value) |
|---|---|---|---|---|---|---|---|
| Nationality (Spanish) | 0.75 | 0.73 | 0.77 | 1.18 | 0.45 | 0.38 | 0.12 |
| | (0.19) | (0.20) | (0.18) | 0.31 | | | |
| Compulsory education not completed | 0.18 | 0.18 | 0.17 | 0.14 | 0.73 | 0.62 | 0.85 |
| | (0.14) | (0.14) | (0.13) | 0.87 | | | |
| Compulsory education and basic vocational training | 0.62 | 0.62 | 0.62 | 0.04 | 0.98 | 0.82 | 0.82 |
| | (0.22) | (0.22) | (0.22) | 0.96 | | | |
| Baccalaureate and Higher Vocational Training | 0.14 | 0.13 | 0.14 | 0.05 | 0.80 | 0.98 | 0.78 |
| | (0.11) | (0.11) | (0.11) | 0.95 | | | |
| University education | 0.06 | 0.07 | 0.06 | 0.40 | 0.37 | 0.79 | 0.60 |
| | (0.05) | (0.06) | (0.06) | 0.67 | | | |
| Certificate of professionalism | 0.26 | 0.30 | 0.30 | 1.52 | 0.16 | 0.13 | 0.92 |
| | (0.19) | (0.21) | (0.21) | 0.22 | | | |
| Non-regulated training | 0.60 | 0.62 | 0.61 | 0.59 | 0.30 | 0.44 | 0.82 |
| | (0.21) | (0.21) | (0.21) | 0.55 | | | |
| Degree of disability | 0.10 | 0.11 | 0.11 | 0.05 | 0.74 | 0.88 | 0.81 |
| | (0.09) | (0.10) | (0.09) | 0.95 | | | |
| People who reside in the home | 2.85 | 3.00 | 2.91 | 1.63 | 0.08* | 0.41 | 0.39 |
| | (2.94) | (4.73) | (2.85) | 0.20 | | | |
| Single-person household | 0.20 | 0.17 | 0.17 | 1.97 | 0.08* | 0.17 | 0.73 |
| | (0.16) | (0.14) | (0.14) | 0.14 | | | |
| Single-parent household | 0.28 | 0.34 | 0.31 | 2.82* | 0.02** | 0.33 | 0.23 |
| | (0.20) | (0.22) | (0.21) | 0.06 | | | |
| Home of a couple with children | 0.30 | 0.29 | 0.31 | 0.32 | 0.49 | 0.87 | 0.46 |
| | (0.21) | (0.20) | (0.21) | 0.73 | | | |
| Other Household Types | 0.21 | 0.21 | 0.21 | 0.04 | 0.83 | 0.96 | 0.79 |
| | (0.17) | (0.17) | (0.17) | 0.96 | | | |
| Property | 0.20 | 0.16 | 0.21 | 3.09** | 0.06* | 0.44 | 0.02** |
| | (0.16) | (0.14) | (0.17) | 0.05 | | | |
| Rent | 0.64 | 0.68 | 0.61 | 3.41** | 0.10 | 0.21 | 0.01*** |
| | (0.23) | (0.22) | (0.24) | 0.03 | | | |

| Variable | GC Mean (Var.) | GT1 Mean (Var.) | GT2 Mean (Var.) | F-test for all sample groups | T-test by pairs GC vs GT1 (p-value) | T-test by pairs GC vs GT2 (p-value) | T-test by pairs GT1 vs GT2 (p-value) |
|---|---|---|---|---|---|---|---|
| Other housing | 0.16 | 0.16 | 0.17 | 0.39 | 0.91 | 0.43 | 0.43 |
| | (0.13) | (0.13) | (0.14) | 0.68 | | | |
| Going to another program | 0.12 | 0.12 | 0.11 | 0.06 | 0.85 | 0.86 | 0.74 |
| | (0.10) | (0.10) | (0.10) | 0.94 | | | |
| Employee | 0.22 | 0.23 | 0.23 | 0.14 | 0.81 | 0.61 | 0.81 |
| | (0.17) | (0.17) | (0.18) | 0.87 | | | |
| No contract | 0.20 | 0.18 | 0.18 | 0.80 | 0.22 | 0.41 | 0.74 |
| | (0.15) | (0.14) | (0.14) | 0.45 | | | |
| Unemployed | 0.53 | 0.57 | 0.52 | 1.92 | 0.08* | 0.96 | 0.09* |
| | (0.25) | (0.24) | (0.25) | 0.15 | | | |
| No availability | 0.01 | 0.01 | 0.01 | 0.07 | 0.75 | 0.97 | 0.76 |
| | (0.01) | (0.01) | (0.01) | 0.93 | | | |
| Morning time availability | 0.50 | 0.52 | 0.52 | 0.67 | 0.32 | 0.36 | 0.95 |
| | (0.24) | (0.25) | (0.24) | 0.51 | | | |
| Afternoon schedule availability | 0.18 | 0.18 | 0.20 | 0.52 | 0.72 | 0.33 | 0.56 |
| | (0.14) | (0.15) | (0.16) | 0.60 | | | |
| Availability at any time | 0.32 | 0.29 | 0.28 | 1.82 | 0.21 | 0.08* | 0.61 |
| | (0.21) | (0.20) | (0.20) | 0.16 | | | |
| Average revenue in the last 6 months | 775.66 | 815.52 | 759.94 | 3.39** | 0.04** | 0.44 | 0.01** |
| | (16,6913.56) | (17,9678.07) | (19,1438.05) | 0.03 | | | |
| Media offers were submitted in the last 3 months | 1.79 | 1.82 | 1.86 | 0.08 | 0.82 | 0.71 | 0.93 |
| | (15.35) | (14.94) | (17.17) | 0.93 | | | |
| Media interviews did in the last 3 months | 0.22 | 0.17 | 0.19 | 1.29 | 0.11 | 0.40 | 0.52 |
| | (0.43) | (0.28) | (0.39) | 0.28 | | | |
| You have been selected in a process | 0.05 | 0.04 | 0.07 | 3.68** | 0.70 | 0.02** | 0.02** |
| | (0.04) | (0.04) | (0.07) | 0.03 | | | |
| You've said no to any offer | 0.04 | 0.03 | 0.05 | 1.35 | 0.50 | 0.25 | 0.11 |
| | (0.04) | (0.03) | (0.05) | 0.26 | | | |
| | -0.01 | 0.04 | -0.02 | 0.84 | 0.24 | 0.97 | 0.25 |

| Variable | GC Mean (Var.) | GT1 Mean (Var.) | GT2 Mean (Var.) | F-test for all sample groups | T-test by pairs GC vs GT1 (p-value) | T-test by pairs GC vs GT2 (p-value) | T-test by pairs GT1 vs GT2 (p-value) |
|---|---|---|---|---|---|---|---|
| PRE A: Self-Knowledge | (1.02) | (0.99) | (0.98) | 0.43 | | | |
| PRE A: Soft skills | 0.01 | 0.01 | -0.02 | 0.18 | 0.81 | 0.68 | 0.52 |
| | (1.00) | (0.99) | (1.01) | 0.83 | | | |
| Have you used any digital device | 0.92 | 0.92 | 0.93 | 0.26 | 0.95 | 0.55 | 0.53 |
| | (0.07) | (0.08) | (0.07) | 0.77 | | | |
| Have you sent CVs online in the last week using the internet? | 0.26 | 0.27 | 0.28 | 0.74 | 0.54 | 0.22 | 0.61 |
| | (0.19) | (0.19) | (0.20) | 0.48 | | | |
| Have you managed to access any job offers online? | 0.27 | 0.24 | 0.28 | 1.12 | 0.25 | 0.64 | 0.14 |
| | (0.20) | (0.18) | (0.20) | 0.33 | | | |
| Get information from government websites or apps | 0.84 | 0.83 | 0.83 | 0.23 | 0.65 | 0.52 | 0.83 |
| | (0.11) | (0.12) | (0.12) | 0.80 | | | |
| Download or print official forms | 0.56 | 0.56 | 0.55 | 0.20 | 0.90 | 0.51 | 0.66 |
| | (0.21) | (0.22) | (0.22) | 0.82 | | | |
| Submit Completed Forms | 0.36 | 0.40 | 0.38 | 2.39* | 0.03** | 0.54 | 0.17 |
| | (0.20) | (0.21) | (0.21) | 0.09 | | | |
| Able to manage online tasks | 2.64 | 2.70 | 2.67 | 0.71 | 0.24 | 0.52 | 0.63 |
| | (1.48) | (1.45) | (1.46) | 0.49 | | | |
| Able to use email | 2.95 | 3.00 | 3.01 | 0.82 | 0.34 | 0.25 | 0.85 |
| | (1.46) | (1.44) | (1.47) | 0.44 | | | |
| Able to attach files to an email | 2.72 | 2.79 | 2.75 | 0.59 | 0.28 | 0.61 | 0.61 |
| | (1.76) | (1.69) | (1.78) | 0.55 | | | |
| Able to create a Cloud account (Drive) | 2.14 | 2.13 | 2.13 | 0.00 | 0.92 | 0.94 | 0.99 |
| | (1.67) | (1.68) | (1.71) | 1.00 | | | |
| Able to create folders on the computer | 2.43 | 2.51 | 2.41 | 1.05 | 0.22 | 0.80 | 0.19 |
| | (1.81) | (1.78) | (1.82) | 0.35 | | | |
| Able to use job search apps | 2.58 | 2.62 | 2.63 | 0.35 | 0.51 | 0.48 | 0.95 |
| | (1.68) | (1.63) | (1.74) | 0.70 | | | |

| Variable | GC Mean (Var.) | GT1 Mean (Var.) | GT2 Mean (Var.) | F-test for all sample groups | T-test by pairs GC vs GT1 (p-value) | T-test by pairs GC vs GT2 (p-value) | T-test by pairs GT1 vs GT2 (p-value) |
|---|---|---|---|---|---|---|---|
| (infojobs, jobtoday) | | | | | | | |
| Able to use e-government applications (Utilities) | 2.59 (1.65) | 2.62 (1.59) | 2.53 (1.64) | 0.77 0.46 | 0.68 | 0.35 | 0.23 |
| Able to use communication tools for interviews (Zoom, Teams...) | 2.45 (1.47) | 2.54 (1.46) | 2.57 (1.44) | 3.71** 0.02 | 0.06* | 0.01** | 0.56 |

## Non-significant results of indicators based on working life data

**Table 41. Effect on the number of days worked (first measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | -0.027 (0.371) | | -0.097 (0.371) | |
| Treatment 1 | | -0.190 (0.432) | | -0.340 (0.433) |
| Treatment 2 | | 0.138 (0.454) | | 0.148 (0.454) |
| N | 2,356 | 2,356 | 2,356 | 2,356 |
| Mean dep. var. pre | 7.298 | 7.298 | 7.298 | 7.298 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 42. Effect on the number of days worked (second measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.484 | | 0.416 | |
| | (0.439) | | (0.438) | |
| Treatment 1 | | 0.314 | | 0.187 |
| | | (0.533) | | (0.532) |
| Treatment 2 | | 0.656 | | 0.647 |
| | | (0.527) | | (0.527) |
| N | 2,356 | 2,356 | 2,356 | 2,356 |
| Mean dep. var. pre | 7.737 | 7.737 | 7.737 | 7.737 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 43. Effect on the number of days worked full-time (first measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.166 | | 0.115 | |
| | (0.297) | | (0.298) | |
| Treatment 1 | | -0.021 | | -0.135 |
| | | (0.345) | | (0.348) |
| Treatment 2 | | 0.354 | | 0.366 |
| | | (0.371) | | (0.369) |
| N | 2,356 | 2,356 | 2,356 | 2,356 |
| Mean dep. var. pre | 4.926 | 4.926 | 4.926 | 4.926 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 44. Effect on the number of days worked full-time (third measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.713 | | 0.601 | |
| | (0.440) | | (0.437) | |
| Treatment 1 | | 0.710 | | 0.531 |
| | | (0.530) | | (0.530) |
| Treatment 2 | | 0.716 | | 0.670 |
| | | (0.534) | | (0.532) |
| N | 1,501 | 1,501 | 1,501 | 1,501 |
| Mean dep. var. pre | 4.705 | 4.705 | 4.705 | 4.705 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 45. Effect on work intensity (first measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | -0.001 | | -0.003 | |
| | (0.012) | | (0.012) | |
| Treatment 1 | | -0.006 | | -0.011 |
| | | (0.014) | | (0.014) |
| Treatment 2 | | 0.004 | | 0.005 |
| | | (0.015) | | (0.015) |
| N | 2,356 | 2,356 | 2,356 | 2,356 |
| Mean dep. var. pre | 0.240 | 0.240 | 0.240 | 0.240 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 46. Effect on work intensity (second measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.016 | | 0.013 | |
| | (0.014) | | (0.014) | |
| Treatment 1 | | 0.010 | | 0.006 |
| | | (0.017) | | (0.017) |
| Treatment 2 | | 0.021 | | 0.021 |
| | | (0.017) | | (0.017) |
| N | 2,356 | 2,356 | 2,356 | 2,356 |
| Mean dep. var. pre | 0.250 | 0.250 | 0.250 | 0.250 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 47. Effect on full-time work intensity (first measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.005 | | 0.004 | |
| | (0.010) | | (0.010) | |
| Treatment 1 | | -0.001 | | -0.004 |
| | | (0.011) | | (0.011) |
| Treatment 2 | | 0.011 | | 0.012 |
| | | (0.012) | | (0.012) |
| N | 2,356 | 2,356 | 2,356 | 2,356 |
| Mean dep. var. pre | 0.162 | 0.162 | 0.162 | 0.162 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 48. Effect on full-time work intensity (third measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.023 | | 0.020 | |
| | (0.014) | | (0.014) | |
| Treatment 1 | | 0.023 | | 0.017 |
| | | (0.017) | | (0.017) |
| Treatment 2 | | 0.023 | | 0.022 |
| | | (0.017) | | (0.017) |
| N | 1,501 | 1,501 | 1,501 | 1,501 |
| Mean dep. var. pre | 0.154 | 0.154 | 0.154 | 0.154 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 49. Effect on employment status: working (first measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | -0.004 | | -0.006 | |
| | (0.014) | | (0.014) | |
| Treatment 1 | | -0.005 | | -0.008 |
| | | (0.016) | | (0.016) |
| Treatment 2 | | -0.003 | | -0.003 |
| | | (0.017) | | (0.017) |
| N | 2,356 | 2,356 | 2,356 | 2,356 |
| Mean dep. var. pre | 0.277 | 0.277 | 0.277 | 0.277 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 50. Effect on employment status: working (second measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.007 | | 0.004 | |
| | (0.015) | | (0.015) | |
| Treatment 1 | | -0.002 | | -0.006 |
| | | (0.018) | | (0.018) |
| Treatment 2 | | 0.016 | | 0.015 |
| | | (0.019) | | (0.019) |
| N | 2,356 | 2,356 | 2,356 | 2,356 |
| Mean dep. var. pre | 0.291 | 0.291 | 0.291 | 0.291 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 51. Effect on employment status: working (third measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.023 | | 0.018 | |
| | (0.019) | | (0.019) | |
| Treatment 1 | | 0.028 | | 0.019 |
| | | (0.023) | | (0.023) |
| Treatment 2 | | 0.018 | | 0.016 |
| | | (0.023) | | (0.023) |
| N | 1,501 | 1,501 | 1,501 | 1,501 |
| Mean dep. var. pre | 0.252 | 0.252 | 0.252 | 0.252 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 52. Effect on employment status: working full-time (first measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.007 | | 0.006 | |
| | (0.009) | | (0.009) | |
| Treatment 1 | | -0.001 | | -0.003 |
| | | (0.011) | | (0.011) |
| Treatment 2 | | 0.014 | | 0.014 |
| | | (0.011) | | (0.011) |
| N | 2,356 | 2,356 | 2,356 | 2,356 |
| Mean dep. var. pre | 0.064 | 0.064 | 0.064 | 0.064 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 53. Effect on employment status: working full-time (third measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.009 | | 0.006 | |
| | (0.013) | | (0.013) | |
| Treatment 1 | | 0.016 | | 0.013 |
| | | (0.015) | | (0.015) |
| Treatment 2 | | 0.002 | | -0.001 |
| | | (0.015) | | (0.015) |
| N | 1,501 | 1,501 | 1,501 | 1,501 |
| Mean dep. var. pre | 0.067 | 0.067 | 0.067 | 0.067 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 54. Effect on the employment situation: working with a permanent contract (first measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.001 | | -0.001 | |
| | (0.008) | | (0.008) | |
| Treatment 1 | | 0.003 | | 0.001 |
| | | (0.009) | | (0.010) |
| Treatment 2 | | -0.001 | | -0.002 |
| | | (0.010) | | (0.010) |
| N | 2,356 | 2,356 | 2,356 | 2,356 |
| Mean dep. var. pre | 0.108 | 0.108 | 0.108 | 0.108 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 55. Effect on employment status: working on a permanent contract (second measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.014 | | 0.013 | |
| | (0.010) | | (0.010) | |
| Treatment 1 | | 0.014 | | 0.012 |
| | | (0.012) | | (0.012) |
| Treatment 2 | | 0.015 | | 0.014 |
| | | (0.012) | | (0.012) |
| N | 2,356 | 2,356 | 2,356 | 2,356 |
| Mean dep. var. pre | 0.108 | 0.108 | 0.108 | 0.108 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 56. Effect on employment status: working without a contract (first measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | 0.001 | | 0.001 | |
| | (0.003) | | (0.003) | |
| Treatment 1 | | 0.001 | | 0.001 |
| | | (0.004) | | (0.004) |
| Treatment 2 | | 0.001 | | 0.001 |
| | | (0.004) | | (0.004) |
| N | 2,356 | 2,356 | 2,356 | 2,356 |
| Mean dep. var. pre | 0.024 | 0.024 | 0.024 | 0.024 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 57. Effect on employment status: working without a contract (second measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | -0.004 | | -0.004 | |
| | (0.004) | | (0.004) | |
| Treatment 1 | | -0.007 | | -0.007 |
| | | (0.005) | | (0.005) |
| Treatment 2 | | -0.001 | | -0.001 |
| | | (0.004) | | (0.005) |
| N | 2,356 | 2,356 | 2,356 | 2,356 |
| Mean dep. var. pre | 0.028 | 0.028 | 0.028 | 0.028 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

**Table 58. Effect on employment status: working without a contract (third measurement)**

| | No controls | | With controls | |
|---|---|---|---|---|
| | (1) | (2) | (3) | (4) |
| Treatment | -0.002 | | -0.003 | |
| | (0.006) | | (0.006) | |
| Treatment 1 | | -0.004 | | -0.005 |
| | | (0.008) | | (0.008) |
| Treatment 2 | | -0.000 | | -0.000 |
| | | (0.007) | | (0.006) |
| N | 1,501 | 1,501 | 1,501 | 1,501 |
| Mean dep. var. pre | 0.027 | 0.027 | 0.027 | 0.027 |
| Init. val. dep. var | Yes | Yes | Yes | Yes |

Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors grouped by household, in parentheses.

## Statistical descriptions and equilibrium contrast of working life statistics

**Table 59. Statistical descriptions of the participants' working life statistics**

| Variable | N. | Mean | Standard deviation | Minimal | Maximum |
|---|---|---|---|---|---|
| PRE: Number of days worked | 1,051 | 6.12 | 11.86 | 0.00 | 31.00 |
| PRE: Number of days worked full-time | 1,051 | 0.28 | 0.45 | 0.00 | 31.00 |
| PRE: Work Intensity | 1,051 | 0.20 | 0.39 | 0.00 | 1.00 |
| PRE: Full-time work intensity | 1,051 | 0.13 | 0.29 | 0.00 | 1.00 |
| PRE: Working | 1,051 | 0.23 | 0.42 | 0.00 | 1.00 |
| PRE: No contract | 1,051 | 0.02 | 0.16 | 0.00 | 1.00 |
| PRE: Indefinite contract | 1,051 | 0.09 | 0.28 | 0.00 | 1.00 |
| PRE: Full-time contract | 1,051 | 0.05 | 0.21 | 0.00 | 1.00 |
| POST1: Number of days worked | 1,051 | 7.30 | 12.63 | 0.00 | 31.00 |
| POST1: Number of days worked full-time | 1,051 | 4.93 | 9.55 | 0.00 | 31.00 |
| POST1: Work intensity | 1,051 | 0.24 | 0.42 | 0.00 | 1.00 |
| POST1: Full-time work intensity | 1,051 | 0.16 | 0.31 | 0.00 | 1.00 |
| POST1: Working | 1,051 | 0.28 | 0.45 | 0.00 | 1.00 |
| POST1: No contract | 1,051 | 0.02 | 0.15 | 0.00 | 1.00 |
| POST1: Indefinite contract | 1,051 | 0.11 | 0.31 | 0.00 | 1.00 |
| POST1: Full-time contract | 1,051 | 0.06 | 0.24 | 0.00 | 1.00 |

| Variable | N. | Mean | Standard deviation | Minimal | Maximum |
|---|---|---|---|---|---|
| POST2: Number of days worked | 1,051 | 7.74 | 12.96 | 0.00 | 31.00 |
| POST2: Number of days worked full-time | 1,051 | 5.40 | 10.04 | 0.00 | 31.00 |
| POST2: Work intensity | 1,051 | 0.25 | 0.42 | 0.00 | 1.00 |
| POST2: Full-time work intensity | 1,051 | 0.17 | 0.32 | 0.00 | 1.00 |
| POST2: Working | 1,051 | 0.29 | 0.45 | 0.00 | 1.00 |
| POST2: No contract | 1,051 | 0.03 | 0.16 | 0.00 | 1.00 |
| POST2: Indefinite contract | 1,051 | 0.11 | 0.31 | 0.00 | 1.00 |
| POST2: Full-time contract | 1,051 | 0.07 | 0.26 | 0.00 | 1.00 |
| POSTFINAL: Number of days worked | 667 | 6.83 | 12.50 | 0.00 | 31.00 |
| POSTFINAL: Number of days worked full-time | 667 | 4.70 | 9.65 | 0.00 | 31.00 |
| POSTFINAL: Work Intensity | 667 | 0.22 | 0.41 | 0.00 | 1.00 |
| POSTFINAL: Full-time work intensity | 667 | 0.15 | 0.32 | 0.00 | 1.00 |
| POSTFINAL: Working | 667 | 0.25 | 0.43 | 0.00 | 1.00 |
| POSTFINAL: No contract | 667 | 0.03 | 0.16 | 0.00 | 1.00 |
| POSTFINAL: Indefinite contract | 667 | 0.12 | 0.32 | 0.00 | 1.00 |
| POSTFINAL: Full-time contract | 667 | 0.07 | 0.25 | 0.00 | 1.00 |

**Table 60. Contrast of balance between the experimental groups of the participants' working life statistics**

| Variable | GC Mean (Var.) | GT1 Mean (Var.) | GT2 Mean (Var.) | F-test for all sample groups | T-test by pairs GC vs GT1 (p-value) | T-test by pairs GC vs GT2 (p-value) | T-test by pairs GT1 vs GT2 (p-value) |
|---|---|---|---|---|---|---|---|
| PRE: Number of days worked | 6.12 | 5.94 | 5.77 | 0.14 | 0.79 | 0.59 | 0.82 |
| | (140.58) | (137.16) | (134.00) | 0.87 | | | |
| PRE: Number of days worked | 4.14 | 3.95 | 3.84 | 0.20 | 0.70 | 0.53 | 0.85 |
| | (78.52) | (76.50) | (75.23) | 0.82 | | | |
| PRE: Work Intensity | 0.20 | 0.19 | 0.19 | 0.13 | 0.79 | 0.61 | 0.83 |
| | (0.15) | (0.15) | (0.14) | 0.88 | | | |
| PRE: Full-time work intensity | 0.13 | 0.13 | 0.13 | 0.19 | 0.70 | 0.55 | 0.87 |
| | (0.08) | (0.08) | (0.08) | 0.83 | | | |

| Variable | GC Mean (Var.) | GT1 Mean (Var.) | GT2 Mean (Var.) | F-test for all sample groups | T-test by pairs GC vs GT1 (p-value) | T-test by pairs GC vs GT2 (p-value) | T-test by pairs GT1 vs GT2 (p-value) |
|---|---|---|---|---|---|---|---|
| PRE: Working | 0.23 (0.18) | 0.23 (0.18) | 0.22 (0.17) | 0.08 0.92 | 0.79 | 0.68 | 0.91 |
| PRE: No contract | 0.02 (0.02) | 0.02 (0.02) | 0.03 (0.03) | 0.17 0.84 | 0.64 | 0.93 | 0.58 |
| PRE: Indefinite contract | 0.09 (0.08) | 0.09 (0.08) | 0.09 (0.08) | 0.05 0.95 | 0.78 | 0.99 | 0.81 |
| PRE: Full-time contract | 0.05 (0.04) | 0.05 (0.05) | 0.05 (0.04) | 0.24 0.79 | 0.51 | 0.97 | 0.60 |