Inclusion Policy Lab: Evaluation Results

Castilla – La Mancha: Building, to become again

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The General Secretariat of Inclusion of the Ministry of Inclusion, Social Security, and Migration has prepared this report 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, the Department of Social Services of the Junta de Comunidades de Castilla - La Mancha (Regional Government of Castilla - La Mancha) has collaborated in the preparation of this report. This collaborating entity is one of the implementers of the pilot projects and has collaborated with the General Secretariat of Inclusion in the design of the RCT methodology, actively participated in the provision of the necessary information for the design, monitoring, and evaluation of the social inclusion pathway. Furthermore, their collaboration has been essential to gathering informed consents, ensuring that participants in the itinerary were adequately informed and that their participation was voluntary.

A research team coordinated by CEMFI (Centre for Monetary and Financial Studies) has substantially contributed to this study. Specifically, María Hernández-de-Benito, professor at the University of Alicante and Teresa Molina-Millán, professor at the University of Alicante, have participated under the coordination of Mónica Martínez-Bravo (until January 8, 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 estimates that lead to quantitative results.

The partnership with J-PAL Europe has played a vital role in the efforts of the General Secretariat for 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 the pilot programs. Throughout this partnership, J-PAL Europe consistently demonstrated a commitment to fostering evidence-based policy adoption and integrating empirical data into strategies that promote inclusion and progress within our society.

This evaluation report has been produced using the data available at the time of its writing and it 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 researchers are 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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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 is 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 project "Building, to become again", which has been implemented in **cooperation between the MISSM and the Ministry of Social Welfare of the Junta de Comunidades de Castilla – La Mancha.**
- This study evaluates the development of social inclusion pathways for women in vulnerable situations, or at risk of social exclusion, which strengthen the social intervention that has been developed by the Primary Care Social Services (SSAP) teams and that incorporate a multidimensional approach. The **treatment group perceives** a wide portfolio of services and actions offered in the SSAPs, together with the comprehensive care of a Support Team (employment counselor, social psychologist, and social worker). The **control group** receives the usual shares offered by SSAPs.
- The project took place in the Autonomous Community of Castilla – La Mancha, in 15 areas of Primary Care Social Services, three in each province: Albacete (Albacete, Hellín and La Manchuela); Ciudad Real (Puertollano, Tomelloso and Valdepeñas); Cuenca (Quintamar, Tarancón and Villalpardo); Guadalajara (Azuqueca, Fontanar and Uceda); and Toledo (Borox, Seseña and Talavera). A total of 1,652 people participated (826 in the treatment group and 826 in the control group).
- On average, a homogeneous distribution was recorded among the five provinces, each of them hosting a fifth of the sample. 40% of the sample resides in an area classified as intense or extremely unpopulated. The average age of the participants is close to 40 years old. In addition, 47% of the sample had not completed compulsory studies and around 97% of the participants had previously gone to social services for social care.
- A total of 388 workshops and group courses were held in different areas, an average of 4.3 participants per workshop and around 2.4 individual orientation activities per participant. In addition, a total of 287 participants received some type of financial aid to facilitate participation in the project (transport costs, subsistence allowances, care aids, etc.).
- The main results of the evaluation are as follows:
    - **Improvement of the social exclusion situation**: the support received by the participants of the treatment group generated a positive and significant effect about social exclusion, compared to those of the control group. Thus, the effect represents a reduction of an average of around 10% - 11% in the SiSo scale of social exclusion, compared to the control group.

- **Improvement in life satisfaction and personal autonomy**: the effect of the treatment on the individual's life satisfaction is positive and very significant, compared to the control group. In this way, the participants in the treatment group show 8% more life satisfaction compared to the control group. In addition, the treatment represents a reduction in the social exclusion score in the personal sphere of the SiSo scale by 0.508 points, i.e., around 15%.
- **Improvement in employability**: the participants in the treatment group reduced their assessment on both the scale of lack of employment qualifications and the scale of lack of skills for job search, which represent positive and significant results compared to the participants in the control group. In fact, the effect of treatment on the lack of qualification for employment represents a reduction of around 21% in this area, compared to the control group.
- **Improvement in the labor, social, health, residential, and relational spheres**: the treatment received by the participants in the treatment group generates positive effects in all areas of the SiSo rating scale.
    - Regarding exclusion in the workplace, the effect of participating in the project represents a decrease of about 11% compared to the control group. Thus, women belonging to the treatment group are more likely to report that they are working at the time of the final survey, 28% higher than the control group.
    - Regarding exclusion in the social and health field, the effects of treatment represent a reduction of 12% compared to the average of the control group. In addition, the self-reported mental health index increased by 0.24 standard deviations, compared to the control group.
    - In addition, women assigned to treatment have a lower score in exclusion in the residential setting, with a reduction of 10% compared to the control group.
    - Finally, the participating women recorded an improvement in the relational field, with a positive and significant effect, which represents a 14% reduction in exclusion in this area compared to the average of the control group.

1 Introduction

General Regulatory Framework

The Minimum Income Scheme (MIS), regulated by Law 19/2021[1], 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 the Autonomous Communities, the Third Sector of Social Action and local corporations[2]. 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),[3] the General Secretariat of Inclusion (SGI) 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:

[1] Law 19/2021, of December 20, establishing the Minimum Income Scheme (BOE-A-2021-21007).

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

[3] 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**[4], 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[5] and monitoring indicator 351.1[6] of the RTRP.
- **Phase II: Royal Decree 378/2022**[7], 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 if 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.

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[4] Royal Decree 938/2021, of October 26, 2021, 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).

[5] 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."

[6] 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".

[7] Royal Decree 378/2022, of May 17, 2022, 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[8], 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 the pilot project "Building, to become again", executed within the framework of Royal Decree 938/2021[9] by the Department of Social Welfare of the Junta de Comunidades de Castilla – La Mancha. This report contributes to the fulfillment of milestone 351 of the RTRP: "After the completion of at least 18 pilot projects, 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 multidimensional and dynamic phenomenon that influences various aspects of people's lives, hindering their ability to participate fully in society. It is a complex process that involves the lack or denial of resources, rights, goods, and services (Levitas et al., 2007; United Nations, 2016). The European Anti-Poverty Network (EAPN) identifies five dimensions that contribute to social marginalization: economic, social, political, cultural, and residential. Thus, these dimensions interact with each other and define people's situation of vulnerability or social exclusion.

[8] Regulated by Order ISM/208/2022, of March 10, 2022, 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.

[9] On December 15, 2022, an agreement was signed between the General State Administration, through the SGI, and the Junta de Comunidades de Castilla – La Mancha for the implementation of a project for social inclusion within the framework of the Recovery, Transformation and Resilience Plan, which was published in the "Official State Gazette" on February 1, 2022 (BOE no. 27).

The "*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, highlights the complexity of the problem and the underlying causes that determine it. These causes include poverty and inequality; the lack of job opportunities; discrimination and prejudice, as well as social, cultural, and political norms. In addition, it is important to note that people at risk of social exclusion often lack basic personal and digital skills, increasing their vulnerability by restricting their access to government services, educational resources, job opportunities, and healthcare.

A situation of sustained social exclusion over time is associated with serious adverse effects on people's health and well-being (Prattley et al., 2020). In addition, unemployment is considered one of the main challenges in addressing social exclusion, worsening the social marginalization of people.

The risk of poverty or social exclusion[10] rate in Spain stood at 26.5% of the population in 2023, thus affecting 12.6 million people[11]. Poverty levels are closely linked to the situation of the labor market. Unemployment in Spain is a structural and persistent problem, where the average unemployment rate in Spain stood at 12.1% in 2023[12]. Disaggregated by sex, the female unemployment rate in Spain stood at 13.8% in 2023, compared to a 10.6% male unemployment rate. In the context of the EU-27, 21.6% of the population was at risk of poverty and/or social exclusion in 2023, with the unemployment rate in 2022 standing at [13] 6.2% of the active population. These data reflect the greater vulnerability faced by the Spanish population, which registers levels of risk of poverty and/or social exclusion 4.9 percentage points higher than the EU-27 average and an unemployment rate 2 times that registered in the EU-27.

Limiting this problem to the autonomous community of Castilla – La Mancha, object of this project, the results present similar conclusions, a higher rate of risk of poverty or social exclusion (AROPE indicator) compared to the Spanish average and with a higher incidence of unemployment, especially in women. Specifically, regarding the AROPE indicator, the rate in 2023 in the autonomous community of Castilla – La Mancha stood at 31.7% in 2023, with an incidence of more than 3 percentage points higher in the case of women compared to men. Regarding the unemployment rate, in 2023 it was 13.1%, one percentage point higher than the rate recorded in Spain, and significantly higher than the EU-27 average (+6.9 percentage points). Analyzing disaggregated by gender, the female

[10] 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).

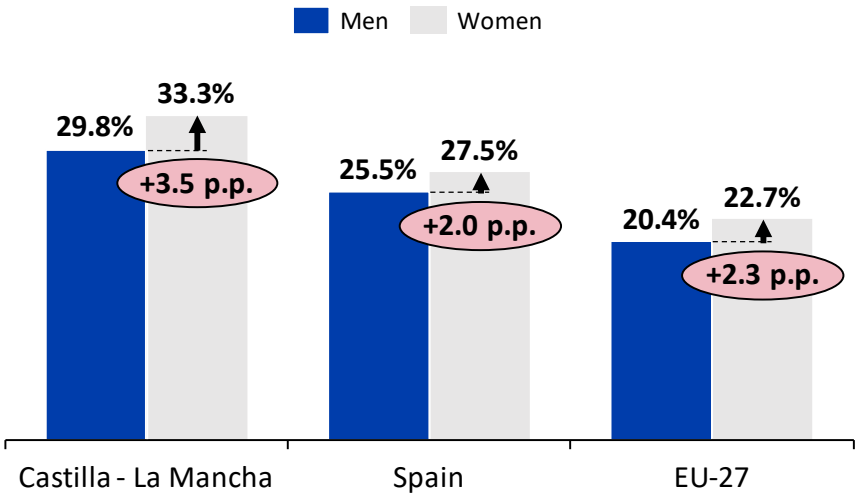
[11] Living Conditions Survey, INE (2023).

[12] Labor Force Survey, INE (2023).

[13] This is the latest data available at EU-27 level at the time of publication of this report.

unemployment rate in Castilla – La Mancha in 2023 stood at 16.8%, almost 7 percentage points above the male unemployment rate in the region.

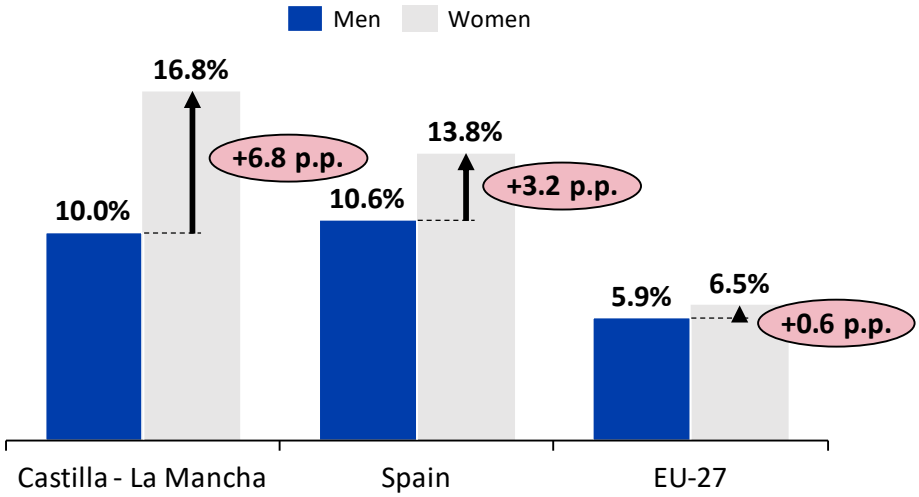
Figure 1: AROPE rate in Castilla – La Mancha, Spain and the EU-27



Note: Data for Castilla-La Mancha and the EU-27 are for 2022; data for Spain refer to 2023

Source: Living Conditions Survey, INE; Eurostat, INE

Figure 2: Unemployment rate in Castilla – La Mancha, Spain and the EU-27



Note: The data for Castile-La Mancha and Spain belong to 2023; data for the EU – 27 refer to 2022

Source : Active Population Survey, INE; Eurostat

In this context, the Government of Castilla – La Mancha is promoting gender equality and full participation of women in the labor market through different initiatives and programs, such as the promotion of entrepreneurship, actions to improve employability, and the offer of professional training.

Regulatory framework associated with the project and the governance structure

Multiple public institutions have addressed the social exclusion phenomenon. At the European level, the European Pillar of Social Rights Action Plan was approved in 2021, which aims to complement Member States' actions to provide quality social services and integrate disadvantaged groups into the labor market and society. Furthermore, the European Council Recommendation January 30, 2023, promotes an adequate minimum income that seeks active inclusion, to fight poverty and exclusion.

At national level, the National Strategy for the Prevention and Fight against Poverty and Social Exclusion is a reference document, which responds to the commitment of the Government of Spain to maintain and develop the Welfare State to respond to social challenges, especially for the full social inclusion of the most vulnerable people.

Within the regional context, Law 14/2010 of December 16, 2010, on Social Services of Castilla-La Mancha stands out. It aims to ensure people live with dignity at all stages of life. The law covers and addresses personal, family, and social needs. It also promotes attitudes and skills for personal autonomy, social inclusion, prevention, social participation, and community promotion. Likewise, the Third Sector Law of Castilla – La Mancha, of February 3, 2020, aims to promote the cooperation and collaboration of entities among themselves and with the public sector, promoting their participation and qualified contribution in the field of social intervention in general and in policies and systems of public responsibility. This completes the actions of social services in the field of social care.

The pilot project that is the subject of this report is aligned with European and national strategies in the field of social exclusion, as well as with the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs), contributing specifically to SDGs 1, 3, 5, 8, 10, and 11.

Given the complexity of the phenomenon of social exclusion of people, the Government of Castilla – La Mancha has conceived a project aimed at improving social inclusion from an interdisciplinary perspective.

The scientific objective of the project is to explore pathways to social inclusion using new, innovative methods. It aims to evaluate the results and impact to understand the intervention's causal effect. This will reinforce the efforts of Primary Care Social Services teams by providing support from career guidance, psychology, and social work professionals. In addition, this study intends to promote the transfer of knowledge to policymaking and to be accountable for the results of the project.

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

- The **Department of Social Services of the Junta de Comunidades de Castilla – La Mancha**, as the entity responsible for the execution of the project. This Ministry promotes plans, coordinates, and inspects the regional government's social assistance and services policies. It focuses on helping children, young people, the elderly, migrants, people with disabilities, and other vulnerable groups. This includes creating protection, reintegration, and rehabilitation centers, as well as managing the protection and guardianship of children.

- The **Ministry of Inclusion, Social Security and Migration** (MISSM), as the project funding source and responsible for the RCT evaluation. The General Secretariat of Inclusion assumes a series of commitments with the Department of Social Welfare of the Junta de Comunidades de Castilla – La Mancha:
    - Provide the beneficiary organization with support for the design of the actions to be conducted, for the execution and monitoring of the object of the subsidy, as well as for the profiling of the potential participants of the pilot project.
    - Design the randomized controlled trial (RCT) methodology of the pilot project in coordination with the beneficiary organization and scientific partners. Likewise, conducting the evaluation of the project.
    - Ensure strict compliance with ethical considerations by obtaining the approval of the Ethics Committee.
- **CEMFI and J-PAL Europe,** as scientific and academic institutions that support MISSM in the design and RCT evaluation of the project.

In view of the above, the current report follows the following structure. **Section 2** provides a **description of the project**, detailing the issue to address, the specific interventions associated with each of the social inclusion models, and the target audience to which the intervention is directed. Next, **section 3** contains information related to the **design of the evaluation**, defining the Theory of Change linked to the project and the hypotheses, sources of information and indicators used. **Section 4** describes the **implementation of the intervention**, analyzing the sample, the results of randomization, the degree of participation, and attrition of the intervention. This section is followed by **section 5,** where the results of the evaluation are presented, 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**. The **Economic and Regulatory Management** appendix provides additional information on the management tools and governance of the pilot project.

Ethics Committee linked to the Social Inclusion Itineraries

During research involving human subjects 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 November 04, 2022.

2 Description of the program and its context

This section describes the project that the Department of Social Services of the Junta de Comunidades de Castilla – La Mancha implemented in the framework of the pilot project. Furthermore, it describes the target population, the territorial scope, and provides a detailed description of the intervention.

2.1 Introduction

The project evaluates the development of social inclusion pathways for women in vulnerable situations or at risk of social exclusion, which strengthen the social intervention that the Primary Care Social Services (in Spanish, SSAP) teams have been developing. These are multidimensional interventions, in coordination with employment services, other public entities, and social entities.

The main areas of intervention of the itinerary are labor, personal, economic, socio-health, training, residential, and relational.

McFarland (2017) conducted one of the most prominent empirical studies on the fight against social exclusion. This study looks at a series of experiments focused on basic household income. Some of the

experiments mentioned in this study use the RCT methodology, reference to understand the effect of the introduction of minimum incomes. For example, an experiment performed in Kenya to study the effects of the introduction of cash transfers obtained positive economic and psychological impacts on the participating population. This report also presents later another experiment based on a series of cash transfers in Barcelona (B-MINCOME program). Regarding the evaluation of active employment policies through local initiatives, Rebollo-Sanz and Pérez (2021) study stands out for showing improvements in employment rates and levels of satisfaction of participants, through the direct creation of employment in the public sector, with direct hiring by municipalities. That study observed positive results in unemployed people over 30 years of age with significant difficulties in social and labor insertion. This study also demonstrates the need to significantly adapt employment policies to the target age group.

At national level, the study accomplished on the B-MINCOME program (Todeschni & Sabes-Figuera, 2019), a pilot project aimed at combating poverty and social exclusion, stands out. This program evaluated an innovative policy that combined cash transfers with social and labor inclusion measures, such as training or socialization activities. The findings reflected a reduction in the lack of material resources and food precariousness, as well as improvements in life satisfaction, sleep quality, and community participation of the participants.

In the field of improving women's social inclusion, Goodwin et al. (2018) conducted a notable study. Through the combination of an RCT and qualitative evaluations, this study demonstrated that a multidimensional program focused on women in situations of extreme poverty has a positive impact on their economic and social empowerment. Likewise, the study performed by Ismayilova (2018) confirms that comprehensive support programs, which includes economic and psycho-emotional assistance, contribute significantly to the economic and social empowerment of women.

2.2 Target population and territorial scope

The target population are women between the ages of 18 and 55 who live in the community of Castilla – La Mancha, have dependent children, and reside in cohabitation units where working-age individuals are unemployed and face challenges in social and labor inclusion. In addition, these families are in intervention in the SSAPs and are recipients of the MIS or are in a situation of social exclusion according to the SiSo Assessment Scale[14].

The project takes place in 15 areas of Social Services, representative in the five provinces of Castilla – La Mancha:

- Albacete: Albacete, Hellín and La Manchuela

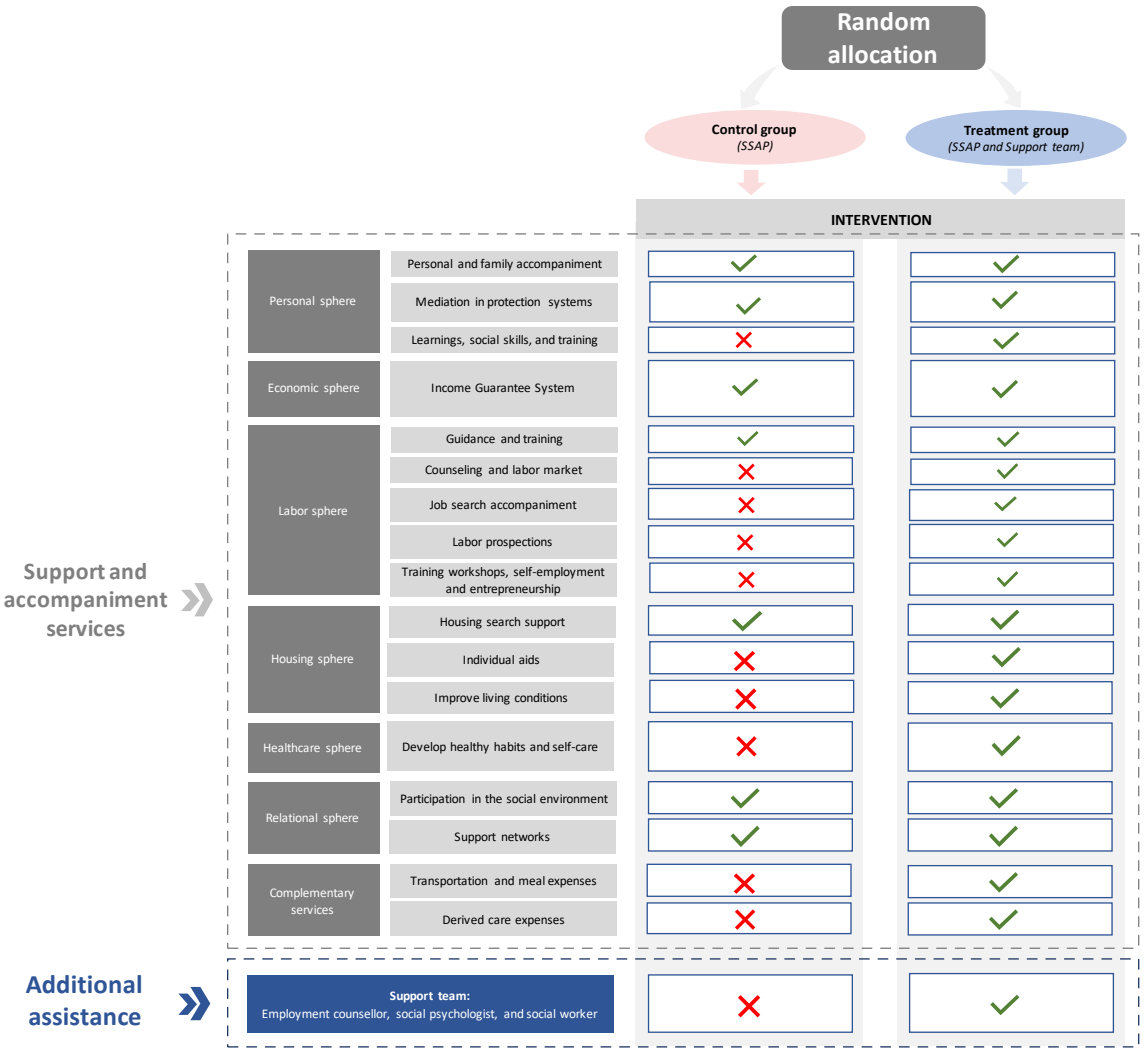
[14] The SiSo assessment scale is a tool that serves for the diagnosis and monitoring of social intervention. In this way, it allows us to assess situations of vulnerability in six vital areas: economic, training, employment, residential, health and relational. In addition, it collects information on personal aspects through variables related to social skills, perception of the situation, and improvement strategies. It also collects sociodemographic information from those assessed.

- Ciudad Real: Puertollano, Tomelloso and Valdepeñas
- Cuenca: Quintamar, Tarancón and Villalpardo
- Guadalajara: Azuqueca, Fontanar and Uceda
- Toledo: Borox, Seseña and Talavera

2.3 Description of interventions

Given the multidimensional nature of social and labor exclusion, the aim of the intervention is to offer specific actions according to the needs of each of the participants. The intervention has been designed following the RCT methodology, with a control group and a treatment group, where the control group continues to receive the actions usually offered in Primary Care Social Services, while the treatment group perceives a broader portfolio of actions, together with the comprehensive care of a Support Team. **Figure 1** summarizes the actions corresponding to each experimental group:

Figure 1: Intervention scheme



The Support Team helped to implement the accompaniment and support services contemplated within the treatment group. This team had the following professionals:

- **Employment counsellor**: whose action is linked to the workplace and is limited to guidance, training, labor mediation, and access to the labor market, assessing the skills and training of the participants, coordinating with employment offices and companies in the territory. The intervention is performed both individually and in groups.
- **Social psychologist**: in charge of personal support, acquisition of emotional competences, and social skills. The intervention is conducted both individually and in groups.
- **Social worker**: delimits the resources in the territory and articulates networking, focused eminently on the community or relational level.

This report presents the different actions performed with the participants, those in the control group who only receive assistance from the SSAP teams, as well as those in the treatment group who receive support from both the SSAP teams and a Support Team:

Personal sphere

- **Follow-up of SSAP teams** (control group):
    - Personal and family accompaniment: the professional team identifies interests and motivations, difficult situations, and improvement strategies together with the participant. In this way, the itinerary to be followed is designed and, if necessary, it is referred to other resources or alternative protection systems.

      The accompaniment throughout the intervention process has pivoted on the personal sphere through individual and group interviews, as well as the co-design of the Social Care Plan and the evaluation of the intervention.

    - Mediation in access to other protection systems: support and accompaniment in the procedures for access to the health and education system, registration or other administrative matters.

- **Accompaniment of SSAP teams and a Support Team** (treatment group):
    - Personal and family accompaniment (same service as for the control group, with the SSAP professionals being responsible for this care).

    - Mediation in access to other protection systems: support and accompaniment in the process of autonomy for knowledge of the environment, its resources, and access to the different protection systems (same service as for the control group, with the SSAP professionals being responsible for this care).

    - Learning, social skills, and training: development of group workshops on social skills, group workshops on self-confidence and motivation, as well as success strategies. The professionals in charge of developing these activities are psychology and social work professionals from the Support Team.

Economic sphere

In the economic sphere, both the control group and the treatment group receive support for access to the income guarantee system.

Labor sphere

- **Follow-up of SSAP teams** (control group):
    - Guidance, training, and intermediation through an employability diagnosis, personalized sessions, and interviews with the participant.
- **Accompaniment of SSAP teams and a Support Team** (treatment group):
    - Guidance, training, and intermediation (same service as for the control group, with the SSAP professionals being responsible for this assistance).
    - Information, advice, and labor market: report on the analysis of the situation of the labor market and job applications, with advice on employment programs. The professional in charge of performing these activities is the counsellor of the Support Team.
    - Accompaniment in the job search: self-help groups; group workshops on job search techniques. As with the previous activity, the professional in charge of conducting these activities is the career counselor.
    - Mediation and job prospecting: the employment counsellor is responsible for developing a map of companies; meetings with companies; analysis of the labor market; employment linkage of training courses; and internships in companies.
    - Training workshops (digital training or other training actions), self-employment, and entrepreneurship, performed by the employment counsellor.

Housing sphere

- **Follow-up of SSAP teams** (control group):
    - Support for the search for housing through the register of demand for public housing, rental aid, and the Third Sector of Social Action organizations that develop projects for access to and mediation of housing.
- **Accompaniment of SSAP teams and a Support Team** (treatment group):
    - Support for the housing search (same service as for the control group, with the SSAP professionals being responsible for this assistance).
    - Individual financial aid for access to housing, with the Social Workers of the Support Team or SSAP being responsible for this care.
    - Improvement in the living conditions of the home: group workshops led by the psychologist and/or the social worker of the Support Team on topics associated with preventive maintenance, saving, or energy efficiency of the home.

Healthcare

- **Follow-up of SSAP teams** (control group): does not receive any intervention in this area.

- **Accompaniment of SSAP teams and a Support Team** (treatment group):
    - Development of healthy habits and self-care**:** group workshops established by the psychologist, and/or Social Worker on nutrition; physical activity; care of physical and mental hygiene; or the importance of rest.

Relational sphere

In this area, both the control group and the treatment group perceive the following actions, through the SSAP equipment:

- Promotion of participation in the social environment, either in cultural and sports activities, or with the participation of children in extracurricular activities.
- Construction of support networks, with activities related to the associative movement in the area, as well as workshops linked to knowledge and participation in the environment and the community, and on how to enhance social skills focused on the relational field.

Additional assistance (complementary services)

- **Follow-up of SSAP teams** (control group): does not receive any intervention in this area.
- **Accompaniment of the SSAP teams and a Support Team formed of social workers** (treatment group):
    - Transport and subsistence expenses: financial aid intended to cover transport costs and subsistence allowances for attending courses.
    - Expenses derived from care: financial aid intended to cover expenses derived from children care or people in a situation of dependency.

The phases of treatment are broadly the following:

Figure 2: Treatment phases

- The **Entry** sets out the project and the intervention process to be carried out with the participant and the professionals of the SSAP and the Support Team. An initial assessment is performed through the SiSo scale, as well as an initial diagnosis of each cohabitation unit, with the aim of designing inclusion itineraries and accompaniment processes. The initial self-assessment survey is also fulfilled.
- The bulk of the treatment takes place in the Intervention. Once the itineraries are tailored to meet the needs and social challenges of the participants, they actively engage in implementing the actions. Throughout the intervention process, regular follow-up is conducted, including an intermediate evaluation using the SiSo Scale.
- The **Exit** phase focuses on planning the closure of the intervention with the identification of achievements and progress made, and, where appropriate, needs and possible support on

which work should be continued. It also includes the final assessment of the situation of social difficulty through the SiSo scale and the final self-assessment survey, to know the results of the evaluation.

3 Evaluation design

This section describes the design of the impact assessment of the project outlined in the preceding 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, 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, to understand the relationships between them, the assumptions on which they are based, and to outline measures or outcome indicators.

Theory of Change

A Theory of Change begins with the correct identification of the needs or problems to address 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, this theory identifies what effect(s) are expected to happen, depending 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 final 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.

This report presents the need or problem of social exclusion faced by individuals receiving care from Primary Care Social Services in Castilla – La Mancha. The casuistry of this phenomenon is multidimensional, determining the necessary areas of analysis. In addition, the origin of this phenomenon is closely related to the unemployment registered in the region.

This need or problem defines the different areas of action of the project and the activities associated with each of them. In particular, the intervention encompasses seven major areas of action: personal, economic, labor, housing, health, relational, and complementary services. The intervention adapted to the participants' needs, through processes of personal accompaniment, training, orientations, and group workshops. It is also important to highlight the complementary actions regarding transport expenses, attendance allowances on courses, and expenses for the care of children, dependent people, or people with disabilities.

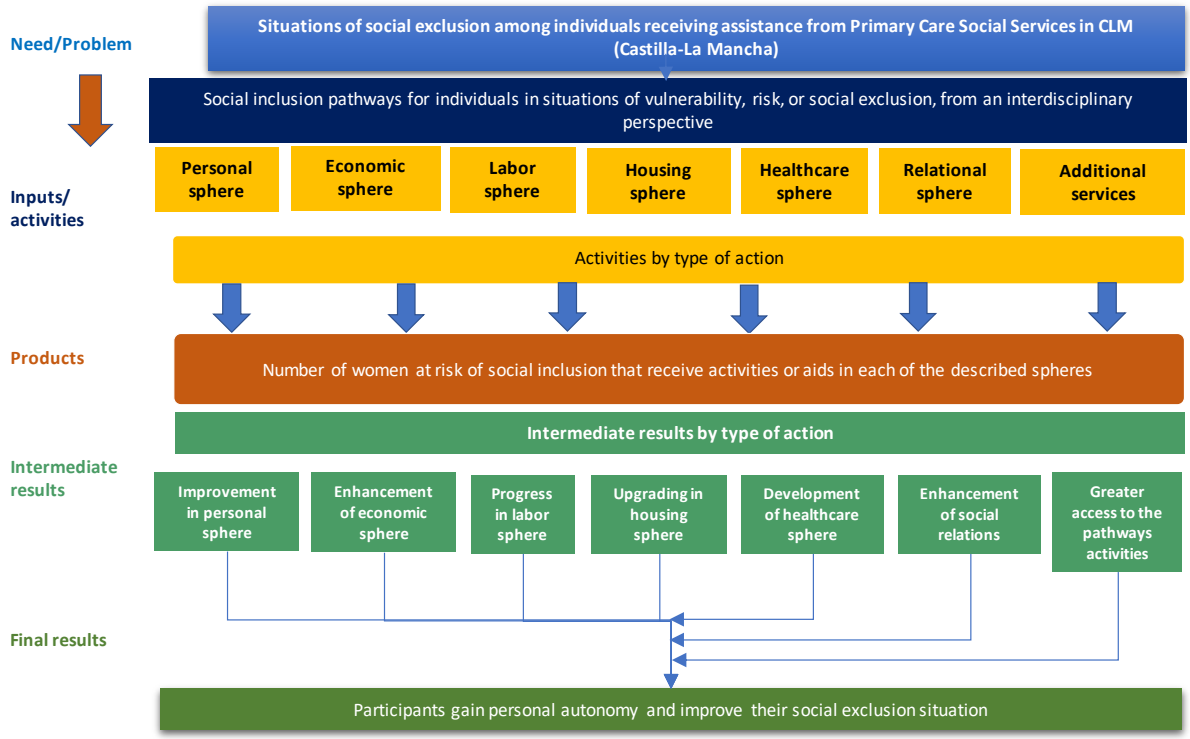
All these resources and activities produced a series of products. By measuring the products obtained, it is identified whether the participants have received the activities or inputs and with what intensity. Adequate receipt of the resources and activities carried out is essential for the project to achieve the expected intermediate and final results, since, if the participants do not effectively receive the project, it is difficult to observe improvements in the indicators of poverty reduction and improvement of social inclusion. In this project, the products are defined as the number of women at risk of social exclusion who receive activities and aid in each of the areas described. Generally, if the participants did not receive these products or benefits, it is unlikely that there will be improvements in their levels of poverty and social inclusion.

As direct results of the intervention, this study expects an improvement in all the defined areas. Thus, this project expects an improvement in the personal sphere of women, in the economic, and in the labor sphere. This report also estimates a better residential situation and health and self-care, linked to an improvement in social relationships. In addition, it is expected that the aid provided will increase participation in the activities of the itinerary.

Indirectly, the improvement of the intermediate indicators should result in greater personal autonomy and an improvement in the social inclusion of the participants.

The following figure illustrates this causal sequence of actions, initiated by the identified needs or problems and activities and resources necessary to obtain the expected changes in the participants.

Figure 3: Theory of Change



3.2 Hypothesis

The main objective of the itinerary is to improve the social inclusion and autonomy of women who are at risk of social exclusion.

As detailed in the Theory of Change, this project is limited to several areas of analysis. Consequently, when evaluating the model, this report proposes various hypotheses that cover a wide range of areas and that will be subjected to a detailed analysis based on the results obtained. This multidimensional approach enables a comprehensive assessment of the intervention's impact on participants lives and facilitates a better understanding of its effectiveness across various dimensions.

The starting hypothesis of the project is the improvement of the personal autonomy and the situation of social exclusion of the participating women. In this way, this section presents the main and secondary hypotheses that derive from this starting hypothesis.

Main hypotheses

Improvement of the social exclusion situation

This hypothesis postulates that the participants of the comprehensive treatment model improve their situation of social exclusion according to the SiSo scale, as well as a reduction in the situation of material and social deprivation.

Improved life satisfaction and personal autonomy

The second main hypothesis focuses on how participants in the treatment group improve their satisfaction with life and improve their levels of personal autonomy, compared to a usual support model. Furthermore, the treatment postulates an improvement in the personal sphere according to the SiSo scale.

Improving employability

The third main hypothesis is based on an improvement in employability levels, in relation to the usual support model.

Secondary hypotheses: SiSo dimensions

Improvement in labor, social, healthcare, housing, and relational areas

The secondary hypotheses suggest an improvement in all dimensions of the SiSo assessment scale. In this way, a better personal situation of the participants is proposed, as well as in labor, which will also indirectly lead to improvements in the social, residential and environmental dimension in relation to the traditional model of accompaniment.

3.3 Sources of information

To gather the necessary information to construct the outcome indicators, the technical team used three sources of information: surveys addressed to the participants in the project, the SiSo assessment scale carried out by the social workers of the SSAPs, and data from administrative records.

Participants complete the survey at two times: **before the intervention** (baseline) and **after the intervention** (endline). These surveys are filled out by the participants themselves and allow us to know certain aspects of the participants in the two moments of analysis. The *ad hoc* designed self-assessment survey quantifies the expected results outlined in the Theory of Change for the identified dimensions.

Each survey, both baseline and final, consists of the following sections:

- **Sociodemographic characteristics:** includes the characteristics of the participants: gender, country of origin, level of education, and household composition.
- **Household material situation:** reports on the income and shortcomings of the participant.
- **Satisfaction**: it asks about the level of life satisfaction and specifically about certain areas such as economics, family, residential situation, and level of education.
- **Health**: this section includes questions related to the participants' state of health, as well as their socio-emotional situation.
- **Employment**: the question is about the employment situation, the job search, the reasons for not looking for a job, and actions taken aimed at finding a job.

- **Social services**: focuses on issues related to the care of social services and the relationship between participants and social services.

The end-of-line survey also includes the following sections:

- **Digital skills:** questions regarding the use of the internet to accomplish certain family, work, and public administration procedures.
- **Autonomy and dignity:** this section includes questions related to the desired level of involvement within the design of inclusion programs.

The second main source of information for the project is the **SiSo rating scale**. The SiSo scale is a tool used for the diagnosis and monitoring of social interventions, designed for the assessment of difficult situations in six vital areas (economic, work, training, residential, health, and relational). In addition, information on personal aspects is also collected, through variables related to social skills, perception of the situation, and improvement strategies. The SiSo assessment scale is completed by the social workers in the SSAPs, based on interviews and their own knowledge about the participants. This study conducted three assessments of the situation of the participating women and their living units: at the beginning, in the middle of the intervention, and at the end of the intervention. The information from the SiSo assessment scale is complemented with sociodemographic data on the participant and her household obtained from the MEDAS system of SSAP.

For their part, the Social Security administrative records of working lives offer information on the number of days worked and the intensity of employment. This evaluation uses employment history administrative data, obtained by the General Secretariat of Inclusion, based on the agreement[15] signed for this purpose.

3.4 Indicators

This section describes the indicators that this study uses to evaluate the impact of the itinerary, divided by themes related to the hypotheses described above. These indicators are described in detail in the **Calculation of indicators** appendix.

In the case of the indicators that come from the SiSo assessment scale, their construction is performed by sum of the scores obtained on this assessment scale. Regarding the composite indicators derived from the self-assessment survey, they are constructed by using information from multiple aggregated questions. This study uses the method proposed by Anderson (2008), which combines information from a set of variables aiming to measure a common latent variable. Essentially, the method calculates a weighted average of all the variables, with weights determined by their correlation with each other (higher weights for variables with lower correlation). The resulting indicator value is standardized to

[15] Agreement between the Secretary of State of Social Security and Pensions, the National Social Security Institute, the Social Institute of the Navy, the General Treasury of the Social Security, the Social Security IT Management and the General Secretariat of Inclusion and Social Welfare Objectives and Policies, for the provision of data necessary for the evaluation of inclusion strategies, https://www.boe.es/diario_boe/txt.php?id=BOE-A-2023-25107.

have a mean of 0 and a standard deviation of 1, enabling a comparison of the treatment effects on these indicators in terms of standard deviations.

Main hypotheses

Social exclusion situation

This study uses two indicators to measure the social exclusion situation of the participants:

SiSo Scale of Social Exclusion: this is a synthetic indicator composed of 25 determining variables in the diagnosis of exclusion situations; 3 determining variables for the intervention of exclusion processes; and identifying sociodemographic data. Thus, social position is the result of the weighted sum of the score obtained on the scale in each of the variables, with a final range from 0 (absence of social exclusion) to 113 (maximum level of social exclusion). In addition, another indicator is constructed from this score, called "Inclusion-exclusion axis position", which takes three values: severe exclusion (score above 58 in SiSo), moderate exclusion (score between 29 and 57) and mild exclusion (score equal to or less than 28 in SiSo).

Material and social deprivation: a composite indicator that measures whether the household has or can afford a series of goods or services. It is constructed with the method proposed by Anderson (2008) based on 18 survey questions (see details in the **Calculation of indicators** appendix) and is standardized with mean 0 and standard deviation 1.

Improved life satisfaction and personal autonomy

Four indicators measure participants' life satisfaction and personal autonomy:

Life satisfaction: two indicators are considered: on the one hand, it includes the answer to the question on general life satisfaction, measured on a scale from 0 (totally dissatisfied) to 10 (totally satisfied). On the other hand, a composite life satisfaction index calculated by Anderson's method is considered from 9 questions of the survey on life satisfaction in various areas (see **Calculation of indicators** appendix).

Self-perceived personal autonomy index: this is a synthetic indicator calculated by the Anderson method from the answer to 8 questions of the survey (see appendix **Calculation of indicators**).

Personal difficulties SiSo scale: synthetic indicator measured through three dimensions[16], graduated in four difficulty positions. Each position is scored as follows: low difficulty (0 points); some difficulty (2 points); quite difficult (4 points); and a lot of difficulty (6 points). The indicator of personal difficulties takes values between 0 (no personal difficulties) and 18 (high level of difficulties in the personal sphere).

[16] Social skills, perception of the situation, improvement strategies.

Improving employability

Two indicators measure the employability level:

Qualification for employment: indicator that takes values between 1 (little or no difficulty) and 4 (very difficult).

Skills for job search: indicator that takes values between 1 (little or no difficulty) and 4 (very difficult).

Secondary hypotheses: SiSo dimensions

Labor, social, healthcare, housing, and relational field

This study uses the following indicators to measure the SiSo dimensions:

Difficulties in the labor SiSo dimension: it is made up of three dimensions[17], graded into four positions of difficulty. Each position is scored as follows: low difficulty (0 points); some difficulty (2 points); quite difficult (4 points); and a lot of difficulty (6 points). The SiSo labor dimension takes values between 0 (no difficulty in all variables) and 18 (very difficult in all variables).

Labor insertion: two binary indicators are considered (with Yes/No values, identified with 1/0). The first measures the employment situation at the time of the final survey, and the second includes whether the person has worked in 6 months prior to the survey.

Likewise, to measure labor insertion, this study considers three indicators obtained from Social Security administrative records, all three in relation to the reference period between October 2023 and March 2024. Firstly, a binary indicator that takes a value equal to one if the beneficiary worked in the reference period for at least one day and 0 otherwise. The second indicator includes the total number of days worked during the reference period. The last indicator refers to the total number of full-time equivalent days worked in the reference period.

To evaluate the healthcare dimension of the participants, this report presents the following indicators:

Difficulties in the healthcare SiSo dimension: an indicator composed of five dimensions[18], graded into the four positions of difficulty. Each position is scored as follows: low difficulty (0 points); some difficulty (2 points); quite difficult (3 points); and a lot of difficulty (4 points). The indicator of difficulties in the social and health field takes values between 0 (good healthy habits and no social and health problems) and 20 (bad healthy habits and health problems).

[17] Employment situation, work intensity, forecast of job continuity with respect to the main job.

[18] Access to the health system, health status, family burden (due to illness, dependency and disability), difficulty in following treatment, health habits

Self-reported mental health index: this is a synthetic indicator calculated by the Anderson method, based on nine survey questions on general health status, perceived feelings, and future health forecast. It is standardized with a mean equal to 0 and standard deviation equal to 1.

Two indicators evaluate the housing dimension environment of the participants:

Difficulties in the housing SiSo dimension: synthetic indicator composed of four dimensions[19], graduated in the four difficulty positions. Each position is scored as follows: low difficulty (0 points); some difficulty (2 points); quite difficult (4 points); and a lot of difficulty (6 points). The indicator of difficulties in the residential environment takes values between 0 (few difficulties in all variables) and 24 (many difficulties in all variables related to the housing environment).

This study uses the following indicator to evaluate the relational dimension of the participants:

Difficulties in the relational SiSo dimension: synthetic indicator that is composed of five dimensions[20], graduated in the four positions of difficulty. Each position is scored as follows: low difficulty (0 points); some difficulty (1 point); quite difficult (2 points); and a lot of difficulty (3 points). The indicator of difficulties in the relational field takes values between 0 (no difficulty in the relational field) and 15 (a lot of difficulty in the relational field).

3.5 Experiment design

To assess the effect of personalized versus traditional treatment on each of the above indicators, an experimental assessment (RCT) is used in which participants are randomly assigned to either the treatment group or the control group. The process of recruitment and selection of the beneficiaries of the intervention is detailed below, as well as the random assignment and the time frame of the experiment.

Recruitment of intervention beneficiaries

The starting population is those individuals in intervention of SSAP of Castilla – La Mancha, both beneficiaries of the MIS and people in a social exclusion situation.

The study applied two filter variables to this target population: (i) women between 18 and 50 years old of age with children and, (ii) residents of 15 SSAP areas of Castilla – La Mancha[21] selected for the project. As a priority, the participants are unemployed women facing challenges in social and labor inclusion. They are engaged in intervention through SSAP and are recipients of the MIS, or they are in a situation of social exclusion based on the SiSo scale.

[19] Tenure regime, housing conditions, accessibility, location in the environment.

[20] Family relationships, coexistence in the environment, support network, social participation, asocial, or conflictive behaviors.

[21] Social services areas are made up of one municipality when it has a population of more than 3,500 inhabitants and several municipalities when they have a smaller population.

After applying the defined filters, the study obtained the population of potential beneficiaries in each of the 15 selected areas. The dissemination of the project was performed through a campaign of press releases, edition, and distribution of publications and informative material, publication on social networks and the website of the Government of Castilla – La Mancha. The project was presented at an open day in which local entities, professionals, Third Sector of Social Action organizations, professional associations, and other areas of government participated.

In this way, the social worker or the social inclusion technical team from SSAP actively selects potential participants (eligible people), with the assistance of other professionals. Before engaging in the itinerary, all proposed must be assessed through the SiSo scale before participating in the itinerary.

The population identified as eligible included 2,004 individuals. Once the population of potential participants has been selected, interviews are established, and informed consent is obtained from all women who have been selected as eligible. Thus, the signatory group goes on to define the sample of the study.

Informed Consent

One of the fundamental ethical principles of research involving human beings (respect for individuals) 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 harm 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

Random assignment is the fundamental pillar of RCTs for the identification of 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 structure required to accurately measure the potential effects of the intervention.

After selection of the 15 SSAP areas and the identification of the eligible population, experiment participants are randomly assigned to either the treatment group or the control group. The MISSM, in collaboration with the “Junta” of Castilla-La Mancha, determined that the random assignment to

the groups would be done by clusters, so that all participants from the same municipality or neighborhood would be assigned to the same group. Thus, this type of cluster eliminates contamination between groups and social conflicts. The unit of randomization is the cluster, either municipality or neighborhood.

Each of the 15 intervention zones can integrate a single municipality or several. Each zone has been divided into several "clusters". The number of clusters per zone is always even, so that there are the same number in the treatment group and in the control group. In the case of areas that comprise several municipalities, clusters correspond to the different municipalities in the SSAP area. In the case of areas that comprise a single municipality, in most cases the clusters correspond to neighborhoods; however, in some cases it has not been possible to make a division on the ground or the neighborhoods are too large and have had to be divided into smaller groupings. In these cases, the MISSM has made a random assignment of the potential participants to the corresponding group.

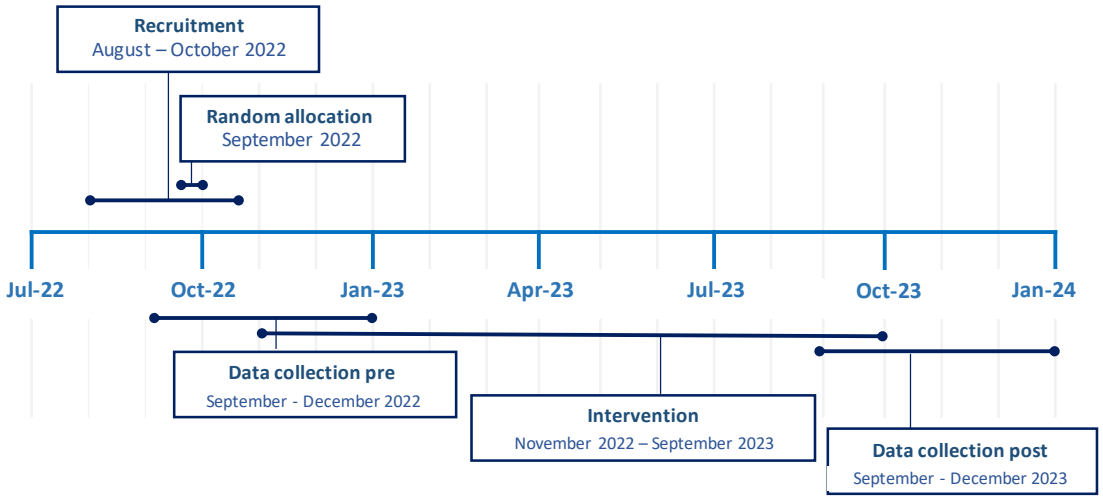
After dividing into clusters, the method employed to randomly assign each cluster to either the treatment group or the control group is as follows:

1. SSAP zone Stratification
2. In each area, the clusters are ordered first by size, from highest to lowest, and then by average rating on the SISO scale, from lowest to highest
3. Pairs of clusters are considered in this order (i.e., the 1st and 2nd groupings, the 3rd and 4th groupings, etc.) and in each pair one group is randomly assigned to the treatment group and another to the control group

As random allocation is conducted at cluster level, it is performed prior to obtaining the informed consent, considering the size of the population identified as potential participants.

Figure 4 illustrates the timeline for the implementation and evaluation of the itinerary. Once the design of the experimental evaluation has been concluded, the SSAP professionals or the Support Team proceed to the recruitment process– in which potential beneficiaries are recruited and whether they meet the participation criteria is analyzed –between August and October 2022. At the time of recruitment, participants signed the informed consent. Randomization takes place in September 2022. Furthermore, participants performed the baseline survey between September and December 2022. The development of the itinerary or intervention takes place from November 2022 to September 2023. Finally, participants answered the final survey between September and December 2023, after the end of the intervention.

Figure 4: 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

Potential participants included a total of 2,004 people, 1,009 participants in a treatment group and another 995 people in the control group. Thus, the average number of participants in each intervention SSAP area was 133 women, approximately 66 within the treatment group. After the recruitment process, 1,652 finally signed the informed consent, forming the evaluation sample of the project.

Table 1 shows the figures related to the recruitment process: the participants selected as eligible; the total number of participants who signed the informed consents; the participants who left the project; and the participants who answered the baseline questionnaire and made the assessment according to the SiSo scale.

Table 1: Record of the recruitment process

	Control group	Treatment Group	Total
Selected participants	995	1.009	2,004
Signing of the informed consent	826	826	1,652
Dropout of the project	147	222	369
Baseline Questionnaire	388	575	963

SiSo scale assessment	563	657	1,220

Characteristics of the final evaluation sample

Table 2 shows the descriptive statistics of the sociodemographic variables, as well as the outcome indicators measured in the baseline. The table has six columns: the variable name, the number of observations, the mean, the standard deviation, the minimum value, and the maximum value. The information is not complete for all variables because some participants did not respond to the first survey, or because the information on the SiSo scale was not updated during 2022.

A total of 1,652 women participated in the study, of which 50% of the participants were randomly assigned to the treatment group (826), and the other 50% to the control group. In terms of geographical composition, the distribution of the participants among the five provinces is very homogeneous. Approximately, each province hosts a fifth of the sample.

The first block of **Table 2** shows that 21% of the participants reside in an urban area, and 40% in an area classified by the ministry as intense or extremely depopulated.

At the beginning of the project, 40% of the sample were recipients of the MIS. The mean age in the sample is 38.81 years, 40% of the participants are married and 37% are single. 55% of women report Spain as their country of origin, 11% another EU country, and the remaining 34% come from a country outside the EU.

In terms of level of education, 47% of the sample have not completed compulsory studies, while 31% have completed compulsory studies (EGB or ESO). About 23% have higher education: general secondary education (12%), vocational education (8%) or university education (3%).

The women in the sample live in households with an average of 3.93 members and 1.98 children. 49% of the sample can afford to keep the home at an adequate temperature, and 57% live in a household that has been delinquent in the past 12 months. 97% of the participants had previously attended Primary Care Social Services. The next indicator is an index that shows how satisfied you are with SSAPs. It is constructed with the information collected in seven questions about the services received, and only the people who used those services are asked. This index, like the rest of the composite outcome indices used in this assessment, has been constructed using the method proposed by Anderson (2008). 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). Because it does not have natural measurements, the standardized indicator has been used to have a null mean and unit variance, which allows a better interpretation of the data.

Table 2 shows the values of the outcome indicators measured before the start of the intervention. First, this study presents outcome indicators with information obtained through individual questionnaires, and in the last block the indicators obtained with the SiSo tool.

The indices are constructed using information from individual surveys, which are intended to measure the following constructs: material and social deprivation, life satisfaction, self-efficacy, and self-reported health. All of them, as noted above, have been standardized so that the mean is always 0.

In addition, the indicator of life satisfaction is also shown on a scale of 0 to 10, where 0 is totally dissatisfied and 10 is totally satisfied. The mean value of the scale in the sample is 6.11.

The following three variables have been obtained from the records of the General Treasury of the Social Security by cross-referencing the ID of the participants with their working lives. Data are extracted for the period April-September 2022 before the start of the project. According to administrative data, 50% of the sample had worked at least one day, with the average number of days for that period being 50.25 days, 42.34 days in full-time equivalent days.

The last block presents the indicators derived from the SiSo scale. All values correspond to the 2022 financial year. The SiSo tool has 28 variables, 25 of them grouped by life areas, and the remaining 3 related to personal aspects. **Table 19** in the appendix shows the structure of the SiSo Scale. All the variables of the SiSo tool are collected on a scale of 1 to 4, where the value 1 represents a valued position of little or no difficulty and the value 4 of high difficulty.

The average value in the sample for the variable of lack of job qualifications is 3.14 and for the variable of lack of skills in job search is 2.74.

The social position in the Inclusion – Social Exclusion axis is determined by the score obtained in the six vital areas: economic situation; employment; training; residential; socio-health; and relational. The score in each domain is the result of the sum of each of the variables after a weighting has performed (see **Table 20** in the appendix). The average score in the sample in the vital economic field is 13.62, the minimum score in the sample is 2 (the minimum value that could be taken would be 0, which would represent a position of little difficulty in all the variables that make up this vital area), and the maximum score in the sample is 24, which coincides with the maximum value that the variable can take and which represents an assessment of great difficulty in the variables that make up this vital area. The score in the labor dimension varies between 0 (low difficulty in all variables) and 18 (high difficulty in all variables), and the average value in the sample is 12.94. In the field of training, the scores range from 0 (low difficulty in all variables) to 12 (high difficulty in all variables), with an average in the sample of 7.40.

The score in the residential area varies between 0 (low difficulty in all variables) and 24 (high difficulty in all variables related to the residential environment), and the average value in the sample is 5.26. The average value of the score in the social and health field in the sample is 3.75, with the minimum value being 0 (few difficulties in all variables) and the maximum value in the sample is 17 (the maximum value that the score can take in this area is 20 for those women with a lot of difficulty in all variables). Finally, in the relational dimension, the score can range from 0 (low difficulty in all variables) to 15 (high difficulty in all variables). The average value in the sample is 5.23, the minimum value is 0, and the maximum is 13.

The last two lines include the global social position in the Inclusion – Social Exclusion axis. First, this report presents the result of the sum of the score obtained, in each of the six vital areas: economic situation; labor; formative; residential; socio-health; and relational. The range of values of the SiSo scale ranges from 0 (absence of social exclusion) to 113 (maximum level of social exclusion). Second, a categorical variable is presented that takes values from 1 to 3, where 1 represents a mild social exclusion position (SiSo score of 28 or fewer points), 2 represents moderate social exclusion (SiSo score between 29 and 57) and 3 a severe exclusion position (Siso score of 58 or more points). Among the participants, the mean value of the total score on the SiSo Scale is 48.19, with the minimum value being 12 and the maximum value 92. The average value of the variable that includes the position of the inclusion-social exclusion axis is 2.20, with values ranging between 1 and 3.

Table 2: Descriptive statistics of the sample

Variable	Obs.	Mean	Standard deviation	Minimal	Maximum
Treatment	1,652	0.50	0.50	0	1
Sociodemographic variables					
Albacete	1,652	0.20	0.40	0	1
Ciudad Real	1,652	0.20	0.40	0	1
Cuenca	1,652	0.19	0.39	0	1
Guadalajara	1,652	0.19	0.39	0	1
Toledo	1,652	0.22	0.41	0	1
Urban area	1,652	0.21	0.40	0	1
Intense or extreme depopulation	1,652	0.40	0.49	0	1
Age	1,300	38.81	7.85	19	63
Married or in a civil partnership	1,298	0.40	0.49	0	1
Single	1,298	0.37	0.48	0	1
Spanish nationality	1,298	0.55	0.50	0	1
Nationality from an EU country	1,298	0.11	0.31	0	1
Nationality from a non-EU country	1,298	0.34	0.48	0	1
Compulsory studies not completed	1,289	0.47	0.50	0	1
Compulsory studies (EGB, ESO)	1,289	0.31	0.46	0	1
General secondary education	1,289	0.12	0.32	0	1
Vocational secondary education	1,289	0.08	0.27	0	1
University studies	1,289	0.03	0.16	0	1
Household Members	1,300	3.93	1.44	1	11
Children at home	1,279	1.98	1.09	0	8
Keeps the house at the right temperature	1,230	0.49	0.50	0	1

Variable	Obs.	Mean	Standard deviation	Minimal	Maximum
Household in default (last twelve months)	1,279	0.57	0.50	0	1
He had previously gone to social care services	1,300	0.97	0.17	0	1
Satisfaction rate with social care services	1,155	0.00	1.00	-5	1
Outcome Indicators – Survey					
Life Satisfaction Index	1,300	0.00	1.00	-3	2
Self-perceived personal autonomy index	1,300	0.00	1.00	-4	1
Health Index	1,300	0.00	1.00	-4	2
Life Satisfaction (0-10)	1,300	6.11	2.57	0	10
She is currently working	1,300	0.23	0.42	0	1
Have had a salaried job in the last 6 months	1,300	0.50	0.50	0	1
Outcome Indicators – Administrative data					
Work at least one day	1,610	0	1	0	1
Days worked	1,610	50	67	0	183
Full-time equivalent days worked	1,610	42	59	0	183
Outcome Indicators – SiSo					
Job Qualification 2022	1,259	3.14	0.65	1	4
Job Search Skills 2022	1,259	2.74	0.86	1	4
Economic dimension Score - SiSo Scale	1,259	13.62	4.93	2	24
Labor dimension Score - SiSo Scale	1,259	12.94	4.52	0	18
Training dimension Score - SiSo Scale	1,259	7.40	2.29	0	12
Residential dimension Score - SiSo Scale	1,259	5.26	4.48	0	24
Healthcare dimension score - SiSo Scale	1,259	3.75	4.08	0	17
Relational dimension Score - SiSo Scale	1,259	5.23	2.19	0	13
Total score - SiSo Scale	1,259	48.19	13.37	12	92
Social inclusion/exclusion position-SiSo Scale	1,259	2.20	0.52	1	3

4.2 Random Assignment Results

Random allocation was performed at cluster level, based on the size of the clusters in relation to the population of potential participants (see **section 3.5**). The 15 SSAP areas where the intervention takes place were divided into clusters. These clusters have been randomly assigned to the treatment group or control group. The summary of this process is shown in the following table:

Table 3: Random assignment results

Province	Zone	Number of clusters	Eligible individuals	Participants with IC	CG participants	TG participants
Albacete	Albacete	10	171	119	59	60
Albacete	La Manchuela	10	150	135	64	71
Albacete	Hellín	4	127	82	41	41
Ciudad Real	Tomelloso	8	155	110	54	56
Ciudad Real	Puertollano	8	147	116	61	55
Ciudad Real	Valdepeñas	4	134	99	50	49
Cuenca	Quintanar del Rey	6	130	127	64	63
Cuenca	Tarancón	6	122	96	50	46
Cuenca	Villalpardo	6	96	96	52	44
Guadalajara	Fontanar	4	125	103	49	54
Guadalajara	Uceda	6	109	97	52	45
Guadalajara	Azuqueca de Henares	4	122	115	57	58
Toledo	Borox	6	133	104	47	57
Toledo	Sign	6	130	120	60	60
Toledo	Talavera de la Reina	4	153	133	66	67
	Total	92	2.004	1.652	826	826

To verify that the random assignment defines a statistically comparable control group and a treatment group, this study conducted an equilibrium test to verify that, on average, the observable characteristics of the participants in both groups are the same. The balance between the experimental groups is key to infer the causal effect of the project by comparing its results.

Figure 5 shows the results of the equilibrium contrasts between the control group and the treatment group (see **Balance between the experimental groups** appendix for the equilibrium contrast values between the control group and the treatment group). All the data reflected in this figure refer to the survey and the SiSo assessment scale performed before the intervention (baseline). For each observable variable, the difference between the mean of that variable in the treatment and control group is represented by a point and centered on it, the 95% confidence interval of this difference. A confidence interval containing zero, i.e., the vertical axis, will indicate that the mean difference between groups is not statistically significant, or in other words, it is not statistically different from zero. It will be concluded, therefore, that the intervention groups are balanced in this characteristic. In the case where the confidence interval of the mean difference does not contain zero, it can be

concluded that the difference is statistically significant and, therefore, the groups are unbalanced in this characteristic.

Figure 5 shows that the treatment and control groups are not statistically different in most variables. However, there are some important exceptions, especially in terms of being beneficiaries of the MIS, marital status, completed studies, number of children in the household, satisfaction index with social services, employment status, and the training scope of the SiSo scale. 41% of the participants in the control group are beneficiaries of the MIS compared to 38% in the treatment group. The difference is significant at 5%. 40% of the participants in the control group are single, while in the treatment group 35% of the participants are. The difference is significant at 1%. The number of children in the treatment group is, on average, 2.04, while in the control group it is 1.93. This difference of 0.11 minors is significant at 5%.

In terms of the level of education completed, 49% of women in the treatment group have not completed compulsory education, compared to 44% of women in the control group. This difference is significant at 10%. At the same time, 33% of women in the control group have completed compulsory studies (GBS, ESO) compared to 28% in the treatment group, and this difference is significant at 5%. No differences were found between women in the treatment group and in the control group for higher education levels (high school or university studies).

Finally, this analysis did not find any statistically significant differences between the treatment group and the control group in the percentage of women who had previously visited primary care services, although the treatment group had a lower mean value than the control group in the social services satisfaction index. The difference is 0.13 standard deviations, and it was significant at 1%.

Regarding the indices and outcome variables, this evaluation observed that there are significant differences in the labor market indicators of both the administrative and self-reported records. According to the data on working life, the employment rate during the period prior to the intervention was 4 percentage points higher in the treatment group than in the control group (significant at 10%), and on average the treatment group worked 6 days longer (significant at 5%). The occupancy rate at the time of the survey, or during the past 6 months, is 7 percentage points higher in the treatment group than in the control group based on self-reported data. This difference is statistically significant at 1%.

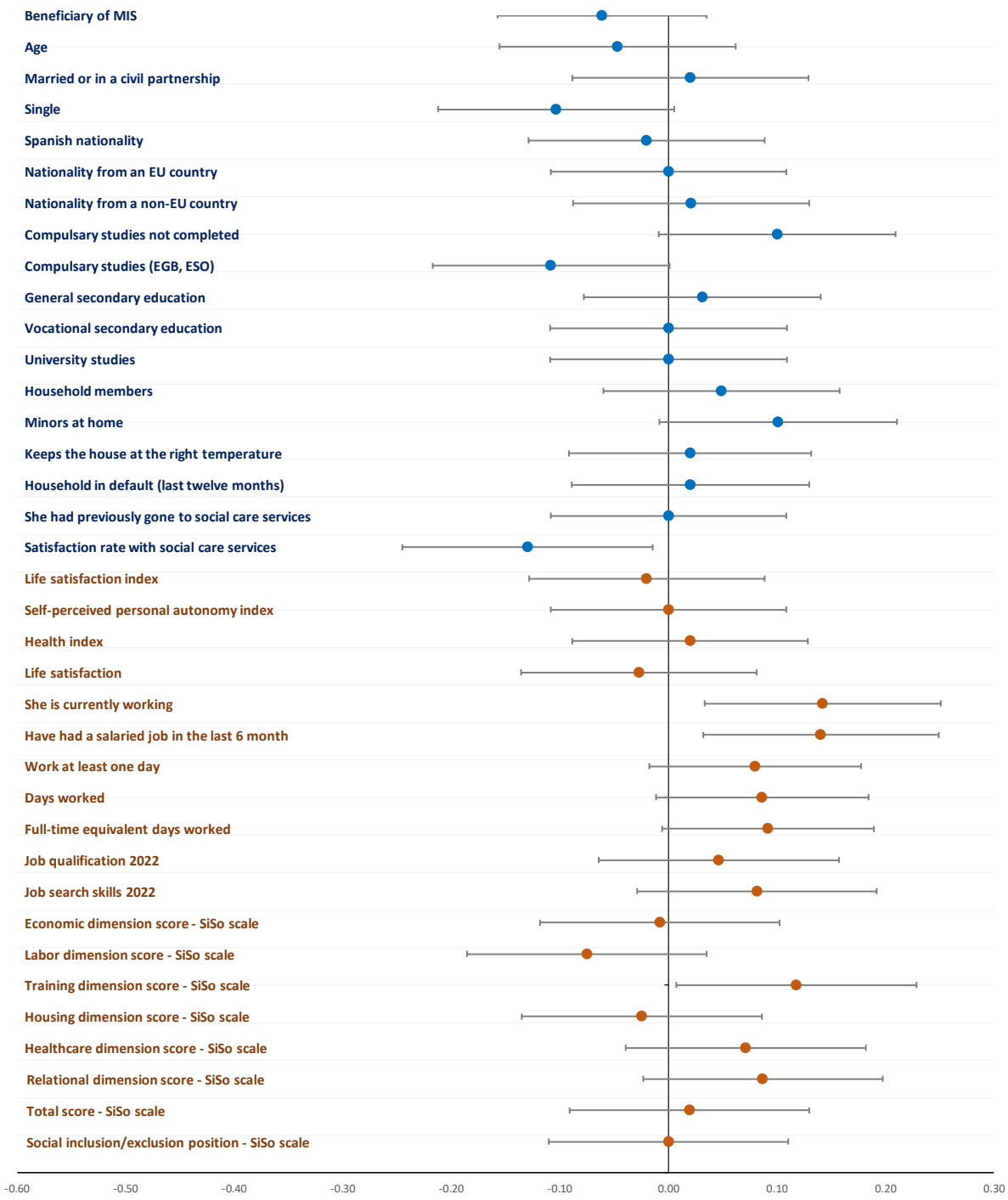
There are also differences in the SiSo tool variables. The treatment group has a higher mean value than the control group in the variable of employment qualification (significant difference at 10%), in the field of training (significant difference at 5%) and in the socio-health and relational dimension (significant differences at 10%).

All these differences suggest that there are relevant imbalances between the experimental groups that make them not perfectly comparable. Therefore, in the regressions presented in the results section, this evaluation has always controlled for the value of the dependent variable in the initial period, to consider that the treatment and control groups do not necessarily start from the same level.

Furthermore, the findings include adjustments for various factors such as educational attainment, marital status, employment status in the six months leading up to the interview[22], and the number of dependent children in the household. The index used to assess social services is not included in the analysis due to lack of information and for individuals who were unaware of such services. On the other hand, the primary results are presented in the appendix, which includes the overall score of the SiSo scale prior to any interventions as an additional control.

[22] The variables "You are currently working" and "You have had a salaried job in the last 6 months" are highly correlated, and that is why it has been decided to include only one of them as a control. Specifically, the variable that includes the employment situation in the last 6 months is included as it is more general and includes the employment situation at the time the data were collected.

Figure 5: Difference in standardized means between treatment group and control group (95% confidence interval)



Note: The sociodemographic characteristics are shown in blue, and the result indicators are shown in orange.

4.3 Degree of participation and attrition by groups

The group that signs the informed consent constitutes the experimental sample randomly assigned to the control and treatment groups. However, both participation in the project and the response to the initial and final surveys are voluntary. On the one hand, it is convenient to analyze the degree of participation in the project, since the estimation of results will refer to the effects on average of offering the itinerary, given the degree of participation. For example, if participation in treatment activities is low, the treatment and control groups will look very similar, and it will be harder to find an effect. On the other hand, this section checks whether the non-completion of the final survey by some of the participants reduces the comparability of the treatment and control groups after the intervention, if the response rate is different between groups or according to the demographic characteristics of the participants in each group.

Degree of participation

Of the 2,004 women selected in the 15 intervention areas, 1,652 signed the informed consent and 352 did not sign it. The randomization process was performed prior to the signing of the informed consent at cluster level, so that, once the recruitment was executed, 826 people in the sample were assigned to the control group and 826 to the treatment group. Of the 1,652 project participants, a total of 369 left the project, i.e., 77.66% of the participants completed the project. By groups, 147 women in the control group dropped out of the project (17.80%), while in the treatment group there were 222 women who dropped out of the project (26.88%). Among the reasons for dropout concluded by SSAP professionals are the lack of interest in the project, the change of address, or not being able to combine participation in the project with other activities.

Table 4: Evolution of participants

	Random assignment	They sign informed consent	Project dropout	Project completed
Control group	995	826	147	679
Treatment Group	1,009	826	222	604
Total	2,004	1,652	369	1,283

The intervention held a total of 388 workshops and group courses in different areas (training in work and digital skills, training workshops in other areas, workshops related to healthy habits or mental health), with an average of 4.3 participants per workshop. On the other hand, each participant has participated in an average of 2.4 individual orientation activities. In addition, 287 participants have received some type of financial aid to facilitate participation (aid to cover transport costs, subsistence allowances, aid for the care of children or dependents to promote work-life balance).

Attrition by groups

In terms of response rate in the surveys, of the 1,652 female participants, 963 (58%) responded to the initial individual questionnaire (47% in the control group and 70% in the treatment group), and a total

of 888 participants responded to the final survey (54%). A total of 1,259 assessments were obtained from the SiSo tool (76%) during 2022, considered as baseline, of which 643 (78%) were from the treatment group and 616 from the control group (75%). Moreover, the study has performed 1,220 assessments (74%) through the SiSo tool from September to December 2023 (the endline), 563 from the control group (68%) and 657 from the treatment group (79%).

Table 5: Sample and percentage of early dropouts over the total

Group	Total	Initial survey	Initial SiSo	Final Survey	SiSo final
Total	**1.652**	**963** (58%)	**1.259 (76%)**	**888** (54%)	**1.220 (74%)**
Treatment	826	575 (70%)	643 (78%)	529 (64%)	657 (79%)
Control	826	388 (47%)	616 (75%)	359 (43%)	563 (68%)

To assess whether dropout and survey participation rates are statistically different between the control group and the treatment group, **Table 6** reports the results of linear regressions where the dependent variables are binary variables equal to one if the participant has dropped out of the project (column 1), if the participant's data for the primary sources of outcome data used in the project is missing in this report: the final individual survey (column 2), and the final SiSo scale (column 3). The independent variable is a binary variable equal to one for assignment to the treatment group. In column 1, the analysis observes that the dropout of the project is higher in the treatment group. Assignment to treatment increases the probability of dropping out of the project by 9 percentage points compared to the control group (significant at 1%). Columns 2 and 3 show that treatment also increases the likelihood of participating in surveys by 22 percentage points in the individual survey and by 11 percentage points on the SiSo Scale, relative to the control group. Both results are significant at 1%. Due to these differences in participation in the final surveys, an estimation of the balance test has been made with the sample that responds to the final surveys, with results like those that responded to the initial survey. Finally, **Table 22** in the appendix shows that there are no differences in participation in the initial individual survey between the control group and the treatment group, but there is a statistically significant difference of 10% of 3 percentage points in participation in the SiSo Scale[23].

[23] No statistically significant differences between the treatment groups are shown in the records available from the General Treasury of the Social Security.

Table 6: Dropout from the project and participation in the surveys by treatment group

	Dropout of the project	Participate in the final survey	Participate in the final SiSo scale (Sep – Dec 2023)
	(1)	(2)	(3)
Treatment	0.091***	0.224***	0.109***
	(0.020)	(0.041)	(0.022)
Observations	1,652	1,652	1,652
R^2	0.094	0.164	0.095
Media control var. Dep.	0.178	0.470	0.682
Controls	No	No	No
Strata	Yes	Yes	Yes

Note: significance levels * p<0.1, ** p<0.05, and *** p< 0.01. Robust standard errors in parentheses. Standard errors grouped by municipalities.

Table 7 increases the linear regressions of the previous table by adding interactions between the treatment indicator and predetermined characteristics of the participants to analyze whether attrition is selective, i.e., whether the effect of treatment on the attrition rate varies according to certain characteristics (area of residence, beneficiary of the MIS, position of the social inclusion-exclusion axis of the SiSo Scale at baseline, employment situation in the last 6 months and number of children at home). Panel A analyzes heterogeneous effects on project dropout rates.

Results show that women assigned to treatment living in urban areas have higher rates of dropout from the project. The same happens with women beneficiaries of the MIS. On the other hand, it is observed that those women assigned to treatment who reported having worked in the 6 months prior to the survey are less likely to drop out of the program. A higher number of children in the household is also correlated with higher dropout rates in the treatment group. We did not find heterogeneous effects on the dropout of the program due to position on the SiSo Scale.

Within panel B, the dropout of the SiSo Scale is analyzed with respect to the individual survey (columns 1 to 4) and in panel C, where differences are observed between the treatment and control groups depending on the area of residence and the level of exclusion. People assigned to treatment and living in interurban areas (base category) have a particularly high participation, both with respect to the control group and with respect to the rest of the women assigned to the treatment group. On the other hand, heterogeneous effects by position are also found on the SiSo Scale. Women assigned to treatment and in a situation of mild exclusion have a lower probability of participating in surveys. On the other hand, people assigned to treatment in a situation of moderate or severe exclusion have a higher participation in surveys compared to the control group.

Finally, those women assigned to treatment group who worked in the 6 months prior to the initial survey show a higher probability of responding to the surveys than control women (the interaction coefficient is significant at 10%), while being a beneficiary of the MIS also increases the probability of participating in the SiSo Scale (the interaction coefficient is significant at 5%). In addition, the number

of children in the household does not have a differential effect on survey participation rates between the treatment group and the control group.

Table 7: Dropout from the project and participation in the surveys by treatment group. Heterogeneous effects

Panel A: Project Dropout

	Dropout of the project				
	(1)	(2)	(3)	(4)	(5)
Treatment	0.035	0.049**	0.118**	0.158***	0.005
	(0.031)	(0.024)	(0.049)	(0.025)	(0.042)
Treatment x Urban area	0.190***				
	(0.067)				
Treatment x Intense or extreme depopulation	0.044				
	(0.036)				
Treatment x MIS		0.110**			
		(0.045)			
Treatment x Mild exclusion			0.03		
			(0.094)		
Treatment x Moderate exclusion			-0.029		
			(0.057)		
Treatment x Work last 6 months				-0.108***	
				(0.034)	
Treatment x children at home					0.049**
					(0.02)
Observations	1,652	1,652	1,259	1,300	1,279
R^2	0.101	0.099	0.096	0.114	0.107
Media control	0.178	0.178	0.188	0.037	0.036
Treatment + Treatment x X1	0.22***	0.16***	0.15*	0.05**	0.05**
	(0.06)	(0.03)	(0.08)	(0.02)	(0.03)
Treatment + Treatment x X2	0.08***		0.09***		
	(0.02)		(0.03)		
Controls	No	No	No	No	No
Strata	Yes	Yes	Yes	Yes	Yes

Panel B: Survey Participation

	Participate in the final survey				
	(1)	(2)	(3)	(4)	(5)
Treatment	0.386***	0.237***	0.181***	0.227***	0.347***
	(0.049)	(0.048)	(0.068)	(0.047)	(0.074)
Treatment x Urban area	-0.159				
	(0.114)				
Treatment x Intense or extreme depopulation	-0.328***				
	(0.078)				
Treatment x MIS		-0.032			
		(0.054)			
Treatment x Mild exclusion			-0.402***		
			(0.126)		
Treatment x Moderate exclusion			0.059		
			(0.072)		
Treatment x Work last 6 months				0.082*	
				(0.047)	
Treatment x children in the home					-0.043
					(0.028)
Observations	1,652	1,652	1,259	1,300	1,279
R^2	0.186	0.164	0.161	0.215	0.216
Media control	0.47	0.47	0.466	0.555	0.56
Treatment + Treatment x X1	0.23**	0.21***	-0.22**	0.31***	0.30***
	(0.1)	(0.05)	(0.11)	(0.05)	(0.05)
Treatment + Treatment x X2	0.06		0.24***		
	(0.06)		(0.05)		
Controls	No	No	No	No	No
Strata	Yes	Yes	Yes	Yes	Yes

Note: significance levels * p<0.1, ** p<0.05, and *** p< 0.01. Robust standard errors in parentheses. Standard errors grouped by municipalities.

Panel C: SiSo scale participates (Sep-Dec 2023)

	Participate in the final SiSo scale (Sep – Dec 2023)				
	(1)	(2)	(3)	(4)	(4)
Treatment	0.197***	0.070**	0.071	0.111***	0.212***
	(0.034)	(0.028)	(0.049)	(0.029)	(0.055)
Treatment x Urban area	-0.136**				
	(0.053)				
Treatment x Intense or extreme depopulation	-0.154***				
	(0.046)				
Treatment x MIS		0.096**			
		(0.044)			
Treatment x Mild exclusion			-0.217*		
			(0.112)		
Treatment x Moderate exclusion			0.064		
			(0.063)		
Treatment x Work last 6 months				0.089*	
				(0.046)	
Treatment x children in the household					-0.027
					(0.025)
Observations	1,652	1,652	1,259	1,300	1,279
R^2	0.102	0.100	0.125	0.126	0.13
Media control	0.682	0.682	0.669	0.742	0.741
Treatment + Treatment x X1	0.06	0.17***	-0.15	0.20***	0.18***
	(0.04)	(0.03)	(0.09)	(0.04)	(0.03)
Treatment + Treatment x X2	0.04		0.14***		
	(0.03)		(0.03)		
Controls	No	No	No	No	No
Strata	Yes	Yes	Yes	Yes	Yes

Note: significance levels * p<0.1, ** p<0.05, and *** p< 0.01. Robust standard errors in parentheses. Standard errors grouped by municipalities. Additional control includes the total SiSo Scale score before the intervention.

Table 6 and **Table 7** show that there is selection in the sample, and that this selection is not homogeneous among the participants assigned to the treatment group. These results suggest certain limitations in the data, underscoring the need for a more comprehensive analysis to complement the present report. The results in **Table 7** point to a possible threat of the monotonicity condition necessary to apply selection correction methods such as Lee *bounds* (Lee 2009). The monotonicity condition implies that the treatment affects the selection in one direction, while in column 3 (panel B), in the participation in the final survey, it is observed that depending on the level of initial social

inclusion, the treatment has different effects on the participation in the final survey. We observed a similar pattern in the participation in the SiSo scale (panel C), although with the coefficients they are not statistically significant. Given these results, it would be important to address selection bias through inverse probability weighted regressions, which will be attempted in an analysis after the publication of this report.

5 Evaluation results

Random assignment of the experimental sample to the control and treatment groups ensures that, with a sufficiently large sample, the groups are statistically comparable and therefore any differences observed after the intervention can be causally associated with the treatment. Econometric analysis provides, in essence, this comparison. However, it has the advantages of allowing other variables to be included to gain precision in estimates and of providing confidence intervals for estimates. This section presents the econometric analysis accomplished and the estimated regressions, as well as the analysis of the results obtained.

5.1 Description of Econometric Analysis: Estimated Regressions

In a randomized experiment, the regression model specified to estimate the causal effect is usually simply the difference in the variable of interest between the treatment group and the control group, since these groups are statistically comparable due to randomization. In addition to this analysis, the following results present: (i) regressions in which it is controlled for variables that may vary between the treatment group and the control group and may affect the impact of the treatment and (ii) regressions in which, in addition to including the previous controls, the initial value of the dependent variable is included, that is, the value before the intervention, which improves the accuracy of the estimates. This ensures that differences between the treatment group and the control group before the intervention is performed are considered in the analysis.

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

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

where $Y_{i,t=1}$ is the dependent variable of interest observed after the intervention for person i, T_i indicates whether the person resides in a municipality or neighborhood that has been assigned to treatment (=1) or control (=0), $Y_{i,t=0}$ is the lagging value of the dependent variable (i.e., before the intervention), $X_{i,t=0}$ is a vector of controls (including level of education, be a beneficiary of the MIS, marital status, if you worked in the previous 6 months, number of children in the household, and binary variables of stratification) and ε_i is the error term. Standard errors will be grouped at cluster level (municipality, in most cases, or at the neighborhood level for large municipalities).

5.2 Analysis of the results

5.2.1 Primary and secondary outcomes

Main hypotheses

Social exclusion situation

Table 8 shows the results of the intervention on the social exclusion situation of the participants of the SiSo Scale, and the index of material and social deprivation. For each indicator, this study presents three specifications: one without controls (only controlling for the lagged value of the dependent variable, i.e., the value of this variable before starting the project, and for the binary variables of stratification); another that also includes the controls specified in the previous section; and a third in which an additional control is included, the total score of the SiSo scale before the intervention. In the first two columns[24], this table presents the impact on the total score obtained in the six vital areas of the SiSo Scale. The coefficient of the treatment variable is -4.54 without controls and -4.72 with controls and is statistically significant at 1% in both cases. This means that the treatment led to an improvement[25], on average, of 10% and 11% on the SiSo scale, compared to the control group. Columns 3, 4 and 5 show the impact of treatment on the position on the inclusion-social exclusion axis of the SiSo Scale. The treatment led to an improvement, on average, of 0.13 levels on the SiSo scale, compared to the control group (significant at 1%). Finally, panel B shows the impact of the project on the material and social deprivation index constructed with information from the individual survey. The first indicator consists of an index that adds up the number of items that an individual cannot afford, the index has a range from 0 to 13. The second indicator in panel B consists of a binary variable that takes on a value equal to one if the person answers the questionnaire if he or she declares to be deficient in at least seven elements of the 13 on the list. The results show a positive but not statistically significant effect of treatment on indicators of material and social deprivation.

[24] In this case, the third specification is the same as the second, since the additional control is the study variable itself, which had already been included as a control.

[25] The higher the score on the SiSo scale, the greater the situation of social exclusion, so a reduction in the score represents an improvement.

Table 8: Effects on the situation of exclusion and material deprivation

	Panel A: SiSo Scale					
	Total score			Inclusion/exclusion axis position		
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	-4.542***	-4.719***	-4.719***	-0.135***	-0.126***	-0.126***
	(0.671)	(0.708)	(0.708)	(0.027)	(0.029)	(0.029)
Observations	1,220	1,039	1,039	1,220	1,039	1,039
R^2	0.462	0.484	0.484	0.261	0.296	0.296
Media control	43.574	43.019	43.019	1.984	1.964	1.964
Controls	No	Yes	Yes	No	Yes	Yes
SiSo Additional Control	No	No	Yes	No	No	Yes
Strata	Yes	Yes	Yes	Yes	Yes	Yes
Baseline	Yes	Yes	Yes	Yes	Yes	Yes

	Panel B					
	Index of material and social deprivation			Situation of material and social deprivation		
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	-0.006	-0.0030	0.150	0.027	0.029	0.041
	(0.190)	(0.198)	(0.270)	(0.032)	(0.033)	(0.044)
Observations	963	870	639	963	870	639
R^2	0.145	0.177	0.253	0.133	0.160	0.217
Media control	6.160	6.155	6.027	0.428	0.427	0.416
Controls	No	Yes	Yes	No	Yes	Yes
SiSo Additional Control	No	No	Yes	No	No	Yes
Strata	Yes	Yes	Yes	Yes	Yes	Yes
Baseline	No	No	No	No	No	No

Note: significance levels * p<0.1, ** p<0.05, and *** p< 0.01. Robust standard errors in parentheses. Standard errors grouped by municipalities. Additional control includes the total SiSo Scale score before the intervention.

Improved life satisfaction and personal autonomy

Table 9 shows that there are positive and statistically significant effects on the individual's general life satisfaction variable, and on the satisfaction index that includes the level of satisfaction in several life areas. Women assigned to receive the treatment reported a level of life satisfaction 0.43 points higher than the control group in the specification without controls (7.14%), and 0.49 points higher in the specification with controls (8%), both significant at 1%. Positive results were also observed in the composite life satisfaction index, of 0.110 standard deviations with respect to the control group

(significant at 10%) in the specification without controls. This effect is not statistically significant when controls are included in the regression. In panel B, columns 1, 2 and 3 show the results for the autonomy index. In this case, a positive effect of 0.144 standard deviations without controls and 0.149 with controls is also observed, both significant at 5%. Finally, columns 5, 6 and 7 present the results for the indicator of difficulties in the personal sphere of the SiSo tool. For this outcome variable, there are no values in 2022, so a model cannot be estimated including the lagging value of the dependent variable. The treatment decreases the score in the personal sphere by 0.526 points (specification without controls) and by 0.508 (specification with controls), i.e., by approximately 15%. This effect is significant at 1%. The results with the additional control are in line with the rest of the specifications, with higher coefficients estimated.

Table 9: Effects on personal satisfaction and autonomy

Panel A

	Life satisfaction			Life satisfaction index		
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	0.430***	0.494***	0.545***	0.110*	0.102	0.163**
	(0.143)	(0.165)	(0.190)	(0.062)	(0.068)	(0.080)
Observations	963	870	639	963	870	639
R^2	0.252	0.277	0.338	0.344	0.362	0.392
Media control	6.018	6.028	5.942	-0.026	-0.005	-0.038
Controls	No	Yes	Yes	No	Yes	Yes
SiSo Additional Control	No	No	Yes	No	No	Yes
Strata	Yes	Yes	Yes	Yes	Yes	Yes
Baseline	Yes	Yes	Yes	Yes	Yes	Yes

Panel B

	Self-perceived personal autonomy index			Personal aspects SiSo Scale		
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	0.144**	0.149**	0.157*	-0.526***	-0.508***	-0.566***
	(0.063)	(0.074)	(0.085)	(0.108)	(0.105)	(0.123)
Observations	963	870	639	1,220	1,039	768
R^2	0.271	0.291	0.306	0.071	0.183	0.304
Media control	-0.105	-0.112	-0.155	3.554	3.537	3.601
Controls	No	Yes	Yes	No	Yes	Yes
SiSo Additional Control	No	No	Yes	No	No	Yes
Strata	Yes	Yes	Yes	Yes	Yes	Yes

Baseline	Yes	Yes	Yes	No	No	No

Note: significance levels * p<0.1, ** p<0.05, and *** p< 0.01. Robust standard errors in parentheses. Standard errors grouped by municipalities. Additional control includes the total SiSo Scale score before the intervention.

Improving employability

Table 10 shows that employability also exhibits positive results due to the intervention. Specifically, two variables of the training field of the SiSo tool are analyzed: qualification for employment and job search skills. In both areas, the treatment improves the scores obtained: the two variables range from 1 to 4, where 1 represents little or no difficulty and 4 represents a lot of difficulty. Specifically, the assignment to treatment decreases the assessment in job qualification by 0.561 (without controls) and by 0.618 (with controls), and the assessment in job search skills by 0.314 (without controls) and 0.318 (with controls) (both significant at 1%).

Table 10: Effects on employability

	SiSo Scale					
	Qualification for employment			Job search skills		
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	-0.561***	-0.618***	-0.637***	-0.314***	-0.318***	-0.350***
	(0.046)	(0.051)	(0.054)	(0.037)	(0.038)	(0.036)
Observations	1,220	1,039	768	1.220	1,039	768
R^2	0.293	0.341	0.392	0.431	0.468	0.579
Media control	2.895	2.891	2.938	2.535	2.510	2.530
Controls	No	Yes	Yes	No	Yes	Yes
SiSo Additional Control	No	No	Yes	No	No	Yes
Strata	Yes	Yes	Yes	Yes	Yes	Yes
Baseline	Yes	Yes	Yes	Yes	Yes	Yes

Note: significance levels * p<0.1, ** p<0.05, and *** p< 0.01. Robust standard errors in parentheses. Standard errors grouped by municipalities. Additional control includes the total SiSo Scale score before the intervention.

Secondary hypotheses: SiSo dimensions

Labor, social, healthcare, residential, relational

Finally, **Table 11** and **Table 12** expose results from the secondary hypotheses. **Table 11** shows the results in the workplace. The first two columns show that the treatment decreases the score on the indicator of difficulties in the workplace by 1.218 points (without controls) and 1.311 points (with controls), both significant at 1%. The effect of being assigned to treatment represents an improvement of approximately 11% over the mean of the control group. Regarding the data from the individual survey on labor insertion, women assigned to treatment are 7.2 percentage points more likely to self-report being working at the time of the survey (specification with controls), and the effect is significant

at 1%. Without controls, the effect is 5 percentage points and significant at 5%. No statistically significant results were observed in the probability of working in the last 6 months.

Table 11: Effects on Employment Outcomes

				Job placement					
	SiSo Scale Labor Scope			Is currently working			Has worked in the last 6 months		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Treatment	-1.218***	-1.311***	-1.176***	0.050**	0.072***	0.044*	0.009	0.021	0.005
	(0.238)	(0.260)	(0.258)	(0.022)	(0.022)	(0.026)	(0.024)	(0.023)	(0.034)
Observations	1,220	1,039	768	963	870	639	963	870	639
R^2	0.431	0.454	0.544	0.169	0.201	0.220	0.169	0.216	0.226
Media control	11.499	11.533	11.554	0.284	0.271	0.249	0.438	0.429	0.416
Controls	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes
SiSo Additional Control	No	No	Yes	No	No	Yes	No	No	Yes
Strata	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Baseline	Yes	Yes	Yes	Yes	Yes	S	Yes	Yes	Yes

Note: significance levels * p<0.1, ** p<0.05, and *** p< 0.01. Robust standard errors in parentheses. Standard errors grouped by municipalities. Additional control includes the total SiSo Scale score before the intervention.

Table 12 shows the results in the employment indicators extracted from the register of the General Treasury of the Social Security. The reference period for measuring the impact of the project runs from October 2023 to March 2024. The first two columns of **Table 12** show the effects of the program on a binary variable that takes on a value equal to one if the beneficiary worked in the reference period for at least one day. Columns (3) and (4), (5) and (6) show the results on the total number of days worked during the reference period, and the total number of full-time equivalent days worked. No statistically significant effects were found in any of the three variables. The coefficients in the variables that capture the number of days worked are negative when we do not include controls, and positive when we include controls, not statistically significant in any of the cases.

Table 12: Effects on labor outcomes. Employment history data

	At least one day worked		Days worked			
			Total		Full-time equivalents	
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	-0.002	0.002	-1.462	1.210	-1.746	1.252
	(0.018)	(0.021)	(2.588)	(3.072)	(2.170)	(2.703)
Observations	1,610	1,237	1,610	1,237	1,610	1,237
R^2	0.193	0.205	0.266	0.278	0.231	0.236
Media control	0.437	0.440	49.185	46.821	40.062	37.686
Controls	No	Yes	No	Yes	No	Yes
SiSo Additional Control	No	No	No	No	No	No
Strata	Yes	Yes	Yes	Yes	Yes	Yes
Baseline	Yes	Yes	Yes	Yes	Yes	Yes

Table 13 shows the results in the self-reported mental health index constructed with data from the individual survey, and indicators of difficulties in the social, health, residential, and relational vital areas of the SiSo tool. In all indicators, the results are positive (in the variables of the SiSo tool a positive result corresponds to a negative coefficient) and significant at 1%. Among women assigned to receive treatment, the self-reported mental health index increased by 0.23 standard deviations (without controls), and 0.24 standard deviations (with controls) with respect to the control group. The results in the social and health field using the SiSo tool show an improvement (reduction) in the score of approximately 0.5 points, which represents a reduction of 10% (without controls) and 12% (with controls) compared to the mean of the control group. It also shows that, among women assigned to treatment, the score in the residential setting decreased by 0.5 points, which is a 10% drop compared to the control group. Finally, columns 4, 5, and 6 in Panel B show the effects of project assignment at the relational level. The coefficients are negative and significant, 0.665 without controls and 0.690 with controls, where the latter represents an improvement of 14% compared to the mean of the control group.

Table 13: Effects on healthcare, housing and relational sphere

Panel A

				SiSo Scale		
	Mental Health Index			Social and health field		
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	0.230***	0.244***	0.262***	-0.450***	-0.508***	-0.460***
	(0.055)	(0.057)	(0.066)	(0.125)	(0.139)	(0.146)
Observations	963	870	639	1,220	1,039	768
R^2	0.26	0.29	0.322	0.489	0.489	0.632
Media control	-0.128	-0.131	-0.175	4.139	4.043	3.860
Controls	No	Yes	Yes	No	Yes	Yes
SiSo Additional Control	No	No	Yes	No	No	Yes
Strata	Yes	Yes	Yes	Yes	Yes	Yes
Baseline	Yes	Yes	Yes	Yes	Yes	Yes

Panel B

	SiSo Scale					
	Residential			Relational scope		
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	-0.499***	-0.507***	-0.596***	-0.665***	-0.690***	-0.782***
	(0.153)	(0.163)	(0.150)	(0.099)	(0.106)	(0.119)
Observations	1,220	1,039	768	1,220	1,039	768
R^2	0.515	0.525	0.680	0.484	0.491	0.627
Media control	5.123	4.955	4.792	4.886	4.831	4.848
Controls	No	Yes	Yes	No	Yes	Yes
SiSo Additional Control	No	No	Yes	No	No	Yes
Strata	Yes	Yes	Yes	Yes	Yes	Yes
Baseline	Yes	Yes	Yes	Yes	Yes	Yes

Note: significance levels * p<0.1, ** p<0.05, and *** p< 0.01. Robust standard errors in parentheses. Standard errors grouped by municipalities. Additional control includes the total SiSo Scale score before the intervention.

In summary, results from **Table 8** to **Table 13** indicate that there is a positive and significant effect in almost all the areas analyzed, including an improvement in the social inclusion of the participants in the treatment group. The multidimensional project achieves its objective of achieving positive results

in the different areas, including an increase in the probability of finding a job according to the data self-reported by the participants, but not in the labor indicators measured with administrative data. However, it is important to highlight the presence of imbalances in the response rates to the final survey and in the participation rate in the SiSo tool, and the existence of heterogeneous effects due to individual characteristics. The samples suffer from selection bias, and therefore the results must be interpreted with caution. Among other things, **Table 7** shows that those in a worse social position (position on the moderate or severe social inclusion-exclusion axis) are more likely to answer the questionnaire or complete the SiSo tool when they belong to the treatment group than participants in a position classified as mild. The evaluation has concluded in a third specification for each indicator, which includes the total baseline SiSo score as an additional control variable. The overall results are similar, with positive and significant effects observed in all areas. In fact, by incorporating the lagging variable of the total score of the SiSo Scale, the coefficients improve in accuracy. However, this inclusion entails the loss of several individuals, which could introduce some selection bias into the sample.

5.2.2 Heterogeneity analyses

This section presents analyses of heterogeneity of effects according to participant characteristics. Specifically, this report studies whether the effects are different by area of residence – peri-urban/intermediate agricultural, urban, or intense/extremely depopulated – by the previous position on the SiSo Scale – mild, moderate, and severe – and by the situation in the labor market. To do this, regressions like those in the previous section are specified, but adding the variable for which the heterogeneous effects are to be estimated, and also the interaction of this variable with the treatment variable.

Table 14 presents the heterogeneous results in the indices and outcome variables of the main hypotheses by area of residence. The coefficients of interest are those that correspond to the interaction between the treatment variable and the binary variables that include the area of residence: urban, or intense/extremely depopulated (peri-urban/intermediate agricultural areas act as the default value, so that the heterogeneous effects on this type of areas are included in the variable "Treatment").

The results show that there are heterogeneous effects by area of residence in the score of the SiSo Scale. The positive impact of the project on the SiSo Scale score is concentrated in peri-urban or intermediate agricultural areas and, above all, in the most depopulated areas: women assigned to treatment in peri-urban or intermediate agricultural areas have a lower score on the SiSo Scale than those in the control, as well as women from depopulated areas, in this case the effect was especially high (significant at 1%), but there are no statistically significant effects on the SiSo score for women in urban areas. Column 2 shows an effect of negative treatment on the rate of material and social deprivation for women assigned to treatment in peri-urban or intermediate agricultural areas. This negative effect is not observed in **Table 8**, because it is offset by a positive effect for women in urban areas (the total effect for this group is 0.7 standard deviations and is significant at 1%), and a positive but not statistically significant effect for women in depopulated areas. With respect to the rest of the

indices, the results observed in the main tables are due to women living in depopulated areas. No heterogeneous effects were observed by area of residence in the rest of the indicators of the SiSo scale.

Table 14: Heterogeneous effects by area of residence

Panel A

	SiSo Scale	**Final Survey**			
	Total score	Index of material and social deprivation	Situation of material and social deprivation	Life satisfaction index	Self-perceived personal autonomy index
	(1)	(2)	(3)	(4)	(5)
Treatment	-2.726**	0.705**	0.132***	-0.146	-0.047
	(1.062)	(0.272)	(0.047)	(0.12)	(0.153)
Treatment x Urban area	0.302	-0.569	-0.093	0.03	-0.06
	(1.907)	(0.715)	(0.126)	(0.166)	(0.227)
Treatment x Intense or extreme depopulation	-4.609***	-1.228***	-0.166***	0.473***	0.404**
	(1.509)	(0.333)	(0.058)	(0.144)	(0.164)
Observations	1,039	870	870	870	870
R^2	0.489	0.185	0.164	0.373	0.301
Media control	43.019	6.155	0.427	-0.005	-0.112
Treatment + Treatment x X1	-2.42	0.14	0.04	-0.12	-0.11
	(1.59)	(0.67)	(0.12)	(0.11)	(0.17)
Treatment + Treatment x X2	-7.34***	-0.52***	-0.03	0.33***	0.36***
	(1.05)	(0.20)	(0.03)	(0.08)	(0.07)
Controls	Yes	Yes	Yes	Yes	Yes
Strata	Yes	Yes	Yes	Yes	Yes
Baseline	Yes	No	No	Yes	Yes

	Panel B			
	SiSo Scale			Employment history
	Personal aspects	Qualification for employment	Job search skills	Days worked
	(1)	(2)	(3)	(4)
Treatment	-0.542**	-0.531***	-0.275***	-7.996**
	(0.218)	(0.074)	(0.079)	(3.643)
Treatment x Urban area	-0.201	-0.127	-0.104	4.583
	(0.282)	(0.17)	(0.106)	(7.005)
Treatment x Intense or extreme depopulation	0.167	-0.137	-0.049	20.011***
	(0.256)	(0.102)	(0.094)	(6.37)
Observations	1,039	1,039	1,039	1.237
R^2	0.185	0.343	0.469	0.282
Media control	3.537	2.891	2.51	46.821
Treatment + Treatment x X1	-0.74***	-0.66***	-0.38***	-3.41
	(0.18)	(0.15)	(0.07)	(6.04)
Treatment + Treatment x X2	-0.37***	-0.67***	-0.32***	12.01**
	(0.149)	(0.07)	(0.05)	(5.28)
Controls	Yes	Yes	Yes	Yes
Strata	Yes	Yes	Yes	Yes
Baseline	No	Yes	Yes	Yes

Note: Significance levels * p<0.1, ** p<0.05, and *** p< 0.01. Robust standard errors in parentheses. Standard errors grouped by municipalities.

Table 15 shows the heterogeneous results for participants who are beneficiaries of the MIS before the intervention. In general, no heterogeneous effects were found, except in the indices of life satisfaction and self-perceived personal autonomy and in the indicator of job-seeking skills. **Table 15** exhibits that in both indices the positive effects of treatment are concentrated in the group of beneficiaries who were not beneficiaries of the MIS, while the improvement in job search skills is greater among the beneficiaries of the MIS.

Table 15: Heterogeneous effects of being a beneficiary of the MIS

Panel A

	SiSo Scale	Final Survey			
	Total score	Index of material and social deprivation	Situation of material and social deprivation	Life satisfaction index	Self-perceived personal autonomy index
	(1)	(2)	(3)	(4)	(5)
Treatment	-5.325***	-0.062	0.036	0.228***	0.298***
	(0.957)	(0.179)	(0.034)	(0.079)	(0.071)
Treatment x MIS	1.613	0.085	-0.018	-0.330**	-0.389***
	(1.531)	(0.347)	(0.052)	(0.143)	(0.141)
Observations	1,039	870	870	870	870
R^2	0.484	0.177	0.16	0.368	0.3
Media control	43.019	6.155	0.427	-0.005	-0.112
Treatment + Treatment x X	-3.71***	0.02	0.02	-0.1	-0.09
	(1.11)	(0.35)	(0.05)	(0.11)	(0.12)
Controls	Yes	Yes	Yes	Yes	Yes
Strata	Yes	Yes	Yes	Yes	Yes
Baseline	Yes	Yes	Yes	Yes	Yes

Panel B

	SiSo Scale			Employment history
	Personal aspects	Qualification for employment	Job search skills	Days worked
	(1)	(2)	(3)	(4)
Treatment	-0.466***	-0.581***	-0.257***	4.61
	(0.131)	(0.059)	(0.049)	(4.274)
Treatment x MIS	-0.11	-0.098	-0.163**	-8.519
	(0.27)	(0.098)	(0.08)	(7.074)
Observations	1,039	1,039	1,039	1,237
R^2	0.183	0.342	0.47	0.279
Media control	3.537	2.891	2.51	46.821
Treatment + Treatment x X	-0.58***	-0.68***	-0.42***	-3.91
	(0.21)	(0.09)	(0.06)	(5.07)
Controls	Yes	Yes	Yes	Yes

Strata	Yes	Yes	Yes	Yes
Baseline	Yes	Yes	Yes	Yes

Note: significance levels * p<0.1, ** p<0.05, and *** p< 0.01. Robust standard errors in parentheses. Standard errors grouped by municipalities.

Table 16 shows the heterogeneous results by position of the social exclusion axis of the Siso Scale. The analysis presents that in none of the cases the coefficients of the interactions are significantly different from zero. Therefore, we conclude that there are no heterogeneous effects according to the position of the SiSo Scale before the start of the intervention.

Table 16: Heterogeneous effects by position axis inclusion – social exclusion

Panel A

	SiSo Scale	**Final Survey**			
	Total score	Index of material and social deprivation	Situation of material and social deprivation	Life satisfaction index	Self-perceived personal autonomy index
	(1)	(2)	(3)	(4)	(5)
Treatment	-5.094***	0.185	0.063	0.124	0.335*
	(1.853)	(0.524)	(0.086)	(0.111)	(0.182)
Treatment x Mild exclusion	0.879	1.566	0.221	-0,139	-0.041
	(3.173)	(1.228)	(0.178)	(0.373)	(0.353)
Treatment x Moderate exclusion	0.539	-0.25	-0.059	0.072	-0.226
	(2.122)	(0.548)	(0.094)	(0.137)	(0.205)
Observations	768	639	639	639	639
R^2	0.601	0.245	0.22	0.391	0.311
Media control	42.67	6.027	0.416	-0.038	-0.155
Treatment + Treatment x X1	-4.21*	1,75	0.28*	-0.01	0.29
	(2.35)	(1.11)	(0.16)	(0.35)	(0.31)
Treatment + Treatment x X2	-4.56***	-0.07	0	0.20**	0.11
	(0.92)	(0.30)	(0.05)	(0.10)	(0.10)
Controls	Yes	Yes	Yes	Yes	Yes
Strata	Yes	Yes	Yes	Yes	Yes
Baseline	Yes	No	No	Yes	Yes

Panel B

	SiSo Scale			Working lives
	Personal aspects	Qualification for employment	Job search skills	Days worked
	(1)	(2)	(3)	(4)
Treatment	-0.598**	-0.736***	-0.329***	-12.495*
	(0.264)	(0.117)	(0.093)	(7.25)
Treatment x Mild exclusion	-0.38	0.017	-0.2	17.848
	(0.436)	(0.201)	(0.236)	(17.47)
Treatment x Moderate exclusion	0.103	0.144	-0.012	16.202
	(0.307)	(0.136)	(0.106)	(9.825)
Observations	768	768	768	922
R^2	0.273	0.394	0.578	0.295
Media control	3.601	2.938	2.53	48.502
Treatment + Treatment x X1	-0.98***	-0.72***	-0.53**	5.35
	(0.34)	(0.17)	(0.22)	(16.02)
Treatment + Treatment x X2	-0.50***	-0.59***	-0.34***	3.71
	(0.15)	(0.07)	(0.04)	(4.71)
Controls	Yes	Yes	Yes	Yes
Strata	Yes	Yes	Yes	Yes
Baseline	No	Yes	Yes	Yes

Note: significance levels * p<0.1, ** p<0.05, and *** p< 0.01. Robust standard errors in parentheses. Standard errors grouped by municipalities.

Table 17 shows the heterogeneous results by employment situation in the 6 months prior to the survey. In this case we did observe heterogeneous effects. Participants assigned to treatment who self-reported working in the 6 months prior to the survey had a lower SiSo Scale score compared to control than other women assigned to treatment compared to control (significant effect at 5%). The difference is quite high, at 3.223 points, very similar in size to the effect of the treatment of non-working women (3.289 points). As for the index of self-perceived personal autonomy. Women in the treatment, who had been employed in the six months prior to the baseline survey, reported a higher level of personal autonomy compared to other women in the treatment group who were not assigned to work. This difference, which was statistically significant at 1% level, accounted to 0.324 standard deviations increase. Finally, the treatment also has a positive and significant effect on the number of days worked among women who had worked before the project. Particularly, the effect for women who did not work before the project is negative, compared to the control group. This analysis did not find other heterogeneous effects.

Table 17: Heterogeneous effects by employment status in the last 6 months

Panel A

	SiSo Scale	Final Survey			
	Total score	Index of material and social deprivation	Situation of material and social deprivation	Life satisfaction index	Self-perceived personal autonomy index
	(1)	(2)	(3)	(4)	(5)
Treatment	-3.289***	0.07	0.019	0.044	0.008
	(0.878)	(0.279)	(0.046)	(0.084)	(0.089)
Treatment x Work last 6 months	-3.223**	-0.231	0023	0.133	0.324***
	(1.285)	(0.381)	(0.071)	(0.114)	(0.119)
Observations	1,039	870	870	870	870
R^2	0.486	0.177	0.16	0.363	0.297
Media control	43.019	6.155	0.427	-0.005	-0.112
Treatment + Treatment x X	-6.51***	-0.16	0.04	0.18*	0.33***
	(1.01)	(0.26)	(0.05)	(0.09)	(0.10)
Controls	Yes	Yes	Yes	Yes	Yes
Strata	Yes	Yes	Yes	Yes	Yes
Baseline	Yes	No	No	Yes	Yes

Panel B

	SiSo Scale			Employment history
	Personal aspects	Qualification for employment	Job search skills	Days worked
	(1)	(2)	(3)	(4)
Treatment	-0.600***	-0.600***	-0.297***	-8.091**
	(0.142)	(0.069)	(0.049)	(4.067)
Treatment x Mild exclusion	0.208	-0.041	-0.046	20.417***
	(0.19)	(0.098)	(0.089)	(7.538)
Remarks	1,039	1,039	1,039	1,237
R^2	0.184	0.342	0.468	0.283
Media control	3.537	2.891	2.51	46.821
	-0.39***	-0.64***	-0.34***	12.33**

Treatment + Treatment x X	(0.14)	(0.07)	(0.07)	(5.56)
Controls	Yes	Yes	Yes	Yes
Strata	Yes	Yes	Yes	Yes
Baseline	No	Yes	Yes	Yes

Note: significance levels * p<0.1, ** p<0.05, and *** p< 0.01. Robust standard errors in parentheses. Standard errors grouped by municipalities.

6 Conclusions of the evaluation

This project evaluates the impact of a new intervention in the care of socially excluded individuals to enhance their personal independence and reduce social exclusion, in comparison to the standard care provided by the Primary Care Social Services (in Spanish, SSAP) of the Community of Castilla - La Mancha. The new approach offers personalized and multidisciplinary assistance in the employment and social inclusion pathway of the SSAPs. The evaluation is conducted through an experimental design, using stratified random allocation to randomly assign 15 intervention areas across the five provinces of Castilla-La Mancha, to either the intervention group or the control group. The sample includes 1,652 participants.

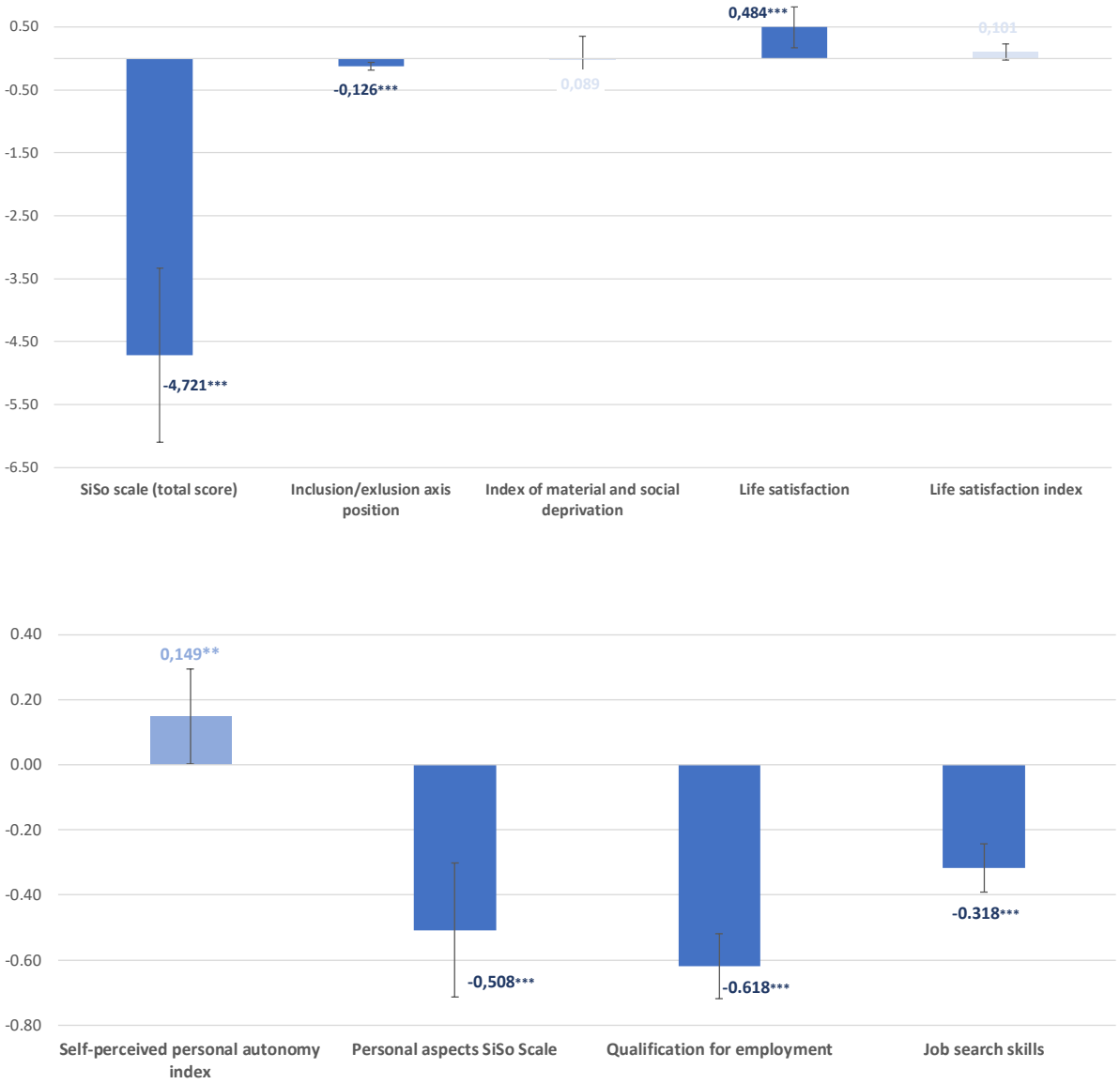
The personalized and multidimensional treatment has shown a positive and significant impact on the social and labor inclusion of women who participated in treatment, compared to standard social care services. This is reflected in a substantial reduction in the SiSo scale score, and improvements in several vital aspects, including the labor, socio-health, residential, and relational spheres. Likewise, this analysis has observed improvements in the variables related to the employability of the participants and in the indicators of personal aspects, according to the SiSo tool. These positive results were also reflected in an improvement in the perception of personal autonomy and in the levels of life satisfaction of the participants, as well as in the mental health indicator built with data from the individual survey. In addition, women who received the treatment were more likely to be employed at the time of the final survey. The evaluation did not identify any statistically significant on the material and social deprivation index, nor on the employment indicators extracted from the General Treasury of the Social Security.

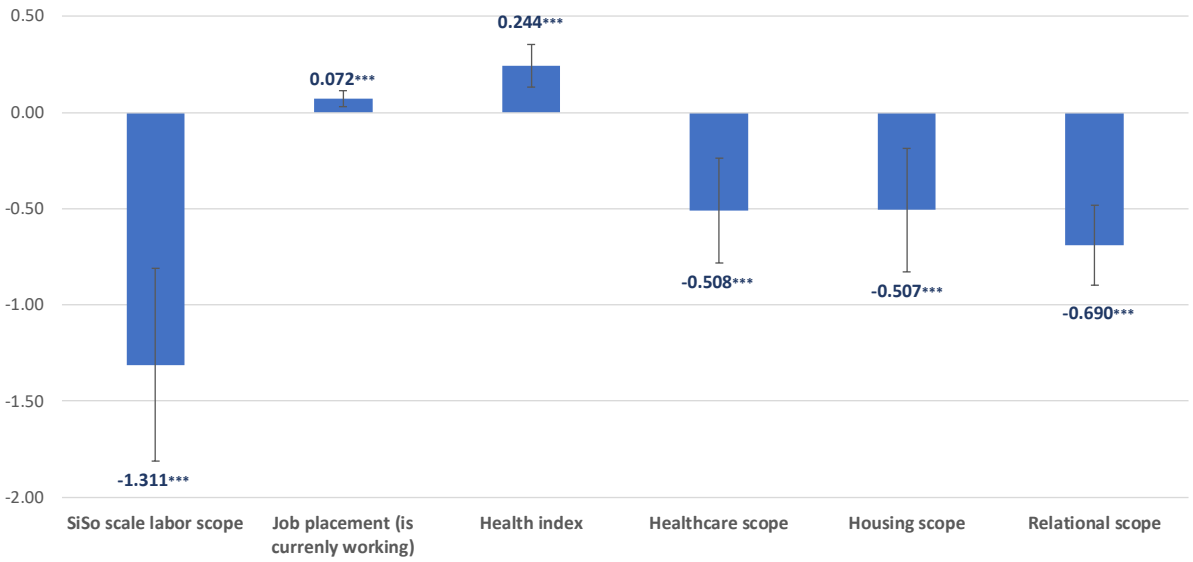
This analysis presents important heterogeneous effects according to the degree of urbanization. Specifically, in areas classified as having intense or extreme depopulation, the positive impact of treatment on the SiSo scale score is more pronounced, while in urban areas no significant effect is observed on this indicator. In addition, the positive effects of the treatment observed in the indicators of life satisfaction and self-perceived personal autonomy are due to those beneficiaries who reside in areas of intense or extreme depopulation. Finally, for this group of beneficiaries, we have observed positive effects in the number of days worked registered with the administration. This difference in impact can be attributed to the fact that treatment has been implemented uniformly across the territory, allowing participants in areas of intense or extreme depopulation to receive a level of care

and access to services comparable to that in other areas. In contrast, the control group, who receives regular services, reflects the disparities in access to services. Specifically, the disparities were in areas of intense depopulation, where access to resources and services is often more limited. This report also exhibits positive effects for the group of beneficiaries who worked prior to the project.

Thus, the following figure shows these estimated results, with their level of significance and confidence interval.

Figure 6: Effect of the intervention on the main indicators





Note: the indicators presented in dark blue are significant at 1%; in lighter blue they are significant at 5%; and in light blue those indicators that are not significant. The effects included in the figure refer to regressions with controls, without the additional control.

It is crucial to acknowledge that the data obtained from the final survey and the SiSo tool have certain limitations in terms of their quality. The outline individual questionnaire, which was active for several months, allowed participants to answer it multiple times, resulting in duplicate responses. Similarly, the files obtained from the SiSo tool, accessed through various downloads, exhibit variations for the same period.

On the other hand, it is important to highlight that the results presented in this report are based on samples that present a non-random selection in their participation in the surveys, which could affect the validity of the results. This report highlights the importance of complementing the analysis with inverse probability-weighted regressions that correct selection in observable characteristics. In this sense, an attempt will be made to expand this evaluation in the future with administrative data provided by the Social Security, which will contribute to enriching the economic and employment information of the households that received the treatment. In addition, the study underlines the need for a long-term evaluation to determine whether there is a sustained improvement in the different areas evaluated, as well as in social and labor inclusion.

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Appendix

Economic and regulatory management

1. Introduction

Within the framework of the National Plan for Recovery, Transformation, and Resilience, the General Secretariat of 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, of 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[26], 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 pathways. 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 May 17[27], "at least 10 additional collaboration agreements signed with subnational public administrations, social partners and entities 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

[26] Royal Decree 938/2021, of October 26, 2021, 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 (BOE-A-2021-17464). It can be consulted at the following link: https://www.boe.es/diario_boe/txt.php?id=BOE-A-2021-17464.

[27] Royal Decree 378/2022, of May 17, 2022, 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 euros, within the framework of the Recovery, Transformation and Resilience Plan (BOE-A-2022-8124). It can be consulted at the following link: 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[28].

In accordance with Article 3 of Royal Decree 938/2021, dated October 26, 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 organizations

On **December 14, 2021**, the Autonomous Community of Castilla - La Mancha was notified of the Resolution of the General Secretariat for Inclusion and Social Welfare Objectives and Policies granting a subsidy in the amount of 8,999,085.14 euros to the Autonomous Community of Castilla - La Mancha and, dated **December 15, 2021**, an Agreement is signed between the General State Administration, through the General Secretariat for Inclusion and Social Welfare Objectives and Policies and the Autonomous Community of Castilla - La Mancha for the implementation of a social inclusion project within the framework of the Recovery, Transformation and Resilience Plan, which was published in the "Official State Gazette" on **1 February 2022** (BOE no. 27).[29]

2. Timeframe of the intervention

Article 16(1) of Royal Decree 938/2021 of October 26, 2021, 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 June 30, 2023, while the evaluation, shall not extend March 31, 2024, in order to comply with the milestones set by the Recovery, Transformation, and Resilience Plan with regard to social inclusion policies.

However, in accordance with section 2 of the first final provision of Royal Decree 378/2022, of May 17, Article 6(4) and Article 16(1) are redrafted to extend the maximum term of the pilot projects of social inclusion itineraries subject to subsidy until **October 31, 2023,** maintaining the deadline **of March 31, 2024,** for its evaluation.

On **August 1st, 2022,** the Autonomous Community of Castilla - La Mancha requested an extension of the execution period until **September 30, 2023**, authorizing it by resolution of the SGOPIPS dated **August 16, 2022**.

[28] 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.

[29] Resolution of 21 January 2022, of the General Secretariat for Inclusion and Social Welfare Objectives and Policies, publishing the Agreement with the Regional Government of Castilla-La Mancha, for the implementation of a project for social inclusion within the framework of the Recovery, Transformation and Resilience Plan. It can be consulted at the following link: https://www.boe.es/diario_boe/txt.php?id=BOE-A-2022-1634

Within this general timeframe, the implementation begins on **November 1, 2022**, with the beginning of the intervention itinerary, continuing the execution tasks until **September 30, 2023**, and then developing only dissemination and evaluation tasks of the project until **March 31, 2024**.

3. **Relevant Agents**

Among the relevant agents in the implementation of the project are:

- **Autonomous Community of Castilla - La Mancha**, as the beneficiary entity and coordinator of the project and especially its following units:
    a) Department of Social Services in charge of the development of the project.
    b) Coordination with the Directorate-General for Social Action and the Directorate-General for Children and Family.
    c) Primary Care Social Services teams from the selected social services areas or zones will carry out the development of the itineraries. Each of the teams will be reinforced with a Support Team made up of the following professionals:
        - Employment counsellor.
        - Psychologist/social.
        - Social Worker.
- The **Ministry of Inclusion, Social Security and Migration (MISSM)** as the sponsor of the project, and 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 conducted for the implementation and monitoring of the object of the grant, as well as for the profiling participants in 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.
- **Institute for Research and Innovation in Models of Inclusion, Equality, Employability and Equity of Castilla-La Mancha**, subcontracted for the development of training actions aimed at people participating in the project.
- **CEMFI and J-PAL Europe**, as scientific and academic institutions that support MISSM in the design and RCT evaluation of the project.

Balance between experimental groups

Table 18 reports the balance test between the control group and the treatment group. All the data reflected in this table refer to the survey performed before the intervention (baseline) or to time-invariant variables. The mean value of each variable for each group is reported, as well as the number of observations and the number of clusters in each group and the p-value resulting from a contrast of mean difference (using Student's t-statistic, which is not reported for space reasons). 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 confidence level of 5% can be rejected.

Table 18: Balance test between experimental groups

	Half				Remarks		
Variable	**Control**	**Treatment**	**Dif.**	**P-value**	**Total**	**Control**	**Treatment**
MIS beneficiary	0.41	0.38	-0.03	0.03**	1,652	826	826
	(4.44)	(4.33)			92	46	46
Age	38.99	38.62	-0.37	0.35	1,300	647	653
	(894.69)	(882.82)			92	46	46
Married or in a civil partnership	0.39	0.40	0.01	0.69	1,298	646	652
	(3.43)	(3.47)			92	46	46
Single	0.40	0.35	-0.05	0.01***	1,298	646	652
	(3.43)	(3.27)			92	46	46
Spanish nationality	0.55	0.54	-0.01	0.82	1,298	645	653
	(3.54)	(3.60)			92	46	46
Nationality from an EU-country	0.11	0.11	0.00	0.96	1,298	645	653
	(1.37)	(1.41)			92	46	46
Nationality from a non-EU country	0.34	0.35	0.01	0.78	1,298	645	653
	(3.21)	(3.30)			92	46	46
Compulsory studies not completed	0.44	0.49	0.05	0.07*	1,289	643	646
	(3.53)	(3.59)			92	46	46
Compulsory studies (EGB, ESO)	0.33	0.28	-0.05	0.04**	1,289	643	646
	(3,17)	(2.90)			92	46	46
General secondary education	0.11	0.12	0.01	0.55	1,289	643	646
	(1.42)	(1.52)			92	46	46
Vocational secondary education	0.08	0.08	0.00	0.97	1,289	643	646
	(1.06)	(1.08)			92	46	46
University studies	0.03	0.03	0.00	0.52	1,289	643	646
	(0.41)	(0.37)			92	46	46
Children at Home	1.93	2.04	0.11	0.01**	1,279	636	643
	(16.22)	(17.40)			92	46	46
Keeps the house at the right temperature	0.49	0.50	0.01	0.31	1,230	618	612
	(3.43)	(3.40)			92	46	46
Household in default (last twelve months)	0.56	0.57	0.01	0.89	1,279	634	645
	(3.47)	(3.51)			92	46	46
They had previously gone to social care services	0.97	0.97	0.00	0.62	1,300	647	653
	(0.41)	(0.47)			92	46	46
Satisfaction rate with social care services	0.07	-0.06	-0.13	0.05**	1,155	560	595
	(12.449	(13.09)			92	46	46

	Half				Remarks		
Variable	Control	Treatment	Dif.	P-value	Total	Control	Treatment
Life Satisfaction Index	0.01	-0.01	-0.02	0.62	1,300	647	653
	(14.44)	(14.42)			92	46	46
Self-perceived personal autonomy index	0.00	0.00	0.00	0.80	1,300	647	653
	(14.79)	(14.07)			92	46	46
Health Index	-0.01	0.01	0.02	0.43	1,300	647	653
	(15.17)	(13.69)			92	46	46
Life satisfaction	6.15	6.08	-0.07	0.72	1,300	647	653
	(84.84)	(105.10)			92	46	46
They are currently working	0.20	0.26	0.06	0.00***	1,300	647	653
	(2.30)	(2.83)			92	46	46
Have had a salaried job in the last 6 months	0.42	0.49	0.07	0.00***	1,300	647	653
	(3.50)	(3.63)			92	46	46
Work at least one day	0.48	0.52	0.04	0.05*	1,610	805	805
	(4.47)	(4.47)			92	46	46
Days worked	47.34	53.15	5.81	0.03**	1,610	805	805
	(77.601.57)	(83.760.37)			92	46	46
Days worked full-time	39.62	45.06	5.44	0.01**	1,610	805	805
	(59.722.96)	(66.492.90)			92	46	46
Keeps the house at the right temperature	0.49	0.50	0.01	0.31	1,230	618	612
	(3.439	(3.40)			92	46	46
Job Qualification 2022	3.12	3.15	0.03	0.08*	1,259	616	643
	(5.96)	(5.77)			92	46	46
Job Search Skills 2022	2.70	2.77	0.07	0.13	1,259	616	643
	(10.87)	(9.70)			92	46	46
Economic dimension score - SiSo Scale	13.64	13.60	-0.04	0.95	1,259	616	643
	(328.44)	(351.10)			92	46	46
Labor dimension score - SiSo Scale	13.11	12.77	-0.34	0.22	1,259	616	643
	(274.859)	(296.56)			92	46	46
Training dimension score - SiSo Scale	7.26	7.53	0.27	0.02**	1,259	616	643
	(78.169	(68.329)			92	46	46
Housing dimension score - SiSo Scale	5.31	5.20	-0.11	0.43	1,259	616	643
	(271.03)	(289.07)			92	46	46
Social and health dimension score - SiSo Scale	3.60	3.89	0.29	0.06*	1,259	616	643
	(225.19)	(238.67)			92	46	46

SiSo rating scale

The following tables show the methodology of the SiSo assessment, from the structure of the SiSo rating scale to the different areas of assessment of the position on the inclusion-exclusion axis.

Table 19: Structure of the SiSo Scale

Dimensions		No. of items	Variables
VITAL AREAS	**Economic**	4	Income volume Origin of the main source of income Forecasting of the main source of income Severe material deprivation
	Labor	3	Employment status Intensity of work Forecast of work continuity
	Training	4	Level of studies completed Qualification for employment Skills for job search Other competencies
	Housing	4	Housing tenure regime Housing conditions Accessibility Location in the environment
	Social and health care	5	Access to the health system Health status Family overload Difficulty following treatment Health habits
	Relational	5	Family Relationships Coexistence in the environment Community relations Social participation Asocial or anomic behaviors
Personal Aspects		3	Interpersonal skills Perception of the situation Improvement Strategies

Board 20: Vital areas for the assessment of social position in the inclusion-exclusion axis

ECONOMIC SPHERE		A lot of difficulty	Quite difficult	Some difficulty	Low difficulty
1	Income Volume	6	4	2	0
2	Source of income	6	4	2	0
3	Forecast: main source of income	6	4	2	0
4	Severe material deprivation	6	4	2	0
Workplace		**A lot of difficulty**	**Quite difficult**	**Some difficulty**	**Low difficulty**
5	Employment status	6	4	2	0
6	Intensity at work	6	4	2	0
7	Job continuity forecast	6	4	2	0
TRAINING Area		**A lot of difficulty**	**Quite difficult**	**Some difficulty**	**Low difficulty**
8	Level of studies completed	3	2	1	0
9	Qualification for employment	3	2	1	0
10	Job search skills	3	2	1	0
11	Other competencies	3	2	1	0
RESIDENTIAL (HOUSING)		**A lot of difficulty**	**Quite difficult**	**Some difficulty**	**Low difficulty**
12	Tenure regime	6	4	2	0
13	Housing conditions	6	4	2	0
14	Accessibility	6	4	2	0
15	Location in the environment	6	4	2	0
SOCIAL AND HEALTH field		**A lot of difficulty**	**Quite difficult**	**Some difficulty**	**Low difficulty**
16	Access to the healthcare system	4	3	2	0
17	Health status	4	3	2	0
18	Family burden	4	3	2	0
19	Difficulty following treatment	4	3	2	0
20	Health habits	4	3	2	0
RELATIONAL SCOPE		**A lot of difficulty**	**Quite difficult**	**Some difficulty**	**Low difficulty**
21	Family Relationships	3	2	1	0
22	Coexistence in the environment	3	2	1	0
23	Support Network	3	2	1	0
24	Social participation	3	2	1	0
25	Asocial or conflictive behaviors	3	2	1	0

Table **21** below shows the scores obtained related to the position on the inclusion/exclusion axis.

Table 21: Score for the measurement of social position on the inclusion-exclusion axis

INCLUSION – EXCLUSION AXIS	SOCIAL POSITION	PUNCTUATION
Serious exclusion	A lot of difficulty	Equal to or greater than 86 points
	Quite difficult	Between 58 and 85
Moderate exclusion	Some difficulty	Between 29 and 57
Mild exclusion	Low or No Difficulty	Equal to or less than 28 points

Calculation of indicators

Table 22: Formulas for calculating performance indicators

Hypothesis	Name	Description
HP1a1	SiSo Scale – Total Score	VII111-VII165 (weighted sum)
	SiSo Scale – Inclusion-Exclusion Axis Position	VII111-VII165 (3 categories following Table 19)
HP1a2	Material and social deprivation	VII221, VII2210-VII2218, VI222-VII229 (Anderson method, 2008)
HP1b1	Life satisfaction	VII241
	Life satisfaction index	VII243-VII2410 VII2420 (Anderson's method, 2008)
HP1b2	Self-perceived personal autonomy index	VII2411-VII2418 (Anderson's method, 2008)
HP1b3	Personal aspects – SiSo Scale	VII166-VII168 (weighted sum)
HP1c1	Qualification for employment – SiSo Scale	VII132
	Job Search Skills – SiSo Scale	VII133
HS1a1	Social and health field – SiSo Scale	VII252-VII2510 (weighted sum)
HS1a2	Health Index	VII252-VII2510 (Anderson's method, 2008)
HS1b1	Work environment – SiSo Scale	VII121-VII123 (weighted sum)
HS1b2	Is currently working	VII261
HS1b3	Has worked in the last 6 months	VII262
HS1c1	Residential	VII141-VII144 (weighted sum)
HS1d1	Relational scope	VII161-VII165 (weighted sum)

Table 23: Description of the variables and range of values

Variable	Question	Values
VII221	Do you have: landline or mobile phone?	Yes; No, I can't afford it; No
VII2210	Can you afford to go on vacation for at least one week a year?	Yes; No; He does not know; No answer
VII2211	Can you afford a meal of meat, poultry, or fish at least every other day?	Yes; No; He does not know; No answer
VII2212	Do you have the capacity to meet unforeseen expenses (of 800 euros)?	Yes; No; He does not know; No answer

VII2213	Can you replace damaged or old furniture?	Yes; No; He does not know; No answer
VII2214	Can you replace damaged clothes with new ones?	Yes; No; He does not know; No answer
VII2215	Can you afford to have two pairs of shoes in good condition?	Yes; No; He does not know; No answer
VII2216	Can you afford to get together with friends/family for a meal or a drink at least once a month?	Yes; No; He does not know; No answer
VII2217	Can you afford to regularly participate in leisure activities?	Yes; No; He does not know; No answer
VII2218	Can you afford to spend a small amount of money on yourself?	Yes; No; He does not know; No answer
VII222	Does it have: TV?	Yes; No, I can't afford it; No
VII223	Do you have: personal computer?	Yes; No, I can't afford it; No
VII224	Does it have: washing machine?	Yes; No, I can't afford it; No
VII225	Does it have: dishwasher?	Yes; No, I can't afford it; No
VII226	Can you afford to own a car?	Yes; No; He does not know; No answer
VII227	Can you afford an internet connection?	Yes; No; He does not know; No answer
VII228	Can the household afford housing with an adequate temperature (winter or summer)?	Yes; No; He does not know; No answer
VII229	In the last twelve months, has the household been in default, i.e., has it not been able to pay the utility bills (heating, electricity, gas, water, etc.) of the home on time due to financial difficulties?	Yes; No; He does not know; No answer
VII241	Taking stock of your life, how satisfied are you right now on a scale of 0 to 10, where 0 = Totally satisfied and 10 = Totally dissatisfied?	0. Totally dissatisfied1 2 3 4 5 6 7 8 9 10. Totally satisfied
VII243	To what extent are you satisfied with the following aspects? Use a scale of 1 to 10, where 1 means you were 'completely dissatisfied' and 10 means you were 'completely satisfied'? With its economic situation	0. Totally dissatisfied 1 2 3 4 5 6 7 8 9 10. Totally satisfied
VII244	With their support networks (neighbors, friends)	
VII245	With the free time you have	
VII246	With his family life	
VII247	With the conditions of your home	
VII248	With where you live (neighborhood, neighborhood)	
VII249	With their level of education, their training	
VII2410	With your state of health	
VII2420	With his employment situation	
VII2411	Please read each of the following statements and indicate how it fits your situation: I feel like I can make decisions for myself that impact my	0. Totally dissatisfied 1 2 3

	daily life	4 5 6 7 8 9 10. Totally satisfied
VII2412	I am optimistic about my future.	
VII2413	I feel confident in my abilities to get ahead	
VII2414	I am able to achieve the goals I have set for myself	
VII2415	I feel capable of facing the challenges and problems that appear in my life	
VII2416	I have people who care about what happens to me in life	
VII2417	I have the possibility of talking to someone about my personal problems.	
VII2418	I get helpful advice when an important event happens to me in my life	
VII111	SISO Revenue Volume	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII112	SISO Source of income	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII113	SISO Forecast Main Source of Revenue	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII114	SISO Severe material deprivation	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII121	SISO Employment Status	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII122	SISO Intensity at work	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII123	SISO Job continuity forecast	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII131	SISO Level of studies completed	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII132	SISO Qualification for employment	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII133	SISO Job Search Skills	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII134	SISO Other Competencies	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult

VII141	SISO Tenure Regime	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII142	SISO Housing Conditions	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII143	SISO Accessibility	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII144	SISO Location in the environment	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII151	SISO Access to the healthcare system	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII152	SISO Health status	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII153	SISO Family Overload	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII154	SISO Difficulty following treatment	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII155	SISO Health Habits	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII161	SISO Family Relations	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII162	SISO Coexistence in the environment	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII163	SISO Support Network	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII164	SISO Social Participation	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII165	SISO Asocial or conflictive behaviors	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII166	SISO Social skills	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII167	SISO Situation Perception	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4.

		Very difficult
VII168	SISO Improvement Strategies	1. Little difficulty; 2. Some difficulty; 3. Quite difficult; 4. Very difficult
VII252	For each of the following affirmations about feelings and thoughts, tell us the answer that best describes how you have felt over the past two weeks. Felt useful	Never Very rarely Sometimes Often Always
VII253	Has felt relaxed	
VII254	He has had plenty of energy	
VII255	He has dealt well with the problems	
VII256	She has felt good about herself	
VII257	Has felt safe (with confidence)	
VII258	He has felt joyful	
VII259	Has difficulty sleeping due to worries	
VII2510	He has felt capable of making decisions	
VII261	Are you currently working?	Yes; No
VII262	In the last six months, have you had a paid job?	Yes; No

Attrition of participation in initial polls

Table 24: Participation in Initial Surveys by Treatment Group

	Participate in the baseline survey	SiSo base scale participates
	(1)	(2)
Treatment	0.007	0.029*
	(0.016)	(0.015)
Observations	1,652	1,652
R^2	0.081	0.099
Media control was. Dep.	0.783	0.746
Controls	No	No
Strata	Yes	Yes

Note: significance levels * p<0.1, ** p<0.05, and *** p< 0.01. Robust standard errors in parentheses. Standard errors grouped by municipalities.