Inclusion Policy Lab: Evaluation Results

Fundación CEPAIM: + que Ample-A. Social Accompaniment Project for Migrant Women in the Region of Murcia

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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). It has been funded by the Next Generation EU funds. Cepaim Foundation has collaborated in the elaboration of this report as the responsible entity for implementing the project. 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 participating in the provision of the necessary information for the design, monitoring, and evaluation of the social inclusion itinerary. 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 (Center for Monetary and Financial Studies) has substantially contributed to this study. Specifically, Antonio Cabrales (Full Professor, University Carlos III), Warn Lekfuangul (Professor, University Carlos III), and Sergio Blanco (University of Barcelona) have participated under the coordination of Mónica Martínez-Bravo (until January 8th, 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 definition of measurement instruments, data processing, and the performance of econometric estimations that lead to quantitative results.

The partnership with J-PAL Europe has been a vital role in the efforts of the General Secretariat of Inclusion to improve social inclusion in Spain. Their team has provided technical support and shared international experience, assisting the General Secretariat in the comprehensive evaluation of pilot programs. Throughout this partnership, J-PAL Europe consistently demonstrated a commitment to promoting evidence-based policy adoption, 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 researcher is committed to continuing exploring and providing more accurate and updated results for the benefit of the scientific community and society in general.

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Executive Summary

- The **Minimum Income Scheme (MIS),** 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 "+ que Emple-A. Social Accompaniment Project for Migrant Women in the Region of Murcia", which has been performed in **cooperation between the Ministry of Inclusion, Social Security and Migration (MISSM) and Cepaim Foundation**.
- This study evaluates a **personalized accompaniment intervention**, compared to a model without any other accompaniment methodology. The **treatment group** received personalized accompaniment, integration workshops, and personalized digital training. The **control group** received traditional accompaniment, without personalized activities.
- The project took place in **12 municipalities of the Region of Murcia** (Alhama de Murcia, Cartagena, Lorca, Totana, Torre Pacheco, Alguazas, Murcia, San Pedro del Pinatar, Fuente Álamo, Mazarrón, Los Alcázares and Cieza) and 856 people participated (428 in the treatment group and 428 in the control group).
- All the participants in the project are migrant women. 94% are of non-European nationality and 11% have Spanish as their mother tongue. Of these, 13% are working and the average age is 41.6 years. 54% of the participants have less than high school education.
- 88% of female participants completed the baseline and endline surveys. Regarding the activities carried out, those common to the treatment and control groups had a participation of 98%, while the attendance at the different treatment sessions generally exceeded 90%.
- The main results of the evaluation indicate that there are significant effects in several dimensions:
    - **Effects on the social inclusion dimension:** positive effects are detected in the intervention package, with an increase in the level of social resources (0.22 standard deviations).
    - **Improvement in the autonomy in the management of the MIS:** The treatment increases autonomy in MIS management by 0.12 standard deviations.
    - **Digital skills:** The intervention also increases digital skills (measured as an index built on the ability to use digital tools for daily life.) (0.28 standard deviations).

- **Improvement in the level of psychological well-being:** The treatment increases the level of psychological well-being by 0.15 standard deviations.
- **Improvement in the knowledge of community's resources:** the treatment increases the knowledge of community's resources by 0.31 standard deviations.

1 Introduction

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 (onward SGI by its acronyms in Spanish) of the Ministry of Inclusion, Social Security and Migration (MISSM) participates significantly in Component 23 "New public policies for a dynamic, resilient, and inclusive labor market", framed in Policy Area VIII: "New care economy and employment policies".

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

[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 random 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

[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).

most from the interventions, whether there were indirect or unexpected effects, and which components of the intervention worked, and which did not.

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 of 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 itineraries.

This report refers to "+ que Emple-A. Social Accompaniment Project for Migrant Women in the Region of Murcia" executed within the framework of Royal Decree 378/2022[9] by Cepaim Foundation. This report contributes to the fulfillment of milestone 351 of the RTRP: "Following the completion of at least 18 pilot projects, the publication of an evaluation on the coverage, effectiveness and success of the MIS, including recommendations to increase the level of application and improve the effectiveness of social inclusion policies".

Context of the project

Social exclusion represents a significant challenge in contemporary societies, expressed in various forms that go beyond the lack of economic resources. The European Anti-Poverty Network (EAPN) identifies five main dimensions that contribute to social marginalization: economic, social, political, cultural, and residential. These dimensions interact with each other, shaping 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 22/07/2022 it issued a favorable report for the realization of the project that is the subject of the report.

[9]On the 21st of September 2021, an agreement was signed between the General State Administration, through the SGOPIPS, and Cepaim Foundation 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 the 1st of October 2022 (BOE no. 236).

On the other hand, 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 (DSEA), highlights the multidimensional nature of the problem, identifying diverse causes. These include poverty and inequality, scarcity of job opportunities, discrimination, and prejudice, as well as social, cultural, and political norms. In addition, it is necessary to consider that people at risk of social exclusion often lack basic personal and digital skills, which exacerbates their vulnerability by limiting their access to government services, educational resources, job opportunities, and healthcare services.

The INE's (National Statistics Institute) 2023 Living Conditions Survey (LCS) offers[10] a worrying view of social reality in Spain. In 2023, the at-risk-of-poverty or social exclusion rate, measured by the AROPE indicator[11], reached 26.5%, equivalent to more than 12 million people in vulnerability. By sex, women had a 2-percentage point higher rate of poverty or social exclusion (27.5%) than men (25.5%).

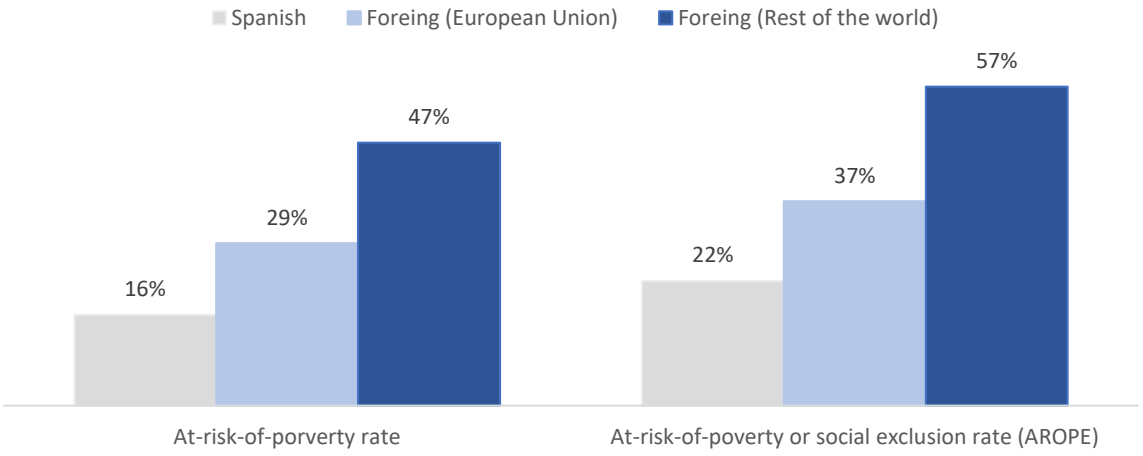
The differences in terms of indicators of poverty and social exclusion are pronounced when comparing people of Spanish nationality with those of foreign nationality, particularly non-EU nationals. Thus, the AROPE indicator and the at-risk-of-poverty rate[12] are 34.7 and 30.8 percentage points higher, respectively, for non-EU foreigners than for Spanish nationals.

[10] In the Living Conditions Survey, the income used in the calculation of the at-risk-of-poverty rate always corresponds to the previous year. Therefore, the data from the 2023 Living Conditions Survey corresponds to the income of 2022.

[11] The population at risk of poverty or social exclusion is defined according to criteria established by Eurostat. It 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) Severe material and social deprivation (if the person declares a deficiency in at least seven items out of the 13 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 house 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 less than 20% of their total work potential worked in the year prior to the year of the interview).

[12] The poverty line is 60% of the median annual income per unit of consumption (modified OECD scale), taking into account the distribution of people. Income per unit of consumption is obtained by dividing the total household income by the number of units of consumption.

Figure 1: Poverty rate and AROPE index by nationality (2023)



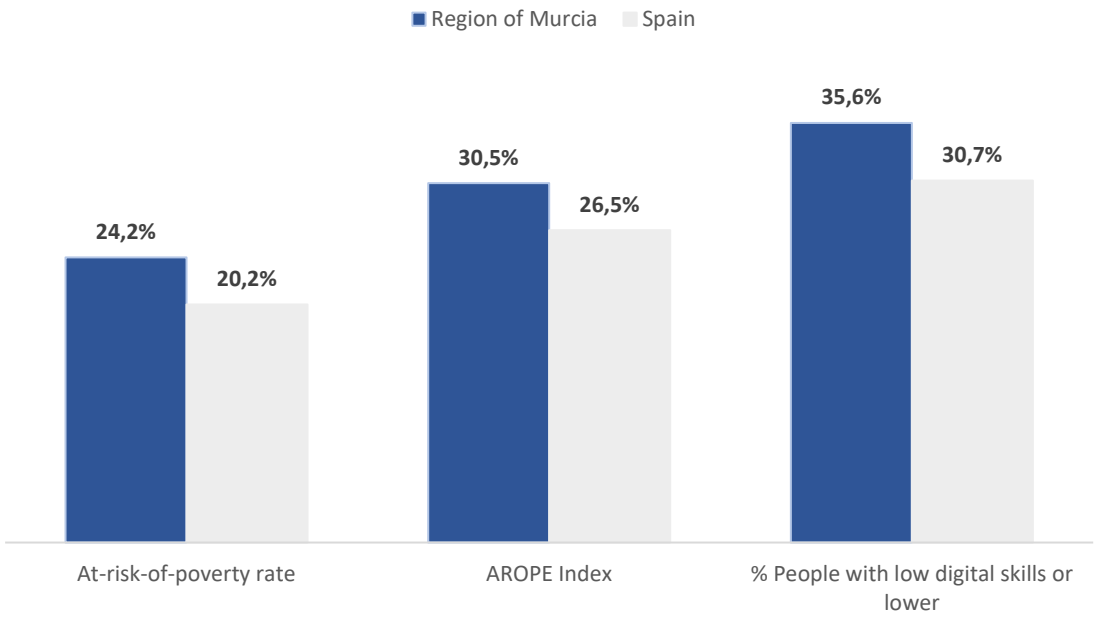
Source: Living Conditions Survey, INE

This gap in risk of poverty or social exclusion is also transferred to digital skills. According to the Survey on Equipment and Use of Information and Communication Technologies in Households (2023), the percentage of people with low digital skills[13] is 5.5 percentage points higher in foreigners than in people of Spanish nationality.

In the specific context of the Region of Murcia, the geographical scope of this project, the data highlights a situation of greater urgency. From a socio-economic perspective, INE statistics indicate that Murcia has a rate of risk of poverty or social exclusion of 30.5%, 4 percentage points above the national average. The difference is the same if only the monetary poverty indicator is considered. In addition, when it comes to digital skills, which are increasingly crucial for inclusion, 39.1% of people residing in the Region of Murcia have a low or lower level, a percentage also higher than the national average (35.6% compared to 30.7% nationally).

[13] Digital skills are based on Eurostat's methodology. This methodology has been modified/updated compared to previous editions and, therefore, is applicable from 2021. It only considers people who have used the Internet in the last 3 months and establishes five types of skills: no skills, limited skills, reduced, basic and higher than basic (advanced) built from the degree of skill in the fields of Information and Data Literacy, Communication and Collaboration, Digital Content Creation, Security and Troubleshooting.

Figure 2: Comparison between the Region of Murcia and Spain in different areas (2023)



Source: Survey on Equipment and Use of Information and Communication Technologies in Households, INE. Living Conditions Survey, INE

Regulatory framework associated with the project and governance structure

This pilot project aligns with the framework established in the 2030 Agenda and the Sustainable Development Goals (SDGs), specifically contributing to SDGs numbered 1, 3, 4, 5, 8, and 10.

At the international level, the United Nations General Assembly adopted the New York Declaration for Refugees and Migrants in 2016, which commits to protecting the safety, dignity, human rights, and fundamental freedoms of all migrants, regardless of their migration status. Likewise, Resolution 77/176 on international migration and development, adopted by the General Assembly on 14 December 2022, reaffirms the commitment to these rights.

At European level, the European Commission has approved the Integration and Inclusion Action Plan for 2021-2027, with the aim of supporting all stages of the integration process through actions in the main sectoral areas: education and training, employment and skills, health, and housing.

Finally, it should be noted that Spain has both normative and strategic documents and public policies related to the rights and freedoms of foreigners in Spain and their social integration. Organic Law 4/2000, January 11, on the rights and freedoms of foreigners in Spain and their social integration, and its implementing regulations.

On the other hand, there are certain strategic and financing instruments related to the migrant population. Highlights include the National Program of the Asylum, Migration and Integration Fund for the period 2021-2027, with a specific objective of integration, which seeks to "promote and contribute to the effective integration and social inclusion of third-country nationals"; the Forum for

the Social Integration of Immigrants, a consulting, information, and advisory body of the Government of Spain on the integration of immigrants; and the calls for subsidies for the development of actions of general interest in the field of foreigners carried out by the Secretary of State for Migration, through the Directorate-General for Humanitarian Assistance and Social Inclusion of Immigration.

In this context, Cepaim Foundation has conceived a project aimed at increasing the level of social inclusion of migrant women, thus contributing to strengthening the measures implemented at the international, national, and regional levels in this area.

The scientific objective of the project is to evaluate the impact of carrying out training and social integration actions on the social inclusion of migrant women in the Region of Murcia. In addition, it is intended to promote the transfer of knowledge to the process of public policy development and to be accountable for the results of the project.

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

- The **Cepaim Foundation. Integral Action with Migrants** (hereinafter, **Cepaim**), as the main responsible for the implementation and global coordination of the project. Cepaim is an independent organization that responds to social dynamics related to migration and social exclusion processes, from a community perspective. Its mission is to promote an inclusive, cohesive, egalitarian, and intercultural society that facilitates full access to citizenship rights for the most vulnerable people, especially migrants.

  Accompanying Cepaim in the project is the Federation of Municipalities of the Region of Murcia, which develops tasks of support, management and coordination of actions with the municipalities; the University of Murcia, which provides external advice and support in the development of tools for data collection; the General Directorate of Social Services and Relations with the Third Sector of the Region of Murcia, which supports the coordination of the actions and the overall development of the project; and, finally, the Provincial Delegation of the Region of Murcia of the National Institute of Social Security, which provides technical assistance in the governance model of the project, carrying out audit and budget execution tasks.

- The **Ministry of Inclusion, Social Security, and Migration** (MISSM) as the project funding source, and the main responsible for the RCT evaluation process. Thus, the **General Secretariat of Inclusion** (SGI) assumes the following commitments with Cepaim:

  - Providing support to the beneficiary organization for the design of actions to be conducted for the execution and monitoring of the grant object, as well as profiling potential participants in the pilot project.

  - Designing the randomized controlled trial (RCT) methodology of the pilot project in coordination with the beneficiary organization and scientific collaborators. Additionally, conducting the project evaluation.

- Ensuring strict compliance with ethical considerations by obtaining approval from the Ethics Committee.

- **CEMFI and J-PAL Europe,** as scientific and academic institutions supporting MISSM in the design and RCT evaluation of the project.

In view of the above, this report follows the following structure. **Section 2** provides a project description, detailing the issues to address, the target audience for the intervention, and the specific interventions associated with improving levels of social inclusion. Next, **Section 3** contains information related to the evaluation design, defining the theory of change linked to the project, hypotheses, sources of information, and indicators used. **Section 4** describes the implementation of the intervention, analyzing the sample, the results of random allocation, and the level of participation and attrition in the intervention. This section is followed by **Section 5**, which presents the evaluation results, 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**. Finally, in the **Economic Management and Regulatory** appendix, additional information is provided on management tools and project governance.

Ethics Committee linked to Social Inclusion Itineraries

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

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

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

2 Description of the program and its context

This section describes the program that Cepaim implemented in the framework of the pilot project. Furthermore, it defines the target population, the territorial scope, and provides a detailed description of the intervention.

2.1 Introduction

The main objective of this project is to verify through an RCT methodology whether comprehensive inclusion itineraries, consisting of individualized social accompaniment, psychosocial care (development of basic skills), and personalized digital training from intercultural mediation improve the situation of social inclusion of foreign migrant women and their families in the Region of Murcia.

The literature on social inclusion in migrant women has qualitatively analyzed, for example, the role of emancipation in integration, both in terms of the ability to make decisions about one's own personal life and participation in the labor market (Kirk & Suvarierol, 2014).

In terms of psychosocial well-being and empowerment of migrant women, a systematic review of the literature (Silva & Pereira, 2023) analyzes mostly non-experimental interventions on health and psychological education, counseling, and other similar areas, finding positive effects on indicators related to depression, anxiety, self-esteem, or social interactions.

Other studies analyze the literature and interventions to improve the empowerment or well-being of migrants at risk of social exclusion or poverty but are limited to the young population of both sexes (Heyeres et al., 2021) or the migrant population in general (Dierckx & Van Dam, 2014).

In this context, the program that Cepaim implemented within the framework of the evaluation project is framed, thus constituting one of the first empirical evidence with RCT in Spain on the comprehensive evaluation of different actions aimed at improving the social inclusion of migrant women.

2.2 Target population and territorial scope

The target population of the project comprises foreign migrant women receiving the MIS or the minimum insertion income in the Region of Murcia. Specifically, the project is developed in the municipalities of Alhama de Murcia, Cartagena, Lorca, Totana, Torre Pacheco, Alguazas, Murcia, San Pedro del Pinatar, Fuente Álamo, Mazarrón, Los Alcázares, and Cieza.

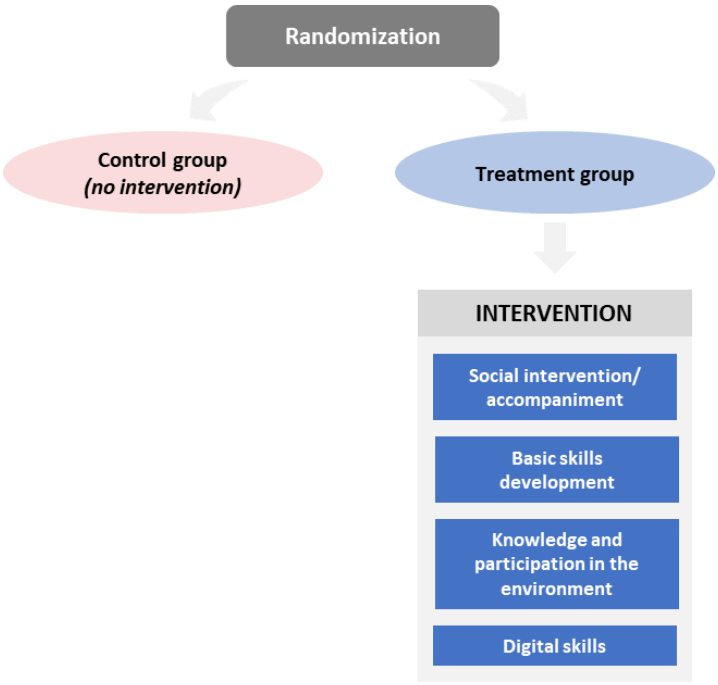
Further details regarding the recruitment process are provided in **section 3.5** within the framework of the evaluation design.

2.3 Description of the intervention

In order to rigorously evaluate the impact of the proposed interventions, participants are equally distributed into two groups: a treatment group, which participates in the designed interventions, and

a control group, which does not receive any services or interventions. **Figure 3** summarizes in a schematic way the actions received by the participants in the treatment group.

Figure 3: Intervention scheme[14]



To ensure the participation of both groups (control and treatment) in the data collection surveys for evaluation and to encourage participation in the complete itinerary, this study has designed a system of economic incentives. Firstly, an evaluation incentive, which includes a payment of €50 after completing the initial diagnosis for both groups and another one of €125 after completing the final evaluation. Secondly, an incentive for the achievement of objectives, consisting of up to €300 depending on attendance at specific sessions of social accompaniment, psychosocial care, training in digital skills, and the mediation service in the case of the treatment group and participation in follow-up meetings for the control group.

The following sections describe the activities executed with the treatment group:

Social accompaniment

The social worker performed an initial diagnosis in different areas: material resources (economic resources and habitat/housing), social relations and health (cohabitation unit, health, and social integration), psychosocial factors (perception of the situation, self-esteem, habits, and culture), and skills and competencies (work and social skills).

[14] In both groups, cases of special vulnerability are detected and referred at any time (cutting off supplies, eviction, gender-based violence, and lack of child protection), in order to act in accordance with the protocols established in these cases.

Based on this diagnosis, a social inclusion itinerary is drawn up, with individualized monitoring and evaluation. In this itinerary, special emphasis is placed on advice and guidance on the MIS. In addition, referrals are contemplated in case of risky situations (for example, children at risk, gender violence, supply cut-off, or eviction).

Basic skills development

In this block, group sessions of psychosocial care promoted the development of basic skills, with a workshop called "Creating Solutions", and individual sessions of individual psychosocial support, with another workshop called "Appreciative Inquiry".

The focus of the intervention was the group workshop "Creating Solutions", in which the creation of a comfortable, safe, and respectful space for the free expression of emotions and the sharing of experiences took precedence.

The general objective of the workshop is to improve the personal, psychological, and social well-being of the members, promoting strengths and weaknesses through the learning of resources and techniques through group and individual sessions.

The workshop had 12 sessions of a duration of 1.5 hours each, encompassing the following blocks:

- BLOCK 1: MY PLACE IN THE WORLD.
- BLOCK 2: THE ART OF ACCEPTING YOURSELF.
- BLOCK 3: TRANSMITTING CULTURE.
- BLOCK 4: MY SUPPORT NETWORK.
- BLOCK 5: THE EMOTION IN MY LIFE.
- BLOCK 6: ENDING THE TOUR.

Participants in the treatment group had the possibility of participating up to a maximum of five individual sessions with their project reference psychologist, with a minimum of one session, in order to be able to conduct at least one follow-up of the group intervention that was mandatory.

Due to the nature and duration of the intervention, these individual sessions were not intended to begin a therapy process or reach a psychological treatment per se, but rather to focus on the psychosocial monitoring of the women during the project and on assessing possible emergency or crisis situations, apart from what was previously mentioned.

Although the individual sessions could vary according to the characteristics and needs of each person, the intention was to focus on the following points:

- Alleviating psychological and emotional suffering.
- Offering a private space where the person can express how she feels emotionally and psychologically during the intervention process.
- Detecting factors that demotivate the intervention.
- Assessing the satisfaction of the participants with the project.
- Adjusting expectations regarding the project and the intervention.

Knowledge and participation in the environment

With the aim of improving knowledge and participation in the environment, participants performed linguistic mediation actions (translation and interpretation sessions), as well as several group sessions on different topics: contextualization and knowledge of the territory (workshop called "Knowing my neighborhood"), positive conflict resolution, and for the formation of citizenship ("Meeting spaces").

Linguistic mediation has been one of the pillars of the actions in this area, facilitating women's access to and participation in the project, even supporting interventions in the field of psychosocial care, social accompaniment, or training.

The following is a description of the group sessions developed with the aim of improving the knowledge and participation in the environment of the women who were part of the treatment group.

The main objective of the workshop "Conflict Resolution from Intercultural Mediation" is to approach conflict resolution strategies and the promotion of coexistence and cohesion with the participants. The workshop had six sessions of a duration of 1.5 hours each:

- Session 1. ME.
- Session 2. THE COUPLE.
- Session 3. FAMILY AND FRIENDS.
- Session 4. THE NEIGHBORHOOD.
- Session 5. THE COMMUNITY.
- Session 6. ME IN THE COMMUNITY.

The main objective of the workshop "Getting to know my neighborhood" is to promote knowledge of the resources and their environment, as well as participation in them. The workshop consists of seven sessions of 1.5 hours each:

What do I know about my municipality? What do I need from it?

- Taking care of our health.
- The Administration and me.
- Let's educate ourselves.
- The tree of diversity.
- Traveling safely.
- The print on me.

The main objective of the "Meeting Spaces" workshop is to deal with the participants issues related to the presence of women in history, citizen participation, and the identification and fight against hate messages. One of the characteristics of this workshop has been its hybrid modality of intervention, since the women participated in three individual sessions in which they focus on the contents through ICT with the support of the of the project's training team and conducted three other sessions in group workshops with the mediation team.

The workshop compiles six sessions lasting 1.5 hours each.

- Online training session. E-memory.
- Group session. E-memory.
- Online training session. E-deactivate.
- Group session. E-deactivate.
- Online training session. E-activate.
- Group session. E-activate.

Digital skills

Finally, to improve digital inclusion, access, the intervention focused on activities on access, guidance in the use of electronic devices, and training actions in this area. These activities include lifelong learning programs and the creation of meeting spaces.

The ongoing training part is performed online with the support of a tutor or mentor in the classroom and is distributed in 4 training blocks: (i) use of information in the digital context, (ii) use of digital resources in life contexts, (iii) development and exercise of citizenship in the digital context, and (iv) use of digital resources for groups in digital exclusion.

In terms of meeting spaces, the support and follow-up of the online part of the following units was executed:

- Training session. E-memory
- Mediation session. E-memory
- Training session. E-deactivates.
- Mediation session. E-deactivate.
- Training session. E-activate.
- Mediation session. E-activate.

3 Evaluation design

This section describes the design of the impact assessment of the projects 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 to design an evaluation that enables us to understand the causal relationship between the intervention and its final objective, develops a Theory of Change. The Theory of Change schematizes the relationship between the needs identified in the target population, the benefits, or services that the intervention provides, and the immediate and medium-long term results sought by the intervention. It explains the relationships between these elements, the assumptions underlying them, and outlines measures or outcome indicators.

Theory of Change

A Theory of Change begins with the correct identification of the needs or problems to 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 the expected effect(s) based on the initial hypothesis, i.e., what changes – in behavior, expectations, or knowledge – are expected to be obtained in the short term with the actions conducted. Finally, the process concludes with the definition of the medium- to long-term results that the intervention aims to achieve. Sometimes, the effects directly obtained with the actions are identified as intermediate results, and one identifies the indirect effects in the 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 project's Theory of Change begins with identifying a need or problem, specifically the inadequate basic and digital skills among the target vulnerable population. This deficiency exacerbates their social exclusion.

The existing problem, reflected in the identified need, constitutes the starting point prior to the areas of action and the activities associated with each of them. In this context, within the project, a series of actions (inputs or activities) are proposed, which constitute the resources and actions required to generate the products of the program: individualized social intervention (diagnosis, elaboration and monitoring of the inclusion itinerary), psychosocial care (individual psychosocial support sessions and group sessions), accompaniment from intercultural mediation (linguistic mediation and group sessions), and training in digital skills (meeting spaces and lifelong learning and digital inclusion).

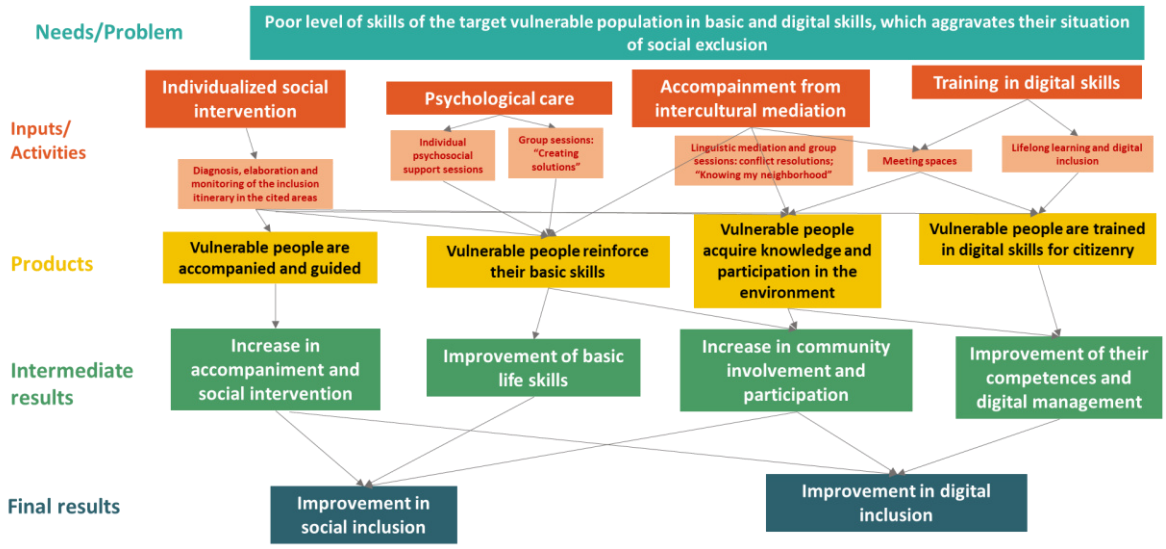
As a result of the actions described above, a series of products will be obtained. Thus, as a direct result of the programmed activities, vulnerable people are accompanied and guided, their basic skills are reinforced, they acquire knowledge and participation in the environment, and are trained in digital skills for citizenry.

The entire development of the project leads to a series of intermediate results (mechanisms or changes that act as precursors) that make it possible to achieve final results. The intermediate results are, therefore, the increase in accompaniment and social intervention, the improvement of basic life skills, the increase in community involvement and participation, and the improvement of their competences and digital management. In this way, it is expected that final results (final changes to be achieved) will be achieved in terms of improving social and digital inclusion.

The following figure illustrates this causal sequence of actions, initiated by the activities and inputs needed to achieve the expected changes in the participants. To this end, each phase encompasses a

series of components that make these changes possible and that are determined by the actions carried out in the previous phase.

Figure 4. Theory of Change



3.2 Hypotheses

This project starts with the hypothesis that applying the "3I" methodology -psychosocial intervention and digital skills training through intercultural mediation- will enhance the social inclusion of foreign migrant women receiving the MIS, or the minimum insertion income in the Region of Murcia. Compared to a control group, this approach aims to improve outcomes in four dimensions: material resources, skills and competencies, social relationships, and psychosocial factors. Essentially, this study expects that the treatment will yield better outcomes than solely receiving economic benefits without additional support.

The hypotheses to test within the framework of the project are the following:

1. Improvement in social inclusion

The main hypothesis postulates that the treatment has a significant effect on the social inclusion of the participants.

2. Improvement in digital skills

This study expects that the treatment will have a significant positive effect on the digital skills of the participants.

3. Improvement in psychosocial well-being

It is tested whether the treatment has a relevant positive effect on the psychosocial well-being of the participants.

4. Increase in community participation

Finally, this hypothesis suggests that the treatment has a significant positive effect on the community participation of the participants.

3.3 Sources of information

The variables considered to measure impact come mainly from survey variables[15]. In this regard, two surveys are handled: a **baseline survey**, conducted from February to April 2023; and a survey at the end of the implementation of the pilot (**endline survey**), conducted from September to November 2023.

Before conducting the baseline survey, this study piloted an initial questionnaire with individuals not involved in the project but who share similar characteristics to the target population: migrant women experiencing poverty and/or social exclusion.

The baseline and endline survey include sociodemographic variables and questions in the following dimensions: level of social inclusion, perception of the situation of poverty and/or social exclusion, digital skills and procedures with e-government, personal and family well-being (self-esteem, psychological well-being, satisfaction with life, perceived quality in family relationships and self-confidence), and community participation, with *ad hoc* created variables for this issue and agreed between the different agents involved. Participants completed the questionnaires with the support of professionals from Cepaim and the University of Murcia.

Each survey included the following sections:

- **Sociodemographic data.** Including nationality, level of Spanish, number of people in the household, type of household, level of education, and main occupation, as well as certain information about the people living in the household.
- **Level of social inclusion.** With questions related to the MIS, the level of trust in the figure of the social worker, the ability to manage certain procedures and benefits, or having received support and/or accompaniment in different procedures and procedures, as well as the perception of the situation of poverty and/or social exclusion (including a question related to energy poverty), the level of income, and the situation of the household in economic terms.
- **Digital skills.** It includes questions about the ownership of digital devices, the (absence of) Internet connection and its use, as well as the performance of certain tasks and activities, among which are, in a specific and detailed way, various procedures with the Administration.

[15] Access to administrative sources is also expected, although this has not been possible before the finalization of this report.

- **Personal and family well-being.** This section asks about the degree of agreement or assessment of certain statements related to self-esteem, life satisfaction, intra-family relationships, self-confidence, psychological well-being, family relationships, and living conditions.
- **Community involvement.** Questions are addressed about the possibility of asking for non-material help from people outside the home, having been an active part of certain groups, organizations or initiatives of civil society, or knowledge of certain resources of the territory (health, administrative, educational, culture or leisure and free time and citizen security, and transport).

In addition, both the baseline questionnaire and the endline survey allow the interviewer to make observations related to the interviewee's vocabulary level or attitude during the interview.

3.4 Indicators

The sources of information described above play an essential role in providing an enriched data set that enables the generation of indicators. These indicators play a critical role in the evaluation of the project, providing quantitative measures to analyze and validate the hypotheses raised.

Most indicators, excluding the number of days worked, undergo standardization, whether they are derived from constructing an index comprising multiple questions or are elementary based on a single question. The aim is to ensure that all indicators present a range from the lowest value, indicating a negative evaluation, to the highest value, reflecting a positive evaluation. To achieve this, indicators associating high values with negative evaluations are inverted by subtracting each case's value from the maximum possible indicator value. This process reframes them within the desired evaluation framework. Subsequently, an index is calculated using inverse covariance weighting, following Anderson (2008).

1. Occupation

Six indicators measure employment:

Level of economic resources. Composite index, constructed from questions about material deprivation, how the person makes ends meet, and the situation of the household in economic terms.

Level of social resources. Composite index, constructed from questions about having received support and/or accompaniment in different procedures.

Days worked. Variable extracted from administrative sources, specifically, from the Employment History Report. At the time of writing this report, the value of this variable could not be observed.

Trust in social work. Based on the corresponding question in the questionnaire.

Autonomy in the management of the Minimum Income Scheme. Constructed from the items of the question on the ability to respond to a requirement related to the service.

Autonomy in access to social resources that improve social inclusion. Constructed from the items of the question related to the autonomous management of certain procedures, procedures, and benefits.

2. Digital skills

This study uses the following indicator to test digital skills:

Index built on the ability to use digital tools for daily life. Composite indicator constructed from questions on the use of the Internet to carry out certain activities.

3. Psychosocial well-being

The hypothesis on psychosocial well-being is based on four indicators, all of which are constructed from the aggregation of the items of the questions corresponding to these themes in the endline questionnaire.

Level of self-esteem. Constructed from the aggregation of the responses to the items related to self-esteem in the section on personal and family well-being.

Satisfaction with family relationships. Constructed from the aggregation of the responses to the items related to family relationships in the section on personal and family well-being.

Level of psychological well-being. Constructed from the aggregation of the responses of the items related to psychological well-being in the section on psychological well-being.

Level of satisfaction with life. Constructed from the aggregation of the responses to the items related to life satisfaction in the section on personal and family well-being.

4. Community participation

The hypothesis on community participation is based on two indicators, both constructed from the aggregation of the items of the questions corresponding to these topics in the endline questionnaire.

Participation in the social life of the community. Constructed from the aggregation of the responses to the items related to this topic in the section on community participation.

Knowledge of community resources. Constructed from the aggregation of the answers to the items related to this topic in the section on autonomy and dignity.

3.5 Design of the experiment

To assess the effect of the treatment on each of the previously mentioned indicators, this study uses an experimental evaluation (RCT), in which participants are randomly assigned to either the treatment or the control group. The recruitment and selection process of the beneficiary people for the intervention, as well as the random allocation and the temporal framework of the experiment, are detailed below.

Recruitment of intervention beneficiaries

Starting from the group of foreign women residing in the Region of Murcia in a regular situation, recipients of the MIS or the minimum insertion income, the recruitment team made a first contact by telephone call, to later carry out a face-to-face group session. This intervention also contemplates reinforcing this initial contact by email, telephone, or even individualized session if necessary.

Women contacted through this procedure attend group sessions held in each participating municipality, where the project is explained to them. During these sessions, they are requested to individually sign the informed consent form.

It is also contemplated to reinforce this contact by telephone, face-to-face individualized session or even attendance at a new informative group session. In addition, throughout the procedure there are professionals linked to the project who can perform the task of linguistic mediation if necessary.

Informed Consent

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

Informed consent is required in most research and may be oral or written, depending on different factors such as the literacy of the population or the risks posed by consent. Only under very specific circumstances, such as when the potential risks to participants are minimal and the informed consent is very complex to obtain or would 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

After signing the consent, participants in the experiment are randomly assigned to either the treatment group or the control group. Random assignment is the cornerstone of RCTs for identifying a causal relationship between treatment and outcomes. When executed properly, this process ensures that the treatment and control groups are statistically comparable, encompassing both observable and unobservable variables. This homogeneity provides the necessary framework for accurately measuring potential effects resulting from the intervention.

After completing this process, a consolidated list is compiled containing all individuals who have signed the informed consent to participate in the project. Subsequently, a random assignment procedure is conducted to establish treatment groups, control groups, and an additional group of project substitutes. The only stratification variable used is the municipality/area, with the volume of participants determined by operational capacity in each case.

Figure 5: Sample design

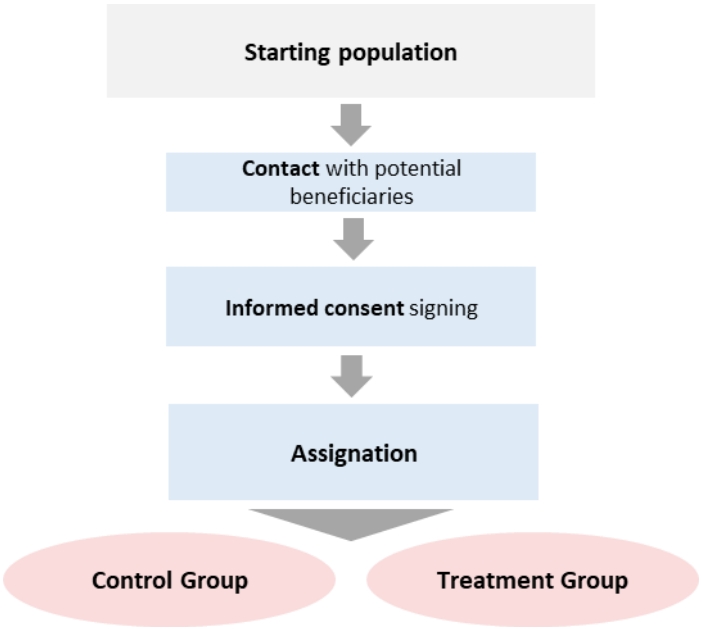
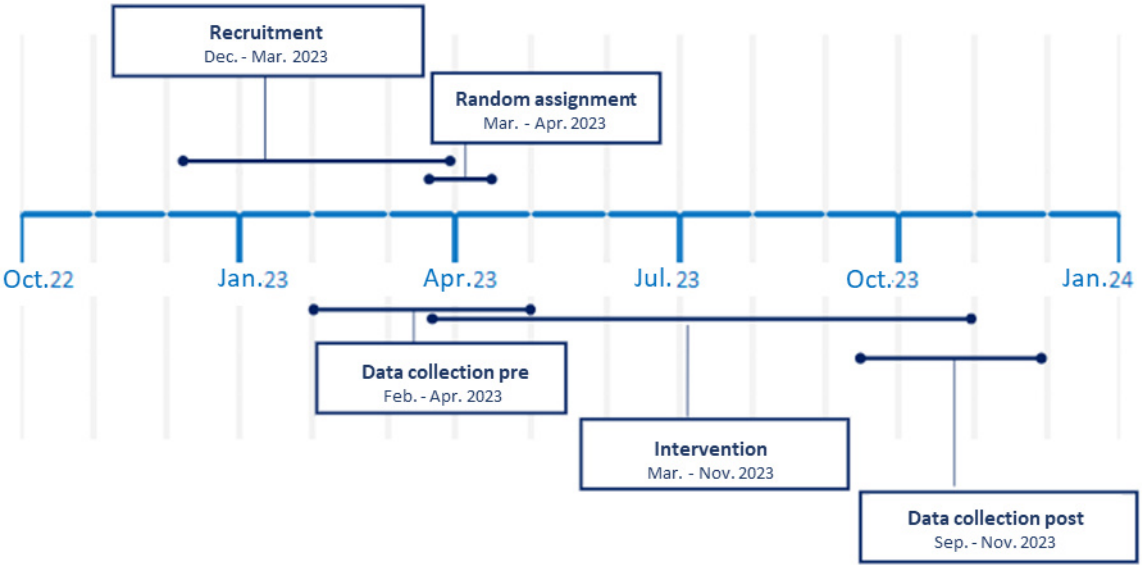


Figure 6 illustrates the timeline for the implementation and evaluation of the itinerary. The design process began in October 2022. The recruitment process occurs between December 2022 and March 2023. Random allocation was conducted during March and April 2023. The intervention process began in March 2023 and ended in November of that year. Finally, the evaluation of the project began in November 2023.

Figure 6: Evaluation timeline



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

Table 1 presents the recruitment process, from the total number of women in situation of vulnerability likely to enter the project to the number of women who have signed the informed consent.

Table 1: Recruitment process

	TOTAL	MISSM MIS List	Other sources
Women in situation of vulnerability likely to enter the project	3.292	3.133	159
Women with scheduled appointment	1.504	1.359	145
Number of women that come to the appointment	1.236	1.094	142

	TOTAL	MISSM MIS List	Other sources
Total of women agreeing to participate	858	748	110
Women that have signed the informed consent	858	748	110
Women that configurate the project (start itinerary)	856	746	110

The recruitment process is based on the universe of migrant women receiving the MIS in the Region of Murcia that are available in the MISSM databases. After contact with this group by Cepaim, in which women who met the same profile as those of Cepaim were also incorporated, nearly 1,500 appointments are scheduled with these women, and successive phases of the recruitment process reduce the group to the 856 people who initially start the itinerary. Of the 858 people who initially gave their consent to participate at the beginning of the itinerary there are already some (2) cancellations.

Characteristics of the final evaluation sample

Table 2 describes the most relevant socio-economic variables for the sample measured at baseline, namely, locations (12 places), labor market status (being employed), educational levels (0 is no education, 1 at least primary school, 2 at least secondary school, 3 at least bachelor, and 4 post-graduate), a set of indicators for Spanish language (native, high, middle, low), nationality (Spanish, European, Non-European), age groups (5 groups: 19-28, 29-38, 39-48, 49-58, 59 and higher), and household types (4 groups: 2-parent, 1-parent, divorced/separated, others).

The first two columns report the summary statistics of each covariate at the baseline (with 856 observations). All participants are female migrants (94 % are non-European, 11% have Spanish as their native language). Among them, 13% are working (as the target group is that of recipients of MIS or minimum insertion income, the low level of employment is expected), and the average age is 41.6 years old. 54% of the participants have an education attainment lower than secondary school. Columns 3-4 then report analogous statistics but taken from the sample at the endline. Notice first that at the end of the treatment, the intervention tracks 755 individuals. Overall, given the low attrition rate (more details are given in next section), the sample appears balanced between the baseline and the endline along all dimensions.

Table 2: Descriptive statistics socioeconomic variables

	Baseline Survey: N = 856		Endline Survey: N = 755	
	Mean	Std. Dev.	Mean	Std. Dev
Age 19-28	0.08	0.27	0.07	0.25
Age 29-38	0.39	0.49	0.37	0.48
Age 39-48	0.37	0.48	0.38	0.49
Age 49-58	0.13	0.33	0.14	0.35

	Baseline Survey: N = 856		Endline Survey: N = 755	
	Mean	Std. Dev.	Mean	Std. Dev
Age 59-68	0.04	0.20	0.05	0.21
HH: 2-parent family	0.75	0.43	0.74	0.44
HH: 1-parent family	0.08	0.27	0.10	0.30
HH: Divorced/Separated	0.10	0.31	0.08	0.28
HH: Others	0.06	0.25	0.07	0.26
Spanish language: Native	0.11	0.31	0.10	0.31
Spanish language: High	0.17	0.38	0.17	0.37
Spanish language: Middle	0.39	0.49	0.37	0.48
Spanish language: Low	0.33	0.47	0.36	0.48
Edu: No education	0.24	0.43	0.24	0.43
Edu: Primary	0.30	0.46	0.30	0.46
Edu: Secondary	0.19	0.39	0.19	0.39
Edu: Postsecondary/Vocational	0.19	0.39	0.19	0.39
Edu: Higher education	0.08	0.27	0.08	0.27
Nationality: No European	0.94	0.24	0.93	0.28
Labor market status: Employed	0.13	0.34	0.19	0.40
Area: Murcia	0.31	0.46	0.31	0.46
Area: Cartagena	0.14	0.34	0.14	0.35
Area: Lorca	0.14	0.35	0.14	0.35
Area: Cieza	0.03	0.18	0.03	0.16
Area: Totana	0.02	0.14	0.02	0.13
Area: Alhama de Murcia	0.07	0.26	0.06	0.25
Area: Alguazas	0.02	0.15	0.02	0.15
Area: Mazarrón	0.05	0.21	0.05	0.21
Area: Fuente Álamo	0.05	0.21	0.05	0.22
Area: Torre Pacheco	0.07	0.25	0.07	0.25
Area: Los Alcázares	0.05	0.23	0.06	0.23
Area: San Pedro del Pinatar	0.05	0.21	0.05	0.21

Note: Total sample size is 856, but we observe only 745 participants whom we can observe in both the pre and post surveys. (See Table 6 on the attrition rate of the sample by survey). This table reports non-imputed summary statistics of the observed value of each variable.

Next, **Table 3** shows summary statistics of the main outcome variables at baseline, in each key measure. Each of these variables is constructed from a set of question items in the questionnaire. Initially, this analysis normalizes each item, setting the minimum value to zero and the maximum value to 1. Subsequently, we calculate an index using inverse covariance weighting following Anderson (2008). Once the index is created, we standardize it. By construction, then, the mean is zero and the standard deviation is one.

Table 3: Descriptive statistics of the outcomes at baseline

	Mean	Std.	Min.	Max.
Panel A: Social inclusion of the participants				
Level of economic resources	0	1	-2.93	1.70
Level of social resources	no baseline	no baseline	no baseline	no baseline
Days worked	n/a	n/a	n/a	n/a
Detected cases: especially vulnerable/specialized intervention	n/a	n/a	n/a	n/a
Trust in social work	no baseline	no baseline	no baseline	no baseline
Autonomy in the management of the MIS	no baseline	no baseline	no baseline	no baseline
Autonomy in access to social resources that improve social inclusion	no baseline	no baseline	no baseline	no baseline
Panel B: Digital skills				
Index built on the ability to use digital tools for daily life	0	1	-2.37	1.83
Panel C: Psychosocial well-being				
Level of self-esteem	0	1	-3.66	1.44
Satisfaction with family relationships	0	1	-4.89	1.22
Level of psychological well-being	0	1	-4.80	1.38
Level of satisfaction with life	0	1	-2.72	1.33
Panel D: Community participation				
Participation in the social life of the community	0	1	-2.85	2.87
Knowledge of community's resources	0	1	-3.62	1.61
Observations: 856				

Notes: Total sample size is 856. Each of these variables is constructed from a set of question items. Initially, we normalize each item, setting the minimum value to zero and the maximum value to 1. Subsequently, we calculate an index using inverse covariance weighting following Anderson (2008). Once the index is created, we standardize it so that its mean is 0 and the S.D. is 1. Note that we do not observe the pre-intervention level of the measure of Level of social resources, Trust in social work, Autonomy in the management of the MIS, Autonomy in the management of the IM, and Autonomy in access to social resources that improve social inclusion is not observed, the information is unavailable.

4.2 Random assignment results

After the sample definition, participants are randomly assigned. As mentioned, the allocation process includes the stratification process according to the municipality variable, creating a total of 14 strata (12 municipalities are intervened, but the municipality of Murcia is divided into three zones). Although detailed in the previous section, the characteristics of the sample are not available until after the

random assignment, when the entire baseline survey is available, which is why and because of the operation of the project itself that the only stratification responds to the municipalities or areas of municipalities.

Due to the delay in the recruitment process, it was decided to carry out a first randomization of the first group recruited, 548 people, to avoid withdrawals by the beneficiaries due to the inaction of the project.

The size of the groups in the 14 territories depends on Cepaim's internal capacity to develop the project in each of them, ensuring the balance between treatment and control groups in them.

The table below shows the results of the random assignment, detailing the number of participants assigned to each group and breaking down this information according to the stratification variable.

Table 4: Results of the random assignment

	CG	TG	S_CG	S_TG	Total
ALGUAZAS-MOLINA	9	9	1	1	20
ALHAMA	27	27	4	5	63
CARTAGENA	51	52	7	7	117
CIEZA	13	12	2	1	28
FUENTE ÁLAMO	17	17	3	4	41
LORCA	55	54	6	5	120
LOS ALCÁZARES	21	22	2	2	47
MAZARRÓN	18	18	2	2	40
MURCIA-CENTRO	43	42	10	9	104
MURCIA-NORTE	19	19	0	0	38
MURCIA-SUR	56	56	6	7	125
SAN PEDRO	18	18	2	2	40
TORRE PACHECO	27	28	2	2	59
TOTANA	7	7	1	1	16
TOTAL	**381**	**381**	**48**	**48**	**858**

Although randomization reached a total of 858 people, as indicated above, the sample at the reference point comprises a total of 856 individuals, since two people dropped out between after right after the random allocation[16].

At the start, a group of substitutes (labeled “S” in the table) was prepared, both in treatment and in control, under the condition that the project could achieve full coverage for the total number of assigned individuals due to a project implementation delay. Nonetheless, the resources and support provided by Cepaim permitted the inclusion of all 856 individuals within the anticipated timeframe, ensuring uniform treatment for all. Consequently, there are 428 individuals in both the control group (CG) and the treatment group (TG) at the conclusion.

[16] Immediately after the random assignment, two people dropped out, one in Alhama and the other in Cartagena

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 7[17] shows the results of the equilibrium contrasts between the control group and the treatment group. All data presented in this figure refer to the survey conducted prior to the intervention (baseline)[18]. For each observable variable, the difference between the mean of that variable in the treatment and control group is represented by a dot and focused on it, the 95% confidence interval of that 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, is not statistically different from zero, meaning that the intervention groups are balanced. In case the confidence interval of the mean difference does not contain zero, the difference is statistically significant meaning the groups are unbalanced in this characteristic.

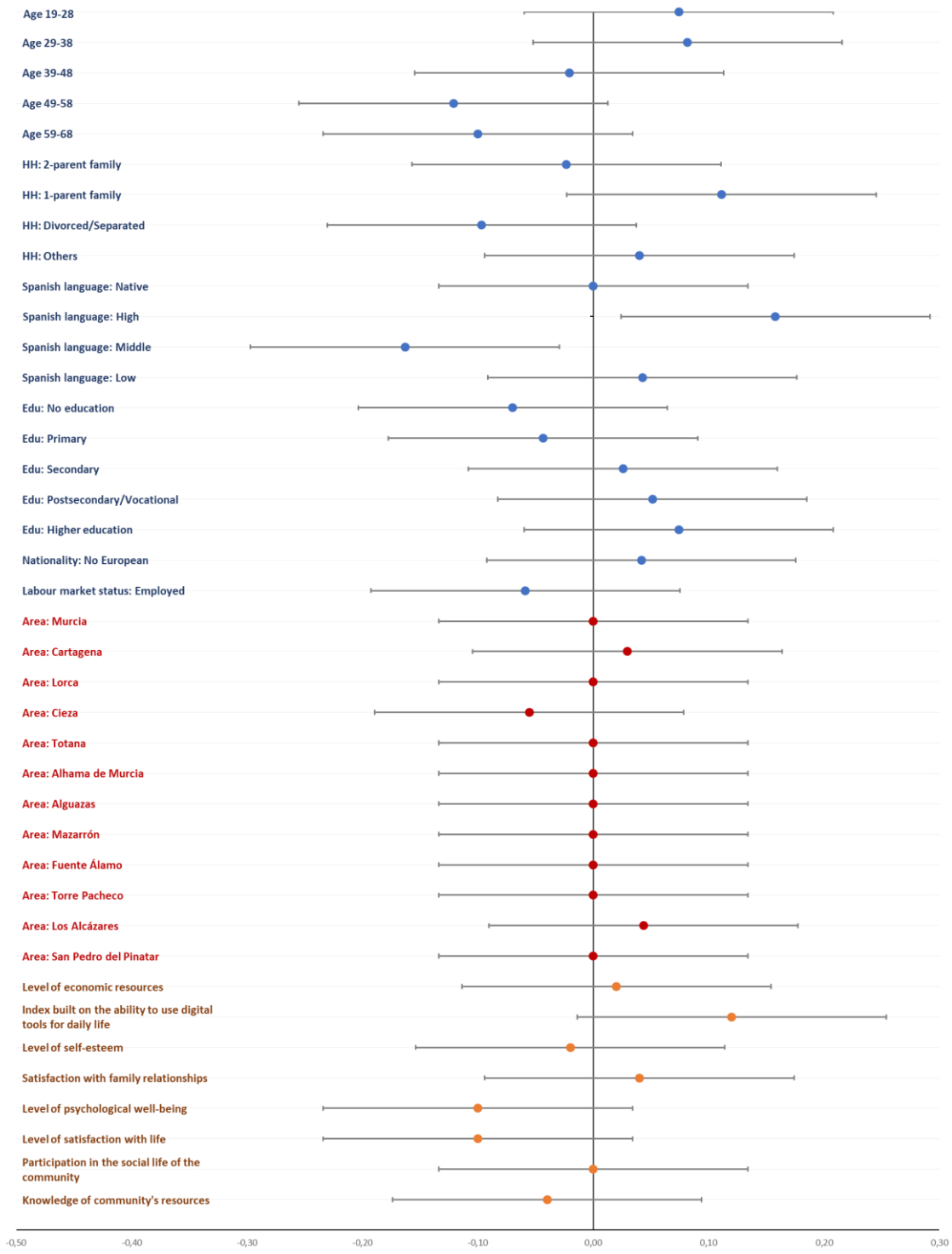
Figure 7 shows that the treatment and control groups are not statistically different in most variables. In particular, the municipality variables included in the stratification are balanced between both groups. However, there is an exception in the proportion of women with an average level of Spanish, whose average is significantly different from zero between the two groups.

If there are significant imbalances between the experimental groups, they will not be perfectly comparable. As a result, the regressions presented in the results section show the outcomes after controlling for specific variables to rectify this disparity when assessing the intervention's impact on several indicators.

[17] See Appendix for sample balance tables.

[18] Random allocation was performed on 462 participants, while equilibrium analysis was performed on the 344 participants who started the intervention, which may impact the exceptions found.

Figure 7: Difference between standardized means between treatment and control group (confidence interval at 95%)



Note: In red, the variables used for sample stratification are displayed; in blue, the remaining sociodemographic variables, and in orange, the specific indicators used for project evaluation.

4.3 Degree of participation and attrition by groups

The group that signs the informed consent group constitutes the experimental sample randomly assigned to the control and treatment groups. However, both participation in the program and response to the initial and final surveys are voluntary. On one hand, it is convenient to analyze the degree of participation in the program, since the estimation of results will refer to the effects on average of offering it, given the degree of participation. For example, if participation in treatment activities is low, the treatment and control groups will be remarkably similar, and it will be more difficult to find an effect. On the other hand, this section tests 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

Table 5 presents the degree of participation in the different activities performed. The monitoring indicators of the common part of the pathway for treatment and control show a high follow-up in the two groups, which together is 98%. Attendance at the different sessions of the itinerary, already in terms of the exclusive part of the treatment group show that the follow-up has also been remarkably high. Indeed, the sessions of psychosocial support and appreciative inquiry are below 90%. Additionally, in this last measure of treatment this ratio is not a clear element of the follow-up, since the implementation of this support was not standard for each woman but was conducted according to her specific needs.

Table 5: Result of random assignment

Activities	Control group		Treatment group	
	Theoretic	Assistance	Theoretic	Assistance
Social inclusion itinerary *Sessions*	1.128	1.125 *(99,7%)*	1.014	971 *(95,8%)*
"Resolution of conflicts from intercultural mediation" Workshop - *Sessions*	-	-	2.154	1.965 *(91,2%)*
"Creating Solutions" Workshop *Sessions*	-	-	2.254	2.104 *(93,3%)*
Individual psychosocial support sessions *Participants*	-	-	428	329 *(76,9%)*
Individual psychosocial support sessions *Sessions*	-	-	1.645	375 *(22,8%)*
Digital skills sessions *Sessions*	-	-	2.728	2.577 *(94,5%)*
Meeting spaces *Sessions*	-	-	1.662	1.512 *(91,0%)*

Attrition by groups

Table 6 presents the differential levels of attrition of the study. Initially, there were 858 participants, although this number decreases immediately to 856 women in the initial questionnaire preceding the intervention. Lastly, this evaluation was able to collect information in the baseline and endline questionnaire of 755 respondents (that is 88.2% of all initially recruited participants). Out of these 755 participants, we have 703 for whom we observed their full set of observable characteristics, which we exploit as our control variables in the main regression. This is the main analytical sample of this report (in **Section 5**).

Table 6: Attrition patterns between baseline and endline

	Treatment Group		Control Group		Total	
Sample in each survey	**Frequency**	**Percentage**	**Frequency**	**Percentage**	**Frequency**	**Percentage**
In Pre and Post Surveys	395	92.29	360	84.11	755	88.20
In Pre-Survey only	33	7.21	68	15.89	101	11.80
Total participants	428	100	428	100.00	856	100.00

To further understand the characteristics of those who remained in the treatment (and the survey) and those who left, this report run another regression, with the probability of attrition (not being observed in the post questionnaire survey) as the dependent variable. **Table 7** shows the linear regression of potential determinants of attrition, with the treatment group status (treatment) and the set of outcomes of interest as main covariates. **Table 8** extends the set of determinants and covers the full set of control variables.

Broadly, **Table 7** shows that the probability of leaving the intervention is 8 points higher when participants are in the treatment group and 3 points higher when they showed a high level of self-esteem at baseline. However, once all other observable characteristics are accounted for (as presented in **Table 8**), the effect of treatment status on attrition disappears. Whilst this analysis observes some significant effects at some locations and one family structure, they are not systematic.

Table 7: Determinants of Sample Attrition

	(1)	**(2)**
Treated	0.08***	
	(0.02)	
Level of economic resources		0.02
		(0.01)
Level of social resources		-0.02
		(0.01)
Detected cases: especially vulnerable/specialized intervention		n/a
Trust in social work		n/a

Autonomy in the management of the MIS		n/a
Autonomy in access to social resources that improve social inclusion		n/a
Index built on the ability to use digital tools for daily life		-0.02
		(0.01)
Level of self-esteem		0.03***
		(0.01)
Satisfaction with family relationships		-0.00
		(0.01)
Level of psychological well-being		-0.00
		(0.01)
Level of satisfaction with life		-0.00
		(0.01)
Participation in the social life of the community		-0.01
		(0.01)
Knowledge of community's resources		0.00
		(0.01)
Observations	856	856
R^2	0.02	0.01

Note: ***, **, * indicate significant levels at 1%, 5% and 10% respectively under robust standard errors.

Table 8: Determinants of Sample Attrition

	(1)	(2)
Treated	0.09***	0.07
	(0.02)	(0.34)
National: European	0.03	0.02
	(0.04)	(0.05)
Employed	0.10**	0.07
	(0.04)	(0.05)
Spanish language: High	0.02	-0.03
	(0.05)	(0.06)
Spanish language: Middle	0.01	-0.02
	(0.04)	(0.06)
Spanish language: Low	0.03	-0.02
	(0.05)	(0.06)
Edu: Primary	-0.01	-0.03
	(0.03)	(0.04)
Edu: Secondary	-0.03	-0.02

	(0.04)	(0.04)
Edu: Postsecondary/Vocational	-0.06	0.00
	(0.04)	(0.05)
Edu: Higher education	-0.00	0.00
	(0.05)	(0.06)
Age 29-38	0.00	0.07
	(0.05)	(0.05)
Age 39-48	0.02	0.04
	(0.05)	(0.05)
Age 49-58	-0.06	-0.00
	(0.06)	(0.06)
Age 59-68	-0.05	-0.04
	(0.06)	(0.07)
HH: 1-parent family	-0.03	-0.08**
	(0.04)	(0.03)
HH: Divorced/Separated	-0.02	-0.02
	(0.03)	(0.04)
HH: Others	0.04	-0.01
	(0.05)	(0.06)
Area: Cartagena	-0.07**	-0.03
	(0.03)	(0.04)
Area: Lorca	-0.02	0.03
	(0.04)	(0.05)
Area: Cieza	0.10	-0.03
	(0.08)	(0.06)
Area: Totana	-0.01	0.07
	(0.09)	(0.12)
Area: Alhama de Murcia	-0.01	0.04
	(0.06)	(0.07)
Area: Alguazas	0.03	0.07
	(0.09)	(0.11)
Area: Mazarrón	0.01	0.08
	(0.06)	(0.09)
Area: Fuente Álamo	-0.10**	-0.08***
	(0.04)	(0.03)
Area: Torre Pacheco	-0.03	-0.00
	(0.05)	(0.05)
Area: Los Alcázares	-0.08*	-0.04
	(0.04)	(0.05)
Area: San Pedro del Pinatar	-0.01	0.04

	(0.06)	(0.07)
Observations	794	794
R^2	0.06	0.10

Note: ***, **, * indicate significant levels at 1%, 5% and 10% respectively under robust standard errors. The omitted groups are Spanish as native; age 18-28; without education; from Murcia, household of 2-parent, no European nationalities.

5 Results of the evaluation

The 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 difference observed after the intervention can be causally associated with the treatment. Econometric analysis provides this comparison. However, it has the advantages of allowing the inclusion of other variables to gain precision in the estimates and of providing confidence intervals for the estimates. This section presents the econometric analysis conducted, the estimated regressions, and the analysis of the results obtained.

5.1 Description of the econometric analysis: estimated regressions

The regression model is used to estimate the causal effect of an intervention in a Randomized Controlled Trial estimates the difference between the average outcome value for the control and the treatment group after the intervention. This difference is what we call the impact of the project. This estimate captures the causal impact of the intervention since the randomization procedure ensures that, on average, the treatment and control groups are comparable, and any difference observed in the outcomes between the two groups can be attributed to the intervention.

The main analysis follows an ANCOVA specification for each main outcome index that we observed in both the pre- and post-treatment surveys. The dependent variable is the post-treatment outcome. The analysis included pre-treatment outcomes to control for potential imbalances observed in the sample. As the randomization was conducted at the individual level, robust standard errors at this level are used.

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

$$Y_{i,post} = \alpha + \beta_1 T_i^1 + \gamma Y_{i,pre} + \varepsilon_i \qquad (1)$$

where $Y_{i,post}$ is the outcome as specified in the previous subsection measured at endline, T_i^1 indicates whether the person has been assigned to treatment 1 (=1) or otherwise. $Y_{i,pre}$ is the dependent variable measured at baseline. β_1 is the parameter of interest and it captures the treatment effect.

$$Y_{i,post} = \alpha + \beta_1 T_i^1 + \gamma Y_{i,pre} + X_i \delta + \varepsilon_i \qquad (2)$$

In a second specification X_i is added as a vector of socio-economic controls. In particular, the vector includes: an indicator of resident locations (12 places), labor market status (being employed),

educational levels (0 is no education, 1 at least primary school, 2 at least secondary school, 3 at least bachelor, and 4 post-graduate), a set of indicators for Spanish language (native, high, middle, low), nationality (Spanish, European, Non-European), age groups (5 groups: 19-28, 29-38, 39-48, 49-58, 59 and higher), household types (4 groups: 2-parent, 1-parent, divorced/separated, others). All regressions use robust standard errors, without any clustering.

As remarked earlier, for the variables that we only observe at the post-treatment questionnaire (namely, Level of economic resources, Detected cases: especially vulnerable/specialized intervention, Trust in social work, Autonomy in the management of the MIS, and Autonomy in access to social resources that improve social inclusion), Equations (1) and (2) are estimated without the $Y_{i,pre}$. Therefore, it is important to notice that, regarding these outcomes, the interpretation of the treatment coefficients differs from the main specification, and they are more susceptible to omitted variable biases.

5.2 Analysis of the results

This section presents the results of ordinary least squares (OLS) regressions, following the ANCOVA specification described above.

5.2.1 Main and secondary outcomes

First results with ANCOVA.

Table 9 shows the estimates of the effect of the treatment on the outcome variables of interest, without any controls. Each row shows the estimated effect of the intervention on each outcome of interest (column 1), its standard error (column 2), the R^2 (column 4), and the estimation model (column 5). Note that these estimations are based on the sample of people observed both at the pre- and the post-treatment surveys. This sample is made up of 755 participants.

For Social inclusion dimension (panel A), this evaluation detected significant and positive effects of the package of the intervention on the level of social resources (0.23 std), and autonomy in own management of the MIS (0.15 std). The intervention also raises digital skills (measured as an index of ability of using digital tools for daily life) by 0.27 std (see Panel B). Moreover, this study detected an increase in the dimension of community participation (a rise of 0.29 std in the knowledge of resources in the community).

Table 9: Results without socio-economic controls

	Coeff	(SE)	N	R^2	Method
Panel A: Social inclusion of the participants					
Level of economic resources	-0.01	(0.05)	755	0.54	ANCOVA
Level of social resources	0.23***	(0.07)	755	0.01	OLS
Days worked	n/a	n/a	n/a	n/a	No data

	Coeff	(SE)	N	R^2	Method
Detected cases: especially vulnerable/specialized intervention	n/a	n/a	n/a	n/a	No data
Trust in social work	-0.05	(0.07)	755	0.00	OLS
Autonomy in the management of the MIS	0.15**	(0.07)	755	0.01	OLS
Autonomy accessing social resources improving social inclusion	0.09	(0.07)	755	0.00	OLS
Panel B: Digital skills					
Index on the ability to use digital tools for daily life	0.27***	(0.05)	755	0.51	ANCOVA
Panel C: Psychosocial well-being					
Level of self-esteem	0.03	(0.07)	755	0.14	ANCOVA
Satisfaction with family relationships	0.04	(0.07)	755	0.19	ANCOVA
Level of psychological well-being	0.08	(0.07)	755	0.19	ANCOVA
Level of satisfaction with life	0.04	(0.06)	755	0.36	ANCOVA
Panel D: Community participation					
Participation in the social life of the community	-0.02	(0.07)	755	0.18	ANCOVA
Knowledge of community's resources	0.29***	(0.06)	755	0.34	ANCOVA

Notes: The table shows the effect of the intervention on each column. Each row represents each regression. ***, **, * indicate significant levels at 1%, 5% and 10% respectively, with robust standard errors. Each outcome is constructed from a combination of a set of response items. Each detailed item is normalized, and the aggregated value is standardized to have its mean 0 and standard deviation 1. The estimations follow an ANCOVA specification where we account for its lagged dependent variable. Some indices in Panel A do not have pre-intervention measures (see column 4) therefore we run an OLS estimation. There are no controls in the estimation.

The treatment effect is estimated following Equation 2, by including a set of control variables. The findings are reported in **Table 10**. The addition of control variables does not change the key findings much, either the statistical significance or the magnitude of the treatment effect (intention-to-treat). With the exception that now, in the fully specified model, the intervention package also raises psychological well-being of treated participants (more than the control group, by 0.15 std). Overall, estimations present a positive impact of this intervention on female migrants in the program. Yet, prior arriving at the conclusion, it is essential to highlight that the positive effects on the dimension of social inclusion among participants are observed in outcomes where the baseline level is not gathered (and thus, were estimated without incorporating its pre-intervention value as a control variable).

Table 10: Results with socio-economic controls

	Coeff	(SE)	N	R^2	Method
Panel A: Social inclusion of the participants					
Level of economic resources	-0.01	(0.05)	703	0.59	ANCOVA
Level of social resources	0.22***	(0.07)	703	0.11	OLS
Days worked	n/a	n/a	n/a	n/a	No data
Detected cases: especially vulnerable/specialized intervention	n/a	n/a	n/a	n/a	No data
Trust in social work	-0.00	(0.08)	703	0.08	OLS
Autonomy in the management of the MIS	0.12*	(0.07)	703	0.30	OLS
Autonomy accessing social resources improving social inclusion	0.11	(0.07)	703	0.25	OLS
Panel B: Digital skills					
Index on the ability to use digital tools for daily life	0.28***	(0.05)	703	0.59	ANCOVA
Panel C: Psychosocial well-being					
Level of self-esteem	-0.01	(0.07)	703	0.21	ANCOVA
Satisfaction with family relationships	0.01	(0.07)	703	0.29	ANCOVA
Level of psychological well-being	0.15**	(0.07)	703	0.27	ANCOVA
Level of satisfaction with life	0.06	(0.06)	703	0.42	ANCOVA
Panel D: Community participation					
Participation in the social life of the community	-0.02	(0.07)	703	0.29	ANCOVA
Knowledge of community's resources	0.31***	(0.06)	703	0.40	ANCOVA

Notes: The table shows the effect of the intervention on each column. Each row represents each regression. ***, **, * indicate significant levels at 1%, 5% and 10% respectively, with robust standard errors. Each outcome is constructed from a combination of a set of response items. Each detailed item is normalized, and the aggregated value is standardized to have its mean 0 and standard deviation 1. The estimations follow an ANCOVA specification where we account for its lagged dependent variable. Some indices in Panel A do not have pre-intervention measures (see column 4) therefore we run an OLS estimation. The regression includes the full set of control variables as described in the previous Section.

Incorporating multiple hypothesis testing

Apart from the concern regarding the absence of pre-intervention outcomes of some of the main indices, the issue of multiple outcomes is also important. Since there are many hypotheses in the study, there is the well-known risk that by testing many hypotheses, some can show up as validated through random variations in the data. Thus, this report reports two sets of multiple hypothesis testing (MHT) that try to control for this possibility.

Table 11 presents the regression coefficients for each outcome (in row) in the first column, along with its corresponding significant level. The second column presents the Family-wise error rate (FWER)'s p-values from Westfall and Young (1993), and the third column reports randomization-t's p-values for the Westfall-Young joint test. Looking at each related p-value of the multiple hypothesis testing, the following results can be observed.

For the significant outcomes in the previous estimations, they are also statistically significant under the MHT (with at least one of the p-values in Westfall-Young and Randomization T being below 0.10.) These outcomes are level of social resources (+), autonomy in own management of the MIS (+), self-evaluated ability in digital skill (+), psychological wellbeing (+), and knowledge of resources in the community (+). In summary, the MHT test confirms results like those found in conventional estimations.

Table 11: Results with controls and p-values from multiple hypothesis testing

	Coeff (No MHT)	Westfall-Young p-value	Randomization-T's p-values
Panel A: Social inclusion of the participants			
Level of economic resources	-0.01	0.993	0.729
Level of social resources	0.22***	0.030	0.005
Days worked	n/a	n/a	n/a
Detected cases: especially vulnerable/specialized intervention	n/a	n/a	n/a
Trust in social work	-0.00	0.993	0.886
Autonomy in the management of the MIS	0.12*	0.382	0.061
Autonomy accessing social resources improving social inclusion	0.11	0.539	0.089
Panel B: Digital skills			
Index built on the ability to use digital tools for daily life	0.28***	0.000	0.000
Panel C: Psychosocial well-being			
Level of self-esteem	-0.01	0.993	0.906
Satisfaction with family relationships	0.01	0.993	0.840

	Coeff (No MHT)	Westfall-Young p-value	Randomization-T's p-values
Level of psychological well-being	0.15**	0.544	0.026
Level of satisfaction with life	0.06	0.993	0.289
Panel D: Community participation			
Participation in the social life of the community	-0.02	0.993	0.632
Knowledge of community's resources	0.31***	0.001	0.001
All outcomes			0.01

Notes: Column (1) presents the estimated treatment effect from our baseline estimation, without MHT. Its significance levels are indicated as * =.0.01, ** =.0.05, *=.1. Columns (2) and (3) present two multiple hypothesis tests. Column (2) shows Family-wise error rate (FWER)'s p-values from Westfall and Young (1993) using the Wyoung command in Jones et al. (2019) are presented in squared brackets. Column (randomization-t's p-values for Westfall-Young joint test in Young (2018). The results are in columns 2 and 3, respectively. Additional controls are as indicated in the previous section.

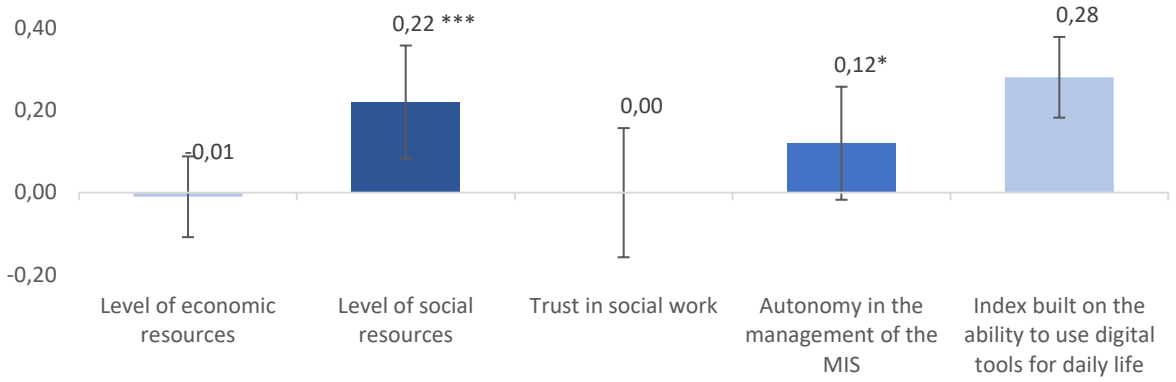
6 Conclusions of the evaluation

The programs tested in this randomized controlled trial do appear to produce some meaningful effects along many dimensions of interesting outcomes. The intervention package, which consists of the development of basic skills, provision of psychosocial support, provision of knowledge and engagement in the community, digital skills training as well as financial support, is found to lead to a positive change in multiple dimensions of female migrants who took part in. Specifically, using regression analysis, this report finds positive effects of the package of the intervention on female migrants' level of social resources, autonomy in own management of the MIS, self-evaluated ability in digital skill, psychological wellbeing, and knowledge of resources in the community.

While these results are hopeful, further studies need to be done to see if the positive effects persist over time. Moreover, further research is needed to evaluate the impact of each element in the intervention program in isolation, and their possible synergistic effects. Also, it is necessary to disentangle the possible effect of the financial support provided within the intervention.

Figure 8 shows the effect of the intervention on the outcome indicators of employment and digital skills. As noted, the effect on the level of social resources and on autonomy in the management of the MIS is positive and statistically significant (at 1% and 10%, respectively), with an impact of 0.22 and 0.12 standard deviations, respectively. Similarly, there is also an even greater impact in terms of standard deviations of the indicator in the case of the ability to use digital tools for daily living (0.28), significant at 1%.

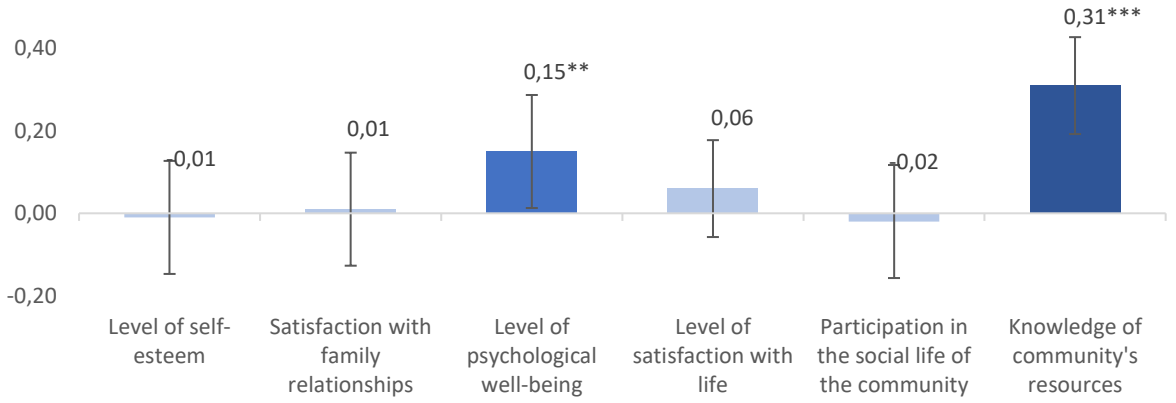
Figure 8: Effect of the intervention on employment and digital skills indicators



Note: Dark blue indicates indicators for which the treatment effect is significative at the 1% level, intermediate blue indicates indicators for which the treatment effect is significative at the 10% level, and light blue indicates indicators for which the treatment effect is not significative. The effects refer to regressions with controls.

Finally, **Figure 9** shows the effect of the intervention on the outcome indicators of psychosocial well-being and community participation. As noted, the effect on the level of psychological well-being and on knowledge of community's resources is positive and statistically significant (at 5% and 1%, respectively), with an impact of 0.15 and 0.31 standard deviations, respectively.

Figure 9: Effect of the intervention on indicators of psychosocial well-being and community participation



Note: Dark blue indicates indicators for which the treatment effect is significative at the 1% level, intermediate blue indicates indicators for which the treatment effect is significative at the 10% level, and light blue indicates indicators for which the treatment effect is not significative. The effects refer to regressions controlling for the value of the variable at the baseline.

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Appendix

Economic and regulatory management

1. Introduction

Within the framework of the Recovery, Transformation, and Resilience Plan, the General Secretariat for Inclusion (SGI) 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 inclusion model 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 autonomous communities, local entities, and Third Sector of Social Action organizations, 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 Migrations in the field of social inclusion, for an amount of €109,787,404, within the framework of the Recovery, Transformation, and Resilience Plan[19], 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[20], "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

[19]Royal Decree 938/2021, of October 26, regulating the direct granting of subsidies from the Ministry of Inclusion, Social Security, and Migrations 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). It can be consulted at the following link: https://www.boe.es/diario_boe/txt.php?id=BOE-A-2021-17464.

[20] 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). 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[21].

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

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

On **September 16**, 2022, Cepaim Foundation Integrated action with migrants was notified of the Resolution from the General Secretariat of Objectives and Policies for Inclusion and Social Welfare, granting a subsidy of €4,257,795.79. Subsequently, on **September 19**, 2022, a Convention was signed between the General Administration of the State, represented by the General Secretariat of Objectives and Policies for Inclusion and Social Welfare, and Cepaim Foundation Integrated action with migrants, for the implementation of a social inclusion project within the framework of the Recovery, Transformation, and Resilience Plan. This Convention was published in the "Boletín Oficial del Estado" on October 1, 2022 (BOE No. 236)[22].

2. Temporal framework of the intervention

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

[21] 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.

[22]Resolution of September 19, 2022, of the General Secretariat for Objectives and Policies of Inclusion and Social Provision, publishing the Agreement with Cepaim Foundation. Integrated action with migrants 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/boe/dias/2022/10/01/pdfs/BOE-A-2022-16014.pdf

Within this general timeframe, the imlementation begins on **March 20, 2023**, with the start of the intervention itinerary, continuing the execution tasks until **November 30, 2023**, and subsequently, only tasks related to project dissemination and evaluation are conducted until **March 31, 2024**.

2. Relevant Agents

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

- **Cepaim Foundation Integrated action with migrants**, as the beneficiary entity and coordinator of the project.
- 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 of Inclusion (SGI) assumes the following commitments:
    a) Assist the beneficiary entity in the design of the activities to be carried out for the implementation and monitoring of the object of the grant, as well as for the profiling potential 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.

- The **Federation of Municipalities of the Region of Murcia**, an entity that collaborates with technical advice and support for the dynamization of the process, dialogue with the municipalities, coordination of actions and overall development of the project.
- The **General Directorate of Social Services and Relations with the Third Sector of the Autonomous Community of the Region of Murcia**, an entity that collaborates in the support and involvement in the coordination of actions and global development of the project.
- The **University of Murcia,** through the Social Care Office and the e-IRIS Research Team, an entity contracted to provide technical and scientific assistance.
- **CEMFI and J-PAL Europe,** as scientific and academic institutions supporting MISSM in the design and RCT evaluation.

Balance between experimental groups

Table 12: Balance test on outcomes at baseline

	Control Group	Treatment	Pairwise t-test
	Mean (SD)	Mean (SD)	p-value
Level of economic resources	-0.01	0.01	0.67
	(1.03)	(0.97)	
Level of social resources	no baseline	no baseline	no baseline
Days worked	n/a	n/a	n/a
Detected cases: especially vulnerable/specialized intervention	n/a	n/a	n/a
Trust in social work	no baseline	no baseline	no baseline
Autonomy in the management of the MIS	no baseline	no baseline	no baseline
Autonomy accessing social resources improving social inclusion	no baseline	no baseline	no baseline
Index built on the ability to use digital tools for daily life	-0.06	0.06	0.09*
	(1.00)	(1.00)	
Level of self-esteem	0.01	-0.01	0.68
	(1.00)	(1.00)	
Satisfaction with family relationships	-0.02	0.02	0.56
	(1.00)	(1.00)	
Level of psychological well-being	0.05	-0.05	0.11
	(1.01)	(0.99)	
Level of satisfaction with life	0.05	-0.05	0.17
	(1.01)	(0.99)	
Participation in the social life of the community	0.00	-0.00	0.90
	(1.03)	(0.98)	
Knowledge of community's resources	0.02	-0.02	0.58
	(0.96)	(1.04)	
Number of observations	428	428	856

Notes: Each of these variables is constructed from a set of question items. Initially, we normalize each item, setting the minimum value to zero and the maximum value to 1. Subsequently, we calculate an index using inverse covariance weighting following Anderson (2008). Once the index is created, we standardize it so that its mean is 0 and the S.D. is 1. The last column reports the p-value of the test of differences in means. ***, **, * indicate significant levels at 1%, 5% and 10%, respectively.

In addition, **Table 13** reports the mean comparison of characteristics of our participants between those in the control group and the treatment group, using the information collected at the baseline. Overall, this study has a sample randomization successful along almost all dimensions. Marginally, the control group has more participants from 1-parent households (but significant only at 10%). In terms of language proficiency, both groups are balanced in terms of the proportion of those with Spanish as their native language (11% in both treatment and control groups), and those with low proficiency. Some minor differences exist among those with intermediate and high (but not native) levels of Spanish (at 5% significance).

Table 13: Balance test on participant characteristics between control and treatment groups (at the baseline)

	Control		Treatment		Pairwise t-test
Variable	Mean	(std)	Mean	(std)	p-value
Age 19-28	0.07	(0.25)	0.09	(0.28)	0.25
Age 29-38	0.37	(0.48)	0.41	(0.49)	0.26
Age 39-48	0.37	(0.48)	0.36	(0.48)	0.94
Age 49-58	0.15	(0.35)	0.11	(0.31)	0.1
Age 59-68	0.05	(0.22)	0.03	(0.17)	0.16
HH: 2-parent family	0.76	(0.43)	0.75	(0.43)	0.83
HH: 1-parent family	0.06	(0.24)	0.09	(0.29)	0.05*
HH: Divorced/Separated	0.12	(0.33)	0.09	(0.29)	0.14
HH: Others	0.06	(0.24)	0.07	(0.25)	0.9
Spanish language: Native	0.11	(0.31)	0.11	(0.32)	0.73
Spanish language: High	0.14	(0.35)	0.20	(0.40)	0.02**
Spanish language: Middle	0.43	(0.50)	0.35	(0.48)	0.02**
Spanish language: Low	0.32	(0.47)	0.34	(0.47)	0.69
Edu: No education	0.26	(0.44)	0.23	(0.42)	0.30
Edu: Primary	0.31	(0.46)	0.29	(0.46)	0.55
Edu: Secondary	0.18	(0.39)	0.19	(0.39)	0.73
Edu: Postsecondary/Vocational	0.18	(0.38)	0.20	(0.40)	0.38
Edu: Higher education	0.07	(0.26)	0.09	(0.28)	0.38
Nationality: No European	0.93	(0.26)	0.94	(0.23)	0.39
Labor market status: Employed	0.14	(0.35)	0.12	(0.32)	0.27
Area: Murcia	0.31	(0.46)	0.31	(0.46)	0.94
Area: Cartagena	0.13	(0.34)	0.14	(0.35)	0.84
Area: Lorca	0.14	(0.35)	0.14	(0.35)	0.92
Area: Cieza	0.04	(0.19)	0.03	(0.17)	0.57
Area: Totana	0.02	(0.14)	0.02	(0.14)	1.00
Area: Alhama de Murcia	0.07	(0.26)	0.07	(0.26)	1.00
Area: Alguazas	0.02	(0.15)	0.02	(0.15)	1.00
Area: Mazarrón	0.05	(0.21)	0.05	(0.21)	1.00

Area: Fuente Álamo	0.05	(0.21)	0.05	(0.22)	0.87
Area: Torre Pacheco	0.07	(0.25)	0.07	(0.26)	0.89
Area: Los Alcázares	0.05	(0.23)	0.06	(0.23)	0.88
Area: San Pedro del Pinatar	0.05	(0.21)	0.05	(0.21)	1.00
Observations	428		428		

Treatment effects after accounting for sample attrition

Given the presence of selective attrition in the sample, it is advisable to examine the degree to which the original estimation is sensitive to attrition. Therefore, Lee's method (2009) is followed, and a trimming procedure is conducted to bound the average treatment effects in the presence of sample selection due to attrition. The method involves identifying the excess number of individuals who are induced to be selected due to the treatment and then 'trimming' the upper and lower tails of the outcome distribution (at 12% of each tail), yielding worst-case and best-case scenario bounds.

Table 14 presents the estimates (upper and lower bounds) across each outcome based on the method. Given that the attrition issue is not severe (see corresponding section), the estimations with Lee bounds present consistent findings with those we found in the **Results section**.

Table 14: Results with Lee (2009) bounds

	Upper bound effect			**Lower bound effect**		
	Coeff	(SD)	R^2	Coeff	(SD)	R^2
Panel A: Social inclusion of the participants						
Level of economic resources	0.04	(0.05)	0.58	-0.11**	(0.05)	0.56
Level of social resources	0.37***	(0.07)	0.14	0.22***	(0.07)	0.11
Days worked	n/a	n/a	n/a	n/a	n/a	n/a
Detected cases: especially vulnerable/specialized intervention	n/a	n/a	n/a	n/a	n/a	n/a
Trust in social work	-0.00	(0.08)	0.08	-0.13*	(0.07)	0.07
Autonomy in the management of the MIS	0.12*	(0.07)	0.30	0.12*	(0.07)	0.30
Autonomy accessing social resources improving social inclusion	0.11	(0.07)	0.25	-0.00	(0.06)	0.24
Panel B: Digital skills						
Index built on the ability to use digital tools for daily life	0.34***	(0.05)	0.60	0.25***	(0.05)	0.58

	Upper bound effect			Lower bound effect		
	Coeff	(SD)	R^2	Coeff	(SD)	R^2
Panel C: Psychosocial well-being						
Level of self-esteem	-0.01	(0.07)	0.21	-0.20***	(0.07)	0.19
Satisfaction with family relationships	0.01	(0.07)	0.29	-0.16**	(0.06)	0.23
Level of psychological well-being	0.24***	(0.07)	0.26	-0.03	(0.06)	0.25
Level of satisfaction with life	0.06	(0.06)	0.42	-0.06	(0.06)	0.38
Panel D: Community participation						
Participation in the social life of the community	0.09	(0.07)	0.27	-0.16**	(0.07)	0.27
Knowledge of the territory's resources	0.31***	(0.06)	0.40	0.21***	(0.06)	0.35

Notes: Significance levels: * =.0.01, ** =.0.05, *=.1. These results refer to the Lee (2009) procedure for estimating sharp bounds on treatment effects. Column Set 1 calculates the upper bound while Column Set 2 calculates the lower bound of the treatment effect. This is done by trimming the sample by 12%, for both tails of the distribution of our outcomes. clustered standard errors at the residential location in parentheses. Additional controls are as explained in the corresponding section.