

Inclusion Policy Lab: Evaluation Results

Valencia Region: Pilotem Project - Social
Services and digitalization

May 2024



This report has been carried out by the General Secretariat for Inclusion of the Ministry of Inclusion, Social Security, and Migration within the framework of the Inclusion Policy Lab, as part of the Recovery, Transformation, and Resilience Plan (PRTR), with funding from the Next Generation EU funds. As the agency in charge of carrying out the project, the Department of Social Services, Equality and Housing of the Generalitat Valenciana (Valencia's regional government) has collaborated in the elaboration of this report. This collaborating entity is one of the implementers of the pilot projects and has collaborated with the SGI for the design of the RCT methodology and has actively participated in the provision of the necessary information for the design, monitoring, and evaluation of the social inclusion itinerary. Likewise, their collaboration has been essential to gathering informed consents, guaranteeing that the participants in the itinerary were adequately informed and that their participation was voluntary.

The team of researchers coordinated by the CEMFI (Centre for Monetary and Financial Studies) has collaborated substantially in carrying out this study. Specifically, Carlos Sanz, researcher at the Bank of Spain and CEMFI, and Júlia Martí Llobet, researcher at the Bank of Spain, under the coordination of Mónica Martínez-Bravo (until January 8, 2024) and Samuel Bentolila, professors at CEMFI, have participated. The researchers have been actively involved in all phases of the project, including the adaptation of the initial proposal to the needs of the evaluation through randomized experiments, the design of the evaluation, the definition of measurement instruments, data processing and the performance of the econometric estimates that result in the quantitative results.

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

This evaluation report has been carried out using the data available at the time of writing and it is based on the knowledge acquired about the project to date. The researchers reserve the right to qualify, modify or deepen 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 project-related information that may affect the interpretation of the results. Researchers are committed to further exploring and providing more accurate and up-to-date results for the benefit of the scientific community and society in general.

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Executive Summary

- The **Minimum Income Scheme**, established in May 2020, is a minimum income policy that aims to guarantee a minimum income to vulnerable groups and provide ways to promote their social and labor integration.
- Within the framework of this policy, the Ministry of Inclusion, Social Security and Migration (MISSM) fosters a strategy to promote inclusion through pilot projects of social innovation, which is conducted in the **Inclusion Policy Lab**. These projects are evaluated according to standards of scientific rigor and using the methodology of randomized controlled trials.
- This document presents the evaluation results and main findings of the "Piloteo Comunitat Valenciana" project, which has been carried out in **cooperation between the MISSM, the Ministry Department of Social Services, Equality and Housing of the Generalitat Valenciana and different entities of the Third Sector of Social Action**.
- This study evaluates the implementation of a **comprehensive personalized support system through a professional person of reference and training in digital literacy**. The **control group participates** in the usual itineraries of each entity of the Third Sector of Social Action, while the **treatment group**, in addition to participating in these itineraries, receives the accompaniment and training.
- The project took place in the **Valencian region in Spain**, with implementation in the three provinces (Valencia, Alicante, Castellón) and **14 municipalities**. A total of 1,407 people participated: 703 in the treatment group, and 704 in the control group.
- The average age of the participants is 41 years old, 69% are women and 49% are Spanish nationals. 49% are beneficiaries of the RVI and 23% are beneficiaries of the MIS (considering that some people may be beneficiaries of both benefits). Around 90% are unemployed or inactive and 30% have been victims of gender violence. 51% live with children and 15% are homeless. 6% of the sample is or has been a prisoner. Finally, 35% of those surveyed suffer from a disease that affects their daily lives.
- **Participation in itinerary activities** was of 83% for the treatment group and 80% for the control group.
- The main results of the evaluation are as follows:
 - **Improvement in satisfaction with social services:** a significant and positive effect of 5% is obtained for the satisfaction index with social services, linked to one of the main hypotheses related to the improvement in access to resources and Social Services. Also, the magnitude of this effect is about a quarter of a standard deviation.
 - The rest of the indices linked to the rest of the hypotheses (improvement of social inclusion, improvement of digital skills) do not yield significant results.
 - Regarding the rest of the indices and dependent variables analyzed, a positive and significant impact is observed in the indicators that measure the influence that social services have had on the daily lives of the participants and the evaluation of the care

received from them, with an effect of about a quarter of a standard deviation. On the other hand, the treatment increases the probability that the respondent will answer that they always vote in elections, which could suggest greater social integration.

1 Introduction

General Regulatory Framework

The Minimum Income Scheme (MIS), regulated by Law 19/2021¹, 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 corporations². 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 NextGenerationEU, 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 938/2021⁴**, through which subsidies are awarded for the implementation of 16 pilot projects of inclusion itineraries corresponding to autonomous communities, local entities, and entities of the Third Sector of Social Action. This royal decree contributed to the fulfillment of milestone number 350⁵ and monitoring indicator 351.1⁶ of the RTRP.
- **Phase II: Royal Decree 378/2022⁷**, which grants subsidies for a total of 18 pilot projects of inclusion itineraries executed by autonomous communities, local entities, and entities of the Third Sector of Social Action. 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 whether the policy is adequate to achieve the planned public policy objectives. Experimental evaluations enable us to obtain rigorous results of the intervention effect, i.e., what changes the participants have experienced in their lives due to the intervention. In addition, these evaluations provide an exhaustive analysis of the program and its effects, providing insights into why the program was effective, who

⁴ Royal Decree 938/2021, of 26 October, 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 109,787,404 euros, within the framework of the Recovery, Transformation, and Resilience Plan (BOE-A-2021-17464).

⁵ Milestone 350 of the RTRP: "Improve the access rate of 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 carry out the itineraries. These partnership agreements aim to i) improve the rate of access to the MIS; ii) increase the effectiveness of the MIS through inclusion policies".

⁶ RTRP monitoring indicator 351.1: "at least 10 additional collaboration agreements signed with subnational public administrations, social partners and entities of the Third Sector of Social Action to carry out pilot projects to support the socio-economic inclusion of MIS beneficiaries through itineraries".

⁷ Royal Decree 378/2022, of 17 May, regulating the direct granting of subsidies from the Ministry of Inclusion, Social Security, and Migration in the field of social inclusion, for an amount of 102,036,066 euros, within the framework of the Recovery, Transformation and Resilience Plan (BOE-A-2022-8124).

has benefited 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 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, 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 "Project: Pilotem Comunitat Valenciana", executed within the framework of Royal Decree 938/2021⁸ by the Department of Social Services, Equality and Housing of the Generalitat Valenciana through DECREE 103/2022, of 5 August⁹, of the Consell, which grants subsidies to entities of the Third Sector of Social Action for the implementation of projects of innovative itineraries for social inclusion. This report contributes to the fulfillment of milestone 351 of the RTRP: "After the completion of at least 18 pilot projects, publication of an evaluation on the coverage, effectiveness and success of the MIS, including recommendations to increase the level of application and improve the effectiveness of social inclusion policies".

⁸ On February 14, 2022, an agreement was signed between the General State Administration, through the SGI, and the Valencian Community 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 18 February 2022 (BOE no. 42).

⁹ DECREE 103/2022, dated August 5, of the Consell, approving the regulatory bases and directly granting subsidies to entities of the Third Sector of Social Action for the implementation of innovative itineraries for social inclusion projects within the framework of the Recovery, Transformation and Resilience Plan (DOGV no. 9400 of 08.08.2022).

Project context

Social exclusion not only implies the lack of sufficient economic income to meet basic needs, such as food, shelter, and medical care, but also the deprivation of educational, employment and social opportunities that are fundamental for human development and full participation in society.

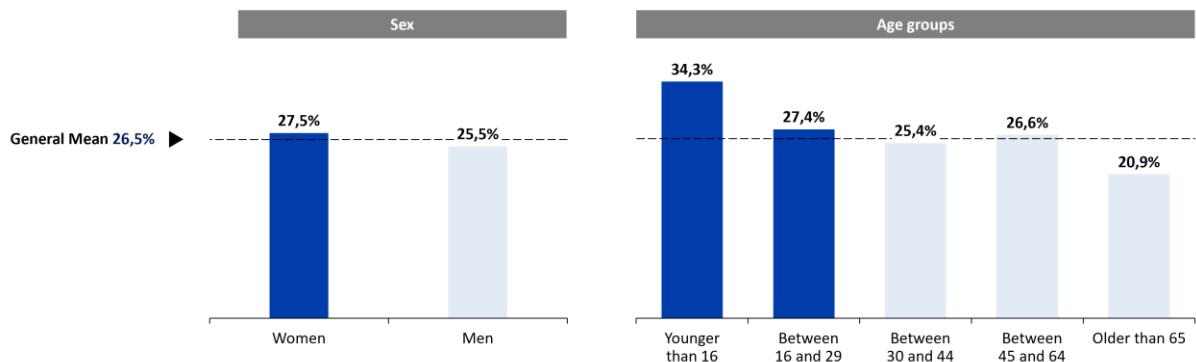
The report "*Report on the World Social Situation 2016: Leaving no one behind: the imperative of inclusive development*", prepared by the UN Department of Social and Economic Affairs (DESA), highlights the multidimensional nature of the problem, identifying various causes. These include poverty and inequality, scarcity of job opportunities, discrimination, and prejudice, as well as social, cultural, and political regulations.

The Spanish National Statistical Institute (INE) publishes the AROPE rate¹⁰, which measures the group of people at risk of poverty and/or social exclusion. According to this indicator, in 2023 around 12.6 million people in Spain were at risk of poverty or social exclusion, 26.5% of the population¹¹. For its part, Valencian region, which comprises the geographical area of this project, recorded an AROPE rate in the same year of 29.6%, i.e., 3.1 percentage points above the Spanish average.

In this sense, there are different groups that are particularly vulnerable. By way of illustration, at the national level, by sex, the group of women presented 2 percentage points higher rates of poverty or social exclusion than men (25.5%). In addition, young people (between 16 and 29 years old) were the age groups that also showed the highest rates of social exclusion during 2023, 27.4%. Likewise, the foreign population (non-EU) had a poverty or social exclusion rate of 47%. Another group particularly affected by social exclusion and poverty are people with some type of disability. With figures from 2022, 30% of people with disabilities lived at risk of poverty and/or social exclusion.

¹⁰ The population at risk of poverty or social exclusion is defined according to criteria established by Eurostat. This is the population that is in at least one of these three situations: (1) At risk of poverty (equivalent income below 60% of the median income per unit of consumption). (2) In severe material and social deprivation (if you declare that you are deficient in at least seven of the 13 items on a list that includes, for example, not being able to afford a meal of meat, poultry, or fish at least every other day, keeping the home at an adequate temperature, having two pairs of shoes in good condition, or replacing damaged clothes with new ones). (3) In households with no employment or low employment intensity (households in which their working-age members did less than 20% of their total work potential during the year prior to the interview).

¹¹ INE, Living Conditions Survey

Figure 1: AROPE rate in Spain by sex and age group (% of the total for each group, 2023)

Source: INE, Living Conditions Survey

Regarding the unemployment situation, Spain recorded an unemployment rate in 2023 of 12.1%,¹² 5.9 percentage points above the European Union (EU-27) rate, which was 6.2% in 2022 (the latest year available from Eurostat). At the regional level, the Valencian region had an average unemployment rate of 12.6% for 2023, i.e., 0.5 percentage points higher than the national average.

Finally, it is very important to highlight the fact that both situations of social exclusion and those related to unemployment are aggravated by the digital skill gap. Generally, the lack of digital skills is an essential barrier to access to social inclusion and to the labor market. In an increasingly digital world, digital illiteracy is an insurmountable obstacle on the road to social integration.

In this sense, in Spain, according to data from INE, 46% of people with a monthly income of less than 900 euros have low or insufficient digital skills, a percentage that increases among those with lower levels of education. In addition, also according to data from INE, the percentage of people between 16 and 74 years of age with low or lower digital skills in Spain is 33%,¹³ while the percentage of this same group of people in the Valencian region is 1.4 percentage points higher (34.4%).

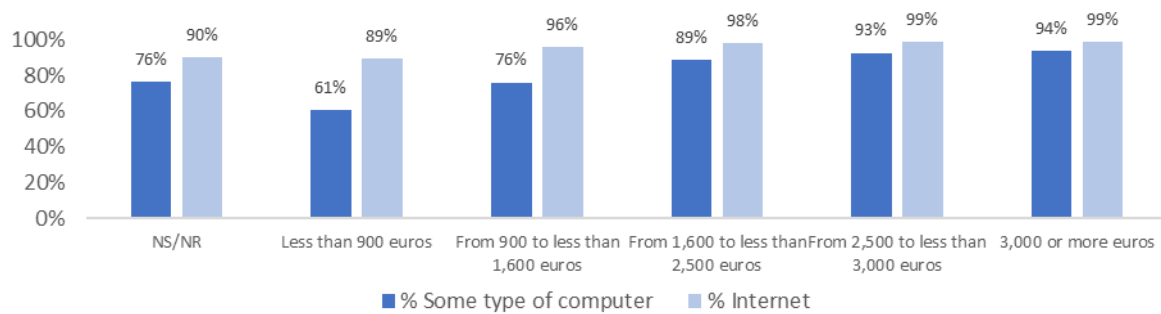
In particular, the term "digital skill gap" points to disparities in the use, access, and quality of ICTs between different sectors of the population, an intricate phenomenon that is related to structural problems such as poverty, social exclusion, and labor difficulties.

The gap in access to electronic devices or the internet is one of the most obvious manifestations of this disparity, reflecting inequalities in the availability of ICTs. As reflected in the results of the Survey on Equipment and Use of Information and Communication Technologies in Households, carried out by INE (Spanish National Statistical Institute) in 2023, factors such as geographical location and economic situation contribute to these differences. For example, rural areas may have limitations in

¹² INE, Labor Force Survey¹³ INE, Survey on Equipment and Use of Information and Communication Technologies in Households (2023)

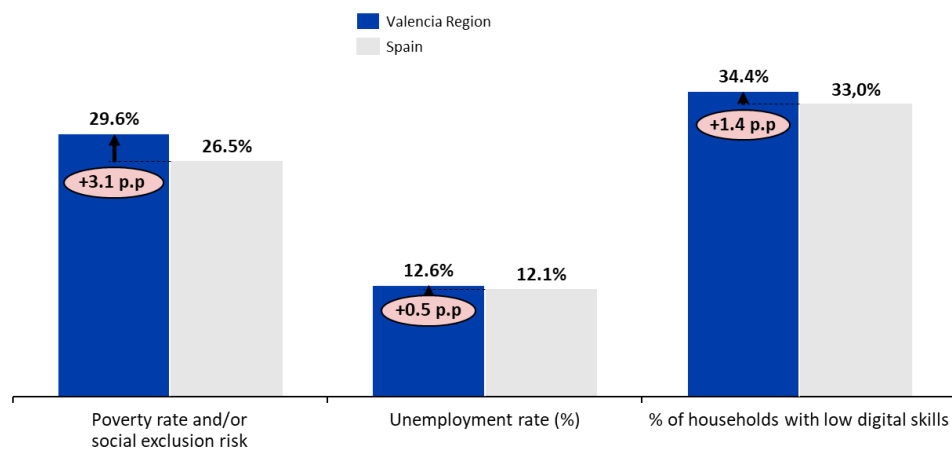
access to high-speed internet, and those with limited financial resources may face difficulties in acquiring technological devices or internet services.

Figure 2: Percentage of Households with computers of any type and internet access according to net monthly household income



Source: Survey on Equipment and Use of Information and Communication Technologies

Figure 3: Comparison between the Valencian Region and Spain in different areas (2023)



Source: INE

In this context, the implementation of the pilot project "Piloteo Comunitat Valenciana" becomes necessary and relevant, as this project consists of contributing to the social inclusion of different groups of special vulnerability (women victims of gender and sexist violence, victims of trafficking for sexual exploitation, young people at risk or social exclusion, migrants and refugees, people with disabilities or functional diversity, the Roma population, homelessness and other vulnerable groups) in the Valencian region, who are the ones who suffer the most from social exclusion and digital illiteracy.

Regulatory framework associated with the project and governance structure.

The European Union and its member states have made the fight against poverty and social exclusion one of their specific objectives, as established by the Treaty on the Functioning of the European Union (Articles 151 and 153), which entered into force in 2009. In these footsteps, the European Pillar of Social Rights (ESDP), proclaimed in 2017 by the European Parliament, the European Council, and the European Commission at the Gothenburg Summit, consists of 20 pillars of social rights whose aim is to build a stronger, fairer, more inclusive Europe full of opportunities.

Likewise, regarding digitalization, at the European level, two key initiatives that have emerged to address the problem of the digital skill gap stand out. Firstly, the Digital Education Action Plan 2021-2027, which seeks to improve the quality and accessibility of digital education in Europe, promoting a high-performance digital education ecosystem and improving digital skills. Secondly, Europe's Digital Decade stands out, which aims to ensure that technology and innovation benefit everyone, setting specific targets in areas such as connectivity, digital skills, or digital public services.

At the national level, it is worth highlighting the National Strategy for the Prevention and Fight against Poverty and Social Exclusion (2019-2023), which seeks to combat poverty, especially child poverty, and reduce inequality and disparity in income levels in Spain. This strategy responds to the growing social demand to address situations of poverty and social exclusion and contributes to fair economic growth that considers all those who have suffered particularly severely from the latest economic crises.

For its part, it is possible to find at the regional level, specific regulations on minimum incomes that, together with other regional and municipal plans, complete the national panorama of strategies to combat poverty and social exclusion. Specifically, Generalitat Valenciana approved Law 19/2017, of 20 December, on Valencian Inclusion Income, which was developed through Decree 60/2018, of 11 May, of the Consell. With this, for the first time, social inclusion is defined as a basic benefit of Primary Care Social Services and it is provided with professional means, programs, and economic benefits through the Valencian Inclusion Income, thus guaranteeing:

- The subjective right to an economic benefit to cover the basic needs of the household that lacks sufficient economic resources.
- The subjective right to social inclusion to both, promote social inclusion, and prevent the risk of social exclusion, and to facilitate the process of emancipation of people in a situation of impoverishment.

Thus, the Valencian Inclusion Income (RVI) is an economic and professional benefit addressed to people at risk of exclusion in the Valencian Community that is already included in the Valencian Plan for Inclusion and Social Cohesion 2017-2022 (PVICS) as a comprehensive instrument to combat social exclusion.

This pilot project is aligned with European and national strategies in the field of combating poverty and social exclusion, as well as with the 2030 Agenda for Sustainable Development, contributing specifically to SDGs 1, 3, 8 and 10.

Valencia region, through its Department of Social Services, Equality and Housing¹⁴ (Conselleria de Igualdad y Políticas Inclusivas), has conceived a project to respond to problems in the management and development of social inclusion actions in its autonomous area, after detecting the need for comprehensive care by a professional of reference in Primary Care in Social Services and, also, the difficulty of access to electronic administration by the vulnerable population. For this reason, a project is proposed within the framework of the social inclusion of people in situations of vulnerability or at risk of social exclusion through comprehensive personalized care and training in digital literacy.

The scientific objective of the project is to measure whether the implementation of a personalized support system through the "reference professional" and training in digital literacy has a positive influence on the achievement of social inclusion objectives. In addition, it is intended to promote the transfer of knowledge to the public policy-making process and to be accountable for the results of the project.

The governance framework set up for efficient and effective project management includes the following actors:

- **Department of Social Services, Equality and Housing**, is the entity responsible for the execution of the project, which has had the provision of an external Technical Service through an order to its own resources signed with the entity Tecnologías y Servicios Agrarios SA, S.M.E, M.P. (TRAGSATEC).
- **31 Third Sector Social Action Entities**¹⁵, which are responsible for the development of the 41 social inclusion itineraries. Each of them is coordinated with the professional teams of Primary Care Social Services of each of the municipalities where the interventions are carried out.
- The **Ministry of Inclusion, Social Security, and Migration (MISSM)** is the funding source of the project and responsible for the RCT evaluation. The General Secretariat for Inclusion assumes a series of commitments with the Department of Social Services, Equality and Housing of the Generalitat Valenciana:
 - Provide the beneficiary entity with support for the design of actions to be carried out, for the execution and monitoring of the object of the subsidy, as well as for the profiling of the potential participants of the pilot project.
 - Design the randomized controlled trial (RCT) methodology of the pilot project in coordination with the beneficiary entity and with the scientific collaborators. Likewise, to carry out the evaluation of the project.

¹⁴ DECREE 10/2023, of 19 July, of the President of the Generalitat, which determines the number and denomination of the departments, and their attributions (DOGV no. 9643 of 19.07.2023).

¹⁵ A list of the different entities participating in the project, their areas of action and the groups they serve can be found [in the Appendix](#).

- Ensure strict compliance with ethical considerations by obtaining the approval of the Ethics Committee.
- **CEMFI and J-PAL Europe** are scientific and academic institutions that support MISSM in the design and RCT evaluation of the project.

Considering all the above, the present report follows the following structure. In **section 2 a Project Description** is performed, detailing the problem to be solved, the specific interventions associated with each experimental group, and the target audience to which the intervention is directed. Next, **section 3** contains information relating to the **Evaluation design**, defining the Theory of Change linked to the project and the hypotheses, sources of information and indicators used. **Section 4** describes the **Implementation of the intervention**, analyzing the sample, the results of randomization, and the degree of participation and attrition of the intervention. This section is followed by **section 5** where **results of the evaluation** are shown, with a detailed analysis of the econometric analysis carried out. **Section 6** describes the **conclusions** of the project.

Ethics Committee linked to the Social Inclusion Itineraries

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

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

The Ethics Committee has conducted analysis and advice on the ethical issues that have arisen in the execution, development, and evaluation of the itineraries, formulated proposals in those cases that present conflicts of values and approved the evaluation plans of all the itineraries. In particular, the Ethics Committee issued its approval for the development of this evaluation on March 23rd, 2023.

2 Description of the program and its context

This section describes the program that the Department of Social Services, Equality and Housing of the Generalitat Valenciana implemented within the framework of the pilot project. Also, this section shows in detail the target population and territorial framework, as well as the general intervention of this pilot project.

2.1 Introduction

The pilot project "Pilotes Comunitat Valenciana" of the Ministry Department of Social Services, Equality and Housing is an innovative project consisting of the development of social inclusion itineraries for subsequent evaluation, in order to contribute to the promotion of equality, social inclusion and the fight against poverty in its different forms, as well as to evaluate the intervention methodology favoring the generation of knowledge to adopt policies of inclusion necessary to improve the rates of access to the Minimum Income Scheme (MIS) and/or Valencian Inclusion Income and increase their effectiveness.

The project is aimed at different groups at risk of social exclusion (people with different types of disabilities or functional diversity, ex-prisoners, long-term unemployed people, women, victims of gender violence, gypsy population, young people at risk or social exclusion, migrants, and refugees, etc. and other vulnerable groups) in different parts of the Valencian region.

This project has had the collaboration of 31 Third Sector Social Action Entities, which have overseen executing the 41 itineraries of socio-labor inclusion and adapting them to the specific needs of each group they serve.

Several scientific studies have been carried out that can be related to this project in the field of the fight against social exclusion, such as the study conducted by McFarland (2017). It provides a battery of experiments related to basic income schemes. Some of these experiments use randomized controlled trial methodology, which makes them an important reference for understanding the effect of public policies that offer basic income. For illustration, the experiment implemented in Ontario (Canada) since 2017, develops a basic income policy that depends on the financial status of the participating family. On the contrary, the amount of the transfer is not conditional on any type of participation in job search activities or community involvement. The results of this basic income so far reflect a positive impact of the policy on the physical mental health and general well-being of the participants.

Regarding the digital branch of the treatment, there is also scientific evidence to support its implementation. The study by Lee et al. (2022), carried out in South Korea, found positive impacts of digital literacy training on the use of digital devices among adults over 65 years of age, evidencing improvements in well-being and cognitive function. On the other hand, Choudhary, and Bansal (2022)

conducted a review of digital training programs, demonstrating a diversity of impacts that depend largely on the quality of services and the structure of the program.

2.2 Target population and territorial scope

The project is aimed at groups of people at risk of social exclusion and/or recipients of the MIS/RVI. In general, this target population includes people with different types of disabilities or functional diversity, different vulnerable groups of women (victims of gender-based violence, victims of trafficking, in the context of prostitution, etc.) or specific groups of vulnerable population such as the Roma population, young people at risk or in situations of social exclusion and migrants and refugees, ex-inmates or homeless people.

The territorial scope of the project has been developed in the three provinces of the Valencian Community, having a presence in several municipalities within each one of them¹⁶.

2.3. Description of interventions

The intervention strategy aims to provide two additional services to the usual actions that Third Sector Social Action Entities normally offer to their groups. This intervention is born from two needs identified within the framework of the development of social inclusion actions in the Valencian Community:

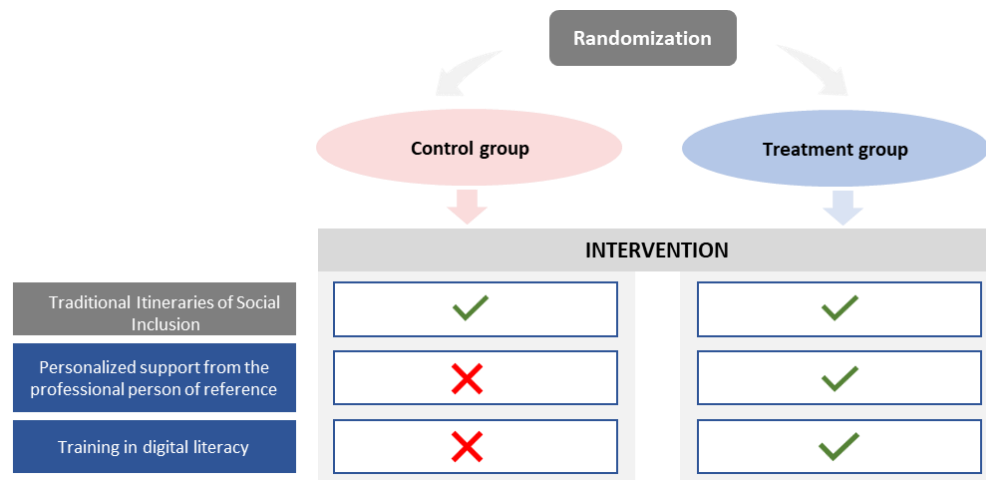
1. The need for personalized comprehensive care provided by a "reference professional" in Primary Care of the Social Services.
2. The difficulty of access to electronic administration by the vulnerable population.

To verify the positive impact of meeting these identified needs and, therefore, to rigorously evaluate the impact of the intervention, the participants are divided into two groups:

- The control group, which participates in the itineraries offered by the Third Sector Entities of Social Action under the conditions in which they are usually developed.
- The treatment group, which, in addition to participating in the usual itineraries of the Third Sector Entities of Social Action, receives personalized comprehensive attention from the professional reference person of Social Services and training in digital literacy.

Figure 4 summarizes the actions carried out in each of the models, depending on the experimental group that receives them.

¹⁶ In the [Appendix](#) you can consult the different localities in which the project has been present, as well as the Third Sector Social Action Entities and the groups that have participated.

Figure 4: Intervention scheme

Below, this section describes the main content of the three itineraries carried out:

Common or typical social inclusion itineraries

These itineraries are aimed at both treatment group and control group participants. The itineraries are adapted to the specific needs of each group and are executed by the corresponding entities of the Third Sector of Social Action. Given the heterogeneity of the groups and the areas of specialization of each of the participating entities, these itineraries cover multiple actions such as individualized reception and social diagnosis, the design and development of the individualized itinerary, social care to activate resources and appropriate economic and professional benefits such as help with referrals to public service resources, the development of basic, behavioral and functional skills, socio-occupational guidance, digital literacy, and accompaniment in the form of individual and/or collective tutorials.

Personalised support by the reference professional

Aimed only at the treatment group, this innovative service consists of personalized attention by a "professional person of reference" from the general Social Services teams that aim to provide comprehensive support to the participant. These personalized services include, among others, the assessment of the situation of the person subject to the intervention, the review of their documentation, and the reception and explanation of the specific program to which they become part depending on the Third Sector Entity for Social Action with which the participant collaborates. This personalized support is received in addition basic services provided in the usual itineraries.

The reference professional of Primary Care Social Services is the intermediary figure between the participant in the treatment group and the Third Sector Entities for Social Action, overseeing the coordination with the rest of the professionals involved in the intervention and the preparation of the participant's initial social diagnosis. Thus, this professional oversees designing the personalized social intervention plan, guaranteeing its monitoring and evaluation of the process through different technical instruments.

Digital Literacy Training

These trainings, only aimed at the treatment group, consist of sessions for the acquisition of basic digital skills. They are homogeneous sessions given by the Third Sector Entities for Social Action, following the methodological documentation prepared by the Ministry Department of Social Services, Equality and Housing, focused on the relationship with the public administration and access to public resources through electronic channels.

3 Evaluation design

This section describes the design of the impact assessment of the itineraries explained in the previous section. As a result, this section describes the theory of change, which identifies the mechanisms and aspects to be measured, the hypotheses that are tested in the evaluation, the sources of information that are used to construct the indicators, and the design of the indicators of the experiment.

3.1 Theory of Change

To design an evaluation that allows us to understand the causal relationship between the intervention and its final objective, this document develops a Theory of Change. The Theory of Change allows us to outline 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, understanding the relationships between them, the assumptions on which they rest, and outlining measures or indicators of results.

Theory of Change

A Theory of Change begins with the correct identification of the needs or problems to be addressed and their underlying causes. This situational analysis should guide the design of the intervention, i.e., the activities or products that are provided to alleviate or resolve the needs, as well as the processes necessary to properly implement the treatment. Next, this theory identifies the expected effects 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.

Thus, in the context of this pilot project, as shown in **Figure 5**, this report proposes a logical sequence of impact of the intervention aimed at the treatment group.

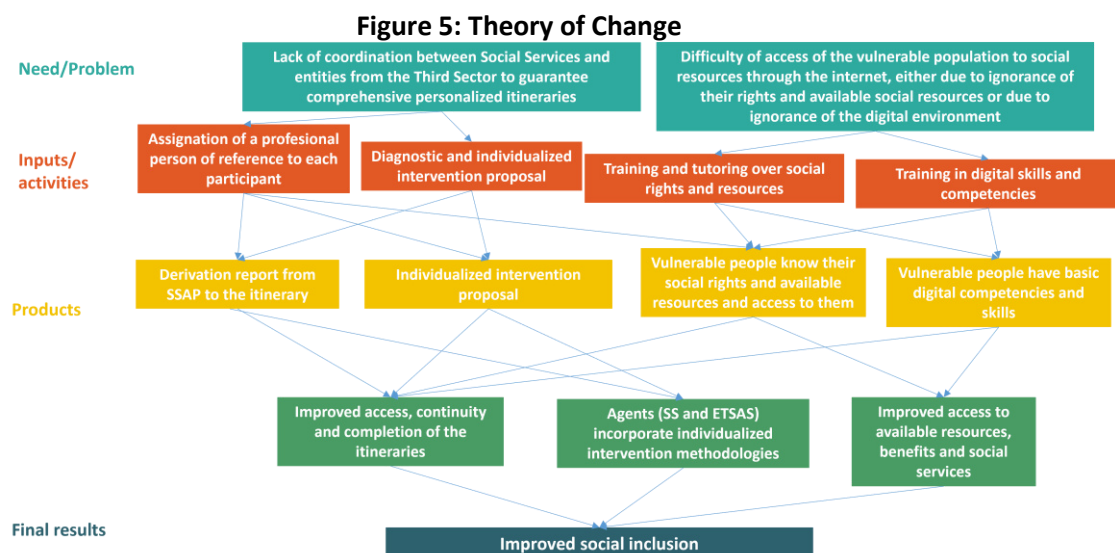
Firstly, there are two needs or problems: (i) a lack of coordination between Primary Care Social Services (SSAP) and Third Sector of Social Action entities (ETSAS) when implementing personalized comprehensive itineraries and (ii) the difficulty of access of the vulnerable population to social resources through the internet, either due to ignorance of their rights and available social resources or due to ignorance of the digital environment. These needs or problems define the different areas of action of the project and the activities associated with each of them, with an expected cascade effect from the activities or resources defined to the generation of impact on multiple aspects of the lives of participants.

Secondly, the resources used are established based on an allocation of professionals for each participant, who carries out a diagnosis and an individualized intervention proposal. In addition, training and tutoring workshops are organized on the rights and social resources available on the internet, as well as specific training in digital skills.

Thirdly, these resources generate measurable products, through the development of a personalized social intervention plan, updated for each participant, including an established monitoring system. Likewise, the resources used make a group of vulnerable people aware of their rights, the available social resources, and the access requirements to the former. Also, another measurable product includes people who have participated in digital skills training, with the aim of acquiring certain basic digital notions.

Ultimately, both the resources used, and the products generated produce changes in the beneficiaries by improving the following aspects: i) access, continuity, and adequate completion of the personalized itineraries; ii) the incorporation of personalized methodologies for the intervention of agents (SSAP and ETSAS entities); (iii) improving access to available resources, services, and social benefits.

Therefore, these expected changes in the participants have the aim of improving the situation of social inclusion, evaluated in different areas (social, health, training, and employment situation) between the initial situation and after the end of the itinerary.



3.2 Hypothesis

This report formulates multiple hypotheses that cover a wide range of areas and are subjected to an analysis based on the results obtained. This multidimensional approach allows for a comprehensive assessment of the impact of the intervention on the lives of beneficiaries and enables a more complex understanding of its effectiveness in different dimensions.

Next, this document presents the hypotheses to be tested based on the intermediate and final results exposed in the Theory of Change. Likewise, main and secondary hypotheses are presented.

Improving social inclusion

Firstly, regarding the main hypothesis, this evaluation postulates that a personalized support model accompanied by training in digital skills improves the personal situation in the material and social sphere. Specifically, this main hypothesis is divided into two different assumptions. On the one hand, it is postulated that the model of personalized accompaniment described above reduces the severe material and social deprivation of the participants. On the other hand, in a complementary way, the second main hypothesis contemplates the improvement of life satisfaction in different vital and material dimensions (health, housing, work, etc.) of the participants.

Second, this evaluation postulates two secondary hypotheses. On the one hand, a first secondary hypothesis is defined regarding the improvement of self-perceived satisfaction (from the participant's own perspective). In this sense, this hypothesis postulates the improvement of the participant's life satisfaction regarding attitudinal and motivational considerations towards themselves (perception of their abilities, optimism about the future, etc.) and their environment (rejection at the social level, knowledge of institutions, community participation, etc.). On the other hand, another secondary hypothesis postulates the improvement of the level of labor insertion of the participants.

Improved access to resources and services

Firstly, with regards to the main hypothesis, this evaluation postulates that a model of personalized support and training in digital skills improves access to resources and services. Specifically, this main hypothesis is divided into two different assumptions. On the one hand, it is postulated that the personalized accompaniment model described above improves access to e-government. That is, it is postulated that the help and support provided improves the use and results of the participants in terms of electronic procedures and procedures related to public administrations, such as: the application and processing of the MIS, request, and processing of job training courses, etc. On the other hand, this main hypothesis also postulates that the treatment improves access to social services aimed at the participants in this pilot project.

Second, the secondary hypothesis of this block is also divided into two different assumptions. On the one hand, it postulates that the treatment improves access to economic resources by measuring issues related to the ability of the cohabitation unit to make ends meet with the available economic resources and access to the MIS. On the other hand, it postulates that the treatment improves

satisfaction and access to the electronic public administration, specifically considering three aspects of digital public procedures: digital certificate, Cl@ve system or DNle.

Improvement in the permanence and completion of itineraries

In this case, this evaluation postulates a single main hypothesis that indicates the reduction in the dropout rates of the participants of the itineraries.

The agents (SS and ETSAS) incorporate personalized intervention methodologies.

Given that one of the main objectives of the project is to improve coordination between social services and Third Sector Social Action entities, this evaluation defines a single main hypothesis for the analysis of their effective interactions. In this sense, this hypothesis postulates the improvement of interactions between SS and ETSAS, as well as an effective interaction between the reference professionals and the ETSAS. This analysis, however, is outside the impact analysis that is carried out below and is carried out from the point of view of information on participation in the itineraries, in chapter 4.3.

3.3 Sources of information

To test the established hypotheses, this evaluation uses questionnaires directed towards the participants, collected at the **beginning and after the end of the intervention**¹⁷ from the treatment group (TG) and the control group (CG). In addition, satisfaction questionnaires are carried out only for the treatment group to analyze the level of satisfaction of the participants with the personalized accompaniment model. The questionnaires are collected by professionals from Third Sector Social Action entities. Likewise, administrative data on the working lives¹⁸ of the participants are used to complement the information collected in the questionnaires.

Following the previous explanation, this document now describes the three questionnaires that have served to develop indicators to measure the level of vulnerability and social exclusion shown in the following section and associated with the hypotheses previously presented.

- **Social Inclusion Questionnaire:** this questionnaire analyses the socio-demographic situation of the participants (nationality, gender, age, beneficiary of social benefits) and then poses several questions of a social nature. In this sense, this part of the questionnaire is based on

¹⁷ In order to achieve a higher response rate in the final questionnaire, the Valencian region established that, after the first month of intervention, people who were on leave from the itinerary would be given the final line questionnaire at the time of drop out, considering that, due to the characteristics of the population, it would be very difficult to establish a subsequent contact to collect this information.

¹⁸ Information obtained by the SGI under the Agreement between the Secretary of State for Social Security and Pensions, the National Social Security Institute, the Social Institute of the Navy, the General Treasury of the Social Security, the Social Security IT Management and the General Secretariat for Inclusion and Social Welfare Objectives and Policies, for the provision of data necessary for the evaluation of inclusion strategies, https://www.boe.es/diario_boe/txt.php?id=BOE-A-2023-25107

determining the social context of the participants, their situation of material and social deprivation, and access to aid and benefits. The family situation of the participants is also studied, through the number of people, especially minors, who make up their cohabitation unit and the relationships that exist between them. Likewise, the participants' social networks and their participation in the community, their satisfaction in different areas of the participants' lives and their social networks are analyzed.

With regards to the health field, the questionnaire presents questions in relation to the suffering of an illness, degree of disability, access to health services, current state of health and general social and health situation. Another area of interest is the respondent's residential situation, with questions about the living conditions of the home.

Within this form, questions are also asked about the respondent's economic situation, both the nature of this income and their salary range. Linked to this, the last part of the questionnaire is focused on the most educational part of people, determining their educational level, languages, and their current employment situation.

- **Social Services Questionnaire:** The main objective of this form is to assess the participants' experience with primary care social services (SSAP), identifying those cases that have requested help in this way and what their level of satisfaction has been.
- **Digital skill gap Questionnaire:** this last part of the questionnaire consists of a series of questions related to the level of digitalization (possession of electronic devices, Internet connection, procedures or activities carried out with electronic devices) and the development of procedures with the electronic public administration, through means of digital identity, direct procedures with the public administration, application for the MIS and registration in the LABORA training course, among others. Questions are also raised in relation to the information consulted on social benefits and their application.

3.4 Indicators

This section describes the indicators used for the impact assessment of the itinerary, classified by the themes related to the hypotheses described above.

Likewise, prior to its description, it is important to mention that the 19 indices presented in this report are constructed using information from several questions of the questionnaires indicated above, aggregated using the method proposed by Anderson (2008), which aggregates the information of a set of variables that attempt to measure a common latent variable. Intuitively, the method calculates a weighted average of all the variables, where the weight assigned to each of them depends on how correlated it is with the others (the lower the correlation, the greater the weight). The final value of the indicator is standardized so that it takes a mean of 0 and standard deviation of 1, so its average values do not have a direct interpretation, but as it will be seen in section 5 of this report, in the analysis it is possible to compare the size of the effects of the treatment on these indicators, quantified in standard deviations.

Below, regarding the scenarios related to improving social inclusion and access to resources and services, only the main indices and indicators linked to these scenarios are presented in section 5 of this report. The rest of the indices and indicators are explained in Appendix 4, which, in turn, contains a description of all of them and the variables that make them up.

Social inclusion

To evaluate the first main hypothesis on the improvement of the personal situation in the material and social sphere, this evaluation uses **an index related to severe material and social deprivation (index 1)** based on the lack of resources in several vital areas. Participants are asked about the application of 8 different situations (I can't afford to go on vacation once a year, I can't afford unforeseen expenses, etc.) to their current life, quantifying this application as Yes=1 (applicable) and No=0 (not applicable).

On the other hand, this evaluation analyzes the second main hypothesis for improving life satisfaction through **an index that brings together different life dimensions, and the satisfaction associated with each of them (index 2)**: satisfaction with the level of education, state of health, housing, and work. Each of these dimensions are reflected in a specific question in the social inclusion questionnaires, where the answers are coded from very dissatisfied to very satisfied. Specifically, the answers can take the following values: very dissatisfied = 1; dissatisfied=2; neither satisfied nor dissatisfied = 3; satisfied=4; very satisfied=5.

Regarding the secondary hypotheses, this evaluation presents **an index on the self-perceived satisfaction (index 3)** by the participant based on the information collected in the social inclusion questionnaire. An index is constructed because of the questions in the already mentioned questionnaire that have to do with attitudinal and motivational considerations regarding oneself (perception of one's abilities, optimism about the future, etc.) and one's environment (rejection at the social level, knowledge of institutions, community participation, etc.). Specifically, participants are asked to show their degree of agreement with several statements. Thus, the answers can take the following values: strongly disagree = 1; disagree=2; neither agree nor disagree=3; agree=4 and strongly agree=5.

On the other hand, the second secondary hypothesis related to social inclusion refers to labor insertion, measurable through **three indicators**.

First, two indicators on the participant's employment situation are considered, based on a question from the social inclusion questionnaire¹⁹: an indicator that measures whether the participant is working full-time or part-time (with possible values 1=Yes, 0=No), and an indicator that measures whether the participant is unemployed (with possible values 1=Yes, 0=No). Secondly, the employment situation of the participants at the end of the itinerary is available through the administrative records.

¹⁹ In this question, the possible answers are full-time work = 1; part-time work = 2; multiple employees=3; unemployed=4; pensioner=5; less than 16=6; others=7.

Thus, this indicator considers whether the participant worked any day in the reference period (month prior to the start of the itineraries for the pre-execution indicator of the intervention and 6 months following the end of the itinerary for the post-execution indicator – October 2023 – March 2024). Thirdly, the last indicator also draws from administrative records and provides information on the number of full-time equivalent days worked in the reference period shown in the previous indicator.

Access to Resources and Services

Firstly, with regards to the main hypothesis of this project, this evaluation constructs **two indices**. On the one hand, about improving access to e-government management, an index is constructed as a result of a series of questions asked to participants about their **use of the internet to carry out transactions with public administrations (index 4)**. Specifically, the participants answer yes (quantifying the response with the value 1) or no (quantifying the response with the value 0).

On the other hand, regarding satisfaction with social services, this report constructs an index through the responses of the participants to the questionnaire indicated in the description of information sources (**index 5**). Specifically, participants are asked to show their degree of agreement with several statements. Thus, the answers can take the following values: strongly disagree = 1; disagree=2; neither agree nor disagree=3; agree=4 and strongly agree=5.

Secondly, regarding secondary hypotheses, there are the following indicators. On the one hand, in relation to access to economic resources, **two different indicators** are constructed: a first indicator on the income of the family unit, obtained from the social inclusion questionnaire, which takes values 1 = with regular income, or 0 = with irregular income or no income; and a second indicator that considers the ease of making ends meet. In turn, this last indicator takes values between 1 (very easily) and 5 (with great difficulty).

On the other hand, regarding access to electronic administration, this document presents **two indicators**. First, an index is constructed from the participants' responses to the digital skill gap questionnaire (**index 6**). Specifically, digital competences in relation to digital identity means (Digital Certificate, Cl@ve, electronic DNI) are analyzed by coding the answers as "1" = I don't know how to obtain them; "0" = for other answers (I have it and I use it, I have it, but I don't use it, etc.). Second, this topic records an indicator based on the degree of satisfaction of participants with the modules taught to reduce the digital skill gap. This indicator is composed of a qualitative scale that frames the following responses: "Very satisfied"; "Satisfied"; "Indifferent"; "Dissatisfied"; "Very dissatisfied"; "He does not answer"; "He doesn't know." The latter indicator was not available at the time of writing.

Permanence and completion of itineraries

Firstly, to test an improvement in the permanence and completion of the personalized itineraries, the number of people who leave the itinerary before its end is recorded in order to estimate both the dropout rate and the percentage of participants who complete the treatment. Secondly, the level of attendance of participants who do not leave the itinerary before its completion is measured.

3.5 Experiment design

Once the project hypotheses, indicators and sources of information used have been defined, this report describes the design of the pre-execution experiment, including the design of the recruitment process and the randomization of the participants and the time frame in which the preparation and implementation of the interventions is developed.

Recruitment of the beneficiaries of the intervention

First, it is important to mention that the preparation of the list of potential participants requires constant updating, given that they belong to vulnerable groups and/or at risk of social exclusion and have complex characteristics in terms of social roots and geographical stability. In this sense, the entities of the Third Sector of Social Action (ETSAS) are in charge of carrying out the process of recruiting potential participants, in collaboration with the municipal Primary Care Social Services. In this way, the ETSAS presents lists of potential participants belonging to different groups, paying special attention to those beneficiaries of the RVI and/or the MIS or other groups in vulnerable situations. Thus, the target population corresponds especially to the population belonging to one of the following groups:

- Homeless people
- Prisoners and former prisoners
- Roma population
- People with disabilities or functional diversity
- Disadvantaged families, in vulnerable situations and young people at risk of social exclusion
- Women victims of gender-based violence
- Victims of trafficking for sexual exploitation
- End of child protection measures
- Long-term unemployed people in vulnerable situations (+45 years old)
- Refugees seeking international protection, migrants at risk of social exclusion and migrant and/or refugee women.

In this context, the entities are responsible for summoning potential participants and in the event of accepting the conditions of participation, the informed consent is signed. As a result, consent is obtained through the Third Sector Social Action Entities, where the technical staff is responsible for summoning potential participants in person to explain the project and obtain informed consent, both from the people referred by the reference professional of the Primary Care Social Services and from those users of the ETSAS themselves.

Random assignment of participants

One of the fundamental pillars of RCTs lies in the process of random assignment by which project participants are randomly distributed into treatment (TG) and control (CG) groups. When carried out properly, this process ensures that the treatment and control groups are statistically comparable,

encompassing both observable and unobservable variables. This homogeneity provides the structure required to make an accurate assessment of the effects derived from the intervention under study.

Informed consent

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

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

Once the sample has been selected and all informed consents have been collected, the participants in the TG, CG, and reserve, where appropriate, are randomly assigned. The randomization process was designed as a stratified randomization so that, in each of the 41 subprojects that were carried out, half of the participants were assigned to the TG and the other half to the CG randomly by the SGI, up to the maximum number of participants that each entity could serve. If there are more people interested in participating than this maximum number, a reserve list is created, in a random order, and in a manner that it replaces withdrawals that occur at the beginning of the intervention, both in the treatment group and in the control group.

It is important to note that 4 of the 41 itineraries (ADIEM, AMBIT, BASTIDE and NOVAFEINA)²⁰ present a particular situation, in which the assignment is not random, but depends on the participant's municipality of residence: all participants from one municipality participate in the TG and participants from another municipality participate in the CG. In this case, these are left out of the RCT experiment and are discussed independently in Appendix 4:

- ADIEM: implementation of the TG in Alicante and the CG in Torrevieja
- AMBIT: the CG is in Valencia and the TG in Herbés (Castellón)

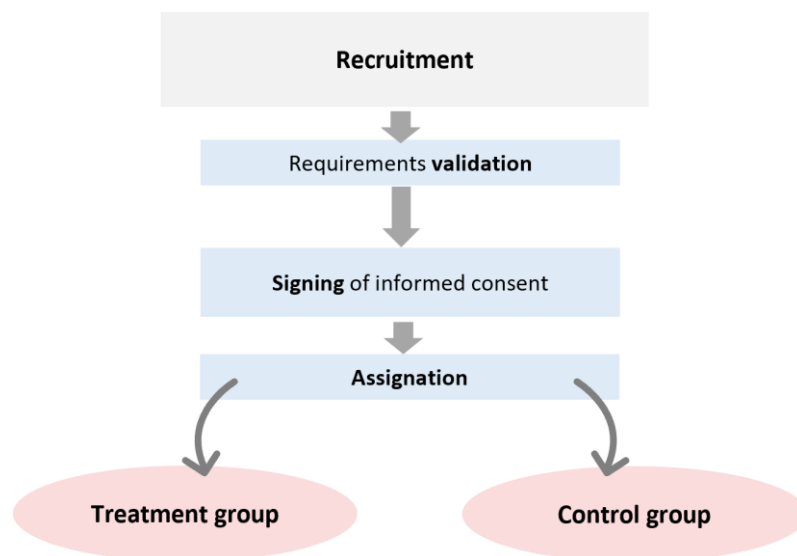
²⁰ For the cases of NOVAFEINA and ADIEM, where the number of potential participants is greater than the capacity of the entity. In this way, the participation has been randomized, assigning a random number and has been ordered from lowest to highest by this number. Thus, the entities must call the participants according to that order until the availability of places in TG and CG is completed.

- JUAN IGNACIO MUÑOZ BASTIDE FOUNDATION: the CG is in Valencia and the TG in Alcoi
- NOVAFEINA: the CG is in Valencia and the TG in the city of Alicante.

To carry out the random assignment of the participants, this evaluation has constructed the following design of the process:

1. On the part of the Valencian region, the maximum number of participants in the TG and in the CG is indicated, with a reserve group in each of the itineraries.
2. The unit of randomization is the household, where in most cases in each household there is only one participant. However, in a small group there is more than one participant per household, all of whom are assigned to the same group.
3. Each household identifier is assigned a random number between 0 and 1, so that the households within each itinerary are sorted by this random number, from lowest to highest.
4. In each itinerary, the first households are assigned to the TG until the maximum number is reached, the following households are assigned to the CG until the maximum number is reached, and the remainder, if any, will go to the reserve group.

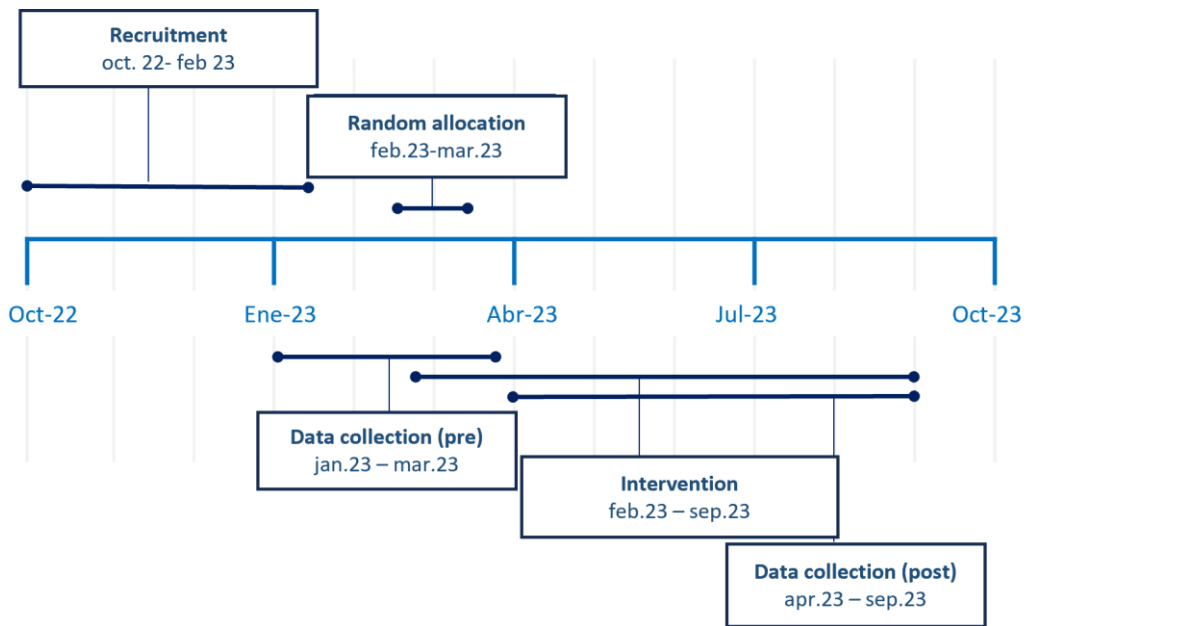
Figure 6: Sample design



In this context, **Figure 7** shows the time frame in which implementation and evaluation take place. The recruitment process takes place between the months of October (2022) and February (2023) and, in the months of February and March (2023), the random assignment of participants who have signed the informed consent takes place. It is also important to mention that the collection of baseline data and information (pre-execution of the interventions) is carried out between the months of January and March (2023). The development of the interventions takes place between the months of February and September (2023), starting the collection of post-intervention data and information in April and ending in September (2023). As it has been pointed out, the collection of end-line data was carried

out for those people who were withdrawn from the itinerary, at the time of the withdrawal one month since the start of the intervention.

Figure 7: Evaluation timeframe



4 Description of the implementation of the intervention

This section describes the practical aspects of how the intervention was implemented, within the framework of the evaluation design. Also, it describes the results of the randomization process of the participants and other relevant logistical aspects to contextualize the results of the evaluation.

4.1 Sample Description

Final Assessment Sample Characteristics

Table 1 below shows the descriptive statistics of the variables related to the intervention, according to the information collected in the baseline questionnaire (pre-execution of the intervention). That is, the characteristics of the participants are reported before starting the intervention. The table has six columns: the variable name, the number of observations, the mean, the standard deviation, the minimum value, and the maximum value.

A total of 1,481 people agreed to participate²¹, and of these, 1,379 people started the intervention and answered the first survey. 49.8% (687 people) of those who answered the first survey belonged to the treatment group, and the remaining 50.2% (692 people) belonged to the control group. The information is not complete for all variables because some people did not answer all the questions in this first survey. The average age of the participants is 41 years old, 69% are women and 49% are Spanish nationals. The average number of adults in the household is 2.19.

49% are beneficiaries of the RVI and 23% are beneficiaries of the MIS (considering that some people may be beneficiaries of both benefits). 90% are unemployed, the average number of days worked full-time is approximately 10 days. 30% have been victims of gender violence and 3% have been victims of human trafficking. 60% have an economic situation with irregular income. 51% live with children and 14% are people suffering from homelessness. 5% of the sample is or has been a prisoner. In addition, 35% of those surveyed suffer from a disease that affects their daily lives. Likewise, 8% of the sample does not have internet at home, 27% always vote in elections, 6% denounce domestic violence, 16% have the recognition of disability and 2% the recognition of dependency.

In this regard, it is important to emphasize that the indices of results included in **Table 1** are standardized and, therefore, the magnitudes of the numbers reflected below are not interpreted.

Table 1: Descriptive statistics of the sample

	Observations	Mean	Standard deviation	Min	Max
Treatment	1379	0.4	0.50	0	1
Age	1379	41.3	1.16	19	77
Sex of the respondent: female	1379	0.6	0.46	0	1
Nationality of the respondent: Spanish	1379	0.5	0.50	0	1
Country of birth of the respondent: Spain	1379	0.4	0.49	0	1
Holder or beneficiary of the RVI	1379	0.4	0.50	0	1
Holder or beneficiary in process of obtaining the RVI	1379	0	0.26	0	1
Holder or beneficiary of the MIS	1379	0.2	0.42	0	1
Holder or beneficiary in process of obtaining the MIS	1379	0	0.26	0	1
Victim of gender-based violence	1379	0.3	0.45	0	1
Victim of human trafficking	1379	0	0.19	0	1
Situation of homelessness	1379	0.1	0.35	0	1
Prisoner or former prisoner	1379	0	0.23	0	1
Number of adults in the household	1379	2.1	1.31	1	7
There are minors in the home	1379	0.5	0.49	0	1
Quality of relationships within the home	1260	1.7	0.83	1	5

²¹ This number refers to the participants in the 37 projects who were randomly assigned to the treatment and control group, which are the ones considered in the outcome analysis. The 4 entities that did not randomly assign participants had a total of 205 participants.

Reporting domestic violence	1229	0	0.24	0	1
Illness	1379	0.3	0.47	0	1
Disability recognition	1379	0.1	0.37	0	1
Recognition of dependency	1379	0	0.14	0	1
Economic situation: with regular income	1379	0.6	0.48	0	1
Difficulty making ends meet at the end of the month	1352	4	0.93	1	5
Vote in elections: always	1379	0.2	0.44	0	1
Maximum level of education	1379	1.3	0.88	0	3
Employment status: full-time or part-time work	1379	0	0.21	0	1
Employment status: unemployed	1379	0.9	0.29	0	1
Worked in January 2023	1269	0.1	0.38	0	1
Full-time equivalent days worked	1269	10.6	32.55	0	182
No internet connection at home	1374	0	0.28	0	1
Index 1 Standardized severe material and social deprivation	1379	0	1	-1.85	3.14
Index 2 Life satisfaction with different life dimensions standardized	1379	0	1	-3.61	2.83
Index 3 Standardized self-perceived satisfaction	1379	0	1	-5.37	2.56
Index 4 Performing different internet operations standardized	1379	0	1	-1.09	4.02
Index 5 Satisfaction with social services standardized	1379	0	1	-3.13	2.9
Index 6: Inability to obtain digital identification standardized	1379	0	1	-0.52	2.84
Index 7 Deprivation of social services standardized	1379	0	1	-1.25	1.74
Index 8 Basic needs deprivation standardized	1379	0	1	-0.76	5.1
Index 9 Housing deprivation standardized	1379	0	1	-0.59	9.02
Index 10 Problems due to lack of economic resources standardized	1379	0	1	-2.56	0.99
Index 11 Empathy with their environment standardized	1379	0	1	-0.34	1
Index 12 Involvement with social organizations standardized	1379	0	1	-0.49	8.08
Index 13 Language skills in Spanish standardized	1379	0	1	-4.49	0.7
Index 14 Language skills in Valencian standardized	1379	0	1	-1.16	2.16
Index 15 Self-perception of personal relationship with work and training standardized	1379	0	1	-3.01	1.46
Index 16 Influence of social services on daily life standardized	1379	0	1	-1.74	1.59
Index 17 Evaluation of the care and service received by social services standardized	1379	0	1	-1.88	1.29
Index 18 Electronic Device Availability standardized	1379	0	1	-4.64	6.5
Index 19 inability to perform different internet operations standardized	1379	0	1	-1.07	3.58

4.2 Random Assignment Results

The initial random assignment took place in February 2022. Subsequently, some modifications were made according to the following considerations:

- Several cases were identified in which two or more people belonged to the same household unit, so the random assignment was modified so that the two people from each household were in the same group. This resulted in another change in another person in the entity in each case in which this change had occurred. To make these changes, the already established random order was followed, making the assignment as it would have occurred if it had initially been known that these people belonged to the same cohabitation unit.
- The case of two people who necessarily had to be in CG for logistical reasons was identified, while one of them had been assigned to TG. Their assignment was changed, considering a case of non-compliance in the analysis.
- A new person was included in the sample. Since the TG and CG quota had already been filled in the entity where he was, he has been added to the reserve list in the last position.
- An error was detected in the assignment of CEAR Valencia, and, as a result, the reserve people are assigned to TG and CG according to the random order already established, maintaining the assignment of the 30 people already assigned to TG and CG.

Once these adjustments have been made, each of the entities of the Third Sector of Social Action is notified of the random assignment of the participants. On the other hand, the guidelines for the use of the reserve list are established and a deadline is set for the incorporation of the people in reserve to any of the groups. After the assignment of the groups, the entities of the Third Sector of Social Action begin to develop the social inclusion itineraries contemplated.

According to this process, the summary of the allocation in terms of the number of people in each group is as follows²²:

Table 2: Random Assignment Results

ENTITY	Nº IN CG	Nº EN TG	RESERVE
ACCEM	15	15	6
ADSI	19	19	2
ALANNA RIBERA	20	20	3
ALANNA VALENCIA	20	20	3
ARAKING	13	13	2
APIP ACAM	26	26	0
SHARP	20	20	0
ASMISAF	22	23	0
ASPRONA	19	19	0

²² The following entities are not taken into account because they are not part of the random assignment: ADIEM; AMBIT; J. J. MUÑOZ BASTIDE; NOVA FEINA.

ENTITY	Nº IN CG	Nº EN TG	RESERVE
CÁRITAS GANDIA	20	20	13
CARITAS ORIHUELA (PROJECT 1)	19	19	11
CARITAS ORIHUELA (PROJECT 2)	12	10	14
CASAL DE LA PAU	13	14	0
CASDA	13	14	0
CEAR ALICANTE	20	20	5
CEAR VALENCIA	23	24	0
CEPAIM ALICANTE	15	15	7
CEPAIM VALENCIA	15	15	10
ANTI-AIDS COMMITTEE	20	20	5
ALICANTE RED CROSS	20	20	0
VALENCIA RED CROSS	15	15	3
ELCHE WELCOMES	16	16	3
FAMILY	15	15	9
FEVADIS	20	20	3
FISAT (BURRIAN)	14	14	0
FISAT (VALENCIA)	15	15	2
AMIGÓ FOUNDATION	30	30	7
DAUGHTERS OF CHARITY MARILLACH (ALICANTE)	27	27	0
DAUGHTERS OF CHARITY MARILLACH (VALENCIA)	25	25	2
NOVATERRA	13	13	5
RADIO ECCA (ALICANTE)	14	14	8
RADIO ECCA (VALENCIA)	15	15	5
HEALTH AND COMMUNITY (CASTELLÓN)	20	20	3
HEALTH AND COMMUNITY (ALICANTE)	24	26	0
GYPSY SECRETARIAT (CASTELLÓN)	12	12	0
GYPSY SECRETARIAT (VALENCIA)	15	15	4
VEGA BAJA WELCOMES	14	14	6
TOTAL	668	672	141

Figure 8²³ and Figure 9 below show the results of the equilibrium balance between the control group and the treatment group. All data reflected in this figure refer to the survey conducted before the intervention (baseline). For each observable variable, the difference between the mean of that variable in the treatment and control group is represented by a point and centered on it, the 95% confidence interval of this difference. A confidence interval containing zero, i.e., the vertical axis, will indicate that the mean difference between groups is not statistically significant, or in other words, it is not statistically different from zero. It will be concluded, therefore, that the intervention groups are balanced in this characteristic. In the case where the confidence interval of the mean difference does not contain zero, it can be concluded that the difference is statistically significant and, therefore, the groups are unbalanced in this characteristic.

In this sense, the lower the p-value, the more confidently we can reject the hypothesis that the mean of the variable in both groups is the same. The results indicate that this hypothesis cannot be rejected for any of the variables or indices (index-indicator) considered. This reinforces the validity of the experimental design, by ensuring that any differences in the results of the TG and CG will not be due to previous imbalances in these dimensions between the two groups.

²³ See Table 16 and Table 17 in the appendix on the balance between experimental groups.

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

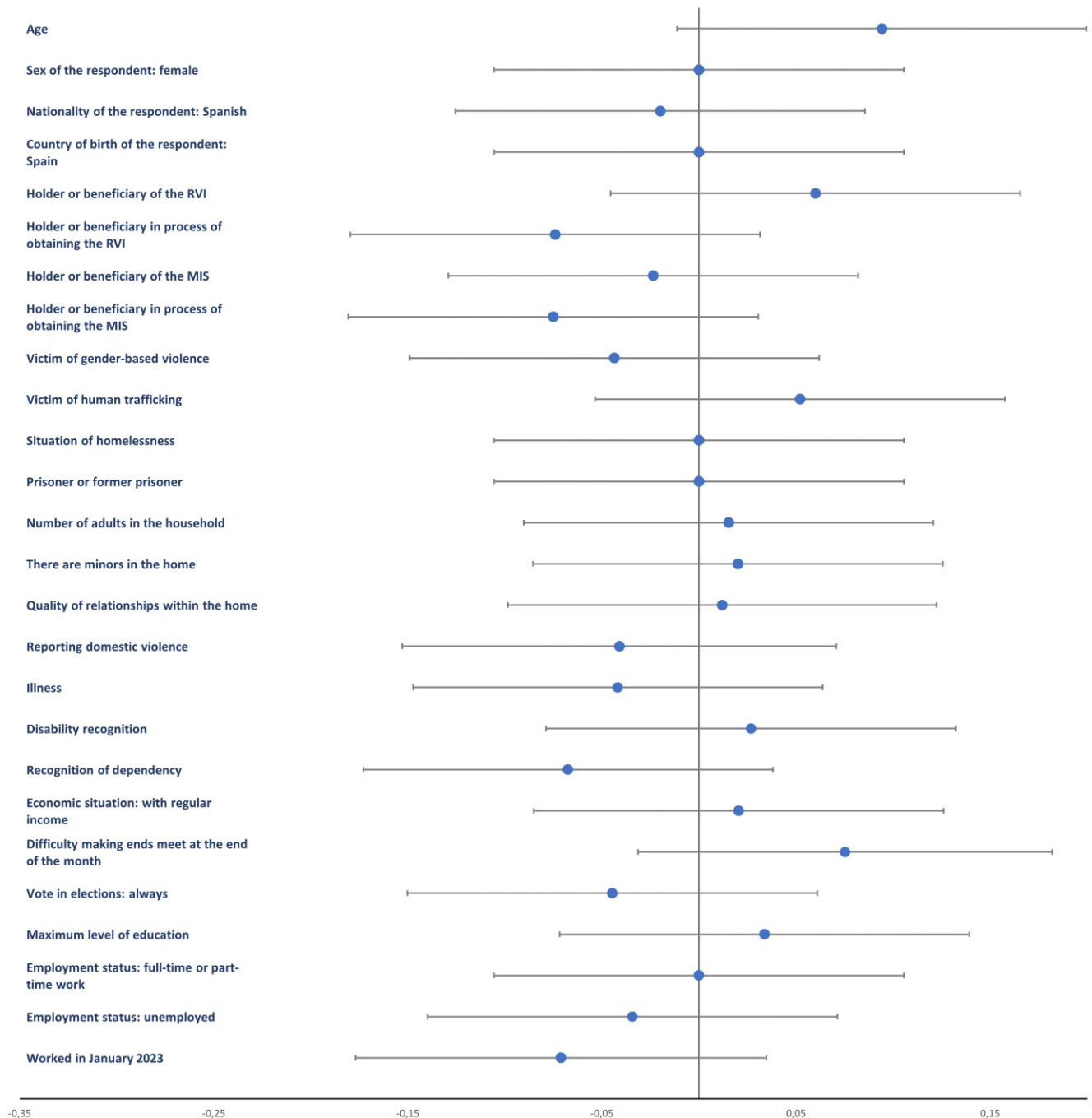
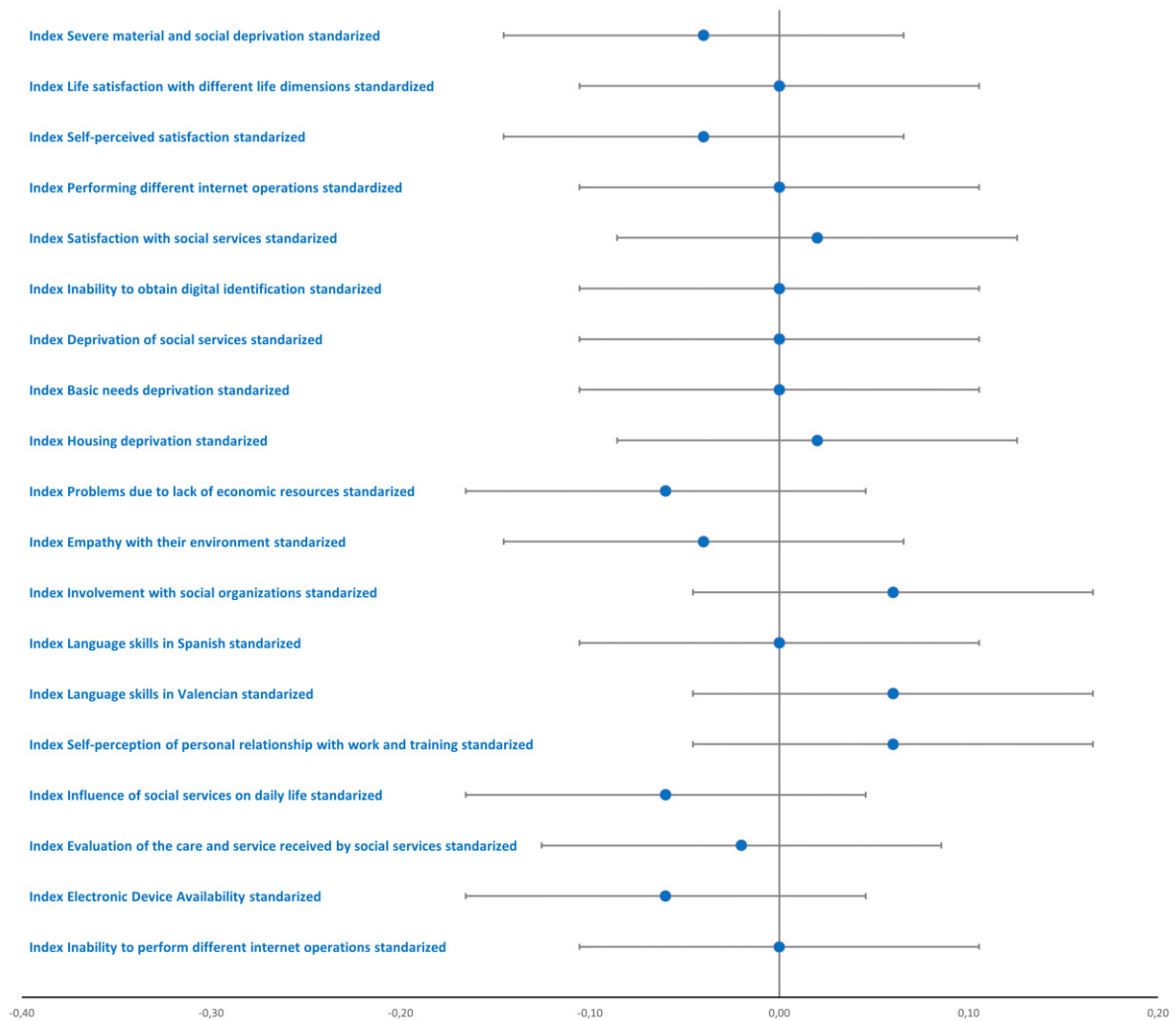


Figure 9: Standardized mean difference between treatment group and control group for outcome indicators (95% confidence interval)



4.3 Degree of participation and attrition by groups

The group signing the informed consent constitutes the experimental sample that was randomly assigned to the control, treatment, and reserve groups. Participation in the program was voluntary, but to do so they had the obligation to complete the questionnaire pre-intervention. The post-intervention questionnaire was also mandatory, although due to certain circumstances such as dropout, being untraceable, moving, illness or death, it was not carried out. On the one hand, it is convenient to analyze the degree of participation in the program, since the estimation of results will refer to the average effects of offering it, given the degree of participation. For example, if participation in treatment activities is low, the treatment and control groups will look very similar, and

it will be harder to find an effect. On the other hand, this section checks whether the non-completion of the final survey by some of the participants reduces the comparability of the treatment and control groups after the intervention, if the response rate is different between groups or according to the demographic characteristics of the participants in each group.

Degree of participation

Of a total of 1,481 initially randomized assignees, 668 (45%) were part of the control group, 672 (46%) of the treatment group, and 141 (9%) remained in reserve. Of the latter, 67 were activated (36 in the control group and 31 in the treatment group), replacing participants in the treatment or control groups who had withdrawn before 31 March 2023 (deadline for replacements). In addition to these initial withdrawals, there were subsequent withdrawals, so the number of participants who completed the intervention was 1,069, 531 in the control group and 538 in the treatment group. For the analysis, both participants assigned to the treatment or control group initially and people in reserve who were subsequently activated will be considered as part of the sample, i.e., a total of 1,407, regardless of whether they were withdrawn from the intervention or not. The reason for its inclusion in the analysis is our interest in estimating the effect of offering the program and not of receiving it (ITT).

Likewise, regarding participation throughout the project, **Table 3** shows the degree of participation (none, low, medium, or high) in the activities of the itineraries between the control and treatment groups.

Table 3: Degree of participation

	None	Low	Middle	High
CG	105	4	92	502
TG	108	9	48	539
Total, general	213	13	140	1041

On the other hand, the ETSAS had on average (for each participant in the treatment group) 5 telephone interactions and 1.4 face-to-face interactions with the reference professional. The maximum average interactions per participant (adding telephone and face-to-face) was 15.1 and the minimum was 1.1.

Attrition by groups

Table 4 shows the final number of participants in the evaluation (treatment and control) who answered the initial questionnaire. Counting the reserves, the figure rises to 1407 participants, of whom 703 (49.96%) were part of the treatment group and 704 (50.04%) were part of the control group. Of those assigned to the TG, 687 (98%) responded to the initial survey and 569 (81%) responded to the final survey. Among those assigned to the control, 692 (98%) responded to the initial survey and 557 (79%) completed the final questionnaire.

Table 4: Early Dropout Percentage

Group	Observations	Baseline Survey	Endline Survey
Treatment	703	687 (98%)	569 (81%)
Control	704	692 (98%)	557 (79%)
Total	1,407	1,379	1,126

Likewise, the first column of **Table 5** shows that the probability of not completing the final questionnaire is not correlated with the treatment group. In this sense, the second column of **Table 5** shows that there is no differential effect on the completion of the final questionnaire of the treatment to which the participant was assigned in relation to a series of sociodemographic characteristics: sex, age, Spanish nationality, educational level and being unemployed.

Table 5: Regressions of the probability of not answering the end-line survey.

Final questionnaire not completed	(1)	(2)
Treatment	-0.023 (0.02)	-0.087 (0.085)
Treatment and Age		0 (0.002)
Treatment and Women		-0.012 (0.035)
Treatment and Spanish nationality		0.067 (0.046)
Treatment and Maximum Educational Level		0.023 (0.025)
Treatment and Unemployment		0.022 (0.07)
N	1379	1379
R2	0.001	0.015
Mean (Control)	0.195	0.195

Final questionnaire not completed

(1)

(2)

Note: standard errors grouped by randomization strata reported in parentheses * p<0.1, ** p<0.05, *** p<0.01

5 Evaluation results

Randomization of the experimental sample to the control and treatment groups ensures that, with a sufficiently large sample, the groups are statistically comparable and therefore any differences observed after the intervention can be causally associated with the treatment. Econometric analysis provides, in essence, this comparison. However, it has the advantages of allowing other variables to be included to gain precision in estimates and provide confidence intervals for them. This section presents the econometric analysis carried out and the estimated regressions, as well as the analysis of the results obtained for the main indicators and indices described in section 3.4 of this report. The results of the other indicators and indexes are shown in Appendix 5.

5.1 Description of Econometric Analysis: Estimated Regressions

The regression model used to estimate the causal effect simply captures the difference in the variable of interest between the treatment group and the control group, since these groups are statistically comparable in many relevant characteristics, as shown in **Table 16** and **Table 17**. Alternatively, this section also presents specifications with additional controls (sex, nationality, educational level, and baseline value of the dependent variable, i.e., the value before the intervention) and itinerary fixed effects (which was the stratification variable). The estimated primary regression is:

$$Y_i = \alpha + \beta T_i + \delta_i X + \varepsilon_i,$$

Where $Y_{i,t=1}$ is the dependent variable of interest observed after the intervention for person i , T_i indicates whether the person has been assigned to treatment (=1) or control (=0), X_i is a vector of controls (sex, nationality, educational level, PRE value of the dependent variable) and fixed itinerary effects and ε_i is the error term. Standard errors are grouped at the level of the randomization stratum, i.e., at the itinerary level.

5.2 Analysis of the results

5.2.1 Primary and secondary outcomes

Table 6 and **Table 7** show the results of the treatment of the indicators mentioned in two of the three topics differentiated in section 3.4: **social inclusion and access to resources and services**. For each indicator, two specifications are presented: one without controls and another that includes the controls specified in the previous section and the stratum fixed effects.

Table 6: Evaluation results for social inclusion indicators

	Index 1: Severe material and social deprivation		Index 2: Life satisfaction with different life dimensions		Index 3: Self-perceived satisfaction		Employment status: Full-time work		Employment status: unemployed	
Treatment	-0.0262 (0.0896)	-0.0204 (0.0829)	0.0864 (0.0835)	0.0772 (0.0709)	-0.00543 (0.0825)	-0.00770 (0.0802)	0.00429 (0.0275)	0.00625 (0.0283)	0.0126 (0.0411)	0.00863 (0.0379)
Observations	1126	1126	1126	1126	1126	1126	1119	1119	1119	1119
R2	0.000171	0.339	0.00187	0.326	7.39E-06	0.255	0.0000356	0.165	0.000218	0.168
Mean control	0.0132	0.0132	-0.0437	-0.0437	0.00275	0.00275	0.151	0.151	0.757	0.757
Controls	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes

Note: Standard errors grouped by randomization strata reported in parentheses * p<0.1, ** p<0.05, *** p<0.01

Table 7: Evaluation results for indicators of access to resources and services

	Index 4 Performing different internet operations		Index 5 Satisfaction with social services		Index 6: Inability to obtain digital identification		Economic situation: with regular income		Difficulty making ends meet at the end of the month	
Treatment	0.0706 (0.092)	0.107 (0.0896)	0.213** (0.0868)	0.208** (0.089)	0.0636 (0.0723)	0.067 (0.0729)	-0.0157 (0.0356)	-0.0141 (0.0337)	0.0383 (0.071)	0.00485 (0.0706)
Observations	1119	1119	1126	1126	1119	1119	1119	1119	1087	1070
R2	0.00125	0.371	0.0114	0.121	0.00101	0.077	0.000292	0.28	0.000398	0.17
Media Control	-0.0357	-0.0357	-0.108	-0.108	-0.0322	-0.0322	0.702	0.702	3.815	3.818
Controls	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes

Note: Standard errors grouped by randomization strata reported in parentheses * p<0.1, ** p<0.05, *** p<0.01

Firstly, a significant and positive effect is only obtained at 5% for index 5 (satisfaction with social services) linked to one of the main hypotheses related to improved access to resources and services. Also, the magnitude of this effect is about a quarter of a standard deviation. However, this does not translate into greater perceived life satisfaction (index 2) or satisfaction with the environment (index 3). This could be since the treatment failed to address the problems that cause dissatisfaction in the participants or because of the difficulty of measuring life satisfaction or satisfaction with the environment.

Likewise, the treatment also did not have a significant effect on the inability to obtain digital identification, the performance of procedures online or the inability to carry out procedures online (indices 4 and 6). Likewise, there are also no statistically significant effects on the indicators and indices of severe material and social deprivation (index 1) and the different economic and labor indicators.

In addition, **Table 6** and **Table 7** show the results when the fixed effects of the itinerary and the basic sociodemographic controls are included, as well as the initial value of the dependent variable (included in the pre-questionnaire). The results are very similar to those obtained without controls, as would be expected given the existence of balance between treatment group and control group documented in Appendix 5²⁴.

Finally, as shown in **Table 8** and **Table 9**, this evaluation has carried out econometric analyses to analyze differences between the treatment and control group in terms of dropping out of the itinerary and the degree of attendance of those who do not drop out (third differentiated topic in section 3.4). In this sense, there are no statistically significant differences between the two groups.

Table 8: Itinerary attrition

Dropout of itinerary	(1)
Treatment	-0.0152
	(0.0248)
Observations	1407
R2	0.000316
Mean (Control)	0.247

Note: Standard errors, grouped by randomization strata, reported in parentheses.

Table 9: Degree of attendance of those who do not drop out.

Dropout of itinerary	(1)
Treatment	-0.0180
	(0.0409)
Observations	1053
R2	0.00161
Mean (Control)	0.774

Note: Standard errors, grouped by randomization strata, reported in parentheses.

²⁴ Appendix 5 shows the results in other indices and indicators.

5.2.2 Heterogeneity analysis

This section presents the analysis of heterogeneity of effects according to the characteristics of the participants.

Table 10, Table 11, Table 12, Table 13, Table 14, and Table 15 explore the heterogeneity of the effects by sex, age, and Spanish nationality of the respondent on the indices considered. This is done by adding the interaction between the treatment and the variable considered (in the case of age, a binary variable is defined if the interviewee is over 40 years old).

There are no major differentiated impacts by sex or nationality in the indices corresponding to the main indicators. Out of the differentiated impacts, it is worth noticing that by age, results show that the treatment did have positive and significant effects on those under 40 years of age in terms of carrying out different operations over the internet (index 4), while it had negative effects on those over 40 years of age in this same indicator.

Table 10: Heterogeneity by sex. Social inclusion indices

	Index 1: Severe material and social deprivation	Index 2: Self-perceived satisfaction	Index 3: Life satisfaction with different life dimensions
Treatment	-0.109 (0.165)	0.0713 (0.126)	0.187 (0.123)
Woman	-0.293 (0.236)	0.166 (0.102)	0.113 (0.141)
Woman x Treatment	0.123 (0.169)	-0.112 (0.125)	-0.146 (0.134)
Observations	1126	1126	1126
R2	0.0125	0.00326	0.00335
Mean (control)	0.0132	0.00275	-0.0437

Note: Standard errors grouped by randomization strata reported in parentheses * p<0.1, ** p<0.05, *** p<0.01

Table 11: Heterogeneity by sex. Access to resources and services

	Index 4: Performing different internet operations	Index 5: Satisfaction with social services	Index 6: Inability to obtain digital identification
Treatment	0.227** (0.108)	0.236 (0.167)	0.131 (0.112)
Woman	0.465*** (0.131)	0.187 (0.116)	0.137 (0.0934)
Woman x Treatment	-0.23 (0.155)	-0.0342 (0.163)	-0.0982 (0.131)

Observations	1119	1126	1119
R2	0.0302	0.0176	0.00316
Mean (control)	-0.0357	-0.108	-0.0322

Note: Standard errors grouped by randomization strata reported in parentheses * p<0.1, ** p<0.05, *** p<0.01

Table 12: Heterogeneity by age. Social inclusion indices

	Index 1: Severe material and social deprivation	Index 2: Life satisfaction with different life dimensions	Index 3: Self-perceived satisfaction
Treatment	0.0436 (0.119)	0.0628 (0.0899)	-0.0422 (0.0973)
Age	0.0188*** (0.00684)	-0.0116** (0.00495)	-0.00934** (0.00387)
Age x Treatment	-0.126 (0.16)	0.0436 (0.118)	0.0667 (0.0991)
Observations	1126	1126	1126
R2	0.0385	0.0181	0.00939
Mean (control)	0.0132	-0.0437	0.00275

Note: Standard errors grouped by randomization strata reported in parentheses * p<0.1, ** p<0.05, *** p<0.01

Table 13: Heterogeneity by age. Access to resources and services

	Index 4: Performing different internet operations	Index 5: Satisfaction with social services	Index 6: Inability to obtain digital identification
Treatment	0.276** (0.112)	0.249* (0.125)	-0.0301 (0.11)
Age	-0.00962** (0.00406)	0.0124*** (0.0041)	-0.00264 (0.00335)
Age x Treatment	-0.363*** (0.115)	-0.0647 (0.118)	0.167 (0.116)
Observations	1119	1126	1119
R2	-0.0472	0.029	-0.00328
Mean (control)	-0.0357	-0.108	-0.0322

Note: Standard errors grouped by randomization strata reported in parentheses * p<0.1, ** p<0.05, *** p<0.01

Table 14: Heterogeneity by nationality. Social inclusion indices

Note:

	Index 1: Severe material and social deprivation	Index 2: Life satisfaction with different life dimensions	Index 3: Self-perceived satisfaction
Treatment	0.059 (0.129)	0.0193 (0.100)	-0.102 (0.104)
Nationality	-0.0689 (0.127)	-0.326*** (0.107)	0.593*** (0.122)
Nationality x Treatment	0.0529 (0.152)	0.0275 (0.141)	0.0677 (0.109)
Observations	1126	1126	1126
R2	0.00249	0.0248	0.100
Media Control	-0.0437	-0.0204	0.0419

Standard errors grouped by randomization strata reported in parentheses * p<0.1, ** p<0.05, *** p<0.01

Table 15: Heterogeneity by nationality. Resource and service access rates

	Index 4: Performing different internet operations	Index 5: Satisfaction with social services	Index 6: Inability to obtain digital certification
Treatment	0.00144 (0.11)	0.188 (0.120)	0.148* (0.0848)
Nationality	0.0366 (0.12)	-0.0941 (0.34)	0.169* (0.0857)
Nationality x Treatment	0.142 (0.171)	0.0474 (0.151)	-0.164 (0.148)
Observations	1119	1119	1119
R2	0.00547	0.0127	0.0045
Mean (control)	-0.0322	-0.108	-0.0322

Note: Standard errors grouped by randomization strata reported in parentheses * p<0.1, ** p<0.05, *** p<0.01

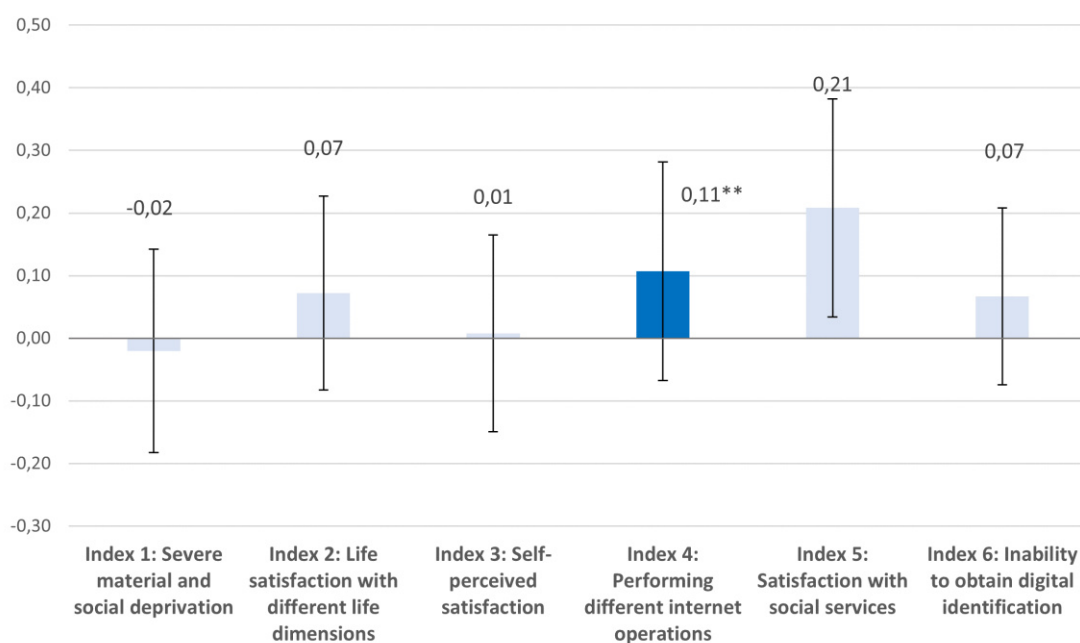
6 Conclusions of the evaluation

This report presents the results of the evaluation of a pilot project carried out in the Valencian Community, aimed at reducing the digital skill gap and improving coordination between social services and Third Sector Social Action Entities. The project randomly assigned 1481 participants to receive the usual accompaniment given by the entities of the Third Sector of Social Action (control group) or also to receive digital training courses and follow-up by a new figure of a "reference professional" of the municipal Social Services (treatment group).

The results indicate that treatment improved satisfaction with social service care and positive perception of its influence. However, this did not translate into improvements in the key areas of the intervention: no significant impacts are found on life satisfaction, integration into the labor market or the reduction of the digital skill gap. In relation to the indices linked to the hypotheses mentioned in previous sections of this report, as shown in **Figure 10**, only index 5 associated with the hypothesis of improved access to and satisfaction with social resources and services has a statistically significant effect. The heterogeneity analyses carried out do not suggest major differences in the impact of treatment by sex or nationality; however, it is worth noticing that that the treatment had a positive impact on the digital skills of people under 40 years of age and a negative impact on the same indicator for those over 40 years of age.

These results suggest that, before scaling up itineraries, special attention should be paid to the design and implementation of the intervention, particularly in terms of improving digital skills.

Figure 10: Effect of the intervention on the main indicators



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Appendices

1. Sample Balancing

Table 16 and Table 17 report the balance test between the control group and the treatment group. All data reflected in this table refer to the survey carried out before the intervention (baseline). The mean value of each variable for both groups is reported, as well as the number of observations in each group and the p-value resulting from a contrast of mean difference (using Student's t-statistic). The lower the p-value, the more confidently one can reject the hypothesis that the mean of the variable in both groups is equal. For example, if the p-value is less than 0.05, the hypothesis of equality of means at a confidence level of 5% can be rejected. If the p-value is greater than 0.10, then the hypothesis of equality of means in both groups cannot be rejected.

Table 16: Equilibrium tests between experimental groups

Variable	Control		Treatment		t-test	
	Obs.	Mean /(Var)	Obs.	Mean /(Var)	Obs.	P-Value
Age	692	41,31 (138,5)	687	41,42 (134,09)	1379	0,86
Sex of the respondent: female	692	0,69 (0,21)	687	0,69 (0,21)	1379	0,98
Nationality of the respondent: Spanish	692	0,5 (0,25)	687	0,49 (0,25)	1379	0,85
Country of birth of the respondent: Spain	692	0,41 (0,24)	687	0,41 (0,24)	1379	0,96
Holder or beneficiary of the RVI	692	0,48 (0,25)	687	0,51 (0,25)	1379	0,25
Holder or beneficiary in process of obtaining the RVI	692	0,09 (0,08)	687	0,07 (0,07)	1379	0,39
Holder or beneficiary of the MIS	692	0,24 (0,18)	687	0,23 (0,18)	1379	0,96
Holder or beneficiary in process of obtaining the MIS	692	0,09 (0,08)	687	0,07 (0,06)	1379	0,24
Victim of gender-based violence	692	0,31 (0,22)	687	0,29 (0,21)	1379	0,3
Victim of human trafficking	692	0,03 (0,03)	687	0,04 (0,04)	1379	0,47
Person in situation of homelessness	692	0,15	687	0,15	1379	0,72

		(0,12)		(0,13)		
Former prisoner	692	0,06	687	0,06	1379	0,62
		(0,05)		(0,06)		
Number of adults in the household	692	2,19	687	2,21	1379	0,74
		(1,69)		(1,76)		
Minors in the Home	692	0,51	687	0,52	1379	0,85
		(0,25)		(0,25)		
Quality of relationships within the home	635	1,74	625	1,75	1260	0,7
		(0,72)		(0,68)		
Reporting domestic violence	611	0,07	618	0,06	1229	0,6
		(0,06)		(0,06)		
Illness	692	0,37	687	0,35	1379	0,46
		(0,23)		(0,23)		
Disability recognition	692	0,16	687	0,17	1379	0,67
		(0,14)		(0,14)		
Recognition of dependency	692	0,03	687	0,02	1379	0,37
		(0,03)		(0,02)		
Economic situation: with regular income	692	0,6	687	0,61	1379	0,74
		(0,24)		(0,24)		
Difficulty making ends meet	681	4,03	671	4,1	1352	0,17
		(0,91)		(0,82)		
Vote in elections: always	692	0,29	687	0,27	1379	0,38
		(0,21)		(0,2)		
Maximum level of education	692	1,34	687	1,37	1379	0,53
		(0,8)		(0,78)		
Employment status: full-time or part-time work	692	0,05	687	0,05	1379	0,78
		(0,05)		(0,05)		
Employment status: unemployed	692	0,91	687	0,9	1379	0,68
		(0,08)		(0,09)		
No internet connection at home	689	0,1	685	0,08	1374	0,16
		(0,09)		(0,07)		

Table 17: Equilibrium contrasts between experimental groups (indices)

Variable	Control		Treatment		t-test	
	Obs.	Mean /(Var)	Obs.	Mean /(Var)	Obs.	P-Value
Index private service deprivation standarized	692	0,02 (0,97)	687	-0,02 (1,03)	1379	0,51
Index Basic Needs Deprivation standarized	692	0,69 (0,21)	687	0,69 (0,21)	1379	0,98
Index Housing Deprivation standarized	692	0,02 (1,1)	687	-0,02 (0,9)	1379	0,56
Index Severe material and social deprivation standarized	692	0 (1,05)	687	0 (0,95)	1379	0,88
Index problems due to lack of economic resources standarized	692	-0,01 (1,08)	687	0,01 (0,92)	1379	0,7
Index Self-Perceived Satisfaction standarized	692	0 (1,08)	687	0 (0,92)	1379	0,97
Index empathy with their environment standarized	692	0 (1,01)	687	0 (0,99)	1379	0,99
Index life satisfaction with different life dimensions standarized	692	0 (1)	687	0 (1)	1379	0,89
Index Engagement with Social Organizations standarized	692	-0,01 (0,95)	687	0,01 (1,06)	1379	0,67
Index of language skills in Spanish standarized	692	0,03 (0,94)	687	-0,03 (1,06)	1379	0,31
Index of language skills in Valencian standarized	692	0,02 (1,03)	687	-0,02 (0,97)	1379	0,54
Index Self-perception personal relationship with work and training standarized	692	-0,03 (1,01)	687	0,03 (0,99)	1379	0,24
Index satisfaction with Social Services standarized	692	0 (0,92)	687	0 (1,08)	1379	0,91
Index of the influence of Social Services on daily life standarized	692	-0,03 (1,02)	687	0,03 (0,98)	1379	0,28

Index evaluation of the care and service received by Social Services standardized	692	-0,03 (1,03)	687	0,03 (0,97)	1379	0,23
Index Electronic Device Availability Standardized	692	0,03 (1,06)	687	-0,03 (0,94)	1379	0,3
Index inability to obtain digital identification standardized	692	0,01 (1,03)	687	-0,01 (0,97)	1379	0,67
Index of performing different operations over the internet standardized	692	0,03 (1,08)	687	-0,03 (0,92)	1379	0,29
Index inability to perform different operations over the internet standardized	692	0 (1,01)	687	0 (0,99)	1379	0,94

2. Third Sector Social Action Entities participating in the Project.

Table 18: Third Sector Social Action Entities

	Locality	Entity	Vulnerable group
1	Valencia	SPANISH CATHOLIC MIGRATION COMMISSION ASSOCIATION (ACCEM)	People suffering from homelessness people
2	Valencia	ADSIS FOUNDATION	People at risk of social exclusion Prisoners/ex-prisoners
3	Valencia	ASSOCIATION FOR THE INTEGRAL HEALTH OF THE MENTALLY ILL (ASIEM MENTAL HEALTH)	Functional Diversity / Mental Health
4	Valencia	ALANNA ASSOCIATION	Women victims of gender-based violence
5	Carlet	ALANNA ASSOCIATION	Women victims of gender-based violence
6	Gandía	ASSOCIATION FOR THE MENTALLY HANDICAPPED OF LA SAFOR (ASMISAF - AUNA INCLUSION)	Functional Diversity / Mental Health
7	Valencia	VALENCIAN ASSOCIATION FOR PEOPLE WITH INTELLECTUAL DISABILITIES (ASPRONA)	Functional Diversity / Mental Health

	Locality	Entity	Vulnerable group
8	Valencia	ÀMBIT ASSOCIATION	Migrants at risk and/or refugees
	Herbés		Prisoners/ex-prisoners
9	Gandia	CARITAS INTERPARROQUIAL GANDIA	Migrants at risk and/or refugees People at risk of social exclusion
10	Valencia	SPANISH COMMISSION FOR REFUGEE AID (CEAR)	Migrants at risk and/or refugees
11	Valencia	CITIZEN ANTI-AIDS COMMITTEE OF THE VALENCIAN COMMUNITY	People at risk of social exclusion
12	Valencia / Mislata	SPANISH RED CROSS - VALENCIA	People at risk of social exclusion
13	Valencia	DOMUS PACIS - CASAL DE LA PAU	People suffering from homelessness people Prisoners/ex-prisoners
14	Valencia	REGIONAL FEDERATION OF GYPSY ASSOCIATIONS OF THE VALENCIAN COMMUNITY (FAGA)	People at risk of social exclusion Roma population
15	Valencia	VALENCIAN FEDERATION OF PEOPLE WITH INTELLECTUAL DISABILITIES (FEVADIS)	People at risk of social exclusion Functional Diversity / Mental Health
16	Valencia / Torrent	AMIGÓ FOUNDATION	Migrants at risk and/or refugees
17	Valencia	APIP-ACAM FOUNDATION	Women victims of gender-based violence Women in the context of prostitution
18	Valencia	CEPAIM FOUNDATION COMPREHENSIVE ACTION WITH MIGRANTS	Migrants at risk and/or refugees
19	Valencia	FOUNDATION OF THE VALENCIAN COMMUNITY JUAN IGNACIO MUÑOZ BASTIDE	Functional Diversity / Mental Health
	Alcoy/Alcoi		
20	Valencia	ÁNGEL TOMÁS SOLIDARITY INITIATIVE FOUNDATION	Migrants at risk and/or refugees People at risk of social exclusion

	Locality	Entity	Vulnerable group
21	Quart de Poblet	NEW JOB FOUNDATION OF THE VALENCIAN COMMUNITY	People at risk of social exclusion
	Alicante/Alacant		
22	Valencia	FUNDACIÓN SECRETARIADO GITANO COMUNITAT VALENCIANA	Roma population
23	Valencia	COMPANY OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL - OBRA SOCIAL SANTA LUISA DE MARILLAC	People at risk of social exclusion Women victims of gender-based violence
24	Valencia	NOVATERRA FOUNDATION	Migrants at risk and/or refugees People at risk of social exclusion
25	Valencia	RADIO ECCA FUNDACION CANARIA	Women victims of gender-based violence
26	Castelló de la Plana	CITIZEN ASSOCIATION AGAINST AIDS CASTELLÓ (CASDA)	Migrants at risk and/or refugees Prisoners/ex-prisoners Prostitution HIV
27	Borriana/Burriana	ÁNGEL TOMÁS SOLIDARITY INITIATIVE FOUNDATION	People at risk of social exclusion
28	Castelló de la Plana	HEALTH AND COMMUNITY FOUNDATION	Migrants at risk and/or refugees Women in the context of prostitution Women victims of gender-based violence
29	Castelló de la Plana	FUNDACIÓN SECRETARIADO GITANO COMUNITAT VALENCIANA	Roma population
30	Alicante/Alacant	ADIEM SENSE FOUNDATION OF THE VALENCIAN COMMUNITY	Functional Diversity / Mental Health
	Torreveija	ADIEM SENSE FOUNDATION OF THE VALENCIAN COMMUNITY	Functional Diversity / Mental Health
31	Alicante/Alacant	ASSOCIATION FOR THE PROMOTION OF GYPSIES (APG ARAKERANDO)	Roma population
32	Alicante/Alacant		People at risk of social exclusion

	Locality	Entity	Vulnerable group
		DIOCESAN CARITAS OF ORIHUELA-ALICANTE	Functional Diversity / Mental Health
33	Alicante/Alacant	DIOCESAN CARITAS OF ORIHUELA-ALICANTE	People suffering from homelessness people
34	Alicante/Alacant	SPANISH COMMISSION FOR REFUGEE AID (CEAR)	Migrants at risk and/or refugees
35	Elche/Elx	SPANISH RED CROSS - ALICANTE	People at risk of social exclusion
36	Alicante/Alacant	CEPAIM FOUNDATION COMPREHENSIVE ACTION WITH MIGRANTS	Migrants at risk and/or refugees
37	Elche/Elx	ELCHE ACOGE FOUNDATION OF THE VALENCIAN COMMUNITY	Migrants at risk and/or refugees
38	Alicante/Alacant	HEALTH AND COMMUNITY FOUNDATION	People suffering from homelessness people
39	Alicante/Alacant	COMPANY OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL - OBRA SOCIAL SANTA LUISA DE MARILLAC	People at risk of social exclusion
40	Alicante/Alacant	RADIO ECCA FUNDACION CANARIA	Women victims of gender-based violence
41	Orihuela	VEGA BAJA WELCOMES	Migrants at risk and/or refugees

3. Pilotem Project Itineraries - Third Sector Social Action Entities

ENTITY: ACCEM

PROJECT: Neo. Evaluation of New Methodologies of Intervention with Homelessness suffering People.

DESCRIPTION:

The project is aimed at people suffering from homelessness and its general objective is to evaluate an intervention methodology with people in a situation of long-term homelessness, based on the postulates of low demand, based on access to a transitional housing resource, which facilitates a first stabilization of the person, to carry out together with him, a process of social accompaniment with an intersectional approach. This will be based on four pillars: access to rights, comprehensive health habits, community participation and promotion of personal autonomy.

ENTITY: AP ARAKERANDO

PROJECT: Tilling the Way

DESCRIPTION:

The direct recipients of the Project will be people of Roma and non-Roma ethnicity in situations of vulnerability and social exclusion and its general objective is to offer comprehensive care in the training processes related to socio-occupational insertion and psychological and emotional health.

Providing practical training adapted to different levels of knowledge, on specific professions in which there are possibilities for these families to have access to the labor market depending on their preparation, their previous work experience, and their availability, providing the necessary tools for them to access a job search, trying to provide demonstrable experience that increases their chances of accessing the labor market.

ENTITY: ALANNA ASSOCIATION

PROJECT 1: Nosotras La Ribera

DESCRIPTION:

The project is aimed at women victims of gender violence and its objective is to place women victims of gender violence in a better position when facing their inclusion process, placing them as the protagonists of their itinerary and intervening with them in a comprehensive way through an innovative inclusion itinerary.

ENTITY: ALANNA ASSOCIATION

PROJECT 2: Nosotras Valencia

DESCRIPTION:

The project is aimed at women victims of gender violence and its objective is to place women victims of gender violence in a better position when it comes to facing their inclusion process, placing them as the protagonists of their itinerary and intervening with them in a comprehensive way through an innovative inclusion itinerary.

ENTITY: ÀMBIT ASSOCIATION

PROJECT: Spike

DESCRIPTION:

The project is aimed at people in situations of social emergency, homelessness, poverty, and groups belonging to ex-prisoners with or without mental health problems and its main objective is to accompany the participants in the Socio-Labor Itinerary, through an integration experience in the rural area of emptied Spain.

ENTITY: ASMISAF – AÚNA (ASSOCIATION FOR THE MENTALLY DISABLED OF SAFOR)

PROJECT: Psicorienta

DESCRIPTION:

The project is aimed at people with mental disabilities (intellectual disability and/or mental illness), preferably from the Safor region and neighboring towns, who have an official diagnosis (minimum degree of disability 33%) and who are at risk of exclusion or vulnerability.

General objective. With the implementation of the project's methodology, it is proposed to minimize risk factors of social exclusion of the group to which it is aimed by developing actions that improve their social situation in the community.

ENTITY: ASIEM MENTAL HEALTH

PROJECT: ASIEMprendemos contigo-Integrated itineraries of socio-occupational insertion for people with psychosocial functional diversity

DESCRIPTION:

The project is aimed at people with severe mental disorders (psychosocial functional diversity)

Its general objective is to create a resource where the socio-labor insertion of people with mental health problems (people with psychosocial functional diversity) is promoted and facilitated, primarily women and young people under 35 years of age, through the methodology of supported employment.

ENTITY: ASPRONA

PROJECT: That clear

DESCRIPTION:

The program is aimed at people with intellectual functional diversity, developmental disorders and/or mental illness who are unemployed:

- women and men between the ages of 17 and 60, unemployed.
- with intellectual functional diversity, developmental disorder and/or mental illness (severe disability)
- people with a lack of social skills, attitudinal skills, and job search techniques.
- people, for the most part, with little or no professional experience.
- people, for the most part, with little or no training.
- with a lack of knowledge of the appropriate resources to improve their CV and/or their possibilities of insertion into the labor market.
- with limitations in the search for and adaptation to the job: disability, environment, social perception.

The objective of this project is to promote mechanisms to articulate innovative tools in the development of an active social policy that results in a comprehensive reinforcement of the competences of the participants.

ENTITY: CÁRITAS DIOCESANA ORIHUELA - ALICANTE

PROJECT 1: Integrating: Family intervention in all dimensions of social exclusion.

DESCRIPTION:

Project aimed at families: dysfunctional and/or unstructured, with conflictive relationships between their members, in a situation of eviction as a result of non-payment of mortgage or rent, with difficulties in incorporating themselves into social inclusion processes.

The objective of the project is to improve the quality of life, framing the aid in all dimensions of family social exclusion: housing, health, work, community.

ENTITY: CÁRITAS DIOCESANA ORIHUELA - ALICANTE

PROJECT 2: Connection.

DESCRIPTION:

This project is aimed at homelessness suffering people (ETHOS 1 and 2): mental health, addictions, gender violence and supervening irregularity.

The objective of the project is to develop inclusive itineraries through the different areas of the comprehensive development plan. These areas are worked on through people's daily lives, both formally (interviews with technicians, activities, workshops), and informally. Every moment is a time for transformation and accompaniment.

ENTITY: CARITAS INTERPARROQUIAL GANDIA

PROJECT: Pilotem CV.

DESCRIPTION:

The recipients of the project are people at risk or social exclusion and who are beneficiaries of certain aid such as the Minimum Income Scheme and/or the Valencian Inclusion Income. These are vulnerable people with different profiles (people without studies, women with family responsibilities, long-term unemployed, people over 45 years of age with difficulties in being hired due to lack of a regulated training curriculum, ethnic minorities, migrants...) who live alone or are integrated into a cohabitation unit and lack basic economic resources to cover their basic needs.

The objective of this project is to contribute to the promotion of equality, social inclusion, and the fight against poverty in different ways, through the development of social inclusion itineraries, to improve the skills and abilities of the participants.

ENTITY: DOMUS PACIS CASAL DE LA PAU

PROJECT: Pilotem CV

DESCRIPTION:

The project is aimed at prisoners and former prisoners. People who have suffered prison sentences often have difficulties in "returning" to society. Experience shows that it is necessary to carry out a personalized intervention and flexible accompaniment adapted to the reality and particularities of each user to progressively reduce the difficulties indicated. Social accompaniment, training in social and personal skills and the development of individual itineraries is essential to achieve insertion.

One of the aspects that is considered fundamental is health care and personal care as a fundamental driver for job search.

The Entity will launch an individualized accompaniment service together with reinforcement measures that favor the employability of the people served. A fundamental aspect in improving employability will be intervention to improve oral health.

ENTITY: CASDA. CITIZEN ASSOCIATION AGAINST AIDS CASTELLÓ

PROJECT: Integra-2

DESCRIPTION:

This project is aimed at prostituted women or those who exercise prostitution as a means of survival on rural roads in towns in the province of Castellón in centers of offer of sexual services, in apartments of sexual services in cities of the province of Castellón, or in nightclubs of the province. 95% of these women are immigrants (mainly from Eastern EEC or sub-Saharan African countries), the rest are Spanish with addictions to illegal substances. Administrative documentation, half keep updated for residence and work, the rest have a passport that has generally expired. With family responsibilities. With shared rental housing. No economic income. With family ties and social relationships of the prostitution environment.

The objective of the project is to promote social inclusion and fight against any type of discrimination in the different groups that we are going to support and accompany and contribute to the construction of a stable socio-labor reality for people without economic resources and who are in a situation of high risk of social exclusion in Castellón.

ENTITY: CITIZEN ANTI-AIDS COMMITTEE OF THE VALENCIAN COMMUNITY

PROJECT: Itineraries of socio-labor insertion for long-term unemployed people.

DESCRIPTION:

The project is aimed at long-term unemployed people (PDL), registered at the employment office for at least 12 months (360 days) in the last 18 months, at risk or in a situation of social exclusion, who are recipients of the Minimum Income Scheme, Valencian Inclusion Income, and other minimum incomes (subsidies, Non-Contributory Pension, Active Insertion Income).

The general objective is to acquire a greater level of autonomy and participation in social matters through access to and maintenance of employment.

ENTITY: SPANISH COMMISSION FOR REFUGEE AID - CEAR

PROJECT 1: Itinerary on the road to inclusion.

DESCRIPTION:

This project is aimed at refugees, applicants for international protection, denied and migrants in vulnerable situations, prioritizing people receiving the Valencian Inclusion Income and/or minimum living income.

The objective of this project is to promote the inclusion of the people cared for in the host society, through the development of individualized insertion itineraries, to improve autonomy and participation in it.

ENTITY: SPANISH COMMISSION FOR REFUGEE AID - CEAR

PROJECT 2: Itineraries Course: Inclusion Course.

DESCRIPTION:

This project is aimed at migrants, asylum seekers, people with international protection granted and in a situation of great vulnerability with difficulties in accessing normalized employment and/or training, whose situation has been seriously affected by the effects of the Covid-19 health crisis and who, in general, have difficulties in accessing resources.

The general objective of the project is to promote the social and labor inclusion of the participants, through training and the activation of comprehensive and personalized inclusion itineraries.

ENTITY: RED CROSS

PROJECT 1: Pilotem Comunitat Valenciana: Itineraries of social inclusion for young people. Valence.

DESCRIPTION:

The project is aimed at young people between 18 and 25 years of age, who are in a situation of social vulnerability or who have completed their time in the child protection system because they have reached the age of majority.

The general objective of the project is to influence the prevention of social risk, or where appropriate the protection of young people who have been affected by any form of abuse or extreme vulnerability, focusing the intervention from a perspective that promotes egalitarian relationships, collaborating with other actors.

ENTITY: RED CROSS

PROJECT 2: Pilotem Comunitat Valenciana: Itineraries of social inclusion Elche (Alicante)

DESCRIPTION:

Project aimed at unemployed people and/or people in a situation of social vulnerability between 18 and 65 years of age, with minor children and/or people in a situation of dependency in their care.

The general objective of the project is to strengthen the capacities and resources of unemployed people who are at risk or socially excluded, focusing the intervention from a perspective that promotes egalitarian relationships, collaborating with other actors.

ENTITY: AUTONOMOUS FEDERATION OF GYPSY ASSOCIATIONS CV FAGA

PROJECT: Pilot Itinerary "Pilotem Comunitat Valenciana"

DESCRIPTION:

Project aimed at GYPSIES at risk and/or social exclusion who live in areas in need of social transformation in the city of Valencia. Given the centrality of the family as a fundamental value in Roma culture, we will extend the work to the family unit.

The work with the participants will include the design of the Personalized Intervention Program (PPI), implementation calendar, monitoring and reformulation of objectives and final evaluation of the program. The evaluation will be continuous during all the planned phases of work. In these phases, equality and non-discrimination based on gender, ethnicity, functional diversity, religion, or belief will be promoted, and the dignity of people will be ensured.

Coordination and teamwork are essential to approach the intervention from a systemic point of view. The networking will be carried out through the FAGA technical team in collaboration with different entities and spaces, both associative and public entities, municipal centers of Primary Care Social Services, the DG ACBI or health centers. For the development of the workshops presented in the activities, exhibition sessions and participatory work dynamics will be held. The groups of participants will be configured according to the COVID-19 regulations and their possible changes.

ENTITY: ADIEM SENTIT. FOUNDATION OF THE VALENCIAN COMMUNITY

PROJECT: Pilotem Adiem Sentit Foundation of the Valencian Community.

DESCRIPTION:

Project aimed at people at risk of poverty, exclusion, or vulnerability due to lack of economic resources to cover their basic needs. The itinerary is related to the training-labor insertion of people with serious mental disorders, people with disabilities or in situations of risk or social exclusion. This is reflected in our Strategic Plan and in the years that we have been developing itineraries of socio-labor insertion.

ENTITY: APIP FOUNDATION - ACAM

PROJECT: Pilotem APIP-ACAM

DESCRIPTION:

Project aimed at women and transgender people in situations of exclusion, linked to prostitution environments, victims of trafficking, sexual exploitation, migrant women in situations of special vulnerability.

The general objective of this project is to address attitudinal, cognitive, competency, emotional and psychological aspects that allow the participants to define a comprehensive project (personal, social, and professional) in accordance with their abilities and interests. And all this work is carried out through an individualized, integrated Itinerary, as a working tool that contemplates the different and multiple casuistry of this group.

ENTITY: ADSIS FOUNDATION

PROJECT: Inclusive Clau

DESCRIPTION:

The project is aimed at VULNERABLE PEOPLE IN A SITUATION OR AT RISK OF SOCIAL EXCLUSION, over 18 years of age in one or more of these situations.

- Deprived or former prisoners of their liberty, in a situation of semi-liberty or in total freedom.

The people participating in the program must have sufficient stability and adequate evolution in their process to respond positively to a development of socio-labor inclusion.

The general objective will be labor and social insertion, oriented towards a goal of social normalization and personal autonomy.

The inclusion itineraries will be drawn up in a personalized way based on the assessment of the needs, capacities, and social circumstances of each beneficiary.

They will be formulated from a comprehensive vision, considering their trajectory, expectations, and capabilities. They will be proposed to each participant as an agreement of commitments by both parties, offering to carry it out from an accompaniment that enhances personal protagonism. The itinerary will include both work content and other complementary personal and social aspects, so necessary for insertion. A significant part of the itinerary will be based on the development of skills.

The general objective will be labor and social insertion, oriented towards a goal of social normalization and personal autonomy.

All the itineraries will involve both the work and specialized resources of the Adsis Foundation in its centers with the vulnerable groups they are aimed at, as well as networking with other organizations: selection, initial assessment, definition, implementation, monitoring, final evaluation, etc.

Aspects such as individual accompaniment, comprehensiveness in the intervention, work on personal growth and motivation, the gender perspective, networking, the participation of people in the design and evaluation of actions, work by competencies and the involvement of the business fabric and the community are considered to be successful factors in achieving the objectives and improving the inclusion of people in situations of extreme vulnerability that we serve from different areas: labor, education, health and care, social services, digital skills and others.

ENTITY: CEPAIM FOUNDATION. COMPREHENSIVE ACTION WITH MIGRANTS

PROJECT 1: Incluy3endo-I3. Integral itineraries of social inclusion Valencia.

DESCRIPTION:

The Project includes, Comprehensive itineraries of social inclusion, has the following as recipients of the project:

- Migrants in situations of vulnerability and/or social exclusion.

The general objective of this project is to contribute to the promotion of equality, social inclusion, and the fight against poverty of migrants in situations of vulnerability and/or social exclusion, through the implementation and evaluation of innovative itineraries of social inclusion with an intercultural, community and gender perspective.

The Incluy3ndo - I3 project for the validation of methodological models of innovative itineraries of social inclusion with an intercultural, community and gender perspective, aims to contribute to the promotion of equality, social inclusion, and the fight against poverty of migrants in situations of vulnerability and/or social exclusion, residing in the city of Valencia.

The aim is to implement comprehensive itineraries of social inclusion including an intercultural, community and gender perspective, in order to offer a comprehensive and holistic proposal to the processes of social inclusion that contemplate three dimensions of action: individual, group and community, aimed at the participants of the program and offering spaces for reflection and training in interculturality and diversity management to professionals of the System Valencian Public of Social Services, specifically primary care professionals.

ENTITY: CEPAIM FOUNDATION. COMPREHENSIVE ACTION WITH MIGRANTS

PROJECT 2: Incluy3endo-I3. Comprehensive itineraries of social inclusion Alicante.

DESCRIPTION:

The Project includes, Comprehensive itineraries of social inclusion, has the following as recipients of the project:

Migrants in situations of vulnerability and/or social exclusion.

The general objective of this project is to contribute to the promotion of equality, social inclusion, and the fight against poverty of migrants in situations of vulnerability and/or social exclusion, through the implementation and evaluation of innovative itineraries of social inclusion with an intercultural, community and gender perspective.

The Incluy3ndo - I3 project for the validation of methodological models of innovative itineraries of social inclusion with an intercultural, community and gender perspective, aims to contribute to the promotion of equality, social inclusion, and the fight against poverty of migrants in situations of vulnerability and/or social exclusion, residing in the city of Alicante.

The aim is to implement comprehensive itineraries of social inclusion including an intercultural, community and gender perspective, in order to offer a comprehensive and holistic proposal to the processes of social inclusion that contemplate three dimensions of action: individual, group and community, aimed at the participants of the program and offering spaces for reflection and training in interculturality and diversity management to professionals of the System Valencian Public of Social Services, specifically primary care professionals.

ENTITY: HEALTH AND COMMUNITY FOUNDATION

PROJECT 1: Project from Home: itineraries of socio-labor insertion aimed at people in situations of exclusion, residence.

DESCRIPTION:

Project aimed at people between 18 and 55 years of age in a situation of residential exclusion, according to the following categories of the ETHOS (European Typology of Homelessness and Housing Exclusion) typology:

Homeless:

- 1.-People living on the street.
- 2.-People who spend the night in shelters for the homeless.

Unhoused:

- 3.-People who live in facilities for homelessness suffering people.
- 6.-People in the process of leaving institutions (prisons, medical treatment institutions, shelters for young people).

Unsafe housing:

- 8.-People who live in an unsafe home (with friends or family, re-renting, illegal occupation of properties)
- 9.-People who live under threat of eviction (in the process of eviction for non-payment of rent, in the process of foreclosure).
- 10.-People who live under threat of violence (households with a history of domestic violence or with complaints filed with the police).

Inadequate housing:

- 11.-People who live in "unconventional" and temporary structures (caravans, temporary structures).
- 12.-People who live in unhealthy housing.
- 13.-People who live in overcrowded situations.

Other priority criteria for joining the program are:

- State of health that allows effective participation in the project during the duration of the project. Without the presence of abusive consumption of psychoactive substances that make it impossible to meet with the professionals of the project.
- Manifest voluntariness of involvement in the agreed socio-occupational itinerary.

ENTITY: HEALTH AND COMMUNITY FOUNDATION

PROJECT 2: Sendas Project: Itineraries of socio-labor insertion aimed at migrant women.

DESCRIPTION:

This project is aimed at migrant women, primarily from countries with trafficking routes for women and girls (Romania, Nigeria, Algeria, Brazil, Bulgaria, Colombia, China, Hungary, Mauritania, Paraguay, Senegal, Ukraine, and Russia).

The general objective of this project is.

1. To design and manage the individual trajectory of training, job search and labor intermediation and to promote actions focused on putting job offers in contact with the participating women.
2. To contribute to the construction of a new life project for women in vulnerable situations.
3. To generate a reference device dedicated to the socio-occupational orientation of the specific group.

The general objective of this project is to improve social inclusion through the employability of people in exclusion or at risk of residential exclusion by developing actions from different processes, systems, and levels of intervention.

The proposal consists of making social and labor itineraries and training accessible to women in situations of high vulnerability, prioritizing those who may have been victims of current or past sexual exploitation networks, or are at risk of being so once here, considering the existing difficulties for many of them in obtaining employment. We would have two specialized teams with knowledge about the difficulties they have to participate in itineraries aimed at the general population.

ENTITY: FUNDACIÓN DE LA COMUNITAT VALENCIANA JUAN IGNACIO MUÑOZ BASTIDE

PROJECT: Projects for innovative itineraries for social inclusion. PILOTEM

DESCRIPTION:

The project is aimed at people with acquired brain damage residing in the provinces of Valencia and Alicante.

The general objective of this project is:

- To increase the employability of beneficiaries of the Valencian inclusion income and/or the minimum living income.
- To reduce the population density benefiting from both benefits for reincorporation into the labor market.

ENTITY: NOVA FEINA FOUNDATION OF THE VALENCIAN COMMUNITY

PROJECT: Pilotem amb tú: Project for the social and labor inclusion of people with recipients in vulnerable situations.

DESCRIPTION:

Project aimed at people in a situation of long-term unemployment, over 45 years of age in a vulnerable situation, preferably with children or dependents in their dependents.

The general objective of this project is to promote the social and labor inclusion of income earners, placing them in an active, committed, and equal position, expanding their professional prospects in the face of the great challenges imposed by the changing labor market.

ENTITY: FUNDACIÓN SECRETARIADO GITANO CV

PROJECT 1: Pilotem Program. FSG CV Valencia

DESCRIPTION:

The actions are aimed at Roma women with dependent children and have the general objective of meeting social or personal needs detected in the diagnosis, offering transversal and digital citizenship actions, as well as accompanying them in the process of developing the Action Plan.

ENTITY: FUNDACIÓN SECRETARIADO GITANO CV

PROJECT 2: Pilotem Program. FSG CV Alicante

DESCRIPTION:

The actions are aimed at Roma women with dependent children and have the general objective of meeting social or personal needs detected in the diagnosis, offering transversal and digital citizenship actions, as well as accompanying them in the process of developing the Action Plan.

ENTITY: ELCHE ACOGE FOUNDATION

PROJECT: Pilotem – Itineraries for Full Social and Labor Inclusion

DESCRIPTION:

This project is aimed at migrant women who are receiving or have applied for some type of benefit (Minimum Income Scheme, Valencian Inclusion Income) and have a high degree of social vulnerability.

The general objective of the project is to achieve the social and labor integration of migrant women in situations of social vulnerability, by improving their employability and achieving their personal autonomy through employment.

ENTITY: AMIGÓ FOUNDATION

PROJECT: Pilotem: Innovative personalized itineraries for social and labor insertion for young people at risk of social exclusion.

DESCRIPTION:

The project is aimed at young people between 16 and 29 years of age, according to the following premises:

- Young people between the ages of 18 and 29 in a situation of educational or social roots. That requires an approach focused on professional qualification and improving employability.
- Young people between 18 and 25 years of age who have been ex-guardianship, residents or not of Emancipation Homes.
- Young people over 16 years of age who are in a legal situation of guardianship or guardianship by the Generalitat Valenciana and in residential or family care, whose main objective in their child protection plan, is to prepare for emancipation.
- Young people between 16 and 25 years of age who have completed a judicial measure or are serving any of the open environment programs or the period of probation associated with a judicial measure of internment in a socio-educational residence and who require it to complete their process of social and labor inclusion.
- Young people between 16 and 25 years of age, in a situation of accredited vulnerability, who require guidance and support for their personal autonomy and/or social and labor inclusion.

The general objective of this project is to evaluate the intervention methodology in the social and labor inclusion itineraries in order to present the results of good practices, contributing to the generation of knowledge of inclusion policy, in such a way that, in view of the results obtained, the necessary inclusion policies can be adopted to improve the rate of access to the MIS and/or RVI and increase their effectiveness.

ENTITY: VALENCIAN FEDERATION OF PEOPLE WITH INTELLECTUAL DISABILITIES (FEVADIS)

PROJECT: Get Active for Employment!

DESCRIPTION:

The project is aimed at people in a situation or at risk of social exclusion.

The general objective of this project is to improve the employability of beneficiaries through the acquisition and development of key skills and the provision of specialized, coordinated, and personalized support.

ENTITY: ÁNGEL TOMÁS SOLIDARITY INITIATIVES FOUNDATION

PROJECT 1: We are part of

DESCRIPTION:

This project is aimed at socially vulnerable people of both sexes, with support needs in their process of social and labor insertion. It is expected that they will mainly be people who have one or more profiles of vulnerability (young people, women victims of gender violence, former prisoners, etc.).

The objective of this project is to promote and improve the employability of people at risk of social exclusion, which works on labor skills by providing a labor response through group and individual itineraries of labor insertion, focused on training and training and acquisition of skills.

ENTITY: ÁNGEL TOMÁS SOLIDARITY INITIATIVES FOUNDATION

PROJECT 2: Alraso

DESCRIPTION:

This project is aimed at migrants of both sexes in vulnerable situations, therefore, with support needs in their process of social and labor insertion. It is expected that they will mainly be people of non-EU origin, given the specific difficulties that this group encounters.

The objective of this project is the creation of spaces for accompaniment.

individualization, socialization, learning the language and culture of the host society, as well as working on pre-employment aspects and the acquisition of digital tools.

ENTITY: NOVATERRA

PROJECT: Dona Emprén

DESCRIPTION:

The program focuses on the care of women; however, it does not limit the participation of other groups, with the exception that everyone can participate in training, access to mentoring and training proposals in collaboration with other entities, but they will only be able to access microcredits WOMEN who are in a "situation of financial exclusion". with entrepreneurial skills, and that the business idea adapts to the budget and process of the program.

The main objective of the project is to promote and support female entrepreneurship as a way to generate economic and social impact. The itineraries are designed in such a way that the implementation of the undertaking is close, safe, and sustainable. Working proactively with actions and methodologies that promote empowerment, while activating the person's competencies and capacities.

ENTITY: OBRA SOCIAL SANTA LUISA DE MARILLAC

PROJECT 1: Pilotem Hijas de la Caridad Alicante: Innovative itineraries for social inclusion.

DESCRIPTION:

The group of care is that of women (alone or with dependent children) in a situation of high vulnerability or social exclusion.

The **aim** is to improve the employability of people who are in a situation or at risk of social exclusion, through the development of their personal skills and motivation. To achieve this purpose, different actions are carried out: information and employment guidance, diagnosis and accompaniment, training for employment, labor intermediation and monitoring.

ENTITY: OBRA SOCIAL SANTA LUISA DE MARILLAC

PROJECT 2: Pilotem Daughters of Charity Valencia: Innovative itineraries for social inclusion.

DESCRIPTION:

The group of care is that of women (alone or with dependent children) in a situation of high vulnerability or social exclusion.

The **aim** is to improve the employability of people who are in a situation or at risk of social exclusion, through the development of their personal skills and motivation. To achieve this purpose, different actions are carried out: information and employment guidance, diagnosis and accompaniment, training for employment, labor intermediation and monitoring.

ENTITY: RADIO ECCA FUNDACIÓN CANARIA

PROJECT 1: Mujer Avanza Valencia

DESCRIPTION:

The project is aimed at women victims of gender violence and its main objective is to improve the employability and facilitate the social and labor insertion of women victims of gender violence.

ENTITY: RADIO ECCA FUNDACIÓN CANARIA

PROJECT 2: Eccalicante Innovative Project

DESCRIPTION:

The project is aimed at women victims of gender violence and its main objective is to improve the employability and facilitate the social and labor insertion of women victims of gender violence.

ENTITY: VEGA BAJA ACOGE

PROJECT: Individualized Itineraries of Social and Labor Insertion with migrant women, refugees and applicants and beneficiaries of international protection.

DESCRIPTION:

The project is aimed at migrant women, refugees and applicants and beneficiaries of international protection and its main objective is to promote the social integration of the participants.

4. Entities outside the RCT experiment

Of the 41 itineraries that are part of this project, four of them were assigned to the treatment and control group in a non-random way. These are the projects of the entities ADIEM, AMBIT, FUNDACIÓN JUAN IGNACIO MUÑOZ BASTIDE and NOVAFEINA. For reasons of organization of their itineraries, in these four cases the assignment was carried out by locality, so that all the participants from the same locality were assigned to the same group. The assignment was as follows:

- ADIEM: implementation of the TG in Torrevieja and the CG in Alicante
- AMBIT: the CG is in Valencia and the TG in Herbés (Castellón)
- JUAN IGNACIO MUÑOZ BASTIDE FOUNDATION: the CG is in Valencia and the TG in Alcoi
- NOVAFEINA: the CG is in Valencia and the TG in the city of Alicante.

A description of the participants in these four projects and the results of the main indicators is presented below, although this analysis cannot be considered as a causal impact analysis.

The total number of participants in these four itineraries is 205 people, distributed as follows:

Table 19: Participants

	TG	CG	TOTAL
ADIEM	57	34	91
AMBIT	9	21	30
FUNDC. J.I.M. BASTIDE	16	9	25
NOVAFEINA	30	29	59

Of these 205 people, 175 answered the baseline survey, and 159 answered the final line survey. Only 3 cases of dropout of the itinerary are registered. Below is a descriptive table of the sociodemographic characteristics of the participants who responded to the baseline:

Table 20: Descriptive

	Observations	Mean	Standard deviation	min	max
Treatment	175	0.4	0.50	0	1
Sex of the respondent: female	173	0.4	0.50	0	1
Nationality of the respondent: Spanish	173	0.7	0.45	0	1
Country of birth of the respondent: Spain	173	0.6	0.48	0	1
Holder or beneficiary of the RVI	173	0.4	0.50	0	1
Holder or beneficiary in process of the RVI	173	0	0.29	0	1
Holder or beneficiary of the MIS	173	0.3	0.46	0	1
Holder or beneficiary in process of the MIS	173	0	0.27	0	1
Victim of gender-based violence	173	0.1	0.37	0	1
Victim of human trafficking	173	0	0.18	0	1
People suffering from homelessness	173	0	0.30	0	1
Former prisoner	173	0.1	0.35	0	1
Number of adults in the household	173	2.3	1.53	1	7
Minors in the Home	173	0.2	0.46	0	1
Quality of relationships within the home	160	1.8	0.86	1	5
Illness	173	0.5	0.50	0	1
Disability recognition	173	0.3	0.47	0	1
Recognition of dependency	173	0	0.22	0	1
Economic situation: with regular income	173	0.5	0.49	0	1
Difficulty making ends meet	170	3.9	0.95	1	5
Vote in elections: always	173	0.4	0.50	0	1
Maximum level of education	173	1.2	0.80	0	3
Employment status: full-time or part-time work	173	0	0.24	0	1
Employment status: unemployed	173	0.9	0.30	0	1

In this case, the following main indicators have been analyzed:

- Material deprivation: values between 0 and 9, indicates the number of concepts related to material deprivation that the person cannot afford.
- Life satisfaction: Values between 1 (very dissatisfied) and 5 (very satisfied)
- Electronic administration indicator: values between 1 and 12, number of types of electronic administration procedures carried out in the last 6 months.

- Satisfaction with Social Services: values between 1 (highest satisfaction) and 5 (lowest satisfaction)

The following table shows the average of these indicators in each of the projects and in each of the groups. At the aggregate level of the four projects, both the treatment and control groups reduce material deprivation slightly to the same extent, while life satisfaction remains practically stable in both groups. An increase in access to electronic administration is observed in the treatment group compared to the control group, while satisfaction with Social Services seems to increase slightly in the control group while remaining stable in the treatment group. At the level of each project, the results are more varied, although the small size of each of the itineraries must be considered.

Table 21: Key performance indicators

		Material deprivation			Life satisfaction			Access to e-government			Satisfaction with social services		
		Baseline	End Line	Difference	Baseline	End Line	Difference	Baseline	End Line	Difference	Baseline	End Line	Difference
TOTAL	CG	2.6	1.9	-0.7	2.9	2.7	-0.2	5.6	5.5	-0.1	2.3	1.9	-0.4
	TG	2.9	2.2	-0.7	3.0	3.0	-0.1	4.7	6.8	2.1	2.4	2.4	0.0
ADIEM	TG	2.6	2.3	-0.3	3.2	3.1	-0.1	5.5	7.0	1.5	2.7	2.8	0.2
	CG	2.1	2.3	0.2	2.8	2.8	0.0	5.1	5.9	0.8	1.9	2.1	0.2
AMBIT	TG	4.4	1.8	-2.6	3.1	3.6	0.5	6.8	7.8	1.0	2.8	2.3	-0.5
	CG	2.7	1.3	-1.5	3.1	1.9	-1.1	5.1	3.7	-1.4	1.4	1.2	-0.2
FUND. J.I.M. BASTIDE	TG	3.1	1.7	-1.4	3.0	2.3	-0.7	4.9	4.6	-0.2	2.3	1.9	-0.4
	CG	2.7	1.4	-1.2	2.8	3.6	0.8	5.9	7.4	1.6	2.1	1.8	-0.3
NOVAFEINA	TG	3.0	2.2	-0.8	2.8	2.9	0.1	6.3	5.7	-0.6	3.2	2.1	-1.1
	CG	2.7	2.3	-0.4	2.9	3.0	0.1	3.2	7.2	4.0	2.3	2.4	0.1

1.1 Construction of indexes and variables

Index 1: Severe material and social deprivation. It considers the following variables:

Mark the following statements that correspond to your current situation (with values 1 (Yes) and 0 (No)):

- I can't afford to go on vacation at least once a year.
- I can't afford to keep the house at an adequate temperature.
- I can't afford unforeseen expenses.
- I can't afford to have a telephone.
- I can't afford to have a television.
- I can't afford to have a washing machine.
- I can't afford public transport.
- I can't afford the fuel for my vehicle.

Index 2: Self-perceived satisfaction. It considers the following variables:

Please indicate your degree of agreement with each statement (take values 1 (strongly disagree), 2 (disagree), 3 (neither agree nor disagree), 4 (agree) and 5 (strongly agree)):

- In most respects, my life is the way I want it to be.
- The circumstances of my life are very good.
- I am satisfied with my life.
- So far, I have achieved from life the things that I consider important.
- I am optimistic about my future.
- I feel confident in my abilities to get ahead.
- I know how to solve the problems that appear in my life.
- I have people who care about what happens in my life.
- I have projects and goals in my life.
- I know the norms of my community.
- I conform to the norms of my community.
- I get visits from my friends and family.
- I have the possibility of talking to someone about my problems.
- I have the possibility of distracting myself and going out with other people.
- I get helpful advice when an important event happens in my life.
- I know which institutions to go to when I need help.

Index 3: Life satisfaction with different life dimensions. It considers the following variables:

To what extent are you satisfied with the following aspects? (Takes values 1 (very dissatisfied), 2 (dissatisfied), 3 (neither satisfied nor dissatisfied), 4 (satisfied), 5 (very satisfied)):

- With their economic situation.
- With their support networks.
- With the free time he has.
- With his family life.
- With the place where you live.
- With their level of studies, their training.
- With his state of health.
- With his home.

Index 4: Satisfaction with social services. It considers the following variables:

Please agree to the following statements

When I go to social services, they attend to me quickly. (1= strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5= strongly agree)

- When I go to social services, I am always attended to by the same professional (assigned reference professional). (1= strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5= strongly agree).
- When I go to social services, I feel that they have responded to my needs. (1= strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5= strongly agree).
- I feel comfortable with the care I receive from social services (1= strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5=strongly agree).
- I am aware of my rights as a citizen (1= strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5=strongly agree).
- I consider that social services offer me continuous care and monitoring of my personal situation. (1= strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5= strongly agree)
- From the time I request the appointment at social services until I am attended, a lot of time passes. (5= strongly disagree, 4=disagree, 3=neither agree nor disagree, 2=agree, 1= strongly agree)
- The hours of operation at the Center are adequate (1= strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5= strongly agree)
- It is easy to contact the center. (1= strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5= strongly agree)

Index 5: Inability to obtain digital identification. It considers the following variables:

Regarding the means for digital identity, answer the following questions (take values 1 (I don't know how to get it) and 0 for the other answers (I have it and I use it/I have it, but I don't use it/I don't have it, I lack the necessary documentation/I know what it is, but I don't have it because I haven't needed it/I don't know what it is):

- Digital certificate
- Cl@ve
- Electronic ID card

Index 6: Carry out different operations online. It considers the following variables:

In relation to the procedures with the Public Administration, indicate if you have downloaded, printed, or completed official forms in the last 6 months (take values 1 (Yes) and 0 (No)).

- Have you downloaded the registration certificate in the last 6 months? (takes values 1 (Yes) and 0 (No)).
- Have you filed your last income tax return online? (Takes values 1 (Yes) and 0 (No)).
- If you are a job seeker, have you registered or renewed your job application online in the last 6 months? (takes values 1 (Yes) and 0 (No)).
- Have you requested any training courses from LABORA online in the last 6 months? (takes values 1 (Yes) and 0 (No)).

- Have you applied for the MINIMUM INCOME SCHEME online in the last 6 months? (Takes values 1 (Yes) and 0 (No)).
- Have you signed up for YOUTH GUARANTEE online in the last 6 months? (takes values 1 (Yes) and 0 (No)).
- Have you requested an appointment with Social Services, Social Security, Primary Care Doctor... online in the last 6 months? (takes values 1 (Yes) and 0 (No)).
- Have you consulted information about a benefit (e.g., Social Salary, Digital Bonus, Transport Bonus...) online in the last 6 months? (takes values 1 (Yes) and 0 (No)).
- Have you accessed the electronic headquarters of the Generalitat Valenciana online in the last 6 months? (takes values 1 (Yes) and 0 (No)).
- Have you applied for your employment certificate online in the last 6 months? (takes values 1 (Yes) and 0 (No)).
- Have you accessed WEB FAMILY in case you have minors in your care, to communicate with school tutors, see grades, absences... in the last 6 months? (takes values 1 (Yes) and 0 (No)).

Index 7: Deprivation of private services. It considers the following variables:

Have you or someone else in your household accessed the following private services during the last 6 months? (With values 1 (No, I couldn't afford it) and 0 (Yes, I can afford it/No, I didn't need to)):

- Dental care.
- Psychology, psychiatry, or other mental health-related services (1=No, I couldn't afford it).
- Specialist doctor.
- Other health professionals (podiatry, physiotherapy...)
- Purchase of glasses and/or hearing aids.
- Orthopaedic material (chairs, crutches, walkers, insoles...)

Index 8: Deprivation of basic needs. It considers the following variables:

Please indicate how often you perform the following actions (with values 1 (always), 2 (sometimes), 3 (never)):

- In the last 6 months I have been able to afford 3 meals a day.
- I can afford a meal of meat, poultry, or fish at least every other day.
- I have a place that allows me to maintain my hygiene.
- I have access to daily hygiene products.

Index 9: Housing shortages. It considers the following variables:

Do you consider that your home meets the needs of your living unit? (With values 1 (Yes) and 0 (No))
Is your home in any of the following conditions? (with values 1 (Yes) and 0 (No))

- Insalubrity.
- Overcrowding.

- Architectural barriers.
- It lacks basic equipment.
- It lacks drinking water supplies.
- It lacks light supplies.
- It lacks gas supplies.
- Homeless.

Index 10: Problems due to lack of economic resources. It considers the following variables:

Have you faced any of the following issues in the last 6 months? (With values 1 (Yes, once or several times) and 0 (No)):

- Having to reduce leisure and free time expenses.
- Having to reduce basic expenses for clothing, food, or housing.
- Having to ask for financial help from friends, neighbors, or relatives.
- Having to ask for financial aid from public or private social institutions.
- Having to resort to a food bank or soup kitchen.

Index 11: Empathy with their environment. It considers the following variables:

Indicate if it behaves this way in the following situations (with values 1 (always), 2 (sometimes) and 3 (never)):

- I ask for things please and I thank you.
- I respect the personal space of everyone.
- When I go on public transport I give my seat to elderly people, pregnant women, or people with reduced mobility.
- I care for and respect public spaces.

Index 12: Involvement with social organizations. It considers the following variables:

Indicate if during the last 6 months you have been an active part of any group, organization, or initiative of the society (you can indicate more than one) (take values 1 (Yes) and 0 (No)):

- Neighborhood Organization
- Sports organization
- School Organization (AMPA)
- NGO
- I collaborate with the church/mosque/synagogue.
- I volunteer in an association
- I am a member of a political party.

Index 13: Language skills in Spanish. It considers the following variables:

Indicate the degree of agreement with the following statements about the language (take values 1 (strongly disagree), 2 (disagree), 3 (neither agree nor disagree), 4 (agree), and 5 (strongly agree)):

- I am able to communicate in Spanish.
- I am able to read in Spanish.
- I am able to write in Spanish.

Index 14: Language skills in Valencian. It considers the following variables:

Indicate the degree of agreement with the following statements about the language (take values 1 (strongly disagree), 2 (disagree), 3 (neither agree nor disagree), 4 (agree), and 5 (strongly agree)):

- I am able to communicate in Valencian.
- I am able to read in Valencian.
- I am able to write in Valencian.

Index 15: Self-perception of personal relationship with work and training. It considers the following variables:

Indicate your degree of agreement with each statement (take values 1 (strongly disagree), 2 (disagree), 3 (neither agree nor disagree), 4 (agree) and 5 (strongly agree)):

- I am very interested in working.
- I think I have enough training to work.

Index 16: Influence of social services. It considers the following variables:

Indicate your degree of agreement (take values 1 (strongly disagree), 2 (disagree), 3 (neither agree nor disagree), 4 (agree) and 5 (strongly agree)):

- It has improved in its autonomy and independence.
- His mood has improved.
- You feel more accompanied.
- You feel calmer.
- You feel safer because of the care you receive.
- You are more satisfied with your life.
- It has been a benefit for his family.

Index 17: Evaluation of the care and service received by social services. It considers the following variables:

In general terms, how would you rate the care and service received? (Takes values 1 (strongly disagree), 2 (disagree), 3 (neither agree nor disagree), 4 (agree), and 5 (strongly agree)):

- Overall, the service/care has met the expectations I had.
- In general terms, I consider it to be a good service/program.
- My decision to turn to this service was a wise one.

- Overall, I am satisfied with this service.

Index 18: Availability of electronic devices. It considers the following variables:

Check the devices you have (take values 1 (Yes) and 0 (No)):

- Laptop
- Tablet
- Landline
- Telephone with internet
- Phone without internet.

Index 19: Inability to carry out different operations over the internet. It considers the following variables:

In relation to the procedures with the Public Administration, indicate if you have downloaded, printed or completed official forms in the last 6 months (take values 1 (I have not been able to do it) and 0 for the other answers (I have not needed it/I am worried about giving my personal data/Because I do not have a signature or digital certificate/It was processed by another person online/Yes I have done it).

- Have you downloaded the registration certificate in the last 6 months? (Take values 1 (I have not been able to do it) and 0 for the other answers (I have not needed it/I am worried about giving my personal data/Because I do not have a signature or digital certificate/I have been processed online by another person/I am not registered/Yes, I have done it).
- Have you filed your last income tax return online? (Take values 1 (I didn't know how to do it) and 0 for the other answers (I didn't need it/I'm worried about giving my personal data/Because I don't have a signature or digital certificate/Another person processed it online/Yes, I did).
- If you are a job seeker, have you registered or renewed your job application online in the last 6 months? (Take values 1 (I didn't know how to do it) and 0 for the other answers (I didn't need it/I'm worried about giving my personal data/Because I don't have a signature or digital certificate/Another person processed it online/Yes, I did).
- Have you requested any training courses from LABORA online in the last 6 months? (Take values 1 (I didn't know how to do it) and 0 for the other answers (I didn't need it/I'm worried about giving my personal data/Because I don't have a signature or digital certificate/Another person processed it online/Yes, I did).
- Have you applied for the MINIMUM INCOME SCHEME online in the last 6 months? (Take values 1 (I didn't know how to do it) and 0 for the other answers (I didn't need it/I'm worried about giving my personal data/Because I don't have a signature or digital certificate/Another person processed it online/Yes, I did).
- Have you signed up for YOUTH GUARANTEE online in the last 6 months? (Take values 1 (I haven't been able to do it) and 0 for the other answers (I didn't need it/I'm worried about giving my personal data/Because I don't have an electronic device or internet/Someone else processed it online/I don't meet the requirements/Yes, I have).

- Have you requested an appointment with Social Services, Social Security, Primary Care Doctor... online in the last 6 months? (Take values 1 (I haven't been able to do it) and 0 for the other answers (I didn't need it/I'm worried about giving my personal data/Because I don't have an electronic device or internet/Someone else processed it online/Yes, I did).
- Have you consulted information about a benefit (e.g., Social Salary, Digital Bonus, Transport Bonus...) online in the last 6 months? (Take values 1 (I haven't been able to do it) and 0 for the other answers (I didn't need it/I'm worried about giving my personal data/Because I don't have an electronic device or internet/Someone else processed it online/Yes, I did).
- Have you accessed the electronic headquarters of the Generalitat Valenciana online in the last 6 months? (Take values 1 (I didn't know how to do it) and 0 for the other answers (I didn't need it/I'm worried about giving my personal data/Because I don't have a signature or digital certificate/Another person processed it online/Yes, I did).
- Have you applied for your employment certificate online in the last 6 months? (Take values 1 (I didn't know how to do it) and 0 for the other answers (I didn't need it/I'm worried about giving my personal data/Because I don't have a signature or digital certificate/Another person processed it online/Yes, I did).
- Have you accessed WEB FAMILY in case you have minors in your care, to communicate with school tutors, see grades, absences... in the last 6 months? (Take values 1 (I haven't been able to do it) and 0 for the other answers (I didn't need it/I'm worried about giving my personal data/Because I don't have an electronic device or internet/Someone else processed it online/Yes, I did).

5. Econometric results of other indices and indicators

Table 22: Other indexes and indicators. Analysis of results

	Index 7: Deprivation of social services		Index 8: Deprivation of basic needs		Index 9: Housing deprivation		Index 10: Problems with lack of economic resources		Index 11: Empathy with their environment		Index 12: Involvement with social organizations		Index 13: Language skills in Spanish	
Treatment	0.0863 (0.0792)	0.108 (0.0804)	-0.0412 (0.0909)	-0.0374 (0.0839)	-0.0522 (0.0734)	-0.046 (0.0689)	0.0846 (0.0846)	0.0789 (0.08)	-0.124* (0.728)	-0.135* (0.0779)	0.0688 (0.0898)	0.0643 (0.0854)	-0.83 (0.0677)	-0.0153 (0.0556)
Observations	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126
R2	0.00186	0.231	0.000426	0.243	0.000683	0.234	0.00179	0.269	0.00387	0.117	0.00118	0.228	0.0172	0.479
Mean (control)	-0.0436	-0.0436	0.0208	0.0208	0.0264	0.0264	-0.0427	-0.0427	0.0629	0.0629	-0.0348	-0.0348	-0.0419	-0.0419
Controls	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes

	Index 14: Language skills in Valencian		Index 15: Self-perception of personal relationship with work and training		Index 16: Influence of social services on daily life		Index 17: Evaluation of the care and service received by social services		Index 18: Availability of electronic devices		Index 19: Inability to carry out different operations over the internet	
Treatment	-0.0255 (0.0604)	0.0139 (0.0501)	0.0403 (0.0764)	0.0246 (0.0777)	0.258*** (0.0939)	0.233** (0.0897)	0.218** (0.0877)	0.192** (0.0785)	-0.0788 (0.0554)	-0.0739 (0.0604)	0.039 (0.0986)	0.0269 (0.0977)
Observations	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126	1126
R2	0.000127	0.556	0.000406	0.221	0.0166	0.27	0.0119	0.257	0.00155	0.101	0.000381	0.12
Mean (control)	0.0114	0.0114	-0.0204	-0.0204	-0.13	-0.13	-0.11	-0.11	0.0398	0.0398	-0.0197	-0.0197
Controls	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes

	Quality of relationships		Always vote in elections		No internet connection at home	
Treatment	-0.106 (0.0686)	-0.0737 (0.06)	0.0371* (0.0211)	0.0525** (0.0198)	-0.0124 (0.0178)	-0.0103 (0.0171)
Observations	1019	956	1119	1119	1117	1113
R2	0.00387	0.208	0.00162	0.521	0.000579	0.144
Mean (control)	1.84	1.796	0.289	0.289	-0.13	0.0783
Controls	No	Yes	No	Yes	No	Yes

Table 23: Other indicators and indexes. Analysis of heterogeneity (sex)

	Index 7: Deprivation of social services	Index 8: Deprivation of basic needs	Index 9: Housing deprivation	Index 10: Problems with lack of economic resources	Index 11: Empathy with their environment	Index 12: Involvement with social organizations	Index 13: Language skills in Spanish
Treatment	0.0121 -0.152	-0.28 -0.201	-0.223 -0.14	0.0761 -0.11	-0.199 -0.165	0.298** -0.128	0.107 -0.125
Woman	0.00183 -0.178	-0.490** -0.21	-0.293* -0.146	0.127 -0.165	-0.235** -0.103	0.229** -0.104	0.158 -0.125
Woman x Treatment	0.107 -0.15	0.350* -0.199	0.249 -0.152	0.0113 -0.138	0.109 -0.169	-0.333** -0.16	-0.276* -0.148
Observations	1126	1126	1126	1126	1126	1126	1126
R2	0.00315	0.0281	0.01	0.0056	0.0115	0.00794	0.00589
Mean (control)	-0.0436	0.0208	0.0264	-0.0427	0.0629	-0.0348	0.0419

Note: Standard errors grouped by randomization strata reported in parentheses * p<0.1, ** p<0.05, *** p<0.01

	Index 14: Language skills in Valencian	Index 15: Self- perception of personal relationship with work and training	Index 16: Influence of social services on daily life	Table of Contents 17 Evaluation of the care and service received by social services	Index 18: Availability of electronic devices	Index 19: Inability to carry out different operations over the internet
Treatment	0.0218 (0.12)	0.194** -0.0755	0.208 -0.143	0.206 -0.125	0.0444 -0.11	-0.0589 -0.13
Woman	-0.107 (0.13)	-0.0789 -0.087	0.171 -0.119	0.15 -0.114	0.121 -0.0967	-0.0686 -0.131
Woman x Treatment	-0.0634 (0.14)	-0.222** -0.0885	0.071 -0.167	0.0161 -0.141	-0.179 -0.14	0.142 -0.171
Observations	1126	1126	1126	1126	1126	1126
R2	0.00447	0.0109	0.026	0.0173	0.00348	0.00147
Mean (control)	0.0114	-0.0204	-0.13	-0.11	0.0398	-0.0197

Note: Standard errors grouped by randomization strata reported in parentheses * p<0.1, ** p<0.05, *** p<0.01

Table 24: Other indicators and indexes. Heterogeneity analysis (age)

	Index 7: Deprivation of social services	Index 8: Deprivation of basic needs	Index 9: Housing deprivation	Index 10: Problems with lack of economic resources	Index 11: Empathy with their environment	Index 12: Involvement with social organizations	Index 13: Language skills in Spanish
Treatment	-0.00854 -0.0893	-0.061 -0.0935	0.00147 -0.102	0.148 -0.118	-0.276** -0.111	0.105 -0.0926	-0.0314 -0.0625
Age	0.0126*** -0.00419	0.0110* -0.00601	0.00872* -0.00463	0.0101* -0.00549	-0.0138*** -0.00393	0.00388 -0.00392	-0.000529 -0.00315
Age x Treatment	0.167 -0.107	0.0337 -0.119	-0.0966 -0.122	-0.114 -0.13	0.272** -0.106	-0.0656 -0.081	-0.0916 -0.0985
Observations	1126	1126	1126	1126	1126	1126	1126
R2	0.0373	0.0188	0.00809	0.0118	0.0207	0.00253	0.00304
Mean (control)	-0.0436	0.0208	0.0264	-0.0427	0.0629	-0.0348	0.0419

Note: Standard errors grouped by randomization strata reported in parentheses * p<0.1, ** p<0.05, *** p<0.01

	Index 14: Language skills in Valencian	Index 15: Self- perception of personal relationship with work and training	Index 16: Influence of social services on daily life	Index 17: Evaluation of the care and service received by social services	Index 18: Availability of electronic devices	Index 19: Inability to carry out different operations over the internet
Treatment	-0.0824 -0.0931	0.00318 -0.093	0.299*** -0.106	0.278** -0.109	-0.0917 -0.0803	-0.163 -0.118
Age	-0.00392 -0.00473	-0.00688* -0.00342	0.0138*** -0.00464	0.0184*** -0.00443	-0.00488 -0.00399	-0.00935** -0.0035

Age x Treatment	0.107 -0.112	0.0669 -0.113	-0.0753 -0.136	-0.109 -0.136	0.0237 -0.109	0.361*** -0.119
Observations	1126	1126	1126	1126	1126	1126
R2	0.0016	0.00516	0.0383	0.0496	0.00429	-0.0121
Mean (control)	0.0114	-0.0204	-0.13	-0.11	0.0398	-0.0197

Note: Standard errors grouped by randomization strata reported in parentheses * p<0.1, ** p<0.05, *** p<0.01

Table 25: Other indicators and indexes. Analysis of heterogeneity (nationality)

	Index 7: Deprivation of social services	Index 8: Deprivation of basic needs	Index 9: Housing deprivation	Index 10: Problems with lack of economic resources	Index 11: Empathy with their environment	Index 12: Involvement with social organizations	Index 13: Language skills in Spanish
Treatment	0.0149 -0.105	-0.143 -0.112	-0.126 -0.119	0.0461 -0.0912	-0.124 -0.111	0.156 -0.112	-0.102 -0.104
Nationality	-0.264* -0.144	-0.293** -0.115	-0.282* -0.147	-0.207 -0.141	0.199* -0.113	0.0907 -0.104	0.593*** -0.122
Nationality x Treatment	0.134 -0.146	0.194 -0.134	0.138 -0.123	0.0691 -0.124	0.00962 -0.145	-0.173 -0.127	0.0677 -0.109
Observations	1126	1126	1126	1126	1126	1126	1126
R2	0.0126	0.0123	0.0131	0.0095	0.0142	0.00307	0.1
Mean (control)	-0.0436	0.0208	0.0264	-0.0427	0.0629	-0.0348	0.0419

Note: Standard errors grouped by randomization strata reported in parentheses * p<0.1, ** p<0.05, *** p<0.01

	Index 14: Language skills in Valencian	Index 15: Self- perception of personal relationship with work and training	Index 16: Influence of social services on daily life	Index 17: Evaluation of the care and service received by social services	Index 18: Availability of electronic devices	Index 19: Inability to carry out different operations over the internet
Treatment	0.0404 -0.0689	0.0193 -0.1	0.220** -0.1	0.250** -0.105	-0.0497 -0.0821	0.12 -0.108
Nationality	0.980*** -0.12	-0.326*** -0.107	-0.154 -0.118	-0.0289 -0.129	0.160* -0.0818	0.0301 -0.0803
Nationality x Treatment	-0.0824 -0.118	0.0275 -0.141	0.071 -0.125	-0.0674 -0.129	-0.052 -0.113	-0.0803 -0.165
Observations	1126	1126	1126	1126	1126	-0.131
R2	0.221	0.0248	0.0204	0.0132	0.0062	1126
Mean (control)	0.0114	-0.0204	-0.13	-0.11	0.0398	0.0028

Note: Standard errors grouped by randomization strata reported in parentheses * p<0.1, ** p<0.05, *** p<0.01