Inclusion Policy Lab: Evaluation results

Save the Children – Inclusion Pathways Project for Families in Vulnerable Situations

April 2024

Financiado por la Unión Europea NextGenerationEU
MINISTERIO DE INCLUSIÓN, SEGURIDAD SOCIAL Y MIGRACIONES
Plan de Recuperación, Transformación y Resiliencia
Save the Children
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The General Secretariat of Inclusion of the Ministry of Inclusion, Social Security, and Migration has prepared this report within the framework of the Inclusion Policy Lab, as part of the Recovery, Transformation, and Resilience Plan (RTRP). It has been funded by the Next Generation EU funds. As the agency in charge of carrying out the project, Save the Children Foundation 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 General Secretariat of Inclusion in the design of the RCT methodology, actively participating in the provision of the necessary information for the design, monitoring, and evaluation of the social inclusion itinerary. Furthermore, their collaboration has been essential to gathering informed consents, ensuring that participants in the itinerary were adequately informed and that their participation was voluntary.

A research team coordinated by CEMFI (Center for Monetary and Financial Studies) has substantially contributed to this study. Specifically, Verónica Gonzales Stuva (ESADE), Teresa Molina-Millán (University of Alicante), and Pedro Rey-Biel (ESADE), has participated under the coordination of Mónica Martínez-Bravo (until January 8th, 2024) and Samuel Bentolila, professors at CEMFI. The researchers have actively participated in all phases of the project, including the adaptation of the initial proposal to the needs of the evaluation through randomized experiments, the evaluation design, the definition of measurement instruments, data processing, and the performance of econometric estimations that lead to quantitative results.

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

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

Index

Executive Summary

- The **Minimum Income Scheme (MIS),** established in May 2020, is a minimum income policy that aims to guarantee a minimum income to vulnerable groups and provide ways to promote their social and labor integration.
- Within the framework of this policy, the Ministry of Inclusion, Social Security, and Migration (MISSM) fosters a strategy to promote inclusion through pilot projects of social innovation, which are conducted in the **Inclusion Policy Lab**. These projects are evaluated according to the standards of scientific rigor and using the methodology of Randomized Controlled Trials.
- This document presents the evaluation results and main findings of the "Inclusion Pathways Project for Families in Vulnerable Situations", which has been performed in **cooperation between the Ministry of Inclusion, Social Security and Migration (MISSM) and Save the Children,** an entity of the Third Sector of Social Action dedicated to the promotion and defense of the rights of children and adolescents.
- This study evaluates a comprehensive program of specific actions to support families in vulnerable situations divided into three different axes of action: **social, labor, and educational**. In particular, the **control group** receives only the actions included in the social axis, the **first treatment group** those included in the social and educational axes, the **second treatment group those** included in the social and labor axes, and the **third treatment group** those included in the social, labor, and educational axes.
- The project was implemented in **four municipalities: Fuenlabrada, Seville, Cádiz and Melilla.** A total of 792 families (3,133 individuals) agreed to participate, of which 220 were assigned to the control group, 192 were assigned to the first treatment group, and 190 were assigned to the second and third treatment groups, respectively.
- Regarding the main sociodemographic characteristics of the participating families, the average number of members of the households in the sample is 3.94 individuals, 49% two-parent households and 34% single-parent households. In terms of geographical composition, 30% of households live in Melilla, 26% in Fuenlabrada, 22% in Cádiz, and the remaining 21% in Seville. 56% of the participants are children. In 63% of the households, the reference person has Spanish nationality, 23% has the nationality of an African country and the rest has the nationality of Latin American countries, the European Union and other European countries. 81% of the adults were unemployed or inactive at the beginning of the intervention and in 63% of the cases they were recipients of the MIS or some regional minimum income during the period in which they were assigned to an experimental group.
- In terms of participation in the project, 56% of the household sample completed the project. That is, 56% of the households attended the scheduled activities and actions without expressing any lack of interest or problem in continuing to participate in the program. The dropouts occurred for different reasons: more than 29% of the dropouts were due to households' lack of interest in the program, 26% stopped answering calls, and 9% lost interest

in the assigned experimental group. Among the families that did not leave, 99% participated in some activity in the social axis, 43% in some of the labor axis (89% if only groups 2 and 3 are considered), and 40% in some of the educational axis (80% if only groups 1 and 3 are considered).

- The main results of the evaluation are as follows:
    - **Improvement in quality of life:** participation in comprehensive treatment (social, educational and labor) reduces self-reported material and social deprivation. This result is consistent with the effect of the treatments on self-reported monthly income, where there are positive and statistically significant effects of the three experimental treatments. Thus, it is inferred that the program helps to increase the income of the households in the intervention, as they were close to a range of €1,001 to €1,200 per month compared to a range of €601 to €1,000 in the control group.
    - **Educational improvement:** the indicators of educational expectations and academic performance show the greatest number of positive effects of the interventions. On the one hand, there is a positive impact of comprehensive treatment on parents' expectations of studies. On the other hand, socio-educational and comprehensive treatments have positive impacts on satisfaction with educational performance and on grades on standardized language and mathematics tests.

1 Introduction

General Regulatory Framework

The Minimum Income Scheme (MIS), regulated by Law 19/2021[1], is an economic benefit whose main objective is to prevent the risk of poverty and social exclusion of people in situations of economic vulnerability. Thus, it is part of the protective action of the Social Security system in its non-contributory modality and responds to the recommendations of various international organizations to address the problem of inequality and poverty in Spain.

The provision of the MIS has a double objective: to provide economic support to those who need it most and to promote social inclusion and employability in the labor market. This is one of the social inclusion policies designed by the General State Administration, together with the support of the Autonomous Communities, the Third Sector of Social Action and local corporations[2]. It is a central policy of the Welfare State that aims to provide minimum economic resources to all individuals in Spain, regardless of where they live.

Within the framework of the National Recovery, Transformation, and Resilience Plan (RTRP),[3] the General Secretariat of Inclusion (onward SGI by its acronyms in Spanish) of the Ministry of Inclusion, Social Security and Migration (MISSM) participates significantly in Component 23 "New public policies for a dynamic, resilient and inclusive labor market", framed in Policy Area VIII: "New care economy and employment policies".

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

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

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

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

- **Phase I: Royal Decree 938/2021**[4], through which the MISSM grants subsidies for the execution of 16 pilot projects of inclusion pathways corresponding to autonomous communities, local organizations, and the Third Sector of Social Action organizations. This royal decree contributed to the fulfillment of milestone number 350[5] and monitoring indicator 351.1[6] of the RTRP.
- **Phase II: Royal Decree 378/2022**[7], which grants subsidies for a total of 18 pilot projects of inclusion pathways executed by autonomous communities, local organizations, and the Third Sector of Social Action organizations. Along with the preceding Royal Decree, this one helped the RTRP's monitoring indicator number 351.1 to be fulfilled.

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

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

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

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

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

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

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

For the implementation and development of the Inclusion Policy Lab, the General Secretariat of Inclusion has established a governance framework that has made it possible to establish a clear and potentially scalable methodology for the design of future evaluations, and promoting decision-making based on empirical evidence. The General State Administration has had a triple role as promoter, evaluator and executive of the different programs. Different regional and local administrations and the Third Sector of Social Action organizations have implemented the programs, collaborating closely in all their facets, including evaluation and monitoring. In addition, the Ministry has had the academic and scientific support of the Abdul Latif Jameel Poverty Action Lab (J-PAL) Europe and the Centre for Monetary and Financial Studies (CEMFI), as strategic partners to ensure scientific rigor in the assessments. Likewise, the Inclusion Policy Lab has an Ethics Committee[8], which has ensured the strictest compliance with the protection of the rights of the people participating in the social inclusion itineraries.

This report refers to "Inclusion Pathways Project for Families in Vulnerable Situations", executed within the framework of Royal Decree 938/2021[9] by Save the Children. This report contributes to the fulfillment of milestone 351 of the RTRP: "Following the completion of at least 18 pilot projects, the publication of an evaluation on the coverage, effectiveness and success of the MIS, including recommendations to increase the level of application and improve the effectiveness of social inclusion policies".

Context of the project

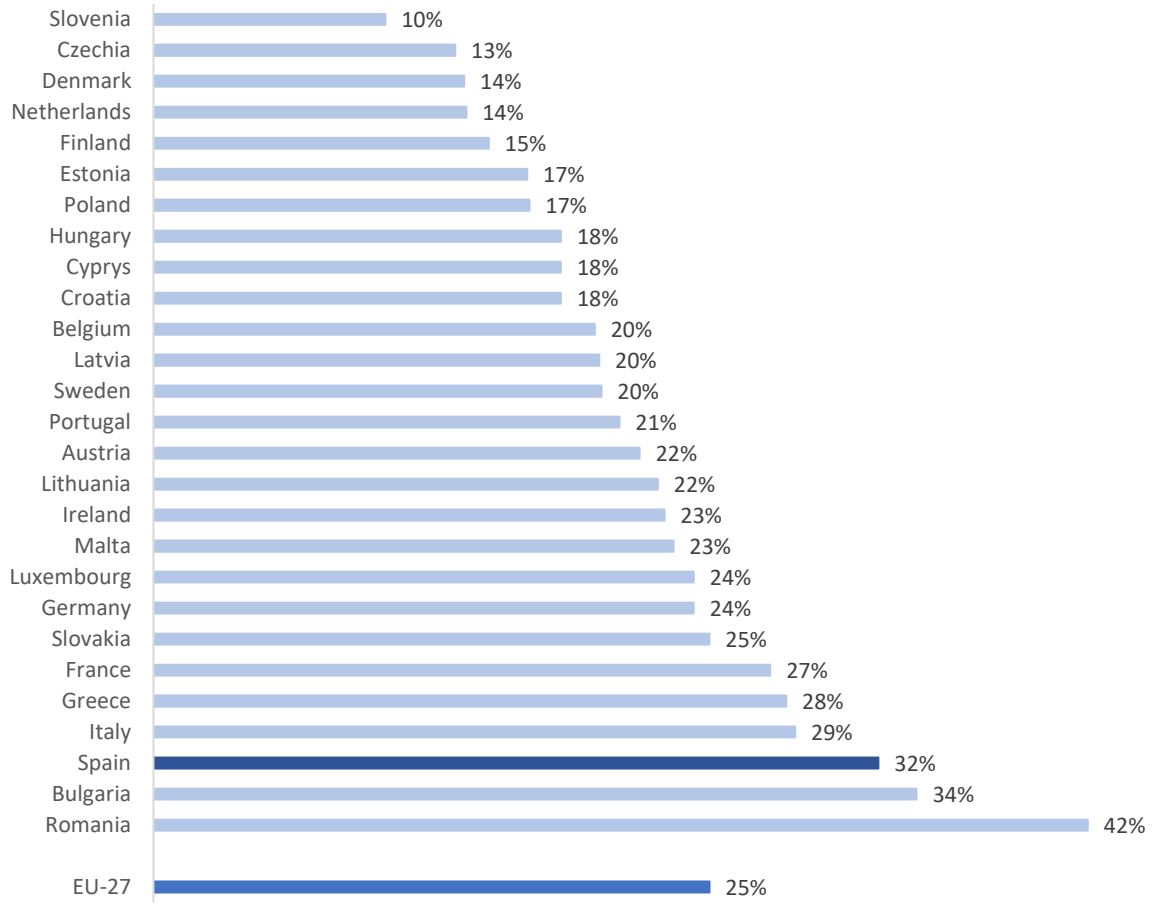
The most recent data from Eurostat reveals that Spain ranks among the top three countries with the highest percentage of children and adolescents under the age of 18 at risk of poverty or social

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

[9] On the 18th of November 2021, an agreement was signed between the General State Administration, through the SGOPIPS, and Save the Children for the implementation of a project for social inclusion within the framework of the Recovery, Transformation, and Resilience Plan, which was published in the "Official State Gazette" on the 31st of January 2022 (BOE no. 26).

exclusion[10]. It follows only Bulgaria and Romania, with a rate 7 percentage points above the European Union average.

Figure 1: Share of children aged less than 18 years at risk of poverty or social exclusion (2022)



Fuente: Living conditions in Europe (Eurostat)

Based on Save the Children's calculations using data from the 2023 Living Conditions Survey (LCS) of the National Institute of Statistics (INE)[11], the estimate suggests that more than 2.3 million children in Spain live in poverty.

[10] Population at risk of poverty or social exclusion is defined according to criteria established by Eurostat. It is the population that is in at least one of these three situations: (1) At risk of poverty (equivalent income below 60% of the median income per unit of consumption). (2) Severe material and social deprivation (if you declare a deficiency in at least 7 items out of 13 on a list that includes, for example, not being able to afford a meal of meat, poultry or fish at least every other day, keeping the house at an adequate temperature, having two pairs of shoes in good condition or replacing damaged clothes with new ones). (3) In households that are unemployed or low in employment intensity (i.e., households in which less than 20% of their total work potential did so during the year preceding the interview).

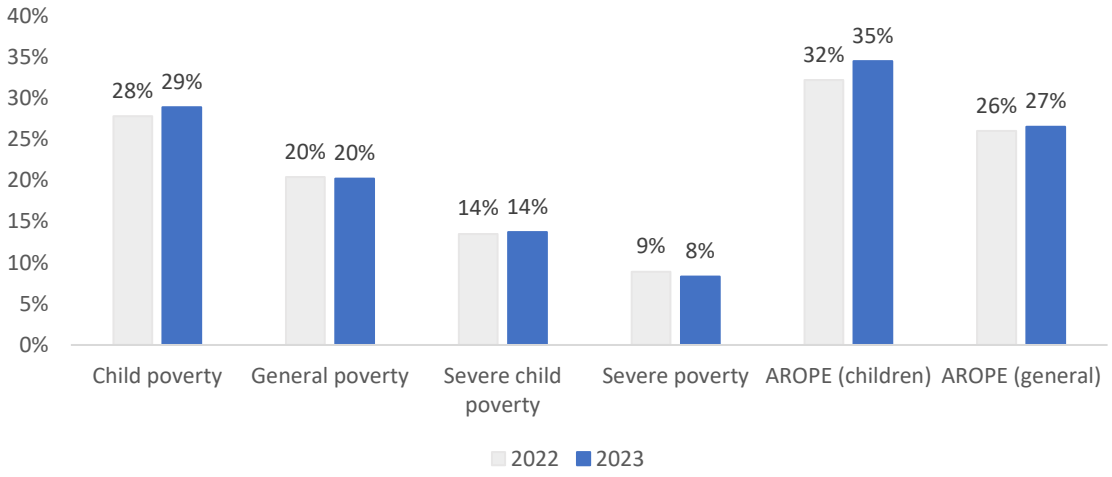
[11] https://www.savethechildren.es/notasprensa/encuesta-de-condiciones-de-vida-la-pobreza-infantil-sube-en-espana-de-la-mano-del

Figure 2 shows that 28.9% of children under the age of 18 in Spain were living in poverty in 2023[12], which is 1.1 percentage points higher than in 2022, when the child poverty rate was 27.8%. Thus, child poverty continues to exceed general poverty, which remains stable at around 20%.

On the other hand, **Figure 2** exhibits that the rate of severe child poverty[13] remains high (13.7%, two tenths higher than in 2022): 1.1 million children and adolescents are in this situation.

If the AROPE rate is considered[14], the impact of child poverty rises to 34.5%, from 32.2% in 2022. The gap between severe poverty among children and adolescents compared to that of the population maintains significant differences (the AROPE rate of child poverty in 2023 is 8 percentage points higher than the general AROPE rate).

Figure 2: Indicators of poverty and social exclusion



Source: Save the Children and Living Conditions Survey (INE)

On the other hand, a phenomenon that affects the most vulnerable children and adolescents is early leaving from education and training (formerly known as "early school leaving"). **Figure 3** exposes that Spain ranks among the top countries with the highest rate of early leavers from education and training in the European Union. It follows only Romania, with a rate 7 percentage points above the European Union average.

Educational performance is highly conditioned by the socioeconomic level of the students. For example, at the age of 15, there is a gap equivalent to two years of schooling (measured in PISA points) between students from households of higher and lower socioeconomic status. In addition,

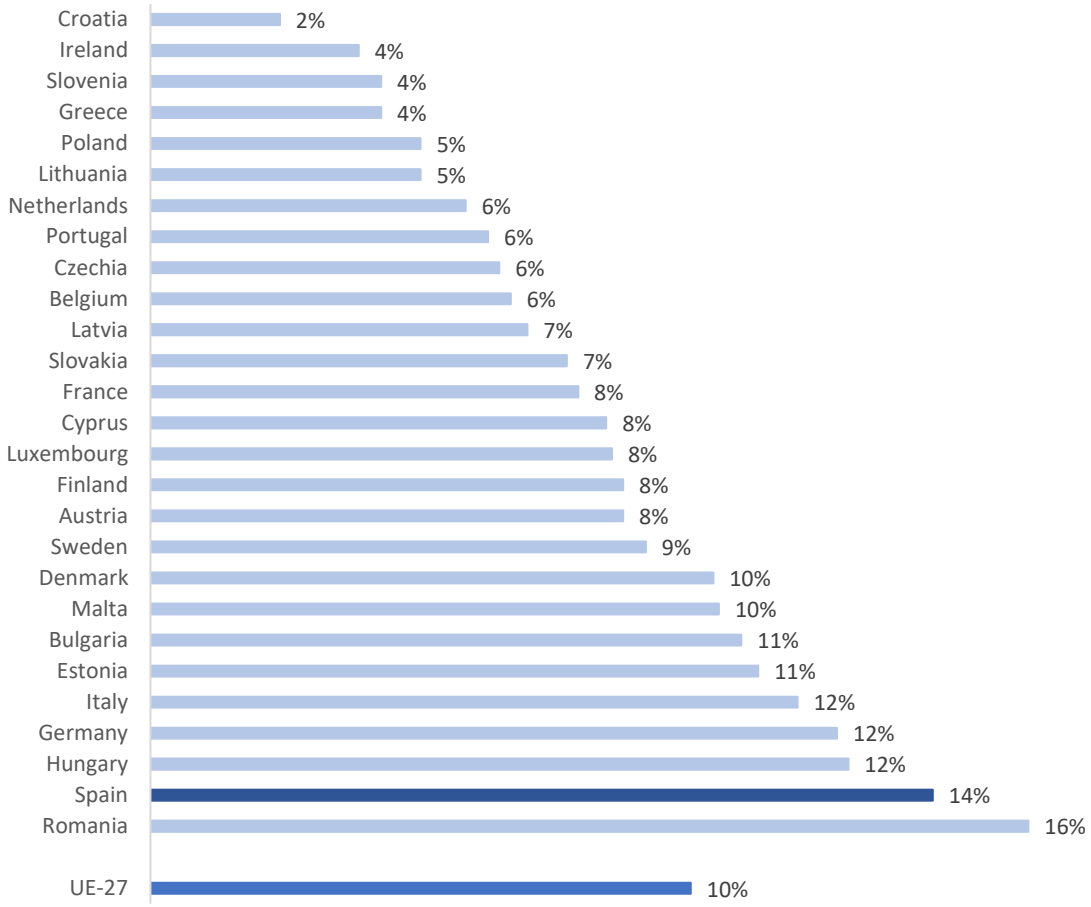
[12] In the Living Conditions Survey, the income used in the calculation of the at-risk-of-poverty rate always corresponds to the year prior to the interview. Therefore, the data from the 2023 Living Conditions Survey corresponds to the income for the year 2022.

[13] The severe poverty line is 25% of the median equivalent income.

[14] Percentage of population at risk of poverty or social exclusion.

socioeconomic status conditions the risk of having a very low academic performance (multiplied by six), of not finishing upper secondary education and of repeating a year (Choi, 2018). According to the OECD, socioeconomic status is an important predictor of performance in math and science.

Figure 3: Early leavers from education and training (2022)



Source: Eurostat

Regulatory framework associated with the project and the governance structure

This pilot aligns with the framework established in the 2030 Agenda and with the Sustainable Development Goals (SDGs). It aligns with the European and national strategies aimed at tackling child poverty and social exclusion, as well as with the 2030 Agenda for Sustainable Development, specifically contributing to SDGs numbered 1, 4, 5, 8, and 10.

Regarding international organizations, the Convention on the Rights of the Child excels in this area. It recognizes the right of every child to an adequate standard of living for his or her physical, mental, spiritual, moral, and social development, as well as the right to education.

On the other hand, at the European level, there are several instruments relating to childhood and adolescence, including:

- **European Pillar of Social Rights (EPSR).** It contains, within its chapter on social protection and inclusion (in relation to childcare and support to children), the right to enjoy affordable and good quality education and childcare, as well as the right to protection from poverty. In particular, it states that "children from disadvantaged backgrounds have the right to specific measures to enhance equal opportunities".

- **EU Strategy on the Rights of the Child.** It states that all children should enjoy the same rights and live free from discrimination of any kind. In this document, the European Commission proposes concrete actions to protect and promote children's rights.

- **European Parliament resolution of 11 March 2021** on children's rights in view of the EU Strategy on the Rights of the Child**.**

- **Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee.** It aims to ensure that all children and adolescents at risk of poverty or social exclusion in the European Union have access to six basic rights: education and childcare, education and extracurricular activities, at least one healthy meal per school day, healthcare, adequate housing and healthy eating.

Finally, it should be noted that **Spain** has both normative and strategic documents and public policies related to children and adolescents. Specifically:

- **State Action Plan for the Implementation of the European Child Guarantee (2022-2030).** It is the main programmatic instrument for implementing the European Child Guarantee in Spain. It includes the objectives, goals, and actions that Spain undertakes to develop to achieve its recommendations.

- **State Strategy for the Rights of Children and Adolescents (2023-2030).** It includes actions in eight strategic areas, including ending poverty and social exclusion in childhood and adolescence, as well as strengthening the comprehensive development of children and adolescents in the fields of education and culture.

The scientific objective of the project is to evaluate the effectiveness and efficiency of different social, educational, and labor actions, both jointly and in isolation, in relation to a traditional model of social actions alone. In addition, it aims to promote the transfer of knowledge to the process of public policy development and to be accountable for the results of the project.

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

- **Save the Children (STC),** as the entity responsible for project management and execution. It is the leading independent organization in the promotion and defense of the rights of children and adolescents. It works in more than 120 countries responding to emergencies and development programs, helping children achieve a healthy and safe childhood.

In Spain, it has been working for more than 30 years with programs caring for the most vulnerable children, focusing on children at risk of poverty or social exclusion. Through their programs, they provide comprehensive care to children and their families so that the economic situation or social exclusion in which children live does not prevent them from fully enjoying their rights and from reaching the maximum of their abilities.

Save the Children's outstanding experience in caring for the most vulnerable children and its extensive collaboration with public institutions, private companies and entities of the Third Sector of Social Action, remarks its suitability as a partner for the execution of this project.

For the proper development of the project, Save the Children coordinates with the Basic Social Services of each selected territories.

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

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

Ethics Committee linked to Social Inclusion Itineraries

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

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

The Ethics Committee has conducted analysis and advice on the ethical issues that have arisen in the execution, development, and evaluation of the itineraries, formulated proposals in those cases that present conflicts of values and approved the evaluation plans of all the itineraries. In particular, the Ethics Committee issued its approval for the development of this evaluation on October 20, 2022.

2 Description of the program and its context

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

2.1 Introduction

The pilot project aims to reduce the consequences of poverty in childhood, through the development of a comprehensive itinerary model that favors the social inclusion of families in situations of social vulnerability. It is based on access to services, benefits, and employment. In fact, it has an impact on preventing the exclusion of children and adolescents through education.

In particular, the pilot project has the following specific objectives:

1. Promoting access to key resources for the inclusion of families at risk of poverty or social exclusion: enabling services and/or benefits.

2. Facilitating access to sustainable and quality employment opportunities or, at least, reducing the distance from them, to reduce the economic and social exclusion of families at risk.
3. Reducing the impact of the social vulnerability situation on the educational performance of children and adolescents and, thus, the intergenerational transmission of educational level and poverty.

The model is based on the premise that, to obtain improvements in the situation of children and adolescents, it is necessary to work with their family environment.

The conceptual framework for improving the social inclusion of families with children in vulnerable situations is based on understanding social exclusion as a multidimensional phenomenon (Alguacil Gómez, 2012). This implies recognizing many unfavorable circumstances, such as lack of access to economic, educational, and health resources, adequate housing, or community support networks, which are closely related to each other (Subirats et al., 2005). Addressing this problem therefore requires an approach that combines policies that promote integration with individualized and versatile assistance.

Given the number of issues addressed in relation to child poverty and social inclusion, the empirical evidence on the use of RCT ranges from purely economic interventions to those aimed at the labor and social insertion of families. From an economic point of view, interventions that provide unconditional economic support to families with children excel, obtaining important benefits on children's physical and mental health in Canada (Milligan and Stabile, 2011), and Finland (Määttä et al., 2015). Other interventions associated with paying for school lunches also found, in addition to reducing food insecurity, improvements in the emotional well-being of children from low-income families (Feely et al., 2020).

From a labor point of view, the RCTs conducted in Colombia (Attanasio et al., 2008) and in the Dominican Republic (Ibarraran et al., 2014; Card et al., 2007) are noticeable, which demonstrate the importance of job training in improving employment, income and job stability, especially in families with a low level of education. At society level, the study by Negrão et al. (2014) in Portugal focused on teaching parenting skills in families living in poverty, with very positive results on family well-being thanks to improvements in parenting and communication skills between parents and children. Noble et al. (2021) evaluate the effects of an intervention that includes, in addition to economic transfers, parenting support services and access to community resources, also with very positive results in reducing poverty and improving financial stability, child development, and family well-being.

There is literature documenting the effectiveness of social (Singla, Kumbakumba, & Aboud, 2015), educational (Guryan et al. 2023), and employment (Altmann et al. 2018) interventions that help improve the well-being of families.

Although there are many studies that address some of the specific issues associated with child poverty and social exclusion, there are few studies whose interventions comprehensively analyze the set of dimensions linked to child poverty and social exclusion.

Therefore, through this holistic and multifactorial vision of the problem, the program implemented by Save the Children within the framework of the pilot project constitutes one of the first pieces of empirical evidence with RCT in Spain on the comprehensive evaluation of different actions aimed at the fight against child poverty and social exclusion.

2.2 Target population and territorial scope

The profile of the households targeted by the pilot project are families with dependent children who are beneficiaries of the MIS and/or regional minimum incomes, or who are at risk of poverty and social exclusion.

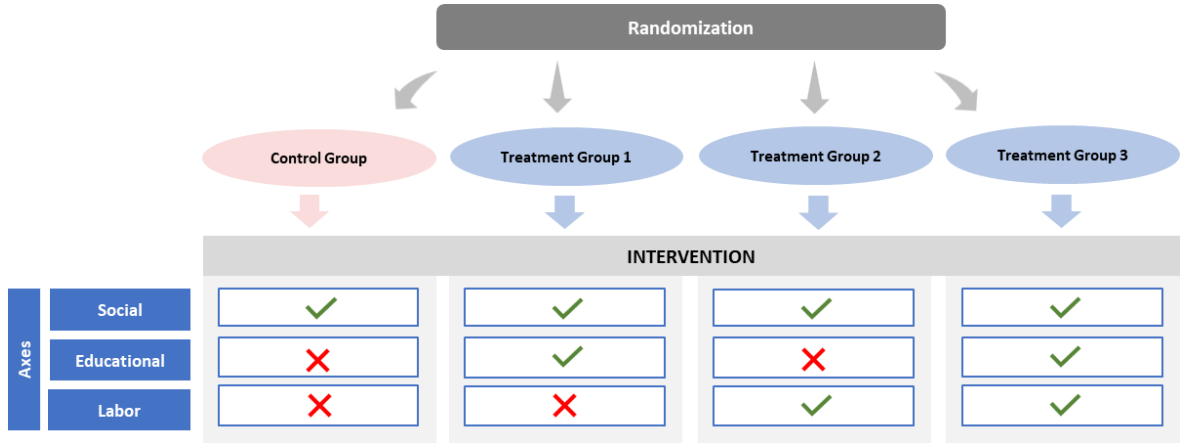
This project conducted interventions in four municipalities: Fuenlabrada, Seville, Cádiz, and Melilla.

2.3 Description of the intervention

The project consists of three distinct axes: social, labor, and educational. The control group receives only the actions included in the social axis; the first treatment group, those included in the social and educational axes; the second treatment group, those of the social and labor axes; and the last treatment group receives all the actions of the three axes (social, labor, and educational).

The control group receives accompaniment and social action, as do all families participating in this pilot project. It is therefore a non-pure control group. Through these actions in the three axes of interest (social, labor, and educational), the aim is to promote access to key resources (enabling services and benefits) for the inclusion of families at risk of poverty or social exclusion through various actions.

Figure 4: Intervention scheme



Social axis

It aims to promote access to key resources (enabling services and benefits) for the inclusion of families at risk of poverty or social exclusion, through the following activities:

1. **Care and accompaniment for families.** First contact of the coordinators with the families, to detect their needs and define an individualized Inclusion Plan. Special attention is paid to putting families in contact with resources (benefits, aid, etc.) that contribute to improving their inclusion, complementing their income to date.
2. **Spaces for family work-life balance.** Spaces guided by an educator where children can play and learn values, allowing parents the time needed to follow the activities in their itinerary. These spaces are also offered in the labor axis.
3. **Psychotherapeutic support for adults and children and adolescents.** Weekly or monthly sessions (depending on the case, based on an analysis of previous needs) focused on achieving changes that improve the psychological well-being of the family and each of its members. Special work is done in the areas of personal well-being (positive thoughts), interpersonal well-being (relationships with others), and skills and knowledge (learning and decision-making facing life's challenges).

Labor axis

This axis promotes social and labor insertion and digital education for adults, with a special focus on women. It aims to facilitate access to quality/sustainable employment opportunities in a way that reduces the economic and social exclusion of families at risk. Therefore, it comprises the following activities:

1. **Training processes for the improvement of the professional skills of adults' participants.** Individual sessions (14 in total during the entire itinerary) for adults with employment counsellors. These sessions will identify the objectives and expectations for the development of professional skills improving their employability. This activity is complemented by training itineraries through group sessions (3 sessions per month) aimed at improving intrapersonal social skills, such as conflict resolution, the deconstruction of gender stereotypes, or the development of responsibility. An individual follow-up and monitoring process is conducted for each participant in the axis.
2. **Social and labor inclusion for adults in companies.** Job counselors search potential jobs for the participants. This process is conducted simultaneously to the training improvement described in the previous point. Once the participants in this axis have access to these jobs, the objective of the counsellors is to perform actions of accompaniment to guarantee their integration. There are 6 individual sessions during the itinerary.
3. **Digital education for adults.** Specific biweekly sessions for the improvement of digital skills and abilities in the use of ICTs. These sessions also deal with cross-cutting issues such as the prevention of online violence or the creation of relationships between families so that they can be a support group for each other.
4. **Spaces for work-life balance.** Described in the previous axis.

Educational axis

The objective is to reduce the impact of social vulnerability on educational success. Thus, it comprises the following activities:

1. **Educational tutoring for children and adolescents from 6 to 18 years old.** This activity designs an Individual Educational Plan for each of the participants, establishing the skills to develop. This development is conducted through group dynamics, adapted to each age group. There is a quarterly revision of the Educational Plans. Besides, there are two weekly two-hour educational tutoring sessions, as well as a weekly two-hour leisure session (on Fridays).
2. **Comprehensive development of childhood (0 to 6 years).** Educational spaces for early childhood, with a pedagogical approach based on experiential live learning. Children from 0 to 1 year old and from 1 to 3 years old are divided into groups of 10 to 12 people, with several people in charge of their care, sharing space for two days a week, two hours each day. Children from 3 to 6 years old are divided into groups of 8 people, with a companion, having sessions three days a week, two hours each. The activity also works with parents to improve their parenting skills, making them feel more secure as parents.
3. **Promotion of digital skills among children and adolescents at risk of social exclusion.** Weekly sessions with children from 6 to 18 years of age who, through an innovative methodology, seek to improve their digital skills.
4. **Promotion of education in values, sport, and creativity in non-formal education spaces.** Periodic sessions where, through games and dynamics adapted to each age group, social skills of the participants are increased, promoting a peaceful coexistence with their peers. It includes activities specifically focused on raising awareness about gender equality, the environment, participation, and respect for children's rights.

Participation incentives

To motivate participation in the information collection processes and to value the time spent by the families, the project provides a series of incentives, given to all participating families in all groups, including the control group:

- Initial and final measurements (educational axis):
    - 1 purchase card of €15 for each child or adolescent between 6 and 18 years of age who participated in the collection of information on the educational axis (standardized tests and questionnaires).
    - 1 story book for children aged 0-3/3-6 for each parent's participation in the collection of information.
- Final measurements (social and labor axes):
    - 1 purchase card of €15 for each family that completes the corresponding information collection process.

The incentives were given after the tests were performed by the family referent.

No incentive was provided for the initial (social and labor axes) or intermediate (labor axis) measurements as they were linked to the adults participating in the project. It was provided in the

final measurements to motivate attendance, considering the scheduling of the process, coinciding with the summer months.

3 Evaluation design

This section describes the design of the impact assessment of the projects outlined in the preceding section. The section describes the Theory of Change, which identifies the mechanisms and aspects to measure, the hypotheses to assess in the evaluation, the sources of information to build the indicators, and the design 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 schematizes the relationship between the needs identified in the target population, the benefits, or services that the intervention provides, and the immediate and medium-long term results sought by the intervention. It explains the relationships between these elements, the assumptions underlying them, and outlines measures or outcome indicators.

Theory of Change

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

This pilot project aims to reduce the consequences of poverty in childhood through the development of a comprehensive itinerary model that favors the social inclusion of families in situations of social

vulnerability. It is based on access to services, benefits, and employment and has an impact on the prevention of the exclusion of children and adolescents through education.

As indicated in **section 2.3**, the interventions planned in this project revolve around three different axes: an axis of social action/accompaniment, another of employment (employment guidance for adults) and a third of education (educational tutoring activities for children and adolescents). Therefore, the project has three treatment groups, whose participants receive different interventions and will therefore have different outputs and results.

In this sense, the control group receives only the actions of the social axis; the first treatment group, those of the social and educational axes; the second treatment group, those of the social and labor axes; and the last treatment group will receive all the actions of the three axes (social, labor and educational).

Each of the different axes provides a series of actions (inputs or activities), which constitute the resources and actions required to generate the outputs of the program. However, in this case, there is a partial or total overlap of activities with the products or services, under the name of "processes". Thus, the project proposes itineraries for the accompaniment of families, spaces for family conciliation (work-life balance) and psychotherapeutic support as processes in the first axis (social action). The processes of the second axis (employment) include training in employment and digital skills, the mapping of companies and support, as well as spaces for work-life balance (such as the social axis). Finally, the educational axis includes comprehensive development for early childhood (for children from 0 to 6 years old) and educational reinforcement and accompaniment, and the promotion of digital skills, leisure and free time for primary and secondary school students (children and adolescents from 7 to 18 years old).

The processes proposed in each axis lead to a series of intermediate results that facilitate achieving final results and, eventually, impacts (the latter two being separate in the theory of change).

Thus, the processes of the social action axis aim to improve knowledge and understanding of the rights to access benefits and resources, and to identify the determinants and act on them to improve the emotional conditions for the development of an autonomous life project. These outcomes include ensuring access to resources, services, and support to cover basic needs and increase the psycho-emotional well-being of family members. All these outcomes aim to improve the quality of life.

The processes in the employment axis aim to enhance the competencies and skills necessary for both pre-employment preparation and job performance, focusing on the development of digital competencies and the promotion of an active and relevant job search, supported by labor mediation services. All these outcomes aim to improve the employability conditions, ensuring equity, the individualization of socio-labor projects, and labor insertion according to the specific circumstances of each person.

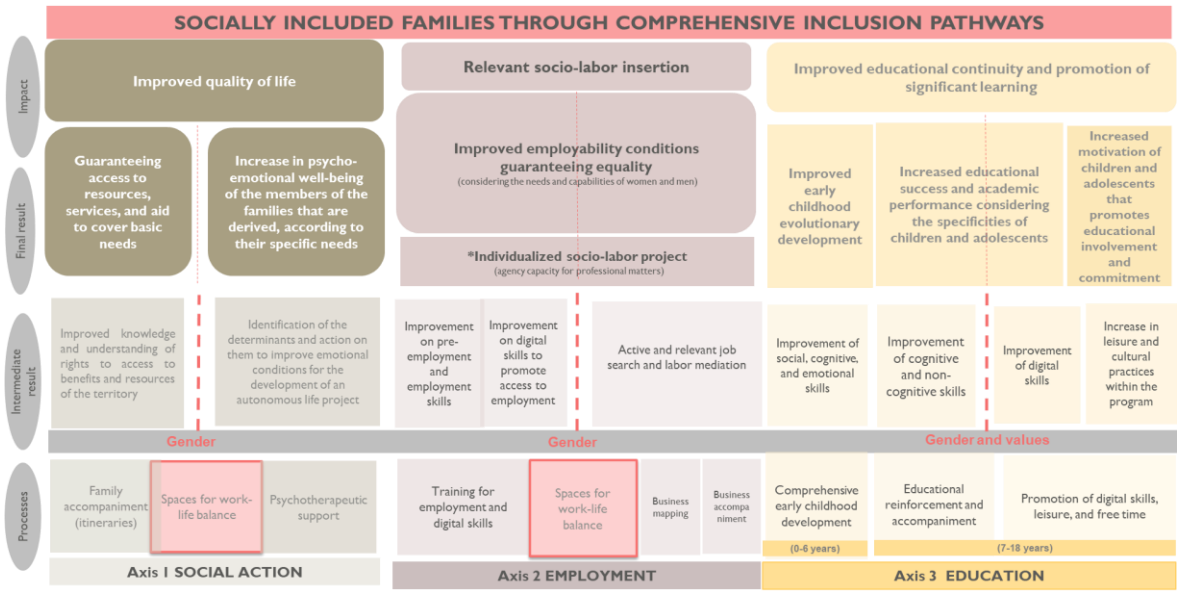
Finally, the processes of the education axis lead to a series of intermediate results (improvement of social and emotional competences; improvement of cognitive and non-cognitive competences; improvement of digital competences; and increased leisure and cultural practices within the

framework of the program) that make it possible to achieve the final results: improving the evolutionary development of early childhood; to increase educational success and academic performance, acknowledging the specificities of children and adolescents; and to increase their motivation, which favors educational involvement and commitment. The impact of this axis will be the improvement of educational continuity and the promotion of significant learning in each educational cycle.

When performing the evaluation, the project uses as contrast groups, depending on the specific axis of analysis, families, adults and/or children and adolescents in the treatment groups corresponding to the control group or to each other. Therefore, the Theory of Change described plans activities, products or services, intermediate results, final results, and short, medium and long-term impacts for the three axes and for the three treatment groups. This requires the development of a model that integrates all the cases.

The following figure illustrates this causal sequence of actions, initiated by the activities and resources needed to achieve the expected changes in the participants. Each phase encompasses a series of components that make these changes possible and that are determined by the actions executed in the previous phase.

Figure 5: Theory of Change



3.2 Hypotheses

The initial hypothesis of this evaluation is the following: "If families with children who face social vulnerability receive comprehensive support that includes accompaniment to guarantee their access to services and benefits, personalized support for finding or improving employment for adults, and educational reinforcement for children and adolescents, then their living conditions will improve and the intergenerational transmission of poverty will be reduced, more effectively than if they received support in only one of the above areas".

The following sections present the hypotheses to test for each of the different axes of analysis.

Improvement in quality of life

The aim is to test whether there is an improvement in the quality of life of households with social support (main hypothesis). Likewise, the secondary hypothesis is whether there is an improvement in access to social benefits and resources that help cover basic needs.

Improvement in social and labor insertion

Regarding socio-labor aspects, the main hypothesis is that there is an improvement in the socio-occupational insertion of adults who receive labor support. As a secondary hypothesis, this project expects to test whether there is an improvement in employability conditions.

Improvement in educational continuity and promotion of significant learning considering the family environment

Regarding education, the project plans to test, as the main hypothesis, whether it improves the educational continuity of children who receive educational support. In addition, it aims to contrast several secondary hypotheses: whether there is an improvement in the involvement and educational commitment of parents; whether there is an improvement in educational success and academic performance; and whether there is an improvement in early childhood development.

3.3 Sources of information

To gather the necessary information to construct the outcome indicators, this project used monitoring questionnaires, standardized tests, and administrative data.

The project follows a quantitative methodology based on data collected through a survey administered to participants. The survey is administered at three time points: in July 2022, before the start of the project (baseline survey – phase 1); in November-December 2022 (baseline survey – phase 2); and after its conclusion (endline survey), in May-June 2023 (final measurement of the educational axis) and August-September 2023 (final measurement of the social and labor axes).

Save The Children is responsible for collecting all the information. The project uses the following ad-hoc evaluation questionnaires for data collection[15] addressed, depending on the case, to the family/household[16], to each adult in the household, or to each child or adolescent in the household.

[15] Some of these questionnaires were, in practice, collected together, so they can be considered modules of the same questionnaire.

[16] In the case of household questionnaires, it is answered by a "reference person" in the household, usually the father or mother. The same reference person in each household is not always maintained in the responses to the baseline and endline questionnaires.

These questionnaires are collected at baseline and at endline, except for the first one, which is collected only at the beginning:

- **Questionnaire of sociodemographic variables.** This questionnaire collects information on the family (city, number of people in the household, and its composition) and the members of the household (age, gender, nationality, level of education, or occupation).
- **Employment status questionnaire.** This questionnaire collects detailed information on the occupation of adults, distinguishing between work situations (asking about occupation, professional situation, type of contract, type of working day, or work income), unemployment (time spent looking for work), and inactivity (reasons why they do not have or do not look for employment and use of spaces for childcare).
- **Questionnaire on attitudes towards employment.** This questionnaire is addressed to adults in the household to collect information on job search priorities: for example, it asks about the importance of several characteristics when looking for a job, as well as about perspectives, motivations, and perceptions related to job search. It also asks about actions taken to find employment (such as having posted or answered job advertisements, having posted or updated the CV on the Internet, or having contacted a public or private employment office) in the case of unemployed people or those actively looking for work.
- **Job satisfaction questionnaire.** This questionnaire is aimed only at people who have declared themselves to be working in the reference period. It asks about satisfaction with different aspects of employment (such as the number of hours worked, salary, and work environment, among others) and the difficulty of balancing work with personal life and household chores, from different statements.
- **Family income questionnaire.** This questionnaire is aimed at families, and it collects the income earned by people in the household. It requests information on employment income, economic benefits and other aid related to housing expenses or to children and adolescents, as well as child support (in the case of separated or divorced families). The questionnaire includes an annex with a list of economic benefits, including minimum income, insertion income, and other types of income. Finally, through this questionnaire, the interviewer (coordinator or psychologist) can give his or her opinion about the interview, indicating issues related to the development of the interview (how it developed or if there were any incidents during it), the degree of comfort of the interviewee, or the understanding of the questions by the respondent.
- **Non-take up questionnaire.** This questionnaire asks about the degree of knowledge, the degree of application, and the degree of approval or rejection, if known, for six benefits: the Minimum Income Scheme (MIS), the MIS child aid complement, the electricity/thermal social bonus, regional minimum incomes, benefits for the payment/rent of the main residence, and the food subsidy/grant. In the case of non-application or refusal, it focuses on the reasons for it.
- **Household material situation questionnaire.** This document includes issues related to the situation of the household, like those contained in the INE's Living Conditions Survey for the measurement of severe material and social deprivation, as well as housing tenure. As in the

previous questionnaire, the interviewer can indicate aspects about the development of the interview.

- **Satisfaction scale questionnaire.** This document aimed at adults includes the degree of satisfaction of the person with certain aspects, such as the economic situation, support networks, the availability of free time, or health status, among others.
- **Questionnaire on agreement with different statements.** This questionnaire aimed at adults presents several positive statements (related to decision autonomy, optimism about the future, confidence in one's own abilities, or the achievement of goals, among others) and asks about the degree of agreement with them.
- **Questionnaire on the distribution of household chores.** This questionnaire aimed at families includes issues related to the distribution of domestic and care tasks at home, asking about the person who is mainly in charge of performing them.
- **CREDI questionnaire** (*Caregiver Reported Early Development Instruments*). It consists of a battery of 108 questions organized into blocks of answers according to the age of the child (from 0 to 3 years old) on different areas of development: motor, cognitive, language, and socio emotional. In addition, it includes sections on mental health and healthy habits, with nine questions each. A questionnaire is performed for each child aged 0 to 3 years in the household.
- **ECDI questionnaire** (*Early Childhood Development Index*). This questionnaire asks about 20 items related to the development of children between 3 and 6 years. Additionally, it includes a module on the frequency of healthy habits of the child and another on different items related to positive parenting.
- **Parental self-regulation questionnaire.** A set of 16 items asking about the degree of agreement with different statements related to parenting.
- **Questionnaire for children and adolescents in Primary and Secondary School.** Similar questionnaires were given to children who are in primary education and compulsory secondary education. Both ask about whether they have received tutoring and for how long, whether they receive academic and emotional support and by which member of their family, professional expectations, interest in different branches of knowledge (with special emphasis on literacy and mathematics), and self-concept. In addition, the Secondary School questionnaire asks about the perceived level of reading skills, mathematics, and general knowledge and culture.
- **Questionnaire for families with children between 6 and 18 years old.** Questionnaire aimed at parents with children between 6 and 18 years. It asks about their children's study habits, family involvement in their education, the academic expectations they have for their children, and the equipment available in the family home for study.
- **Employability questionnaire.** This questionnaire is an employability diagnosis document proposed for each adult participating in the Career Guidance and Labor Prospection service. It aims to calculate the probability of access to sustainable and quality employment opportunities by the people responsible for Save the Children (counsellor and job prospector) according to their starting conditions once the project begins. It also asks whether

employability has improved at the end of the intervention. It includes different instruments for collecting information on general household conditions (income, housing, social vulnerability), personal and social skills, basic and instrumental skills, level of education, job search, working conditions, and socio-personal difficulties.

- **Questionnaires on satisfaction with services.** Questionnaires applied during the closure of each of the services offered in the project, of a voluntary and confidential nature. They ask about general satisfaction with the service, as well as with different elements depending on the service (such as the reference professional, the number of sessions, or the contents).

In addition, the project collects the following administrative register information provided by participating families:

- **Academic reports.** This tool collects the results of the academic reports of the children and adolescents participating in the different groups of the project, according to their stage and educational cycle.

Finally, the participating children perform standardized tests:

- **Standardized tests.** Children and adolescents participating in the different groups perform level tests in literacy and mathematics according to their educational stage and cycle, adjusted based on the competencies required in the educational system at each level. The result of the tests ranges from 0 to 10 points.

3.4 Indicators

This section describes the indicator that this study uses to evaluate the impact of the itinerary, based on the data obtained from the sources of information described above. These indicators play a critical role in the evaluation of the project, providing quantitative measures to analyze and validate the hypotheses raised.

Quality of life

To test the hypothesis regarding the improvement in the quality of life of households with social support, this project uses two indicators:

Life satisfaction (subjective): aggregate indicator of the 8 variables of the "satisfaction scale" questionnaire, which collects information on the degree of satisfaction with various aspects of life. It is calculated as the sum of the values of the 8 answers, ranging from 1 to 7 points. Therefore, it takes

values between 1 and 56. Likewise, this project uses a **standardized life satisfaction index**, calculated using the methodology of Anderson (2008)[17] with the variables described above.

Material and social deprivation: aggregate indicator of the 13 variables of the "household material situation" questionnaire, which includes the items contained in the Living Conditions Survey. It is calculated as the sum of the values of the 13 items of severe material and social deprivation, which take a value of 0 or 1. Therefore, it takes values between 0 and 13. Likewise, this area uses an **indicator of severe deprivation**, constructed as a binary variable that takes value of 1 when there are 7 or more material or social deprivations and 0 otherwise.

To test the secondary hypothesis, the project uses two indicators:

Access to social benefits: indicator of the number of benefits, constructed from the *non-take up* questionnaire. This area considers two indicators: first, the number of benefits requested and approved. Second, the number of benefits that have been applied for and that have either been approved or are still in the process (excluding only those that have been denied). It takes values between 0 and 6 (up to 6 possible benefits[18]).

Household Income: monthly household income reported by the household. It takes several values on a scale from 1 (no income) to 9 (over €1,700)[19]

Socio-labor insertion

The project tests the main hypothesis regarding the improvement in the socio-labor insertion of adults who receive labor support with two indicators:

Hours worked in the last month (reference period: July 2023): the evaluation expects to use two indicators constructed from different sources: from the Social Security administrative data and from the survey (self-reported situation). As of the date of this report, it has not been possible to make estimates based on the self-reported indicator due to the lack of observations required in the endline survey data. However, it is planned to perform this analysis when administrative data of the participants is available.

Self-reported employment status in July 2023: measured as a binary variable that indicates whether the person works (1) or not (0) in the reference period, constructed from the corresponding variable of the labor questionnaire.

[17] This method aggregates the information from the responses to the satisfaction questionnaire. Intuitively, the method calculates a weighted average of all variables, where the weight assigned to any one of them depends on its correlation with the others (favoring the least correlation). Because it has no natural measures, the standardized indicator has been used to have a zero mean and unit variance, which allows for better interpretation of the data.

[18] Minimum Income Scheme (MIS), MIS child aid complement, electrical/thermal social bonus, regional minimum incomes, benefits for the payment/rent of the main residence, and the food subsidy/grant.

[19] 1= No income, 2= €1-100, 3= €101-300, 4= €301-600, 5= €601-1,000, 6= €1,001-€1,200, 7= €1,201-€1,500, 8= €1,501-€1,700, 9= More than €1,700, 99= NA.

The secondary hypothesis test uses two indicators:

Job search: synthetic indicator constructed from the job search questionnaire, as the sum of the values of the different items. It takes values between 0 and 13.

Attitudes towards employment: synthetic indicator constructed from the questionnaire on attitudes towards employment, as the sum of the values of the different items. It takes values between 0 and 10.

Educational continuity and significant learning

The project tests the main hypothesis regarding the improvement of the educational continuity of children receiving educational support with indicator:

Interest in continuing with studies: indicator that measures the interest of children and adolescents in continuing their studies. For secondary school students, it includes questions on the activity prospects in 5 years, and the level of studies that they would like to complete. The indicator is calculated using Anderson's (2008) methodology, standardizing the indicator (mean 0 and standard deviation 1).

The first secondary hypothesis (improving parental involvement and educational commitment) is based on two indicators:

Parents' expectations and attitudes towards studies: constructed from the variables of study habits and family involvement. It takes values between 0 and 7.

Satisfaction with studies and parental support for children and adolescents: constructed from the variables of the family questionnaire. It takes values between 0 and 10.

The test of the secondary hypothesis on improvement in educational success and academic performance uses the following indicators:

Average grade in standardized tests: based on the results of standardized tests in language and mathematics. It takes values between 0 and 10.

Average school grade in language and mathematics: based on the grade cards of children and adolescents. It measures the average grade in the 3rd quarter of 2023 and the average grade for the academic year 22-23. It takes values between 0 and 10.

Finally, the test of the secondary hypothesis on improvement in early childhood evolutionary development uses an indicator:

Caregiver Reported Early Development Instrument (CREDI indicator): it has not been possible to contrast this indicator due to lack of observations.

3.5 Design of the experiment

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

Recruitment of intervention beneficiaries

The households in this pilot project are families with dependent children who are beneficiaries of the MIS and/or regional minimum income, or who are at risk of poverty and social exclusion.

The project performs the contact and communication process for the joining of families to the program between March and July 2022. The recruitment process has been focused on families who are beneficiaries from the MIS, as well as families referred by the Municipal Social Services identified as potentially eligible. Save the Children contacted the candidate families by phone to verify their eligibility and confirm their interest in participating.

After contacting the candidates and thoroughly explaining the project, the study sample consists of family units that sign the informed consent to participate in the pilot project.

Informed consent

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

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

Random assignment of participants

Once the recruitment process concludes, the project performs the assignment of the participants to the different experimental groups. The random assignment procedure is stratified. Specifically, the sample is stratified according to the following variables: locality (four possible values: Cádiz, Fuenlabrada, Seville, and Melilla), benefit (beneficiary of MIS and/or regional insertion minimum income or not, with two possible values: they do receive benefits/they do not receive benefits),

employment status of adults (two possible values: all adults are unemployed/not all adults are unemployed), and family composition (two possible values: single-parent family/non-single-parent family)[20]. This process results in 32 strata.

Figure 6: Sample design

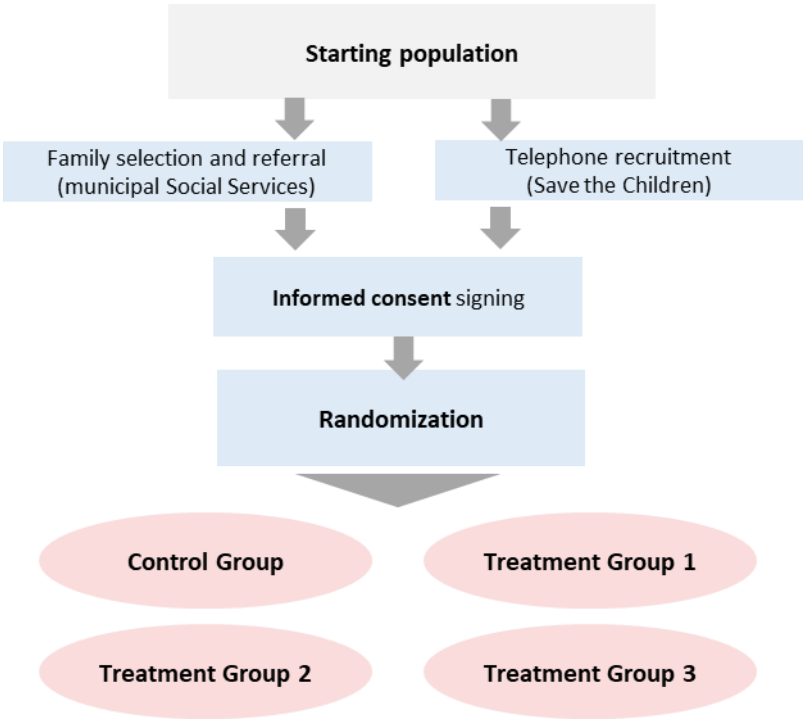
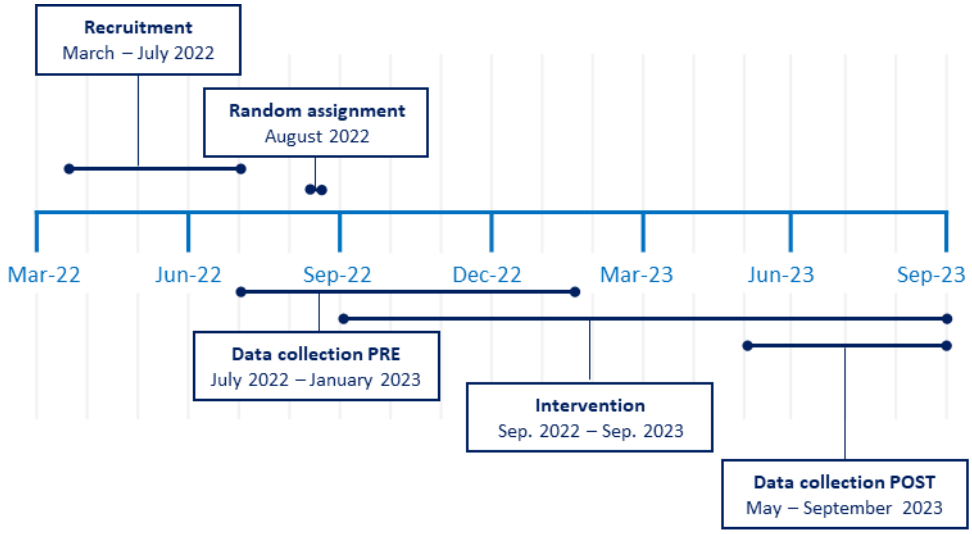


Figure 7 shows the implementation and evaluation of the project. Recruitment occurs between March and July 2022. Participants complete the baseline survey between July 2022 and January 2023. In August 2022, participants who meet the criteria and who have signed the informed consent and are interested in participating are randomly assigned. The intervention occurs from September 2022 to September 2023. Finally, the collection of the post data (endline survey) occurs between May and September 2023.

[20] Although it was initially agreed to use the variable "There are children under 6 years of age in the family" as a stratification variable, with Yes/No values, when analyzing the sample of participants who have signed the informed consent form, almost half (47% of families) have children in that age range, with large percentages in the four localities (from 34% in Cadiz to 55% in Seville). Thus, when randomly assigning the families to the four groups, this variable should be balanced by statistical probability.

Figure 7: Evaluation timeline



4 Description of the implementation of the intervention

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

4.1 Sample description

Table 1 shows the complete process of contact with families with data obtained through different sources.

Of the 2,631 contacts attempted, 648 families (25%) could not be contacted to receive information about the program.

During the process of recruiting, families reported several reasons for non-participation in the project. Among the main ones are not being reachable (25% of calls), not attending the appointment (11% of calls), lack of interest in the project or in one of its axes (27% of calls), and other reasons (7% of calls).

Of the total number of families contacted and who have been aware of the program, the project obtains a final list of 792 families for randomization. The rest of the cases were discarded due to lack of subsequent contact, not meeting the participation criteria, or reported dropouts.

Table 1: Record of the recruitment process and contact with families

	Total	Cádiz	Fuenlabrada	Seville	Melilla
Number of derived families	2,631	540	561	678	852
Number of families that have tried to be contacted, but it has not been possible (incorrect telephone number, not answering the telephone...)	648	112	142	110	284
Number of families that have been aware of the program	1,983	428	419	568	568
Number of families that have not attended the interview/do not answer calls	289	90	47	95	57
Number of families that have been rejected for not meeting the participation criteria	858	148	161	278	271
Number of families that dropout	44	17	2	25	0
Number of families that have agreed to participate	792	173	209	170	240
Family adherence ratio (proportion of families that have been aware of the program among those that have agreed to participate)	2.5	2.5	2.0	3.3	2.3

Characteristics of the final evaluation sample

This section shows the descriptive statistics of the variables related to the evaluation, according to the information collected in the baseline[21]. Specifically, it shows the characteristics of the participating households (**Table 2**) and their members (**Table 3**) at the beginning of the interventions. It should be noted that the baseline data was collected in two phases: the first in July 2022 and the second between November and December 2022[22]. The tables have 6 columns that include the mean, standard deviation, minimum, maximum, and number of observations for each variable.

A total of 792 households registered to participate in the project, a total of 3,133 individuals, including adults and children. However, not all households or their members responded to the first survey[23], or the information is not complete because they did not answer all the questions.

The first section of **Table 2** shows that 28% of households were assigned to the control group (220). The remaining 72% was distributed among the 3 treatment groups, with approximately one-third of

[21] Except for the variable "reported access to the MIS, CAPI or RMI" which was measured once the interventions were completed. This variable is later included as a control in the regression of monthly net household income to differentiate the effects of income from greater access to social benefits.

[22] The design of the operational information collection tools took longer than planned by Save the Children. As a result, the necessary tools were not available at the beginning of the intervention and the teams were forced to stagger the collection of questionnaires and collect data retroactively.

[23] There were 12 households that agreed to participate in the pilot and were included in the randomization. However, they were not incorporated into the intervention, and in many cases, information is only available on variables related to household characteristics.

households in each group (192 households in Group 2 and 190 households in Groups 3 and 4, respectively). The average size of the households in the sample is 3.94 individuals, of which 49% are two-parent households and 34% are single-parent households. In terms of geographical composition, 30% of households are in Melilla, 26% in Fuenlabrada, 22% in Cádiz and the remaining 21% are in Seville. In 63% of households, the reference person has Spanish nationality[24], 29% are nationals of an African country, and the rest are nationals of Latin American countries, the European Union, and other European countries. In 81% of the cases, the reference person reported that their household had unemployed or job-seeking adults and in 63% of the cases they were recipients of the MIS or some regional minimum income during the period in which they were assigned to an experimental group.

The last section of the table shows the outcome indicators of the intervention. The first two indicators correspond to levels of life satisfaction. At the beginning of the interventions, households had a very wide range of life satisfaction. The values ranged from 3 to 80, with a mean of 44.79 and a standard deviation of 14.49.

Table 2: Descriptive statistics (households)

Variable	Mean	Std. Dev.	Min.	Max.	Observations
Control group: social intervention	0.28	0.45	0	1	792
Group 2: socio-educational intervention	0.24	0.43	0	1	792
Group 3: socio-labor intervention	0.24	0.43	0	1	792
Group 4: social, educational, and labor intervention	0.24	0.43	0	1	792
Sociodemographic variables					
Municipality – Cádiz	0.22	0.41	0	1	792
Municipality – Fuenlabrada	0.26	0.44	0	1	792
Municipality – Seville	0.21	0.41	0	1	792
Municipality – Melilla	0.30	0.46	0	1	792
Beneficiaries of MIS and RMI during randomization	0.63	0.48	0	1	788
Unemployed or seeking employment during randomization	0.81	0.39	0	1	791
Single parent family	0.34	0.48	0	1	787
Two-parents family	0.49	0.50	0	1	787
Extended family	0.04	0.20	0	1	787
Other type of family	0.12	0.33	0	1	787
Nationality: Spanish	0.63	0.48	0	1	717

[24] Nationality percentages consider whether nationality is reported as primary or secondary.

Nationality: EU	0.03	0.16	0	1	717
Nationality: other European countries	0.01	0.10	0	1	717
Nationality: Latin American country	0.08	0.27	0	1	717
Nationality: North American country	0.00	0.05	0	1	717
Nationality: African country	0.29	0.45	0	1	717
Nationality: Asian country	0.00	0.00	0	0	717
Total people in the household	3.94	1.37	2	9	792
Outcome indicators					
Life satisfaction – Aggregate	44.79	14.49	3	80	513
Standardized life satisfaction index (Anderson)	0.00	0.98	-2.84	2.46	513
Families with severe deprivation	0.47	0.50	0	1	726
Aggregated value of material and social deprivation	6.37	2.78	0	13	726
Access to social benefits – requested and approved benefit	1.77	1.17	0	5	500
Access to social benefits – requested and in process or approved benefit	2.01	1.20	0	5	500
Net monthly household income in June 2022	5.24	1.48	1	9	751

47% of the households in the sample have severe material and social deprivation. This means that these households have deficiencies in at least 7 of the defined elements. In aggregate terms, there are deficiencies in an average of 6.37 of the elements defined by the National Statistics Institute. Regarding access to social benefits, the range spans between 0 and 5 benefits, with an average of approximately 2. Finally, the average net monthly household income in June 2022 was in category 5, indicating that they received between €601 and €1,000.

Focusing on the specific characteristics of the household members, 56% of the sample is between 0 and 18 years and 43% is over 18 years. 55% of the individuals are women, 73% have Spanish nationality, and 36% are in Melilla, 27% in Fuenlabrada, 19% in Seville, and 18% in Cadiz. Among adults, 96% speak Spanish as a first or second language and on average have completed lower secondary education[25]. Regarding children and adolescents, 72% speak Spanish at home and on average have completed the third or fourth year of primary school[26].

[25] The level of completed studies of the adults in the household were measured through a categorical variable which ranges from 1 to 10, in which 1 refers to those who do not attend school and 10 to other studies beyond the master's degree.

[26] Like the variable for adults, the level of completed school years was measured through a categorical variable which ranges from 1 to 24, where 1 refers to children between 0 and 1 years who have not attended any course and 24 refers to children and adolescents who have completed the second year of intermediate vocational training.

Table 3: Descriptive statistics (household members)

Variable	Mean	Std. Dev.	Min.	Max.	Observations
Sociodemographic variables					
Municipality – Cádiz	0.18	0.39	0	1	3,133
Municipality – Fuenlabrada	0.27	0.44	0	1	3,133
Municipality – Seville	0.19	0.39	0	1	3,133
Municipality – Melilla	0.36	0.48	0	1	3,133
Nationality: Spanish	0.73	0.45	0	1	3,133
Nationality: EU	0.02	0.12	0	1	2,835
Nationality: other European countries	0.01	0.07	0	1	2,835
Nationality: Latin American country	0.05	0.22	0	1	2,835
Nationality: North American country	0.00	0.05	0	1	2,835
Nationality: African country	0.22	0.41	0	1	2,835
Nationality: Asian country	0.00	0.00	0	0	2,835
Female	0.55	0.50	0	1	3,120
Age: 19-30	0.07	0.26	0	1	3,109
Age: 31-50	0.30	0.46	0	1	3,109
Age: over 51	0.06	0.24	0	1	3,109
Age: 0-3	0.07	0.26	0	1	3,109
Age: 4-6	0.10	0.30	0	1	3,109
Age: 7-12	0.22	0.42	0	1	3,109
Age: 13-18	0.17	0.37	0	1	3,109
Completed studies – adults	4.07	1.85	1	10	1,244
Adults who speak Spanish (first or second language)	0.96	0.21	0	1	2,834
Completed studies – children and adolescents	9.76	4.53	1	24	1,473
Language spoken at home: Spanish	0.72	0.45	0	1	576
Outcome indicators: labor insertion					
People reporting to work (primary or secondary activity)	0.35	0.48	0	1	1,205
Worked last week of July 2022	0.34	0.47	0	1	1,205
Received remuneration for work in the week of June 2022	1.00	0.07	0	1	408
Hours worked in June 2022	39.02	51.2	1	288	106
Job search intensity indicator	3.45	3.12	0	13	603

General job satisfaction indicator	6.35	2.90	0	10	234
Outcome indicators: education and learning					
Standardized interest in continuing with studies index (Anderson)	0.00	1.00	-2.4	2.35	244
Hours dedicated to study	2.72	1.20	1	6	653
Expectations of parents regarding studies	5.58	1.24	2	7	701
Satisfaction with educational performance	7.34	2.16	0	10	653
Mathematics grade – Standardized test	2.28	2.17	0	10	629
Language grade – Standardized test	4.42	2.82	0	10	631
1st term language grade	5.83	2.19	1	10	560
1st term mathematics grade	5.75	2.31	1	10	552
CREDI score for global development	50.56	3.09	40.52	54.23	57

The second section of the table examines the employment status of adults participating in the program. 35% of adults were working at the time of the survey and 34% of adults who responded were working in the last week of June 2022. All these people were paid for their work. On average, they worked 39.02 hours in June 2022 (ranging from 1 to 288 hours). Regarding overall job satisfaction, participants report a level of 6.35, which is slightly above the average level. The average value of job search intensity is 3.45, ranging from 0 to 13.

The last section presents the education indicators for children and adolescents. For participants currently in secondary school, the indicator of interest in continuing with studies has been calculated and standardized. Using a categorical variable, the estimation yields that participants aged 6 to 18 spend about 3 to 6 hours a week on their homework. Parents report a satisfaction level of 7.34 on a scale of 0 to 10 regarding their children's educational performance and expect their sons or daughters to complete a university degree or equivalent.

This evaluation measures school performance in two ways. First, the project conducts standardized tests in language and mathematics on children and adolescents between 6 and 18, which were graded between 0 and 10. The average of the participants who took these tests scored 2.28 in mathematics and 4.24 in language. Secondly, the quarterly grade bulletins of these participants report the details of the average grade and the grades in each course. In this case, the indicators of interest are the grades in Spanish language and literature and mathematics of primary and secondary school students. For these indicators, the average score in the first quarter is 5.83 points in Spanish language and literature and 5.75 in mathematics. It is important to note that, in the case of the bulletins, it was not possible to obtain information from pre-intervention notes. In other words, the first quarter grades, reported at the end of December 2022, could be reflecting the impacts of the socio-educational intervention. Finally, regarding the evaluation of children from 0 to 3 years old, the evaluation uses the Caregiver-Reported Early Development Index (CREDI), which measures early childhood

development through observation and questions asked to parents, with an average development of 50.56.

4.2 Random assignment results

After defining the sample, participants are randomly assigned. As mentioned, the assignment process includes stratification according to the variables of locality, benefit, employment status of adults, and family composition, generating a total of 32 strata.

The table below shows the results of the random assignment, detailing the number of participants assigned to each group and dividing this information by municipality.

Table 4: Random assignment results

	Control group	Treatment Group 1	Treatment Group 2	Treatment Group 3	Total
Cádiz	44	43	43	43	173
Fuenlabrada	53	52	52	52	209
Seville	43	43	42	42	170
Melilla	80	54	53	53	240
Total	**220**	**192**	**190**	**190**	**792**

This section describes the balance tests between the four experimental groups, using the data collected during the different baseline phases.

The following tables show the balance tests results between the control group and the treatment groups[27]. All data presented in these figures refer to the survey conducted prior to 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 dot and focused on it, the 95% confidence interval of that difference. A confidence interval containing zero, i.e., the vertical axis, will indicate that the mean difference between groups is not statistically significant or, in other words, is not statistically different from zero, meaning that the intervention groups are balanced. In case the confidence interval of the mean difference does not contain zero, the difference is statistically significant meaning the groups are unbalanced in this characteristic.

If there are significant imbalances between the experimental groups, they will not be perfectly comparable. Therefore, the regressions presented in the results section show the results of controlling for certain variables that could influence the impact of the intervention.

Figure 8 shows that most of the sociodemographic variables are balanced between groups at the household level. The exception is the geographic location variable of Melilla, with more individuals assigned to the control group (Group 1) than to treatment groups 2, 3 and 4. This difference between groups is significant at 10%. However, this is because a greater number of households were recruited

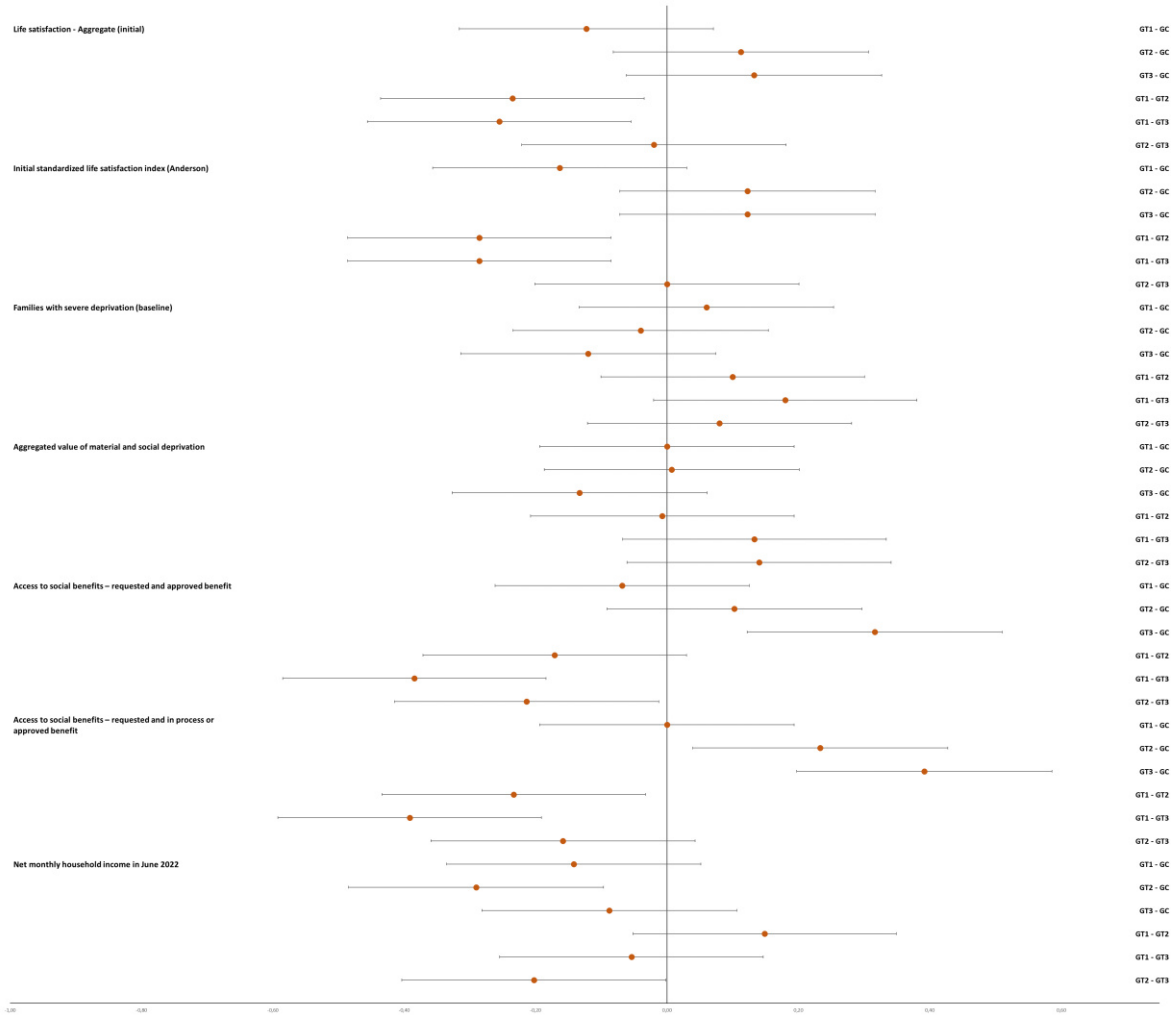
[27] Please refer to **Tables 22, 23 and 24** in the **Appendix** concerning the "**Balance between experimental groups"**.

in Melilla. However, for logistical reasons, only a limited number of them could receive the different treatments. As a result, the maximum number of households that could be assigned to the treatment groups was limited, leading to a larger control group (group 1).

Figure 8: Difference between standardized means between treatment and control group (confidence interval at 95%) – Households (sociodemographic)

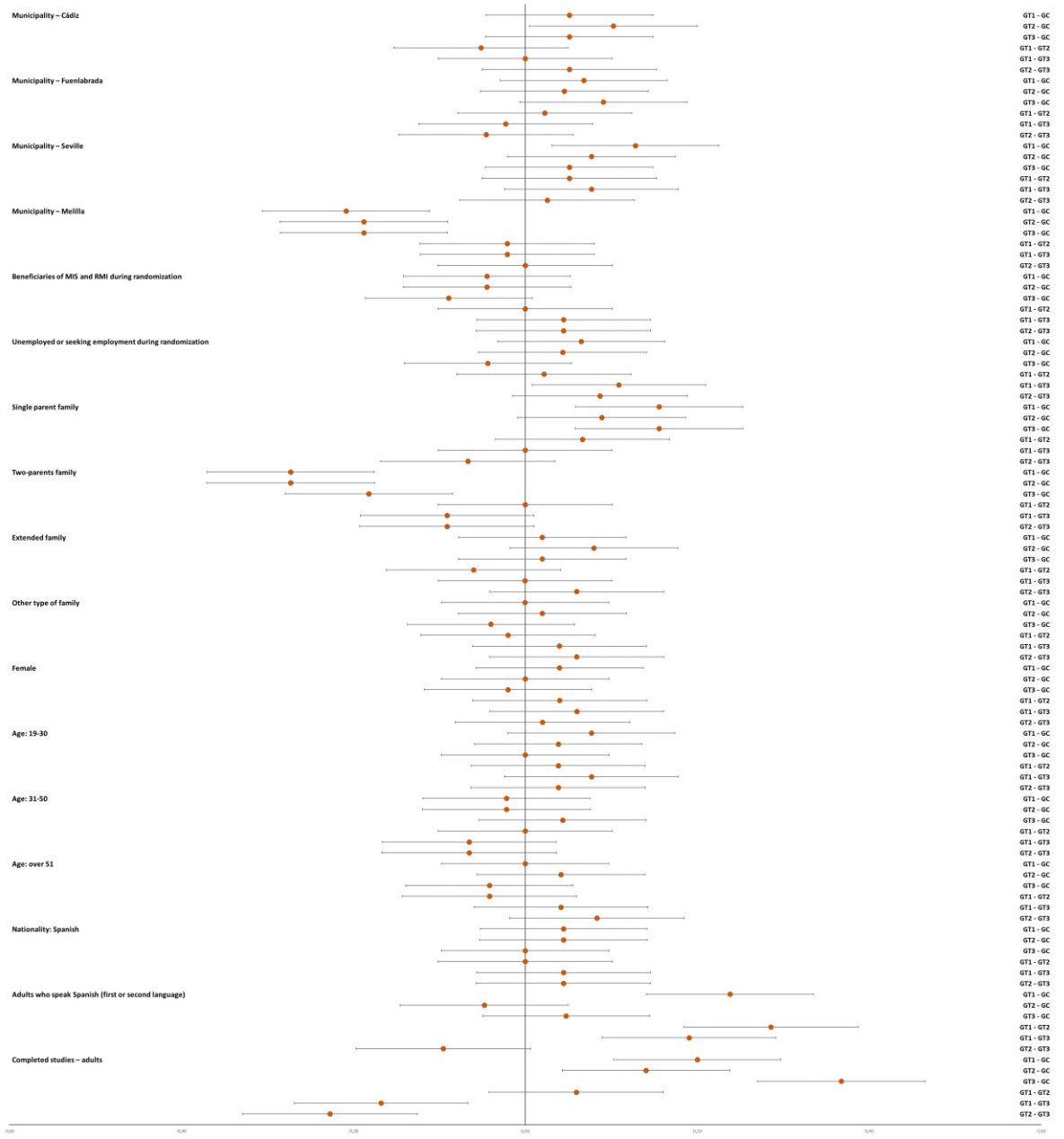
Figure 9 shows that the life satisfaction indicators of the households assigned to the socio-educational group (group 2) have lower average values than the socio-occupational group (group 3) and the comprehensive group (group 4). These differences are significant at the 5% level. The opposite occurs with the severe deprivation indicator, where the mean of the socio-educational group is higher than that of the integral group (0.51 versus 0.42), with a level of significance of 10%. The indicators of access to social benefits show statistically significant differences between experimental groups of 1% and 10%, particularly in the case of benefits requested and in process or approved, where the control group and the socio-educational group have lower average values than the socio-labor and comprehensive groups. Finally, the categorical variable of net monthly household income has imbalances between the control and socio-labor groups, and the socio-labor and comprehensive groups.

Figure 9: Difference between standardized means between treatment and control group (confidence interval at 95%) – Households (outcomes)



Regarding the sociodemographic variables of adults, **Figure 10** shows a greater number of imbalances. In addition to the percentage of adults assigned to the control group in Melilla, there are statistically significant imbalances in the percentage of single-parent and two-parent families, the number of adults who speak Spanish, and the level of education completed.

Figure 10: Difference between standardized means between treatment and control group (confidence interval at 95%) – Adults (sociodemographic)



Regarding the indicators of labor market insertion (**Figure 11**), there is a significant difference between the control group and the socio-educational group, and the comprehensive group in the level of intensity in the initial job search. At the same time, the initial indicator of general satisfaction with employment presents a statistically significant difference between the socio-educational group and the control and socio-labor groups at 5% level.

Figure 11: Difference between standardized means between treatment and control group (confidence interval at 95%) – Adults (outcomes)

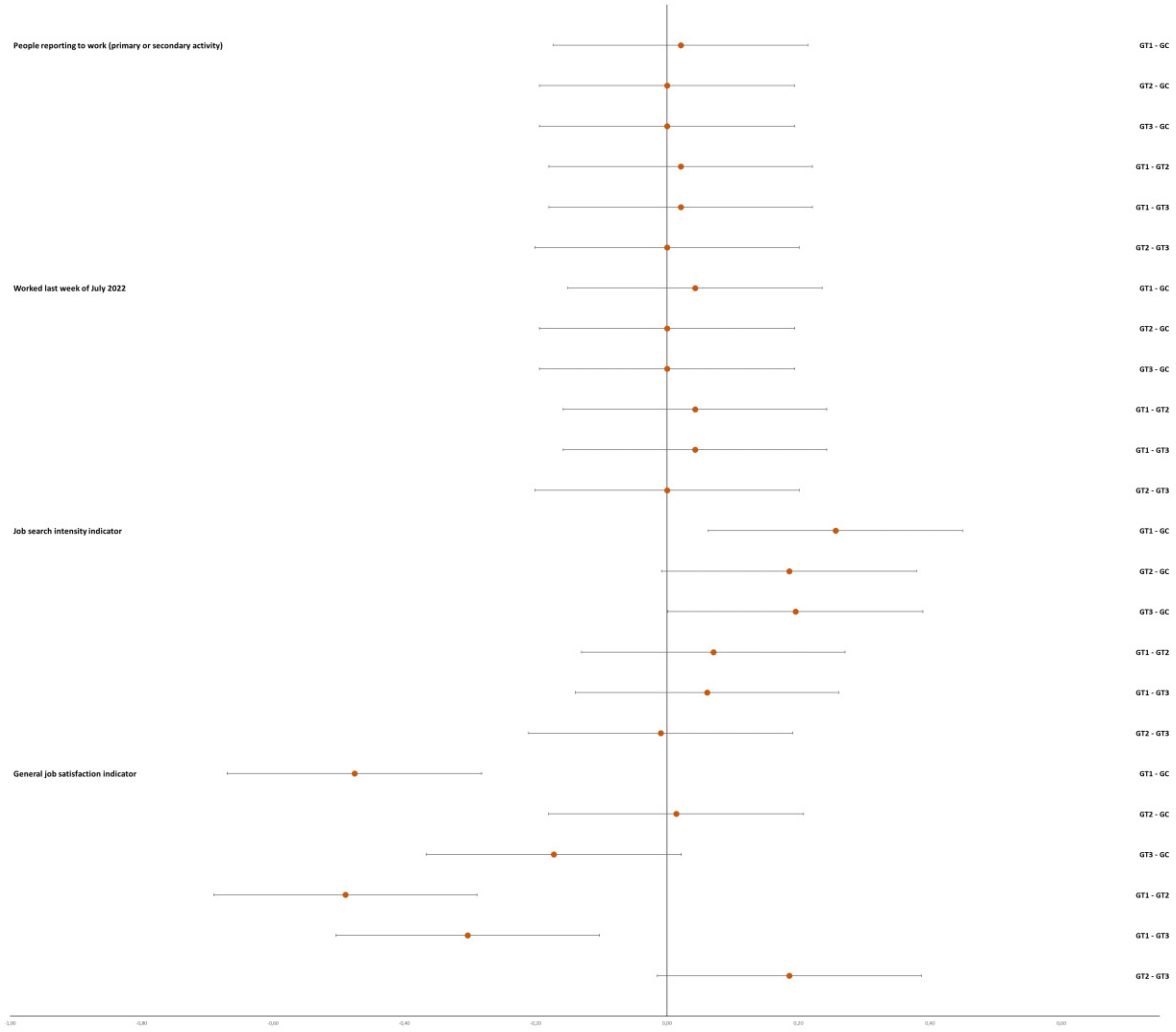


Figure 12 presents the imbalances of the variables related to children and adolescents and the outcomes of education and learning. In this case, there is an imbalance between certain experimental groups in relation to the sociodemographic variables of gender and age group of 13 to 18 years.

Figure 12: Difference between standardized means between treatment and control group (confidence interval at 95%) – Children and adolescents (sociodemographic)

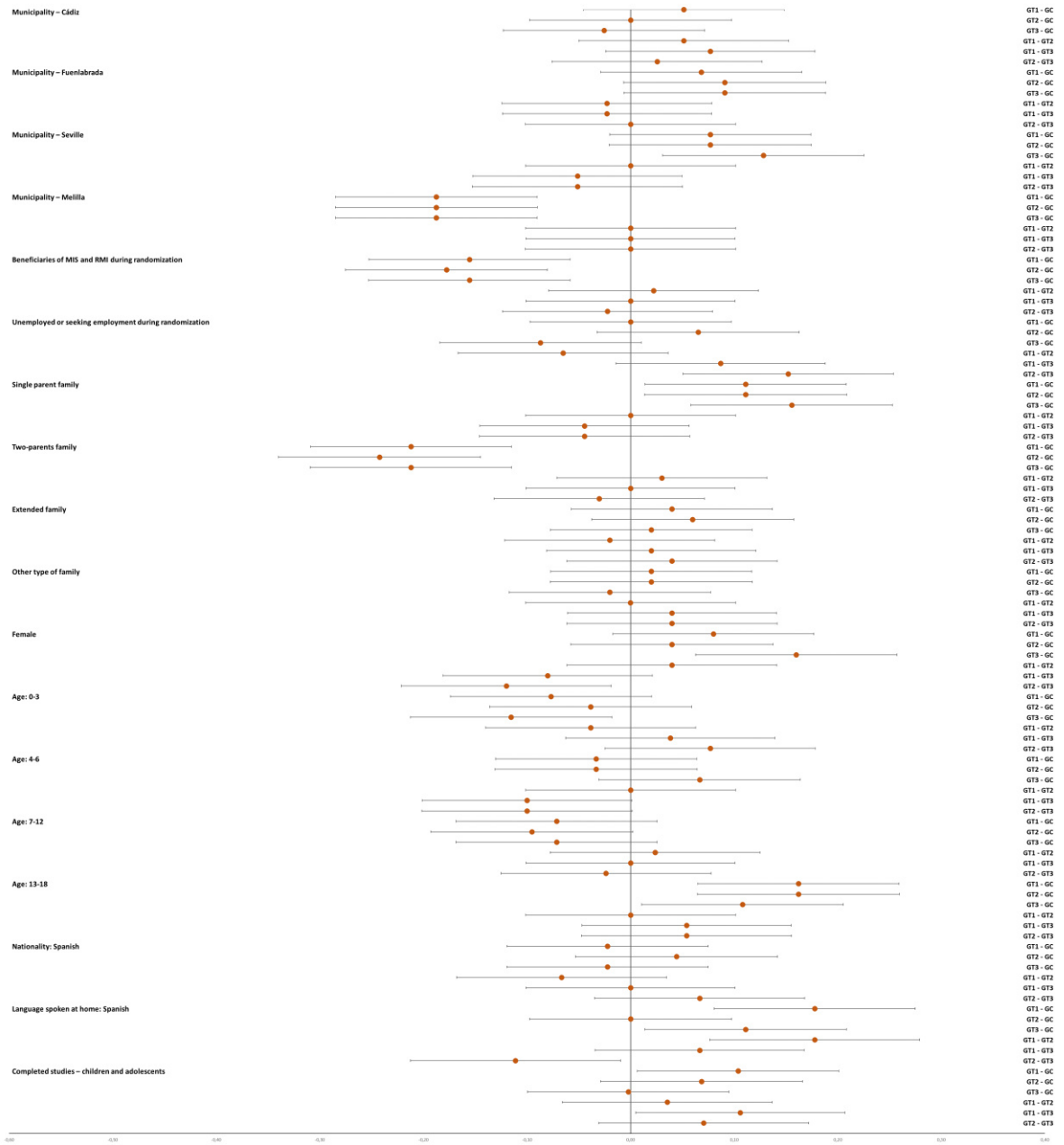
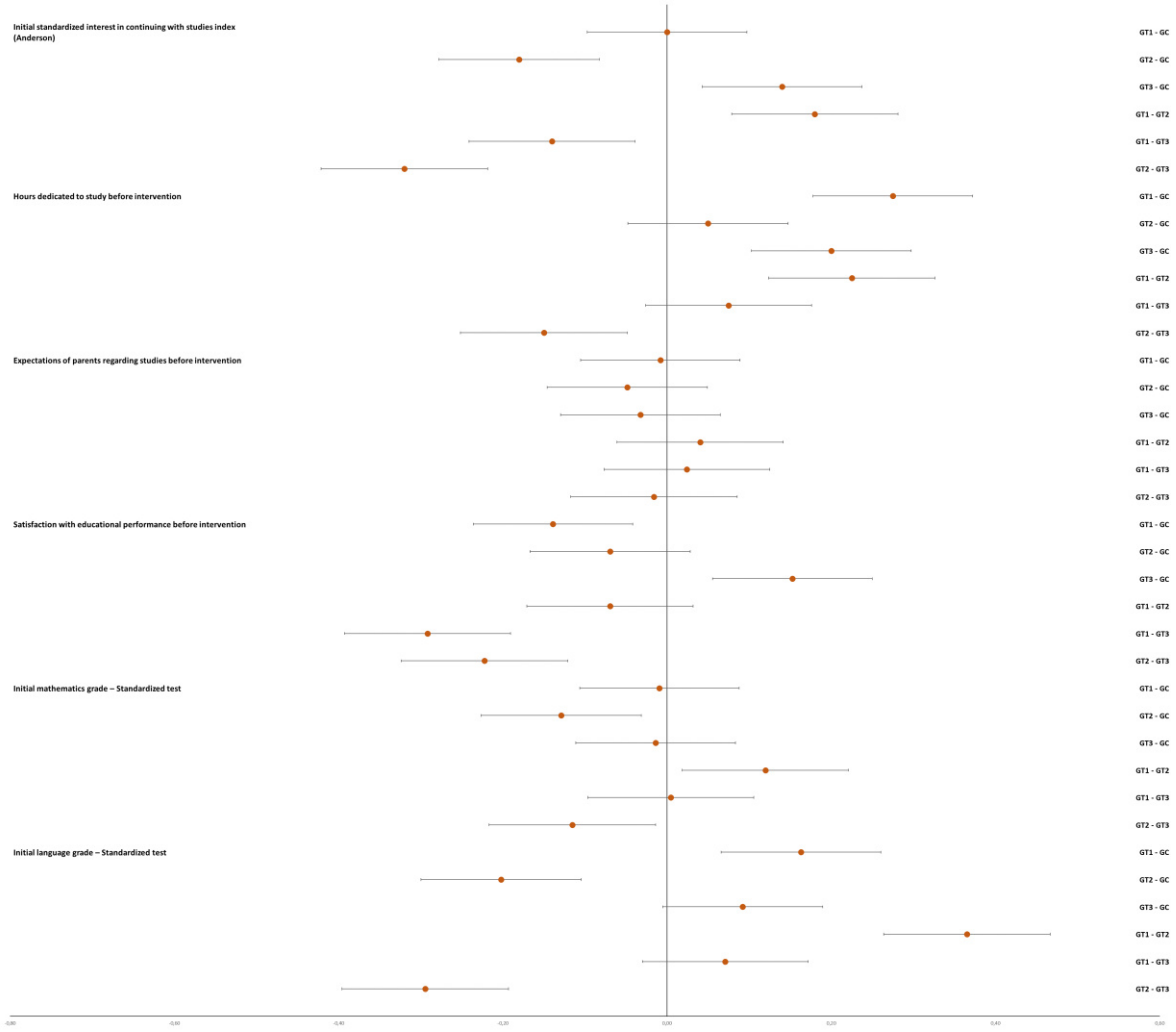


Figure 13: Difference between standardized means between treatment and control group (confidence interval at 95%) – Children and adolescents (outcomes)



In terms of outcomes, the indicator of hours dedicated to study shows significant differences at 5% level between the control group and the comprehensive group. The indicator of satisfaction with educational performance has imbalances between the comprehensive group and the socio-educational and socio-labor groups. Finally, the performance indicator of language obtained through a standardized test shows imbalances between all experimental groups.

Due to the sociodemographic differences between households, adults and children and adolescents, those factors that may influence the impact of interventions will be included as controls. Regarding the differences in the outcome variables, it suggests that there are relevant imbalances between the experimental groups that make them not perfectly comparable. For this reason, the evaluation will include the dependent variable measured during the baseline in the analysis to consider that the experimental groups did not start from the same level.

4.3 Degree of participation and attrition by groups

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

Degree of participation

Table 5 shows the evolution of the households participating in the project from the moment the recruitment ends in July 2022 until the collection of the information in the survey at the end of the interventions (endline). As aforementioned, a total of 792 households were recruited and signed an informed consent voluntarily agreeing to participate in the program. After the households knew the experimental group in which they were to participate, 12 of them dropped from the project in August 2022[28]. The third column of the table presents the total number of households that completed the project. 56% of the household sample completed it. This means that household members attended the activities without showing any lack of interest or problem in continuing to participate in the program. According to information provided by Save the Children, more than 29% of the dropouts were due to households' lack of interest in the program, 26% stopped answering calls, and 9% lost interest in the assigned experimental group.

The fourth and fifth columns of the table contain the total number of households that answered some section of the final questionnaire[29]. This information has been divided into two columns because, initially, it was planned to collect data through a complete questionnaire at the end of the interventions. To improve the number of responses among households that dropped out of the program, it was decided to design a reduced questionnaire with some outcome indicators at the household, adult, child and adolescent levels. Thus, it was possible to obtain information from 129 households and a total of 225 individuals.

It is important to note that all 792 households responded to at least 3 sections of the baseline survey. 68% of the individuals in the sample answered a questionnaire from the baseline and from the endline

[28] To reduce the potential attrition of the sample during the collection period and the start of the interventions, Save the Children offered leisure activities in July 2022 for the children and adolescents of the recruited households.

[29] **Annex 3** of this report includes details of the proportion of responses in each section of the final questionnaire.

survey or the reduced questionnaire. However, this does not mean that in all these cases there is complete information about the individuals in both time periods.

Table 5: Households evaluation sample

Status	Initial sample	Sample after randomization	Finished project	Completed endline survey	Completed endline or reduced survey
Control group	220	215	112	119	161
	100%	98%	51%	54%	73%
Treatment group 1	192	189	117	123	151
	100%	98%	61%	64%	79%
Treatment group 2	190	188	98	100	129
	100%	99%	52%	53%	68%
Treatment group 3	190	188	116	116	146
	100%	99%	61%	61%	77%
Observations	**792**	**780**	**443**	**458**	**587**

Participation indicators indicate that most families participated in between 1 and 9 activities of the social axis. Regarding the labor axis, the two treatment groups that participated in this type of activity had a participation rate of 24% and 22% in 1 to 9 activities and of 34% and 32% in 10 to 49. Regarding the educational axis, the percentages are 32% and 44% between 1 and 9 activities and 37% and 25% between 10 and 49. Relatively small percentages participated in more than 50 activities in these axes. As **Table 7** shows, when the analysis is restricted to active families, the participation rates are much higher, with a significant reduction in the proportion of households not participating in any activity.

Table 6: Proportion of participating families

	Social axis activities			Labor axis activities				Educational axis activities			
Group	**None**	**1-9**	**10-49**	**None**	**1-9**	**10-49**	**+50**	**None**	**1-9**	**10-49**	**+50**
G1	36%	57%	7%	100%	0%	0%	0%	100%	0%	0%	0%
G2	31%	65%	5%	39%	24%	34%	3%	100%	0%	0%	0%
G3	33%	61%	7%	100%	0%	0%	0%	30%	32%	37%	1%
G4	22%	77%	2%	42%	22%	32%	4%	31%	44%	25%	1%
Total	**30%**	**65%**	**5%**	**71%**	**11%**	**16%**	**2%**	**67%**	**18%**	**15%**	**0%**

Table 7: Proportion of active families

	Social axis activities			Labor axis activities				Educational axis activities			
Group	**None**	**1-9**	**10-49**	**None**	**1-9**	**10-49**	**+50**	**None**	**1-9**	**10-49**	**+50**
G1	0%	87%	13%	100%	0%	0%	0%	100%	0%	0%	0%
G2	2%	91%	8%	100%	0%	0%	0%	17%	27%	50%	5%
G3	3%	85%	12%	7%	29%	62%	2%	100%	0%	0%	0%
G4	1%	97%	3%	14%	48%	37%	1%	22%	21%	51%	6%
Total	**1%**	**90%**	**9%**	**57%**	**19%**	**23%**	**1%**	**58%**	**13%**	**27%**	**3%**

Attrition by groups

Within the members of the household, there has also been an attrition of the sample. "Partial dropouts" have been defined as cases in which one member of the household leaves the program, while other members of the household continue to participate in the interventions to which they have been assigned. It has been identified that about 32% of partial dropouts are due to lack of interest in the educational axis, 13% due to lack of interest in the socio-labor axis, and only 5% are due to lack of interest in the social axis. 9% of cases report schedule incompatibility. It should be noted that, although partial dropouts are relatively low in the sample, these must be added to attrition per household to determine the total attrition. Considering the total attritions per individual in the sample, approximately 41% of the people who left the project did not respond to the final survey (compared to 1% of people who finished the intervention but did not respond to the final survey). Using the additional survey, this number reduces to 31% of the total number of individuals.

Table 8: Partial dropouts from the sample

Status	Take-up	Partial dropout Social	Partial dropout Socio-educational	Partial dropout Socio-labor	Finished project
Control Group	885	1	0	0	884
	100%				100%
Group 2	755	5	71	0	679
	100%				90%
Group 3	742	7	0	33	702
	100%				95%
Group 4	751	6	85	47	613
	100%				82%
Observations	**3,133**	**19**	**156**	**80**	**2,136**

To assess whether the difference in responses to the final survey or the reduced one between the experimental groups is statistically significant, the evaluation estimates two simple regressions using as a dependent variable the binary indicator of households or individuals who did not respond to the final survey or the reduced questionnaire on treatment allocation. The evaluation also conducts similar estimates for the control variables used in the different regressions of the analysis to see if the households or individuals who did not respond to any of these surveys differed in any characteristic between the treatment groups. **Table 9** shows the results in the binary variable of households that do not respond to the final or reduced survey in column 1. There is no statistically significant effect of the treatments on the lack of response of households. However, column 2 shows that the socio-educational treatment increases the non-response rate in households in which the reference person has Spanish nationality by 5 percentage points (0.20 – 0.15) and decreases it by 15 percentage points for households with other nationalities.

Columns 3 to 8 show the regressions estimated on the variable of individuals who did not respond to the final or reduced survey. They show a statistically significant effect of the socio-educational treatment on non-response, with a reduction of 8 percentage points (column 3). In terms of individual

characteristics, there are no statistically significant effects for women in the treatments, although the socio-educational treatment reduces non-response by 9 percentage points for men (column 4). In contrast to household regressions, individuals with Spanish nationality (column 5) have lower levels of non-response (13 percentage points) and there is a different effect in the socio-educational treatment for people with non-Spanish nationality, where non-response is reduced by 22 percentage points. There is also an effect of the socio-educational treatment on children and adolescents who speak a language other than Spanish at home, which reduces non-response by 8 percentage points (column 8), and on people of ages different from 13 to 18 years, for which non-response is reduced by 9 percentage points (column 7). Finally, the comprehensive treatment has an effect on Spanish-speaking adults, reducing non-response by 1 percentage point (0.29 – 0.30), while it is reduced by 30 for adults who do not speak Spanish (column 6). Moreover, for people of ages different from 13 to 18 years, the comprehensive treatment reduces non-response by 8 percentage points (column 7).

Table 9: Relation between responses, treatment, and control variables

	Households that do not respond to surveys			Total individuals who do not respond to surveys				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Group 2: socio-educational intervention	-0.06	-0.15*	-0.08*	-0.09*	-0.22***	0.05	-0.09**	-0.08**
	(0.04)	(0.08)	(0.04)	(0.05)	(0.07)	(0.19)	(0.04)	(0.04)
Group 3: socio-labor intervention	0.04	0.06	0.04	0.04	0.01	-0.07	0.03	0.13
	(0.04)	(0.07)	(0.05)	(0.05)	(0.08)	(0.18)	(0.05)	(0.10)
Group 4: social, educational, and labor intervention	-0.04	-0.02	-0.07	-0.06	-0.10	-0.30**	-0.08*	-0.06
	(0.04)	(0.06)	(0.04)	(0.05)	(0.08)	(0.14)	(0.04)	(0.05)
Nationality: Spanish		-0.04			-0.13**			
		(0.09)			(0.06)			
Group 2 X Nationality: Spanish		0.20*			0.22***			
		(0.10)			(0.08)			
Group 3 X Nationality: Spanish		0.05			0.11			
		(0.10)			(0.08)			
Group 4 X Nationality: Spanish		0.05			0.10			
		(0.12)			(0.08)			
Female				-0.04				
				(0.03)				
Group 2 X Female				0.02				
				(0.04)				
Group 3 X Female				0.00				
				(0.04)				
Group 4 X Female				-0.00				
				(0.04)				
Adults who speak Spanish (first or second language)						-0.14		
						(0.12)		
Group 2 X Adults who speak Spanish						-0.10		

					(0.19)			
Group 3 X Adults who speak Spanish					0.17			
					(0.18)			
Group 4 X Adults who speak Spanish					0.29**			
					(0.14)			
Age: 13-18						-0.07		
						(0.05)		
Group 2 X Age: 13-18						0.06		
						(0.06)		
Group 3 X Age: 13-18						0.07		
						(0.07)		
Group 4 X Age: 13-18						0.07		
						(0.07)		
Language spoken at home: Spanish							-0.01	
							(0.05)	
Group 2 X Language spoken at home: Spanish							0.05	
							(0.06)	
Group 3 X Language spoken at home: Spanish							-0.07	
							(0.11)	
Group 4 X Language spoken at home: Spanish							0.06	
							(0.07)	
Observations	792	717	3,133	3,120	2,835	2,834	3,120	576

Standard errors in parentheses. For household regressions, the stratum variable has been absorbed and standard errors grouped at the stratum level have been used. Household member regressions have robust, clustered standard errors at the household level. Levels of significance: *p<0.1, **p<0.05 and ***p<0.01.

5 Results of the evaluation

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

5.1 Description of the econometric analysis: estimated regressions

The regression model specified to estimate the causal effect in a randomized experiment is typically just the difference in the variable of interest between the treatment group and the control group, since these groups are statistically comparable thanks to randomization. Given the imbalances shown in the balance figures, the analysis presents regressions which include the baseline value of the dependent variable. As aforementioned, this helps to ensure that differences between experimental

groups are considered before interventions begin. The evaluation includes additional controls in the specifications that vary according to the group of analysis (household, adults, and children and adolescents). The controls used are Spanish nationality, sex, Spanish language, level of education, and age[30].

In particular, the main specification of the regressions presented below is as follows:

$$y_{if(post)} = \beta_0 + \beta_1 soc\_educ_f + \beta_2 soc\_lab_f + \beta_3 soc\_educ\_lab_f + \beta_4 X_{if} + \beta_5 y_{if(pre)} + \epsilon_{if}$$

Where $y_{if(post)}$ is the dependent variable of interest observed after finishing the intervention for person i in household f; soc_educ_f indicates whether household f has been assigned to the socio-educational treatment group; soc_lab indicates whether household f has been assigned to the socio-labor treatment group; $soc\_educ\_lab_f$ indicates whether household f has been assigned to the comprehensive treatment group; X_{if} is a control vector that includes the aforementioned variables and binary variables for each of the strata generated during randomization (32); $y_{if(pre)}$ is the value of the variable of interest at the baseline; and ϵ_{if} is the term of error. Household regressions use robust standard errors, while in the regressions of adults and children and adolescents they are grouped at the household level.

To conclude the analysis of the effects of the interventions, the evaluation performs heterogeneity analyses by two variables: gender and Spanish nationality.

5.2 Analysis of the results

5.2.1 Main and secondary outcomes

This section presents the results of the analysis of the hypotheses tests presented above, following the structure of the evaluation framework. For each variable, the tables present three specifications: (i) without controls or the value of the variable of interest at baseline, (ii) with controls, and (iii) with controls and the value of the variable of interest at baseline. All these specifications include strata fixed effects through binary variables. The exception in this case will be the variables of academic performance measured through the grade bulletins, which will only show the first two specifications, since the reports issued before the start of the intervention are not available. Tables also show the mean value of the variable of interest for the control group, which helps to put the magnitude of the treatment effect into context. Given the sample size, the evaluation considers a significant level of 10% as the relevant threshold to determine whether a coefficient is statistically significant.

[30] Regressions at the household level use the variable "Spanish nationality of the reference person in the household" as a control. In the case of adults, regressions use the variables Spanish nationality, gender, Spanish language, and level of education attained as controls. In the case of children, regressions use the variables gender, Spanish language, and age as controls.

Quality of life

All outcome indicators to test the hypothesis of improvement in quality of life are measured at the household level. **Table 10** presents the analysis of the main indicators aimed at measuring the improvement in the quality of life of households with social support. The aggregate indicator of life satisfaction is measured in its natural units, where a higher value indicates a higher level of satisfaction of the household person of reference with his or her life. The standardized life satisfaction index has a mean of zero and standard deviation of one, which allows us to interpret the coefficients in terms of standard deviations. The severe deprivation indicator is a binary variable that indicates the absence (0) or presence (1) of severe deprivation in the household. Finally, the aggregated value of material and social deprivation is measured in natural units from 0 to 13, where a higher value represents a greater material and social deprivation of the household.

Table 10: Effects on the main indicators of quality of life

	Life satisfaction – Aggregate			Standardized life satisfaction index (Anderson)			Families with severe deprivation			Aggregated value of material and social deprivation		
	(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)
Group 2: socio-educational intervention	0.25	-0.06	2.78	0.05	0.03	0.25*	0.07	0.08	0.05	-0.41	-0.41	-0.51
	(2.06)	(2.08)	(1.81)	(0.15)	(0.15)	(0.14)	(0.07)	(0.07)	(0.07)	(0.43)	(0.43)	(0.41)
Group 3: socio-labor intervention	-0.89	-0.93	-0.51	-0.01	-0.01	0.01	0.03	0.03	0.05	-0.64	-0.73*	-0.58
	(2.04)	(2.05)	(1.84)	(0.15)	(0.15)	(0.14)	(0.07)	(0.07)	(0.07)	(0.45)	(0.44)	(0.41)
Group 4: social, educational and labor intervention	-2.19	-2.34	-3.32*	-0.08	-0.08	-0.16	-0.05	-0.03	-0.03	-1.08**	-1.06**	-0.89**
	(1.99)	(2.02)	(1.83)	(0.15)	(0.15)	(0.14)	(0.07)	(0.07)	(0.07)	(0.44)	(0.44)	(0.42)
Controls	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Baseline	No	No	Yes	No	No	Yes	No	No	Yes	No	No	Yes
Observations	413	406	388	413	406	388	413	406	406	413	406	406
R^2	0.12	0.12	0.34	0.09	0.09	0.31	0.14	0.15	0.19	0.20	0.21	0.29
Control Group Average	50.83	51.01	51.00	-0.02	-0.02	-0.02	0.46	0.46	0.46	7.04	7.06	7.06

Robust standard errors in parentheses. Levels of significance: *p<0.1, **p<0.05 and ***p<0.01. All regressions include the stratification variable. The controls include the Spanish nationality of the household person of reference.

The specification without controls (columns 1, 4, 7, and 10) shows no significant effect except for an average reduction of 1.1 units in the value of material and social deprivation for households that were assigned to the comprehensive intervention (compared to the value of the control group). These results mostly persist after adding the controls (columns 2, 5, 8, and 11). The table presents an effect of the socio-labor treatment in the reduction of the aggregated value of material and social deprivation, which loses significance when the regression adds the control at the baseline. In this last specification (columns 3, 6, 9 and 12), for the households assigned to the comprehensive intervention, the value of life satisfaction is 3.3 points lower than for the households of the control group (6.5% compared to the mean of the control group), and the value of material and social deprivation is 0.9 points lower than in the control group (12.7% compared to the average of the control group).

Additionally, there is a positive effect in the socio-educational treatment, with an increase of 0.25 standard deviations in the life satisfaction index with respect to the control group.

Although the evidence shows that comprehensive treatment has managed to reduce the material and social deprivation of households, the effects on household life satisfaction are mainly negative, although not statistically significant[31].

Table 11 presents the analysis of secondary indicators aimed at measuring the improvement in access to social benefits and resources that help cover basic needs. In both cases, the variables are self-reported. Both the indicators of access to social benefits and the indicator of household income are measured in natural units. The first indicator of access to social benefits shows negative effects, although not statistically significant, of treatments in the specifications without controls and with controls (columns 1 and 2, respectively). However, column 3 shows that adding the baseline indicator has a significant negative effect on the whole group. That is, households that were assigned to group 4 had access to 0.2 fewer benefits than households in the control group. The evaluation estimates the same effects in the indicator of requested and in process or approved benefits for the comprehensive group (column 6). In this same indicator, there are significant effects at the 10% level of the socio-labor treatment. These households have access to approximately 0.3 fewer benefits than the control group. This estimate is consistent across all three specifications.

Table 11: Effects on secondary indicators of quality of life

	Access to social benefits – requested and approved benefit			Access to social benefits – requested and in process or approved benefit			Net monthly household income in June 2023		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
Group 2: socio-educational intervention	-0.16	-0.20	-0.10	-0.25*	-0.29**	-0.26*	0.30	0.37*	0.46**
	(0.12)	(0.13)	(0.12)	(0.13)	(0.14)	(0.14)	(0.19)	(0.19)	(0.19)
Group 3: socio-labor intervention	-0.16	-0.18	-0.08	-0.18	-0.21	-0.21	0.22	0.26	0.43**
	(0.13)	(0.13)	(0.14)	(0.14)	(0.14)	(0.15)	(0.20)	(0.20)	(0.19)
Group 4: social, educational and labor intervention	-0.04	-0.09	-0.21*	0.03	-0.01	-0.22*	0.44**	0.47**	0.51***
	(0.12)	(0.12)	(0.12)	(0.13)	(0.13)	(0.13)	(0.19)	(0.20)	(0.19)
Controls	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Baseline	No	No	Yes	No	No	Yes	No	No	Yes
Observations	549	523	419	549	523	419	555	528	515

[31] In addition, the project evaluates the correlation of the values of the variables collected at the baseline with the information on dropouts by household. There exist negative correlations between the aggregate life satisfaction indicator (-0.17) and the life satisfaction index (-0.11) with statistically significant withdrawals from the program at the 10% level. This would indicate that the dropouts of the program are mainly among people with low levels of life satisfaction.

R^2	0.21	0.21	0.40	0.18	0.19	0.35	0.10	0.11	0.18
Control Group Average	1.77	1.79	1.86	1.97	2.01	2.12	5.25	5.20	5.23

Robust standard errors in parentheses. Levels of significance: *p<0.1, **p<0.05 and ***p<0.01. All regressions include the stratification variable. The controls include the Spanish nationality of the household person of reference.

It is important to note that the challenges in collecting data on access to benefits. For example, the household's reference person has complete information about the benefits the household was entitled to. In some cases, multiple household members provided responses that did not necessarily match. In other instances, benefit information was collected on different dates. Additionally, the household reference person sometimes changed between the baseline and final surveys, potentially causing inconsistencies in the information provided.

In terms of reported monthly income (columns 7 to 9), there were significant effects in all treatments. The specification without controls (column 7) shows that households in the comprehensive group show 0.4 more points in the monthly income category than those in the control group. The magnitude of the effect is greater in the following specifications, by 0.5 more points in the net monthly income category in June 2023. Although the other treatments do not present significant effects in the specification without controls, when adding controls (column 8) and the baseline (column 9) the socio-educational treatment is significant at the 5% level, 0.46 more points in the net monthly income than the control group. Similarly, there are statistically significant effects at the 5% level in the socio-labor treatment of 0.43 points more in the net monthly income than in the control group when using the main specification (column 9). Therefore, it can be inferred that, if the control group is on average in a range of €601 to €1,000 of net monthly income in the month of June 2023, the households in the different treatments were close to the range of €1,001 to €1,200 in the same month.

Social and labor insertion

The project measures the outcome indicators to test the hypothesis of improvement in socio-occupational insertion (HP2a) for the adults in the sample. **Table 12** exhibits two indicators of employment status measured as binary variables that indicate whether the person works (1) or not (0) in the reference period (the time of the survey in the first indicator, and the last week of July 2023 in the second). Estimates based on the indicator of hours worked in July 2023 could not be made due to the lack of the required number of observations in the final questionnaire data. However, it is expected to perform this analysis when administrative data of the participants is available.

Table 12: Effects on the main indicators of social and labor insertion

	People reporting to work		Worked last week of July 2023			
	(1)	(2)	(1)	(2)	(1)	(2)
Group 2: socio-educational intervention	0.08	0.08	0.09	0.08	0.09*	0.10*
	(0.06)	(0.06)	(0.06)	(0.05)	(0.05)	(0.05)
Group 3: socio-labor intervention	0.04	0.05	0.06	0.01	0.02	0.04

	People reporting to work			Worked last week of July 2023		
	(1)	(2)	(1)	(2)	(1)	(2)
	(0.06)	(0.06)	(0.06)	(0.05)	(0.05)	(0.05)
Group 4: social, educational and labor intervention	0.06	0.05	0.04	0.05	0.04	0.04
	(0.06)	(0.06)	(0.06)	(0.05)	(0.05)	(0.05)
Controls	No	Yes	Yes	No	Yes	Yes
Baseline	No	No	Yes	No	No	Yes
Observations	518	498	486	604	573	561
R^2	0.19	0.21	0.27	0.20	0.22	0.28
Control Group Average	0.52	0.52	0.51	0.44	0.44	0.44

Standard errors in parentheses. Standard errors grouped at the household level. Levels of significance: *p<0.1, **p<0.05 and ***p<0.01. All regressions include the stratification variable. The added controls include variables of gender, Spanish nationality, Spanish language, and level of education attained.

There are no statistically significant effects of the treatments on the indicators of employment status at the time of the survey (columns 1, 2, and 3). That is, although participants in the experimental groups report higher employment than those in the control group after the intervention, the effect is statistically indistinguishable from zero. Regarding the indicator of people who are working in the last week of July 2023, the socio-educational treatment has statistically significant results when adding controls (column 5) and the baseline (column 6). In the first case, the treatment contributes to increasing the use of this intervention by 9 percentage points more than adults in the control group, and this estimated effect is statistically significant at 10% level. By adding the baseline, the estimated effect increases to 11 percentage points, with a level of significance of 10%.

Due to the level of significance and the similar magnitude of the results, the evaluation uses a Wald test to verify whether the coefficients of the intervention are different from the coefficients of the other experimental treatments in the regression. This means that in both specifications the effect of socio-educational treatment is not statistically different from the effect of socio-labor treatment and the effect of comprehensive treatment.

Table 13: Effects on secondary indicators of social and labor insertion

	Job search intensity indicator			General job satisfaction indicator		
	(1)	(2)	(3)	(4)	(5)	(6)
Group 2: socio-educational intervention	0.12	0.05	0.38	0.68	0.75	0.71
	(0.48)	(0.49)	(0.53)	(0.55)	(0.55)	(0.76)
Group 3: socio-labor intervention	-0.69	-0.70	-0.80	1.29**	1.28**	1.02
	(0.45)	(0.47)	(0.51)	(0.53)	(0.53)	(0.70)
Group 4: social, educational and labor intervention	-0.07	-0.11	-0.20	0.92*	0.94*	0.36
	(0.45)	(0.46)	(0.51)	(0.51)	(0.50)	(0.67)

Controls	No	Yes	Yes	No	Yes	Yes
Baseline	No	No	Yes	No	No	Yes
Observations	458	448	386	233	230	130
R^2	0.07	0.07	0.10	0.21	0.23	0.31
Control Group Average	3.17	3.22	3.31	6.08	6.08	6.13

Standard errors in parentheses. Standard errors grouped at the household level. Levels of significance: *p<0.1, **p<0.05 and ***p<0.01. All regressions include the stratification variable. The added controls include variables of gender, Spanish nationality, Spanish language, and level of education attained.

Table 13 reports the results of the secondary indicators of labor insertion, measured in their natural units. Columns 1 to 3 show that the treatments do not have statistically significant effects on the variable of job search intensity. Regarding the indicator of general satisfaction with employment, columns 4 and 5 report the effects of the socio-labor and comprehensive treatments in the specifications without and with controls. The effect of socio-occupational treatment on general job satisfaction is approximately 1.3 points higher than in the control group with a statistical significance of 5% (i.e., 21% of the control group average). Similarly, the comprehensive treatment has an effect of approximately 0.9 points more than the control group with a statistical significance of 5% (i.e., 15% of the control group average). However, the magnitude of the effect in both treatments is reduced by adding the baseline and the statistical significance of the estimates is lost. This may be because the number of observations drops by 43% when including the baseline indicator value as a control. Partially because only those who were working at the time of answering the questionnaire answered the question about job satisfaction.

Educational continuity and promotion of learning

The project measures the outcome indicators to test the hypothesis of improvement in educational continuity and promotion of learning for the children and adolescents in the sample. The main result is measured through the indicator of interest in continuing with the studies of children and adolescents in secondary school. This indicator is calculated using Anderson's (2008) standardized methodology, so its interpretation is in terms of standard deviation. It was planned to construct an index for children and adolescents in primary school and another in secondary school that would allow the hypothesis to be tested at both educational levels. However, it has not been possible to construct the indicator for primary school because the questionnaires do not include the necessary questions.

Table 14: Effects on the main education Indicators

	Interest in continuing with studies index (Anderson)		
	(1)	(2)	(3)
Group 2: socio-educational intervention	0.04	0.01	-0.11
	(0.19)	(0.18)	(0.21)
Group 3: socio-labor intervention	0.13	0.11	0.12
	(0.23)	(0.23)	(0.23)

	Interest in continuing with studies index (Anderson)		
	(1)	(2)	(3)
Group 4: social, educational and labor intervention	0.18	0.18	0.00
	(0.21)	(0.21)	(0.25)
Controls	No	Yes	Yes
Baseline	No	No	Yes
Observations	209	205	168
R^2	0.15	0.18	0.22
Control Group Average	-0.04	-0.03	0.03

Standard errors in parentheses. Standard errors grouped at the household level. Levels of significance: *p<0.1, **p<0.05 and ***p<0.01. All regressions include the stratification variable. Added controls include variables such as gender, age, and Spanish nationality.

Table 14 exposes that the treatments do not have statistically significant effects on the interest in continuing with the studies of children and adolescents who were in secondary school at the time of the survey.

Tables 15, 16 and 17 present the estimated effects for secondary education indicators. All indicators have been measured using their natural units and capture information regarding children and adolescents between the ages of 6 and 18. Although the educational intervention was also aimed at children from 0 to 6 years, the hypothesis could not be tested since there are not enough observations of the CREDI indicator.

Table 15: Effects on secondary education indicators (a)

	Hours dedicated to study			Expectations of parents regarding studies			Satisfaction with educational performance		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Group 2: socio-educational intervention	-0.05	-0.07	-0.16	0.21	0.22	0.23	0.64**	0.63**	0.51
	(0.14)	(0.15)	(0.18)	(0.18)	(0.18)	(0.23)	(0.25)	(0.25)	(0.31)
Group 3: socio-labor intervention	-0.19	-0.20	-0.01	-0.25	-0.32	-0.24	0.11	0.09	0.14
	(0.15)	(0.16)	(0.19)	(0.22)	(0.23)	(0.27)	(0.25)	(0.26)	(0.31)
Group 4: social, educational and labor intervention	0.10	0.07	0.10	0.36**	0.38***	0.42*	0.49**	0.45**	0.29
	(0.15)	(0.15)	(0.17)	(0.18)	(0.18)	(0.23)	(0.22)	(0.23)	(0.24)
Controls	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Baseline	No	No	Yes	No	No	Yes	No	No	Yes
Observations	839	800	544	896	855	604	814	803	544
R^2	0.27	0.29	0.39	0.12	0.16	0.24	0.10	0.13	0.23
Control Group Average	2.70	2.74	2.76	5.38	5.39	5.36	6.93	6.94	6.96

Standard errors in parentheses. Standard errors grouped at the household level. Levels of significance: *p<0.1, **p<0.05 and ***p<0.01. All regressions include the stratification variable. Added controls include variables such as gender, age, and Spanish nationality.

Table 15 shows the indicators of improvement in parental involvement and educational commitment. None of the treatments showed statistically significant effects on the indicator of hours spent on studies (columns 1, 2 and 3). The indicator of expectations of parents regarding the studies of children and adolescents at home (columns 4, 5 and 6) shows a statistically significant effect of 5% at the 10% level of significance for the comprehensive group. The magnitude of this effect increases depending on the specification, starting with an effect of 0.36 points more than the control group in the non-control specification in column 4 (6.7% of the control group mean). Once the controls (column 5) and baseline (column 6) are added, the magnitude of the effect increases. This means that parents of children and adolescents whose households were assigned to the comprehensive group had 0.42 points higher (column 6) in expectations than parents in the control group (7.8% of the control group average). According to the established categories, this means that parents in the integral group may tend to expect the children and adolescents in their care to achieve a university degree or equivalent of education, in contrast to the degree of higher vocational training that is expected on average of children and adolescents in the control group.

Another indicator that measures parents' attitudes towards studies refers to satisfaction with educational performance (columns 7, 8, and 9). The table reports effects in regressions without controls (column 7), where the socio-educational treatment shows an effect of 0.6 points more in satisfaction than those in the control group. At the same time, the comprehensive treatment has a 0.5-point higher effect on parents' satisfaction with the educational performance of their children and adolescents compared to the control group. These effects persist once controls are added with a similar magnitude and the same significance level of 5% (column 8). In other words, people in the socio-educational and comprehensive treatments show an effect of 0.6 points and 0.5 points more than people in the control group. However, the effect of these treatments is lost when the baseline is added (column 9). [32]

The following tables illustrate the indicators of educational success and academic performance. **Tables 16 and 17** continue the analysis of secondary indicators including different ways of analyzing the performance of the children and adolescents in the sample. As aforementioned, Save the Children implemented standardized language and mathematics tests for children and adolescents participating in the program to measure learning objectively. **Table 16** shows a clear statistically significant effect of the socio-educational and comprehensive treatments in the grades from the standardized tests of language (columns 4, 5, and 6) and mathematics (columns 1, 2, and 3). This effect is consistent across all three specifications. It can be concluded that children and adolescents assigned to the socio-educational treatment had 1.03 points more (column 3) in the standardized mathematics test than children and adolescents in the control group (31% of the mean in the control group). Similarly, in the standardized language test, the effect is 0.93 points higher (column 6) in the standardized language

[32] This may be due in part to the loss of 32% of observations in the third specification.

test in contrast to the control group (18% of the control group's mean). On the other hand, children and adolescents in the comprehensive group score 0.94 points more in the standardized mathematics tests (column 3) and 1.03 points more in the standardized language tests (column 6) compared to the control group (i.e., 28% and 20% of the mean of the control group, respectively). In all these cases, the estimators were significant at the 1% level.

Table 16: Effects on secondary education indicators (b)

	Mathematics grade – Standardized test			Language grade – Standardized test		
	(1)	(2)	(3)	(4)	(5)	(6)
Group 2: socio-educational intervention	1.11***	0.96**	1.03***	1.19***	1.20***	0.93***
	(0.41)	(0.39)	(0.34)	(0.38)	(0.37)	(0.33)
Group 3: socio-labor intervention	0.42	0.28	0.33	-0.00	-0.03	0.25
	(0.40)	(0.40)	(0.35)	(0.42)	(0.43)	(0.32)
Group 4: social, educational and labor intervention	1.26***	1.04***	0.94***	1.22***	1.06***	1.03***
	(0.41)	(0.40)	(0.33)	(0.38)	(0.38)	(0.32)
Controls	No	Yes	Yes	No	Yes	Yes
Baseline	No	No	Yes	No	No	Yes
Observations	500	494	493	498	492	490
R^2	0.16	0.27	0.47	0.15	0.18	0.45
Control Group Average	3.36	3.36	3.36	5.10	5.10	5.12

Standard errors in parentheses. Standard errors grouped at the household level. Levels of significance: *p<0.1, **p<0.05 and ***p<0.01. All regressions include the stratification variable. Added controls include variables such as gender, age, and Spanish nationality.

It is important to note that the Save the Children implementation team mentioned that there was a suspicion that the standardized test monitors in Melilla had helped the children during the final tests[33]. In this sense, the Annex includes the results of the regressions of educational performance without the sample of Melilla. By excluding families from Melilla from the sample, the results in the standardized language tests lose statistical significance. Besides, the magnitudes of the effects of the socio-educational and integral group on the scores of standardized mathematics tests are reduced.

[33] According to what was discussed with Save the Children, it is believed that the monitors helped the children and adolescents of Melilla to read the questions of the questionnaire.

Table 17: Effects on secondary education indicators (c)

	3rd term language grade		3rd term mathematics grade		Final evaluation language grade		Final evaluation mathematics grade	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Group 2: socio-educational intervention	0.15	0.14	0.47	0.44	-0.16	-0.17	-0.09	-0.15
	(0.32)	(0.30)	(0.35)	(0.33)	(0.32)	(0.30)	(0.34)	(0.33)
Group 3: socio-labor intervention	0.19	0.05	0.22	0.19	0.14	-0.04	0.34	0.15
	(0.34)	(0.34)	(0.35)	(0.34)	(0.32)	(0.33)	(0.32)	(0.32)
Group 4: social, educational and labor intervention	0.23	0.05	0.36	0.31	-0.04	-0.25	0.13	0.03
	(0.32)	(0.31)	(0.33)	(0.34)	(0.31)	(0.30)	(0.31)	(0.31)
Controls	No	Yes	No	Yes	No	Yes	No	Yes
Baseline	No	No	No	No	No	No	No	No
Observations	427	420	421	414	496	488	490	481
R^2	0.10	0.22	0.08	0.20	0.05	0.16	0.06	0.15
Control Group Average	5.93	5.93	5.51	5.50	6.09	6.08	5.77	5.77

Standard errors in parentheses. Standard errors grouped at the household level. Levels of significance: *p<0.1, **p<0.05 and ***p<0.01. All regressions include the stratification variable. Added controls include variables such as gender, age, and Spanish nationality.

Table 17 shows the effects on the performance indicators measured through the Spanish language and literature and mathematics grades obtained in the grade bulletins of the third term and the final evaluation of the course issued by the schools. As in previous cases, none of the treatments had statistically significant effects on the indicators of language and mathematics grades. It should be noted that the use of grade bulletins as an indicator of academic achievement has some limitations. For example, schools have different characteristics that can influence students' grades. Although controls by schools could be included, the database accessed does not have the details of the schools to which the children in the sample belong. Additionally, there are not enough observations to include control variables that help capture the different characteristics that influence the final grades.

5.2.2 Heterogeneity analysis

This section presents analyses of heterogeneity of treatment effects as a function of participant characteristics. Specifically, it analyzes whether the effects are different depending on gender and Spanish nationality. To do this, this section estimates uncontrolled regressions, like the one in the previous one. The difference is that the regression adds the variable for which the heterogeneous effects are to be estimated and the interaction of that variable with the binary treatment variables. Because the variables of the heterogeneity analysis refer to sociodemographic characteristics of people, only the gender analysis will be performed in the employment and education variables and the nationality analysis in the employment variables.

By gender

Table 18 shows the main and secondary variables of socio-labor insertion. This table reveals lower levels of employment for women. That is, lower employment levels at the end of the intervention (26 percentage points) and lower employment levels in the last week of July 2023 (19 percentage points). However, only the comprehensive treatment has a gender-different effect on employment, increasing by 11 percentage points (0.25 – 0.14) for women and not having a significant effect for men.

Table 18: Heterogeneous effects on labor market insertion by gender

	People reporting to work (1)	Worked last week of July 2023 (2)	Job search intensity indicator (3)	General job satisfaction indicator (4)
Group 2: socio-educational intervention	-0.01	0.09	0.40	-0.38
	(0.13)	(0.12)	(1.31)	(1.14)
Female	-0.26***	-0.19**	-0.42	-0.21
	(0.10)	(0.09)	(1.18)	(1.07)
Group 2: socio-educational intervention X Female	0.11	-0.01	-0.40	1.44
	(0.14)	(0.14)	(1.43)	(1.36)
Group 3: socio-labor intervention	-0.11	-0.11	-0.85	0.75
	(0.14)	(0.12)	(1.28)	(1.15)
Group 3: socio-labor intervention X Female	0.18	0.15	0.18	0.66
	(0.15)	(0.13)	(1.38)	(1.34)
Group 4: social, educational and labor intervention	-0.14	-0.08	0.02	1.06
	(0.13)	(0.11)	(1.29)	(1.05)
Group 4: social, educational and labor intervention X Female	0.25*	0.16	-0.15	-0.18
	(0.14)	(0.13)	(1.39)	(1.19)
Constant	0.72***	0.56***	3.40***	5.83***
	(0.12)	(0.11)	(1.20)	(1.16)
Observations	518	604	458	233
R^2	0.20	0.21	0.08	0.22
Control Group Average	0.52	0.44	3.17	6.08

Standard errors in parentheses. Standard errors grouped at the household level. Levels of significance: *p<0.1, **p<0.05 and ***p<0.01. All regressions include the stratification variable.

Table 19 shows the main and secondary variables of education and academic performance. This table reveals higher levels of satisfaction with academic performance (0.55 points), and better results in standardized language test scores (1.58 points) and language grades in the 3rd trimester (0.94) and

final assessment (1.1) for girls and female adolescents. In terms of the effects of gender-differentiated treatment, the hours dedicated to study increase by 0.25 points (0.59 – 0.34) for girls in the socio-educational treatment and it reduces the hours by 0.34 for boys. In the case of socio-labor treatment, a different gender effect is found: the expectations of fathers and mothers before studies are 0.01 points lower for girls, mathematics grades on the standardized test are 0.33 points lower, and language grades on the standardized test are 1.36 points lower. In addition, there are statistically significant effects of the socio-labor treatment for children on the variables of parents' expectations of studies and standardized tests. Finally, the comprehensive treatment increases standardized test scores for children by 1.6 points in mathematics and 1.55 points in language.

Table 19: Heterogeneous effects on education by gender

	Interest in continuing with studies	Hours dedicated to study	Expectations regarding studies	Satisfaction educational performance	Math. – Std. test	Language – Std. test	Language 3Q	Math. 3Q	Language final evaluation	Math. final evaluation
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Group 2: socio-educational intervention	-0.02	-0.34**	0.16	0.60*	1.07**	1.08**	0.02	0.28	-0.04	-0.27
	(0.27)	(0.16)	(0.22)	(0.33)	(0.52)	(0.53)	(0.36)	(0.42)	(0.35)	(0.40)
Female	0.39	-0.14	-0.01	0.55**	0.53	1.58***	0.94**	-0.02	1.10***	0.08
	(0.29)	(0.14)	(0.15)	(0.26)	(0.44)	(0.47)	(0.43)	(0.52)	(0.38)	(0.40)
Group 2: socio-educational intervention X Female	0.07	0.59***	0.12	0.03	0.13	0.26	0.15	0.40	-0.28	0.42
	(0.38)	(0.19)	(0.22)	(0.38)	(0.68)	(0.61)	(0.58)	(0.69)	(0.52)	(0.58)
Group 3: socio-labor intervention	0.26	-0.33*	-0.47*	0.23	1.25**	1.51**	0.37	0.21	0.29	0.29
	(0.38)	(0.20)	(0.26)	(0.35)	(0.61)	(0.59)	(0.49)	(0.50)	(0.42)	(0.45)
Group 3: socio-labor intervention X Female	-0.25	0.29	0.46*	-0.27	-1.58**	-2.87***	-0.59	-0.02	-0.53	-0.00
	(0.49)	(0.23)	(0.24)	(0.39)	(0.75)	(0.69)	(0.72)	(0.74)	(0.58)	(0.61)
Group 4: social, educational and labor intervention	0.22	-0.03	0.36	0.19	1.60***	1.55***	0.12	0.31	0.00	0.32
	(0.33)	(0.18)	(0.23)	(0.31)	(0.53)	(0.53)	(0.37)	(0.42)	(0.35)	(0.38)
Group 4: social, educational and labor intervention X Female	-0.10	0.27	0.04	0.46	-0.64	-1.01	-0.13	0.08	-0.34	-0.26
	(0.49)	(0.22)	(0.23)	(0.39)	(0.63)	(0.65)	(0.57)	(0.66)	(0.52)	(0.57)
Constant	0.23	3.43***	5.33***	7.37***	2.04***	2.78***	5.40***	5.22***	5.64***	5.68***
	(0.46)	(0.35)	(0.33)	(0.43)	(0.59)	(0.40)	(0.39)	(0.45)	(0.37)	(0.41)
Observations	206	834	891	836	496	494	426	420	493	486
R^2	0.18	0.29	0.13	0.12	0.17	0.21	0.13	0.08	0.09	0.06
Control Group Average	-0.04	2.70	5.38	6.93	3.36	5.10	5.93	5.51	6.09	5.77

Standard errors in parentheses. Standard errors grouped at the household level. Levels of significance: *p<0.1, **p<0.05 and ***p<0.01. All regressions include the stratification variable.

By nationality

Table 20 presents the main and secondary variables of socio-labor insertion and the effects of the treatments in people with and without Spanish nationality. This table reveals lower levels of intensity in the search for employment (1.6 points) by those with Spanish nationality. In terms of differences in the effects of the treatment by nationality, the socio-educational treatment reduces the intensity of job search for Spaniards by 4.3 points (-2.73 – 1.61) and by 1.6 for non-Spaniards. In addition, the socio-labor treatment increases the intensity of job search in people with Spanish nationality by 0.41 points (2.86 – 2.45) and reduces it by 2.5 for people without Spanish nationality.

Table 20: Heterogeneous effects on labor market insertion by nationality

	People reporting to work	Worked last week of July 2022	Job search intensity indicator	General job satisfaction indicator
	(1)	(2)	(3)	(4)
Group 2: socio-educational intervention	0.06	0.04	-1.61*	1.10
	(0.10)	(0.09)	(0.82)	(1.30)
Spanish nationality	-0.02	-0.02	-1.60**	1.26
	(0.09)	(0.08)	(0.79)	(1.20)
Group 2: socio-educational intervention X Spanish nationality	0.06	010	-2.73***	-0.60
	(0.12)	(0.11)	(1.01)	(1.41)
Group 3: socio-labor intervention	0.06	0.03	-2.45***	1.11
	(0.10)	(0.08)	(0.78)	(1.15)
Group 3: socio-labor intervention X Spanish nationality	0.01	0.00	2.86***	0.34
	(0.13)	(0.11)	(0.96)	(1.31)
Group 4: social, educational and labor intervention	-0.01	0	-0.86	1.82
	(0.10)	(0.08)	(0.81)	(1.18)
Group 4: social, educational and labor intervention X Spanish nationality	0.13	0.09	1.31	-1.27
	(0.12)	(0.11)	(0.97)	(1.31)
Constant	0.48***	0.39***	3.96***	4.50***
	(0.12)	(0.11)	(0.86)	(1.35)
Observations	501	576	451	230
R^2	0.20	0.20	0.10	0.23
Control Group Average	0.51	0.44	3.19	6.08

Standard errors in parentheses. Standard errors grouped at the household level. Levels of significance: *p<0.1, **p<0.05 and ***p<0.01. All regressions include the stratification variable.

6 Conclusions of the evaluation

This study aims to obtain causal evidence on the effect of providing a comprehensive program that combines social, educational, and labor market integration interventions compared to traditional programs that only provide social support, to improve the well-being of households with children and adolescents socially excluded or at risk of social exclusion. This improvement of well-being includes improvements in quality of life, education, and employment indicators. In addition, the pilot project has made it possible to evaluate the contribution of each component of the program, as well as of combinations of these, to the final results of the intervention.

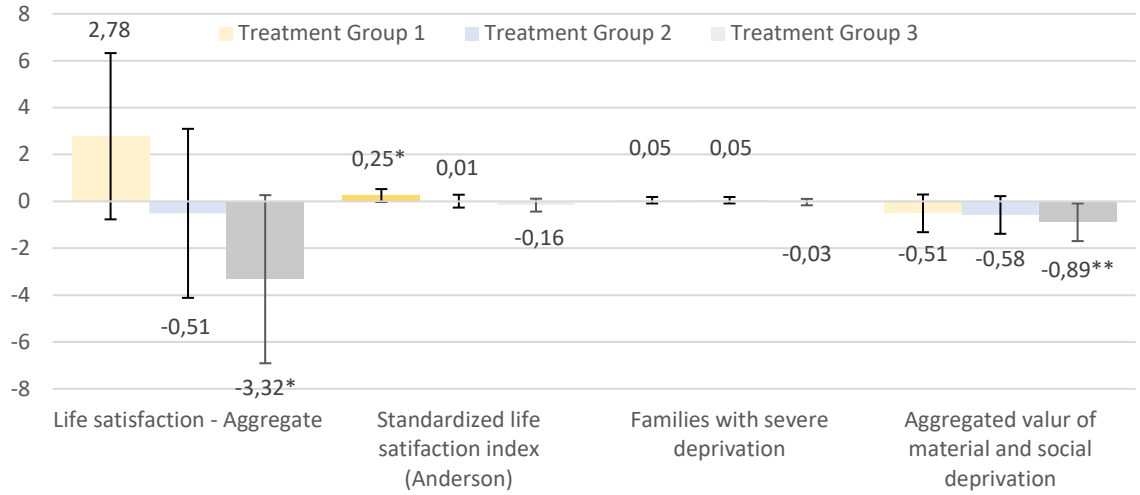
The experimental treatments studied do not have statistically significant effects on most quality-of-life indicators. This result can be explained as a readjustment in the participants' perception of their life satisfaction. Something similar can be observed regarding access to requested benefits and in process or approved benefits, where there are negative effects of the socio-educational and comprehensive interventions on the indicator. However, this result deserves to be explored further as there are doubts about the quality of the data.

Despite this, participation in comprehensive treatment has an impact on reducing self-reported material and social deprivation. This result is consistent with the effect of the treatments on self-reported monthly income, where there are positive and statistically significant effects of the three experimental treatments. Therefore, it is inferred that the program helps to increase the income of the households in the intervention, as they were close to a range of €1,001 to €1,200 per month compared to a range of €601 to €1,000 in the control group.

Despite this increase, the evaluation does not find statistically significant effects on the variables of employment or intensity of job search. In this case, a result that merits further analysis is the impact on general job satisfaction, where the socio-labor and comprehensive treatments have statistically significant effects. However, the impact loses significance after losing observations when adding the baseline data.

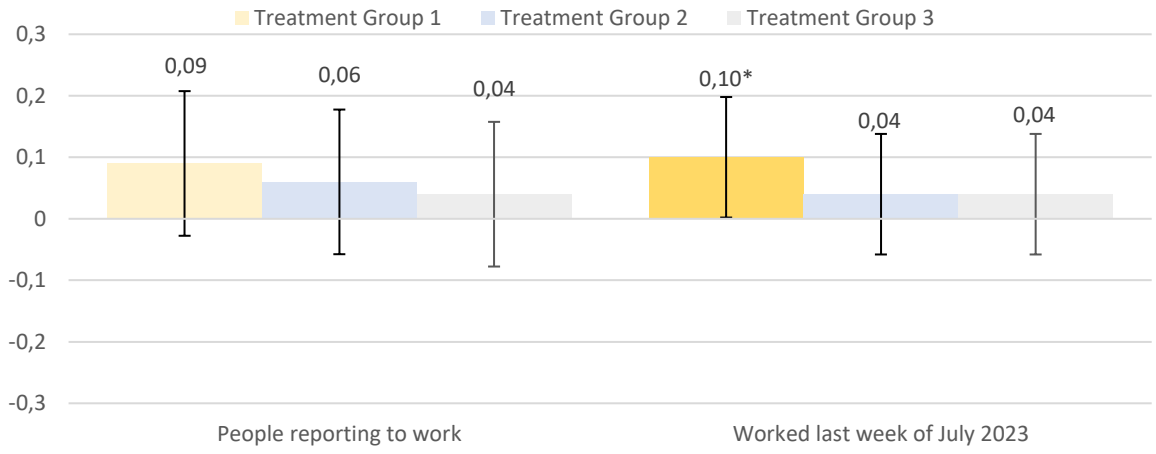
The greatest number of positive effects of the interventions are found in the indicators of educational expectations and academic performance. There is a positive impact of comprehensive treatment on parents' expectations of studies. Besides, socio-educational and comprehensive treatments have positive impacts on satisfaction with educational performance. Moreover, these same treatments have positive impacts on standardized math and language tests. Despite this, the evaluation does not show a statistically significant impact on the language and mathematics grades of the third quarter and final evaluation. This result has data collection limitations, so it requires a more in-depth analysis.

Figure 14: Effect of the intervention on main quality of life indicators



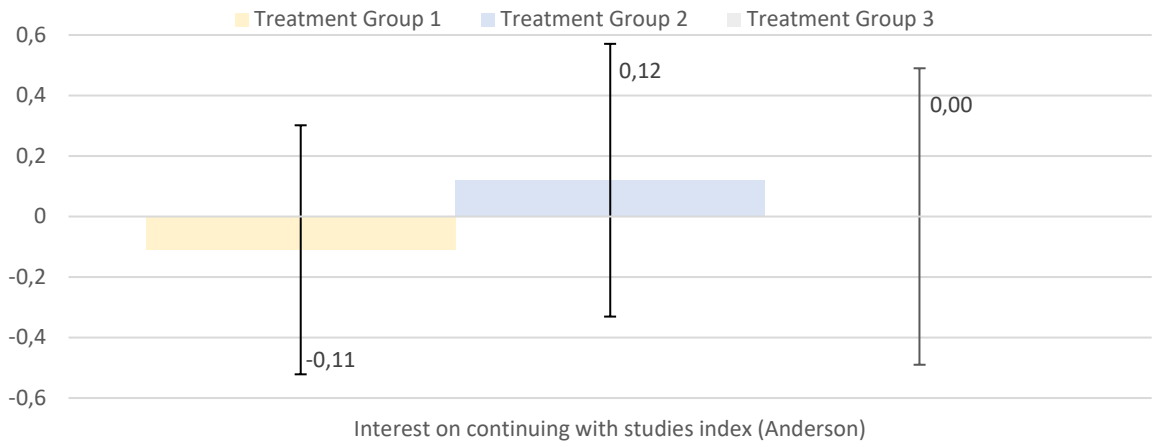
Note: dark color denotes indicators for which the treatment effect is significant at the 1% level; intermediate color denotes indicators for which the treatment effect is significant at the 10% level; light color denotes non-significant indicators. The effects depicted in the graphs refer to regressions with controls, including the value of the variable at baseline.

Figure 15: Effect of the intervention on main socio-labor insertion indicators



Note: dark color denotes indicators for which the treatment effect is significant at the 1% level; intermediate color denotes indicators for which the treatment effect is significant at the 10% level; light color denotes non-significant indicators. The effects depicted in the graphs refer to regressions with controls, including the value of the variable at baseline.

Figure 16: Effect of the intervention on main educational indicators



Note: dark color denotes indicators for which the treatment effect is significant at the 1% level; intermediate color denotes indicators for which the treatment effect is significant at the 10% level; light color denotes non-significant indicators. The effects depicted in the graphs refer to regressions with controls, including the value of the variable at baseline.

Figures 8, 9 and 10 show the effect of the intervention on the main indicators of each of the axes of analysis. As shown in the graphs, the effects are only significant for some of the treatment groups in some of the indicators.

Based on the results obtained, it is difficult to conclude that the comprehensive model proposed by Save the Children is more effective in improving the well-being of households with children and adolescents who live socially excluded or at risk of exclusion than traditional programs where only social support is provided, or than the components of educational reinforcement or job guidance separately. It is important to emphasize that the results obtained in this report are based on information collected through surveys performed at the beginning and end of the intervention. In this sense, this evaluation will be completed in the future with administrative data provided by the Social Security that will help to complete the economic and labor information of the households exposed to the treatments. In addition, it would be desirable to conduct a long-term evaluation to assess whether there is a sustained improvement in the conditions of employment and education in households.

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Appendix

Economic and regulatory management

1. Introduction

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

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

Royal Decree 938/2021, of October 26, which regulates the direct granting of subsidies from the Ministry of Inclusion, Social Security, and Migrations in the field of social inclusion, for an amount of €109,787,404, within the framework of the Recovery, Transformation, and Resilience Plan[34], contributed to meeting milestone 350 for the first quarter of 2022 as outlined in the Council's Implementing Decision: "Improve the rate of access to the Minimum Income Scheme, and increase the effectiveness of the MIS through inclusion policies, which, according to its description, will translate into supporting the socio-economic inclusion of the beneficiaries of the MIS through itineraries: eight collaboration agreements signed with subnational public administrations, social partners and entities of the Third Sector of Social Action to conduct the pathways. The objectives of these partnership agreements are: (i) improve the MIS access rate; ii) increase the effectiveness of the MIS through inclusion policies". Likewise, along with Royal Decree 378/2022, of May 17[35], "at least 10 additional collaboration agreements signed with subnational public administrations, social partners and entities of the Third Sector of Social Action to implement pilot projects to support the socio-economic inclusion of the beneficiaries of MIS through itineraries" contributed to compliance with

[34] Royal Decree 938/2021, of October 26, regulating the direct granting of subsidies from the Ministry of Inclusion, Social Security, and Migrations in the field of social inclusion, for an amount of €109,787,404, within the framework of the Recovery, Transformation, and Resilience Plan (BOE-A-2021-17464). It can be consulted at the following link: https://www.boe.es/diario_boe/txt.php?id=BOE-A-2021-17464.

[35] Royal Decree 378/2022, of May 17, 2022, regulating the direct granting of subsidies from the Ministry of Inclusion, Social Security and Migration in the field of social inclusion, for an amount of €102,036,066, within the framework of the Recovery, Transformation and Resilience Plan (BOE-A-2022-8124). It can be consulted at the following link: https://www.boe.es/diario_boe/txt.php?id=BOE-A-2022-8124.

monitoring indicator number 351.1 in the first quarter of 2023, linked to the Operational Arrangements document[36].

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

In accordance with Article 3 of Royal Decree 938/2021, dated October 26, subsidies will be granted through a resolution accompanied by an agreement of the head of the Ministry of Inclusion, Social Security and Migration as the competent authority for granting them, without prejudice to the existing delegations of competence in the matter, upon request by the beneficiary organizations.

On **November 18, 2021**, Save the Children was notified of the Resolution from the General Secretariat of Objectives and Policies for Inclusion and Social Welfare, granting a subsidy of €7,647,534. Subsequently, on the same date, a Convention was signed between the General Administration of the State, represented by the General Secretariat of Objectives and Policies for Inclusion and Social Welfare, and Save the Children, for the implementation of a social inclusion project within the framework of the Recovery, Transformation, and Resilience Plan. This Convention was published in the "Boletín Oficial del Estado" on **January 31, 2022** (BOE No. 26)[37].

2. Timeline of the intervention

Article 16(1) of Royal Decree 938/2021, dated October 26, established that the execution period for the pilot projects of social inclusion itineraries subject to the subsidies provided for in this text shall not exceed the deadline of June 30, 2023, while their evaluation, shall not extend beyond the deadline of March 31, 2024, in order to meet the milestones, set by the Recovery, Transformation, and Resilience Plan regarding social inclusion policies.

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

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[36] Decision of the European Commission approving the document 'Operational Provisions of the Recovery, Transformation and Resilience Plan', which can be consulted at the following link: https://www.lamoncloa.gob.es/serviciosdeprensa/notasprensa/hacienda/Documents/2021/101121-CountersignedESFirstCopy.pdf.

[37]Resolution of January 21, 2022, of the General Secretariat for Objectives and Policies of Inclusion and Social Provision, publishing the Agreement with Save the Children Foundation for the implementation of a project for social inclusion within the framework of the Recovery, Transformation, and Resilience Plan. It can be consulted at the following link: https://www.boe.es/diario_boe/txt.php?id=BOE-A-2022-1528.

On December 22, 2022, Save the Children requested an extension of the execution period until **October 31, 2023**. This extension was authorized by resolution of the General Secretariat of Objectives and Policies for Social Inclusion (SGOPIPS) dated December 23, 2022.

Within this general timeframe, the implementation begins on **September 5, 2022**, with the start of the intervention itinerary, continuing the execution tasks until **September 30, 2023**, and subsequently, only tasks related to project dissemination and evaluation are conducted until **March 31, 2024**.

3. Relevant Agents

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

- **Save the Children Foundation**, the beneficiary entity, responsible for project coordination.
- **INGEUS S.L.,** subcontractor of an external service for job counselling and prospecting professionals by Save the Children.
- **Notus ASR** and **2e Estudios, evaluaciones e investigación S.L.,** subcontractor of a consulting service for the analysis and design of an innovative intervention for equity in educational success in primary and secondary, and its monitoring and evaluation system.
- The **Ministry of Inclusion, Social Security and Migration (MISSM)** as the project sponsor and the main responsible entity for the RCT evaluation process. The General Secretariat of Inclusion (SGI) assumes the following commitments:
    a) Assist the beneficiary entity in the design of the activities to be conducted for the implementation and monitoring of the object of the grant, as well as for the profiling potential participants in the pilot project.
    b) Design the randomized controlled trial (RCT) methodology of the pilot project in coordination with the beneficiary entity.
    c) Evaluate the pilot project in coordination with the beneficiary entity.
- **CEMFI and J-PAL Europe**, as scientific and academic institutions that support MISSM in the design and the RCT evaluation of the project.

Random assignment results

Table 21: Random assignment results

Municipality	Receives benefit	All adults unemployed	Single parent	G1	G2	G3	G4	General total
Cádiz	YES	YES	YES	15	14	14	14	57
Cádiz	YES	YES	NO	5	5	5	5	20
Cádiz	YES	NO	YES	5	6	6	5	22
Cádiz	YES	NO	NO	11	11	10	11	43
Cádiz	NO	YES	YES	3	2	3	3	11
Cádiz	NO	YES	NO	1	2	1	1	5
Cádiz	NO	NO	YES			1		1
Cádiz	NO	NO	NO	4	3	3	4	14
Fuenlabrada	YES	YES	YES	13	13	13	13	52
Fuenlabrada	YES	YES	NO	8	7	7	7	29
Fuenlabrada	YES	NO	YES	5	6	5	5	21

Fuenlabrada	YES	NO	NO	10	10	11	11	42
Fuenlabrada	NO	YES	YES	5	5	4	4	18
Fuenlabrada	NO	YES	NO	1	1	2	1	5
Fuenlabrada	NO	NO	YES	5	5	5	5	20
Fuenlabrada	NO	NO	NO	6	5	5	6	22
Seville	YES	YES	YES	12	11	11	11	45
Seville	YES	YES	NO	6	7	7	6	26
Seville	YES	NO	YES	5	5	4	5	19
Seville	YES	NO	NO	8	7	8	8	31
Seville	NO	YES	YES	4	5	5	4	18
Seville	NO	YES	NO	1	1		1	3
Seville	NO	NO	YES	3	3	4	3	13
Seville	NO	NO	NO	4	4	3	4	15
Melilla	YES	YES	YES	21	14	14	13	62
Melilla	YES	YES	NO	32	21	21	21	95
Melilla	YES	NO	YES	5	4	4	4	17
Melilla	YES	NO	NO	19	13	12	13	57
Melilla	NO	YES	YES	2	1	1	1	5
Melilla	NO	YES	NO			1		1
Melilla	NO	NO	YES	1	1		1	3
Melilla	NO	NO	NO	220	192	190	190	792

Balance between experimental groups

Table 22: Balance tests between experimental groups – household variables

	(1)	(2)	(3)	(4)	Balance across all groups	(1)-(2)	(1)-(3)	(1)-(4)	(2)-(3)	(2)-(4)	(3)-(4)
	G1	G2	G3	G4		Pairwise t-test					
Variable	Mean/(Var)	Mean/(Var)	Mean/(Var)	Mean/(Var)	F-statistic/ p-value	p-value	p-value	p-value	p-value	p-value	p-value
Municipality – Cádiz	0.20	0.22	0.23	0.23	0.21	0.55	0.52	0.52	0.96	0.96	1.00
	(0.16)	(0.17)	(0.18)	(0.18)	0.89						
Municipality – Fuenlabrada	0.24	0.27	0.27	0.27	0.29	0.49	0.45	0.45	0.95	0.95	1.00
	(0.18)	(0.20)	(0.20)	(0.20)	0.84						
Municipality – Seville	0.20	0.22	0.22	0.22	0.23	0.48	0.53	0.53	0.95	0.95	1.00
	(0.16)	(0.17)	(0.17)	(0.17)	0.87						
Municipality – Melilla	0.36	0.28	0.28	0.28	1.66	0.07*	0.07*	0.07*	0.96	0.96	1.00
	(0.23)	(0.20)	(0.20)	(0.20)	0.17						
Beneficiaries of MIS and RMI during randomization	0.66	0.62	0.61	0.61	0.60	0.43	0.24	0.28	0.70	0.78	0.92
	(0.22)	(0.24)	(0.24)	(0.24)	0.62						
Unemployed or seeking employment during randomization	0.80	0.82	0.83	0.81	0.14	0.75	0.57	0.99	0.81	0.78	0.60
	(0.16)	(0.15)	(0.14)	(0.16)	0.94						
Single parent family	0.31	0.35	0.34	0.38	0.79	0.32	0.43	0.14	0.83	0.64	0.50
	(0.21)	(0.23)	(0.23)	(0.24)	0.50						

Two-parents family	0.54	0.47	0.47	0.48	0.85	0.17	0.19	0.29	0.97	0.77	0.80
	(0.25)	(0.25)	(0.25)	(0.25)	0.47						
Extended family	0.03	0.05	0.05	0.04	0.43	0.45	0.30	0.78	0.79	0.64	0.46
	(0.03)	(0.04)	(0.05)	(0.04)	0.73						
Other type of family	0.12	0.13	0.13	0.10	0.40	0.85	0.80	0.47	0.95	0.38	0.35
	(0.11)	(0.11)	(0.12)	(0.09)	0.76						
Nationality: Spanish	0.62	0.61	0.66	0.62	0.37	0.89	0.42	0.99	0.35	0.90	0.42
	(0.24)	(0.24)	(0.22)	(0.24)	0.77						
Initial life satisfaction – Aggregate	44.35	42.57	45.98	46.27	1.78	0.34	0.37	0.27	0.07*	0.04**	0.87
	(231.84)	(220.81)	(201.39)	(181.47)	0.15						
Initial standardized life satisfaction index (Anderson)	-0.02	-0.18	0.10	0.10	2.25*	0.20	0.37	0.31	0.03**	0.02**	0.94
	(1.04)	(1.01)	(0.92)	(0.86)	0.08						
Families with severe deprivation (baseline)	0.48	0.51	0.46	0.42	1.01	0.61	0.73	0.23	0.40	0.09*	0.40
	(0.25)	(0.25)	(0.25)	(0.24)	0.39						
Initial aggregated value of material and social deprivation	6.46	6.46	6.48	6.09	0.87	0.99	0.93	0.20	0.94	0.21	0.18
	(8.10)	(7.95)	(7.96)	(6.98)	0.46						
Access to social benefits – requested and approved benefit	1.66	1.58	1.78	2.03	4.20***	0.55	0.46	0.01***	0.19	0.00***	0.11
	(1.50)	(1.19)	(1.52)	(1.18)	0.01						
Access to social benefits – requested and in process or approved benefit	1.83	1.83	2.11	2.30	5.16***	0.96	0.09*	0.00***	0.07*	0.00***	0.21
	(1.66)	(1.36)	(1.38)	(1.21)	0.00						
Net monthly household income in June 2022	5.42	5.21	4.99	5.29	2.87**	0.16	0.00***	0.38	0.16	0.61	0.05*
	(2.11)	(2.22)	(2.13)	(2.24)	0.04						

Significance: *p<0.1, **p<0.05 and ***p<0.01. Robust standard errors.

Table 23: Balance tests between experimental groups – adult variables

	(1)	(2)	(3)	(4)	Balance across all groups	(1)-(2)	(1)-(3)	(1)-(4)	(2)-(3)	(2)-(4)	(3)-(4)
	G1	G2	G3	G4		Pairwise t-test					
Variable	Mean/(Var)	Mean/(Var)	Mean/(Var)	Mean/(Var)	F-statistic/ p-value	p-value	p-value	p-value	p-value	p-value	p-value
Municipality – Cádiz	0.19	0.21	0.23	0.21	0.35	0.59	0.31	0.57	0.63	0.97	0.66
	(0.27)	(0.29)	(0.31)	(0.30)	0.79						
Municipality – Fuenlabrada	0.23	0.26	0.25	0.27	0.20	0.59	0.67	0.46	0.91	0.83	0.74
	(0.32)	(0.33)	(0.33)	(0.34)	0.90						
Municipality – Seville	0.19	0.24	0.22	0.21	0.43	0.26	0.50	0.53	0.67	0.63	0.96
	(0.27)	(0.31)	(0.30)	(0.30)	0.73						
Municipality – Melilla	0.39	0.29	0.30	0.30	1.62	0.06*	0.07*	0.10*	0.95	0.84	0.89
	(0.42)	(0.36)	(0.37)	(0.37)	0.18						
Beneficiaries of MIS and RMI during randomization	0.65	0.63	0.63	0.61	0.22	0.60	0.60	0.44	1.00	0.80	0.80
	(0.40)	(0.40)	(0.41)	(0.42)	0.89						
Unemployed or seeking employment during randomization	0.81	0.84	0.83	0.79	0.46	0.56	0.57	0.63	0.99	0.31	0.32
	(0.27)	(0.24)	(0.24)	(0.29)	0.71						

Single parent family	0.19	0.26	0.23	0.26	1.56	0.07*	0.24	0.08*	0.51	0.89	0.59
	(0.28)	(0.34)	(0.32)	(0.34)	0.20						
Two-parents family	0.65	0.56	0.56	0.59	1.32	0.09*	0.09*	0.27	0.99	0.57	0.57
	(0.41)	(0.43)	(0.43)	(0.43)	0.27						
Extended family	0.05	0.06	0.09	0.06	0.43	0.61	0.26	0.70	0.49	0.92	0.46
	(0.08)	(0.10)	(0.14)	(0.10)	0.73						
Other type of family	0.11	0.11	0.12	0.09	0.27	0.97	0.90	0.49	0.87	0.51	0.42
	(0.18)	(0.17)	(0.18)	(0.15)	0.84						
Female	0.64	0.66	0.64	0.63	0.35	0.52	0.92	0.64	0.50	0.31	0.74
	(0.41)	(0.39)	(0.40)	(0.41)	0.79						
Age: 19-30	0.16	0.18	0.17	0.16	0.18	0.61	0.74	0.87	0.86	0.52	0.64
	(0.23)	(0.25)	(0.24)	(0.23)	0.91						
Age: 31-50	0.69	0.68	0.68	0.71	0.22	0.69	0.78	0.70	0.92	0.46	0.53
	(0.37)	(0.37)	(0.37)	(0.36)	0.88						
Age: over 50	0.14	0.14	0.15	0.13	0.08	1.00	0.97	0.71	0.96	0.72	0.68
	(0.21)	(0.21)	(0.22)	(0.20)	0.97						
Nationality: Spanish	0.60	0.62	0.62	0.60	0.13	0.66	0.63	0.97	0.97	0.69	0.66
	(0.43)	(0.41)	(0.40)	(0.41)	0.94						
Adults who speak Spanish (first or second language)	0.93	0.98	0.92	0.94	3.37**	0.02**	0.68	0.63	0.01**	0.11	0.39
	(0.12)	(0.04)	(0.13)	(0.10)	0.02						
Completed studies – adults	3.75	4.12	4.01	4.43	6.05***	0.03**	0.09*	0.00***	0.53	0.07*	0.01***
	(5.92)	(6.06)	(5.16)	(6.28)	0.00						
People reporting to work in the initial survey (primary or secondary activity)	0.38	0.39	0.38	0.38	0.04	0.78	0.96	1.00	0.74	0.79	0.96
	(0.37)	(0.36)	(0.35)	(0.36)	0.99						
Worked last week of June 2022	0.37	0.39	0.37	0.37	0.17	0.57	0.99	0.95	0.57	0.53	0.96
	(0.36)	(0.36)	(0.34)	(0.35)	0.92						
Job search intensity indicator	2.98	3.78	3.56	3.59	1.66	0.04**	0.13	0.10*	0.58	0.62	0.94
	(11.21)	(14.26)	(10.46)	(11.50)	0.17						
General job satisfaction indicator	6.76	5.38	6.80	6.26	2.42*	0.02**	O.94	0.32	0.02**	0.13	0.28
	(7.33)	(10.21)	(8.58)	(9.05)	0.07						

Significance: *p<0.1, **p<0.05 and ***p<0.01. Robust standard errors.

Table 24: Balance tests between experimental groups – children and adolescents variables

	(1)	(2)	(3)	(4)	Balance across all groups	(1)-(2)	(1)-(3)	(1)-(4)	(2)-(3)	(2)-(4)	(3)-(4)
	G1	G2	G3	G4		Pairwise t-test					
Variable	Mean/(Var)	Mean/(Var)	Mean/(Var)	Mean/(Var)	F-statistic/ p-value	p-value	p-value	p-value	p-value	p-value	p-value
Municipality – Cádiz	0.16	0.18	0.16	0.15	0.19	0.54	0.82	0.94	0.70	0.48	0.76
	(0.30)	(0.33)	(0.30)	(0.29)	0.90						
Municipality – Fuenlabrada	0.25	0.28	0.29	0.29	0.34	0.55	0.42	0.37	0.83	0.76	0.92
	(0.42)	(0.45)	(0.44)	(0.46)	0.80						

Municipality – Seville	0.15	0.18	0.18	0.20	0.75	0.30	0.30	0.19	1.00	0.77	0.77
	(0.28)	(0.34)	(0.32)	(0.35)	0.52						
Municipality – Melilla	0.45	0.36	0.36	0.36	1.33	0.10	0.13	0.10	0.94	0.97	0.91
	(0.56)	(0.52)	(0.50)	(0.51)	0.26						
Beneficiaries of MIS and RMI during randomization	0.69	0.62	0.61	0.62	1.07	0.17	0.15	0.16	0.93	0.96	0.97
	(0.48)	(0.53)	(0.51)	(0.52)	0.36						
Unemployed or seeking employment during randomization	0.81	0.81	0.84	0.77	0.82	0.99	0.38	0.49	0.38	0.51	0.13
	(0.35)	(0.35)	(0.29)	(0.39)	0.48						
Single parent family	0.26	0.31	0.31	0.33	0.84	0.31	0.31	0.13	0.99	0.63	0.64
	(0.43)	(0.47)	(0.46)	(0.49)	0.47						
Two-parents family	0.62	0.55	0.54	0.55	1.17	0.14	0.12	0.16	0.91	0.95	0.86
	(0.53)	(0.55)	(0.54)	(0.55)	0.32						
Extended family	0.02	0.04	0.05	0.03	1.28	0.17	0.11	0.48	0.69	0.55	0.35
	(0.04)	(0.09)	(0.10)	(0.06)	0.28						
Other type of family	0.10	0.11	0.11	0.09	0.11	0.80	0.86	0.78	0.93	0.60	0.66
	(0.20)	(0.22)	(0.20)	(0.18)	0.96						
Female	0.45	0.49	0.47	0.53	1.74	0.34	0.74	0.03**	0.55	0.21	0.07*
	(0.56)	(0.55)	(0.53)	(0.55)	0.16						
Age: 0-3	0.14	0.12	0.13	0.11	0.45	0.43	0.73	0.28	0.68	0.81	0.51
	(0.27)	(0.24)	(0.24)	(0.22)	0.72						
Age: 4-6	0.18	0.17	0.17	0.20	0.49	0.67	0.73	0.47	0.95	0.27	0.31
	(0.33)	(0.31)	(0.31)	(0.35)	0.69						
Age: 7-12	0.42	0.39	0.38	0.39	0.73	0.27	0.18	0.31	0.83	0.92	0.75
	(0.55)	(0.53)	(0.51)	(0.53)	0.53						
Age: 13-18	0.26	0.32	0.32	0.30	1.50	0.06*	0.08*	0.29	0.90	0.46	0.53
	(0.44)	(0.49)	(0.47)	(0.46)	0.21						
Nationality: Spanish	0.82	0.81	0.84	0.81	0.31	0.83	0.58	0.71	0.46	0.87	0.37
	(0.33)	(0.35)	(0.29)	(0.35)	0.82						
Language spoken at home: Spanish	0.69	0.77	0.69	0.74	0.75	0.24	0.96	0.49	0.21	0.59	0.45
	(0.38)	(0.29)	(0.38)	(0.33)	0.52						
Completed studies – children and adolescents	9.55	10.02	9.86	9.54	0.80	0.19	0.39	0.98	0.68	0.22	0.41
	(35.83)	(45.27)	(43.62)	(42.59)	0.49						
Initial standardized interest in continuing with studies index (Anderson)	-0.00	0.00	-0.18	0.14	0.80	0.99	0.35	0.47	0.31	0.45	0.13
	(1.18)	(0.85)	(1.59)	(1.78)	0.49						
Hours dedicated to study before the intervention	2.56	2.89	2.62	2.80	1.76	0.04**	0.73	0.17	0.13	0.64	0.35
	(2.30)	(2.44)	(2.63)	(3.21)	0.15						
Expectations of parents regarding studies before the intervention	5.62	5.61	5.56	5.58	0.04	0.93	0.74	0.83	0.81	0.90	0.90
	(3.01)	(2.97)	(2.88)	(2.88)	0.99						
Satisfaction with educational performance before the intervention	7.36	7.06	7.21	7.69	1.96	0.33	0.60	0.20	0.63	0.03**	0.07*

	(9.54)	(9.05)	(9.68)	(6.56)	0.12						
Initial mathematics grade – Standardized test	2.35	2.33	2.07	2.32	0.48	0.93	0.28	0.90	0.35	0.97	0.35
	(9.61)	(8.82)	(6.95)	(7.73)	0.70						
Initial language grade – Standardized test	4.35	4.81	3.78	4.61	3.01**	0.13	0.11	0.40	0.00***	0.51	0.02**
	(14.74)	(12.13)	(14.79)	(14.07)	0.03						

Analysis of the results

Table 25: Effects on educational indicators – without Melilla

	Mathematics grade Standardized test			Language grade Standardized test		
	(1)	(2)	(3)	(4)	(5)	(6)
Group 2: socio-educational intervention	0.72*	0.64*	0.78**	0.04	0.10	-0.00
	(0.39)	(0.38)	(0.34)	(0.49)	(0.45)	(0.32)
Group 3: socio-labor intervention	0.15	0.12	0.16	-0.73	-0.66	-0.26
	(0.38)	(0.39)	(0.31)	(0.51)	(0.50)	(0.32)
Group 4: social, educational and labor intervention	0.95***	0.89**	0.82***	0.20	0.06	0.09
	(0.34)	(0.35)	(0.29)	(0.46)	(0.42)	(0.31)
Controls	No	Yes	Yes	No	Yes	Yes
Baseline	No	No	Yes	No	No	Yes
Observations	307	301	301	305	299	297
R^2	0.11	0.17	0.40	0.13	0.22	0.59
Control Group Average	2.48	2.48	2.48	5.35	5.35	5.39

Standard errors in parentheses. Standard errors grouped at the household level. Levels of significance: *p<0.1, **p<0.05 and ***p<0.01. All regressions include the stratification variable. Added controls include variables such as gender, age, and Spanish nationality.

Table 26: Effects on educational indicators – without Melilla

	3rd term language grade		3rd term mathematics grade		Final evaluation language grade		Final evaluation mathematics grade	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Group 2: socio-educational intervention	-0.26	-0.32	-0.07	-0.16	-0.52	-0.53	-0.58	-0.68*
	(0.38)	(0.36)	(0.41)	(0.39)	(0.40)	(0.38)	(0.41)	(0.39)
Group 3: socio-labor intervention	-0.09	-0.19	-0.23	-0.04	-0.28	-0.42	-0.13	-0.27
	(0.38)	(0.40)	(0.41)	(0.43)	(0.37)	(0.39)	(0.37)	(0.38)
	0.14	-0.01	-0.20	-0.10	-0.07	-0.24	-0.17	-0.24

Group 4: social, educational and labor intervention	(0.38)	(0.37)	(0.40)	(0.41)	(0.37)	(0.36)	(0.36)	(0.36)
Controls	No	Yes	No	Yes	No	Yes	No	Yes
Baseline	No	No	No	No	No	No	No	No
Observations	247	241	243	237	320	313	317	309
R^2	0.12	0.20	0.11	0.23	0.08	0.18	0.08	0.21
Control Group Average	6.42	6.45	6.13	6.13	6.26	6.28	6.06	6.08

Standard errors in parentheses. Standard errors grouped at the household level. Levels of significance: *p<0.1, **p<0.05 and ***p<0.01. All regressions include the stratification variable. Added controls include variables such as gender, age, and Spanish nationality.