Social Inclusion Policies in Spain: An Innovative Approach from the Inclusion Policy Lab

Comunidad Foral de Navarra – AUNA Project - Integrated care of social services and employment

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This report has been prepared by the General Secretariat for Inclusion of the Ministry of Inclusion, Social Security, and Migration within the framework of the Inclusion Policy Lab, as part of the Recovery, Transformation, and Resilience Plan (RTRP), with funding from the Next Generation EU funds. As the agency in charge of carrying out the project, the Department of Social Rights, Social Economy, and Employment (formerly and hereinafter the Department of Social Rights) of the Government of the Autonomous Community of Navarre has collaborated in the preparation of this report. This collaborating organization is one of the implementers of the pilot projects and has collaborated with the General Secretariat of Inclusion for the design of the Randomized Controlled Trial (RCT) methodology, actively participating in the provision of the necessary information for the design, monitoring, and evaluation of the social inclusion pathway. Furthermore, their collaboration has been essential to gathering informed consents, ensuring that participants in the itinerary were adequately informed and that their participation was voluntary.

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

This evaluation report has been produced using the data available at the time of writing and is based on the knowledge acquired about the project up to that date. The General Secretariat of Inclusion reserves the right to qualify, 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.

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Executive Summary

- The **Minimum Income Scheme (MIS),** established in May 2020, is a minimum income policy that aims to guarantee a minimum income to vulnerable groups and provide ways to promote their social and labor integration.
- Within the framework of this policy, the Ministry of Inclusion, Social Security and Migration (MISSM) fosters a strategy to promote inclusion through pilot projects of social innovation, which is conducted in the **Inclusion Policy Lab**. These projects are evaluated according to standards of scientific rigor and using the methodology of Randomized Controlled Trials*.*
- This document presents the evaluation results and main findings of the project "AUNA - Integrated care of social services and employment", which has been conducted in **cooperation between the MISSM** and the **Department of Social Rights of the Autonomous Community of Navarre**.
- This study evaluates an **integrated care intervention of social and employment services** in cases that require complex support, with the aim of improving the effectiveness of access to the MIS and/or RG (Guaranteed Income or *Renta Garantizada*) and ensuring the exercise of the right to social inclusion of the recipients of these benefits. The **treatment group** received an itinerary consisting of individualized and intensive accompaniment by a fellow manager, specialized in social services and employment. The **control group** did not receive any services from the program.
- The project was conducted in the Autonomous Community of Navarre, specifically in the areas of Estella, Tudela and Tafalla, and in the basic areas of Alsasua, Burlada, Villava, Huarte, and Pamplona. The initial sample consisted of a total of 1,095 individuals, with 495 in the treatment group and 600 in the control group.
- On average, 26% of the sample reside in the Comarca and Northwest area, while 25% live in Pamplona. In terms of demographics, 57% of the sample consists of women, and 68% hold Spanish nationality. Additionally, 49% of people are between the ages of 30 and 45. In terms of education, 86% have completed the first stage of secondary education. Furthermore, 45% of the participants have a non-existent support network.
- Regarding the intervention workshops, a total of 494 participants participated. Among these, 39% have had a low level of participation, attending between 1 and 3 workshops. 57% had a medium level of participation, attending between 4 and 7 workshops. Only 4% had a high level of participation, attending between 8 and 10 workshops. On average, participants attended 4 workshops.
- The main results of the evaluation are as follows:
    - **Empowerment:** There is a significant increase of 9% observed in the treatment group compared to the control group.

- **Job training:** The treatment effect results in an increase of 0.02 more training conducted compared to the control group. This difference is statistically significant at a 5% level of significance.
- **Employment guidance:** A significant positive impact of 1% is observed in the utilization of guidance, advice, and support services for employment. There were 1.23 more job orientations conducted in the treatment group compared to the control group.
- **Access to employment:** The number of days registered under Social Security System in the last three months is 3.39 days higher in the treatment group compared to the control group. This difference is statistically significant at a 5% level of significance.
- **Time of perception RG/MIS**: There are no significant differences between the two groups in relation to this indicator.

1 Introduction

General Regulatory Framework

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

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

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

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

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

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

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

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

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

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

[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 MIS access rate; ii) increase the effectiveness of the MIS 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 MIS 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).

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

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

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

This report refers to "AUNA Project - Integrated care for social services and employment", executed within the framework of Royal Decree 938/2021[9] by the Department of Social Rights of the Government of the Autonomous Community of Navarre. This report contributes to the fulfillment of milestone 351 of the RTRP: "After the completion of at least 18 pilot projects, publication of an evaluation on the coverage, effectiveness and success of the MIS, including recommendations to increase the level of application and improve the effectiveness of social inclusion policies".

The complete project consists of three intervention packages: Integrated benefits management processes (RG/MIS) through processing units, integrated care processes for social and employment services, integrated AUNA model, and integrated management processes for access to employment with the support of the business fabric. The impact assessment by RCT methodology is only conducted in package 2, which will be described in greater detail in the rest of this report. Packages 1 and 3 have

[8] Regulated by Order ISM/208/2022, of 10 March, which creates the Ethics Committee linked to social inclusion itineraries, on 04/11/2022 issued a favorable report for the implementation of the project that is the subject of the report.

[9] On 29 December 2021, an agreement was signed between the General State Administration, through the SGI, and the Department of Social Rights of the Autonomous Community of Navarre for the implementation of a project for social inclusion within the framework of the Recovery, Transformation and Resilience Plan, which was published in the "*Boletín Oficial del Estado*" on 1 February 2022 (BOE no. 27).

not been evaluated using the RCT methodology. However, a description of these packages is included in the appendix.

Project context

Long-term unemployment refers to the condition in which individuals have been without employment and actively searching for work over an extended period. More specifically, it applies to individuals who have remained registered as job seekers for a minimum of 12 months within the past 18 months.

Long-term unemployment is influenced by a combination of factors, including short-term macroeconomic aspects, such as economic growth or aggregate demand for labor, as well as institutional and regulatory aspects (Duell et al., 2016). One contributing factor is the mismatch between the supply and demand of skills (Miyamoto and Suphaphiphat, 2021). Changes in technology, shifts in demand, and emerging employment trends can result in required skills and competencies in the labor market evolving over time. This can lead to discouragement and demotivation among the long-term unemployed population, making it challenging for them to engage in training and job placement programs.

Social determinants also play a role, including factors related to health (such as parental or self-employed status), education (low educational performance), and local conditions (such as municipal unemployment rates), which can impact labor market outcomes (Lallukka et al., 2019). These factors, in turn, can be influenced by the experience of unemployment itself. Over time, long-term unemployed individuals may face various personal and social challenges, such as health issues, financial difficulties, lack of social support, and loss of professional networks. Furthermore, the role of intermediation and public employment services in facilitating the adjustment of labor supply and demand is also significant (Miyamoto and Suphaphiphat, 2021). Effective active employment policies, including job matching and support services, are essential in addressing this issue.

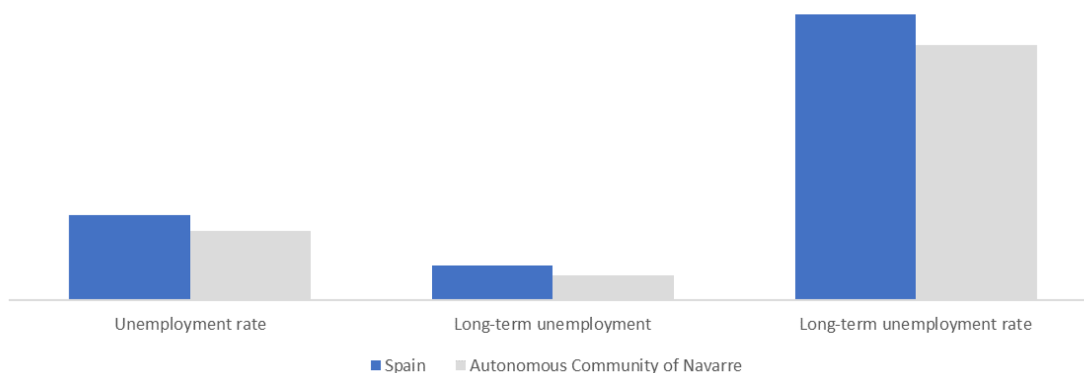
The consequences of long-term unemployment are significant from multiple perspectives. Economically, it leads to the obsolescence of accumulated human capital and the progressive loss of skills, which makes it difficult to re-enter the labor market due to the mismatch between individuals' skills and market demands. Socially, prolonged unemployment can lead to poverty, social exclusion, isolation, and the deterioration of the mental health of the unemployed.

The average unemployment rate in Spain was 12.1% in 2023, according to the Labor Force Survey conducted by the National Institute of Statistics (INE). Among the unemployed, the long-term unemployed group accounted for 4.9% of the active population, representing 40.5% of the total unemployed in the country. Comparatively, in the European Union (EU-27), the rate of long-term unemployed individuals in the labor force reached 2.4% in 2022, as reported by Eurostat. Thus, the rate of long-term unemployment in Spain is twice that of the EU-27. The relevance of structural unemployment in Spain became evident in the 1970s and has remained one of the labor market's persistent issues. This problem has been further exacerbated by the economic crisis that began in 2008. Over the past decade, the average number of long-term unemployed individuals has stood at 8.2% in Spain, significantly higher than the EU-27 average of 3.8%. The high volume of long-term

unemployment figures, even during periods of economic growth, highlights the enduring nature of this situation for a significant portion of the population.

Focusing on the Autonomous Community of Navarre, which is the subject of this project, the findings align with the conclusions drawn for Spain as a whole. **Figure 1** illustrates that the unemployment rate in 2023 was 9.9%, with long-term unemployed individuals accounting for 36.22% of the total. Consequently, the rate of unemployment among those actively seeking work for over a year stood at 3.58%, which is lower than the national average by 1.33 percentage points. However, it remains higher than the rate recorded by the European Union, exceeding it by 1.18 percentage points.

Figure 1: Comparison between unemployment metrics, Spain, and the Autonomous Community of Navarre



Source: INE (Active Population Survey)

Traditionally, the approach to long-term unemployment has mainly focused on temporary subsidy programs, without effectively addressing the fundamental issue of enhancing the employability of these individuals through comprehensive support initiatives. To foster a better understanding of the challenges faced by this group and improve their employability, the Department of Social Rights of the Autonomous Community of Navarre has proposed the implementation of an integrated care program that integrates social and employment services. This program aims to provide holistic support to individuals who require complex assistance.

Regulatory and strategic framework associated with the project

This pilot project aligns with the framework established by the 2030 Agenda and the Sustainable Development Goals (SDGs). In particular, the pilot project discussed in this report is in line with European and national strategies aimed at socially activating individuals in vulnerable situations. It also contributes to the 2030 Agenda for Sustainable Development, contributing specifically to SDGs 1, 8 and 10.

On the European level, the efforts to combat poverty and social exclusion are legally grounded in Articles 145 to 161 of the Treaty on the Functioning of the European Union (TFEU), which specifically pertain to employment and social policy.

In particular, the fight against poverty and social exclusion is a specific objective of both the Union and its Member States within the realm of social policy. To achieve this objective, various instruments have been implemented to address social activation for individuals facing social vulnerability. These instruments include:

- **European Pillar of Social Rights (EPSR).** In addition to the relevance of the rights included in Chapter I, which pertains to equal opportunities and access to the labor market, Chapter III of the document emphasizes the importance of "Protection and social inclusion". It underscores that "for people who are able to work, minimum income benefits must be combined with incentives for (re)integration into the labor market".
- **Council recommendation on an adequate minimum income that seeks active inclusion.** The objective is to combat poverty and social exclusion by promoting sufficient income support, specifically through the implementation of a minimum income program. It also aims to ensure that individuals lacking adequate resources have effective access to essential services and training opportunities. Additionally, it seeks to enhance the employability of those who are capable of working, aligning with the active inclusion approach. The goal is to guarantee a dignified life for individuals at all stages of life.

- **Council Recommendation on the integration of the long-term unemployed into the labor market.** The recommendation suggests that member states should support the registration of jobseekers and emphasize a stronger labor market focus in integration measures. It also encourages facilitating individual assessments of long-term unemployed individuals registered with employment services. Furthermore, it recommends developing a specific labor integration agreement for these individuals no later than eighteen months after they have entered the labor market as unemployed.

It is worth noting that Spain has regulatory frameworks, strategic documents, and public policies in place that address the social activation of individuals facing social vulnerability. These initiatives specifically emphasize:

- The **National Strategy for the Prevention and Fight against Poverty and Social Exclusion 2019-2023**, which focuses on combating poverty, with particular attention given to child poverty, and aims to reduce inequality and income disparities. The strategy is implemented through annual Operational Plans.
- The **Social Inclusion Network**, a space funded and supported by the European Social Fund. This network aims to enhance policies and practices related to social inclusion. It is a collaborative effort involving the Administrative Unit of the European Social Fund, the Ministry of Labor and Social Economy, and the Directorate-General for Family Diversity and Social Services of the Ministry of Social Rights and Agenda 2030.

Lastly, within the Autonomous Community of Navarre, two significant legal instruments pertain to the rights of Social Inclusion and *Renta Garantizada*. **Foral Law 15/2016 serves as the regulatory framework for these rights**, while **Foral Decree 26/2018 focuses on the implementation and development of these rights**.

Given the importance of social activation, the Department of Social Rights of the Autonomous Community of Navarre has conceived a project aimed at increasing the exercise of the right to social inclusion of people receiving MIS/RG through personalized actions that consist of advice and support of a social and labor nature.

The scientific objective of the project is to obtain insights for enhancing the dual right to access benefits and inclusion by improving the processes involved in benefit processing, activation services, and employment accessibility.

The governance framework stablished for the proper implementation and evaluation of the project includes the following actors:

- The **Department of Social Rights of the Autonomous Community of Navarre**, as the beneficiary organization and coordinator of the project, and in particular the following bodies:
    - Directorate-General for Social Protection and Development Cooperation
    - Navarre Employment Service - Nafar Lansare (SNE-NL)
    - Navarra Foundation for the Management of Public Social Services / Gizain Fundazioa (Gizain Foundation).
- Other relevant actors participating in the project include the Pamplona City Council, the Association of Basic Social Services of Allo, Areallano, Arróniz, Dicastillo, and Lerín, the Association of Basic Social Services of Alsasua, Olazagutía and Ziordia, the Primary Care Social Services, and the Local Entities that oversee them. Additionally, the project involves the Public University of Navarra, the business sector (Navarre Business Confederation (CEN) and companies), and various social organizations.
- The **Ministry of Inclusion, Social Security and Migration** (MISSM), as the funding source of the project and responsible for the RCT evaluation. For this reason, the General Secretariat of Inclusion assumes a series of commitments:
    - Assist the beneficiary organization in the design of the actions to be conducted, for the implementation and monitoring of the object of the subsidy, as well as for the profiling of the potential participants of the pilot project.
    - Design the randomized controlled trial (RCT) methodology of the pilot project in coordination with the beneficiary organization.
    - Conduct the project evaluation in coordination with the beneficiary organization.
    - Ensure strict compliance with ethical considerations by obtaining the approval of the Ethics Committee.
- **CEMFI and J-PAL Europe,** as scientific and academic institutions that support MISSM in the design and the RCT evaluation of the project.

In view of the above, the current report has the following structure. **Section 2** provides a description of the project, detailing the issue to be addressed, the specific interventions

associated with each of the employment models implemented, and the target audience to which the intervention is directed. The objective is to present a diagnosis of the problems associated with homelessness that justifies the need to implement and evaluate this intervention. Next, **section 3** contains information related to the **Evaluation Design**, defining the Theory of Change linked to the project and the hypotheses, sources of information and indicators used. **Section 4** describes the **Implementation of the intervention**, analyzing the sample, the results of randomization, and the degree of participation and attrition of the intervention. This section is followed by **section 5,** where **the results of the evaluation** are presented, with a detailed analysis of the econometric analysis conducted and the results for each of the indicators used. Finally, the **Conclusions** of the project evaluation are described in **section 6**. Besides, in the **Economic and regulatory management** appendix additional information is provided regarding the management instruments and governance of the pilot project.

Ethics Committee linked to the Social Inclusion Itineraries

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

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

The Ethics Committee has conducted analysis and advice on the ethical issues that have arisen in the execution, development, and evaluation of the itineraries, formulated proposals in those cases that present conflicts of values and approved the evaluation plans of all the itineraries. In particular, the Ethics Committee issued its approval for the development of this evaluation on November 4, 2022.

2 Description of the program and its context

This section describes the program that the Department of Social Rights of the Autonomous Community of Navarre implemented in the framework of the evaluation project. Furthermore, it describes the target population and the territorial framework and provides a detailed description of the intervention.

2.1 Introduction

There is a demonstrated need for higher quality care for individuals receiving economic benefits and facing social challenges, who require improved employability conditions. The absence of an integrated framework for social services and employment services reveals significant limitations in social inclusion policies. Consequently, there is a deficiency in the effectiveness and efficiency of these public services and programs, as well as suboptimal utilization of public resources invested in these pathways. Moreover, these services must adhere to regulatory and competency frameworks governing these matters.

Among the professionals involved, there is a lack of adaptation of actions to the needs of the beneficiaries: There is a lack of integrated care or a person-centered approach that considers their individual circumstances and life contexts. As a result, beneficiaries often feel disconnected and dissatisfied with the services provided.

Currently there is no intervention model in place, and deficiencies have been identified in the initial diagnoses. These deficiencies stem from shortcomings in the recruitment and selection process of participants. Additionally, there is a lack of an effective triage tool that provides criteria for the implementation and duration of integrated pathways. Furthermore, there is a need for improvement in the intermediation processes for accessing the labor market and utilizing training resources.

Among the main empirical studies on long-term unemployment, the research conducted by Cottier et al., (2018) using an RCT in Switzerland stands out. This study investigates the impact of attending job search training on improving employment rates. Additionally, Card et al., (2010, 2018) affirm that providing support in the job search process is considered one of the most effective elements of active policies for revitalizing the labor market. Moreover, this meta-analysis confirms that mixed interventions, combining employment and training, yield positive impacts in the medium and long term. In contrast, other employment policies, such as subsidies, have a relatively smaller impact.

Multiple studies highlight the correlation between personal skills and enhanced employability. For instance, doctoral thesis of Nieto Flores (2018) and other experimental research like the one conducted by Rebollo-Sanz and Pérez (2021) emphasize the evaluation of the impact of active employment policies on groups facing challenges in labor market integration. In general, these studies observe improvements in employment rates and job satisfaction among participants.

In general, programs that integrate skill development, self-esteem enhancement; job search assistance, and proactivity tend to increase the chances of successful labor market insertion,

compared to models that focus on a single approach (Liu et al., 2014). Mixed interventions that combine training and employment in an alternating manner yield positive outcomes in terms of income and employability for participants. These findings have significant implications for shaping effective employment policies.

Finally, several noteworthy articles focus on the ERSISI project and the integration between employment and social services. Pérez-Erasmus, Zugasti, and Martínez (2019) conduct a comparative analysis of the relationship between social services and employment services in five autonomous communities, including Navarre. Laparra Navarro and Martínez (2021), Martínez Sordoni, Pérez Erasmus, and Sánchez Salmerón (2022), and Martinez Sordoni (2022) analyze the ERSISI pilot project specifically, examining it from various perspectives. The impact analyses of the ERSISI project, conducted using quasi-experimental techniques, were disseminated in two reports by the ALTER group (2020, 2021) from the Public University of Navarra.

2.2 Target population and territorial scope

The target population of the project are people receiving MIS/RG who need comprehensive support (social and activation towards employment) for their active inclusion.

The project is implemented in the areas of Estella, Tudela and Tafalla and in the basic areas of Alsasua, Burlada, Villava, Huarte and Pamplona.

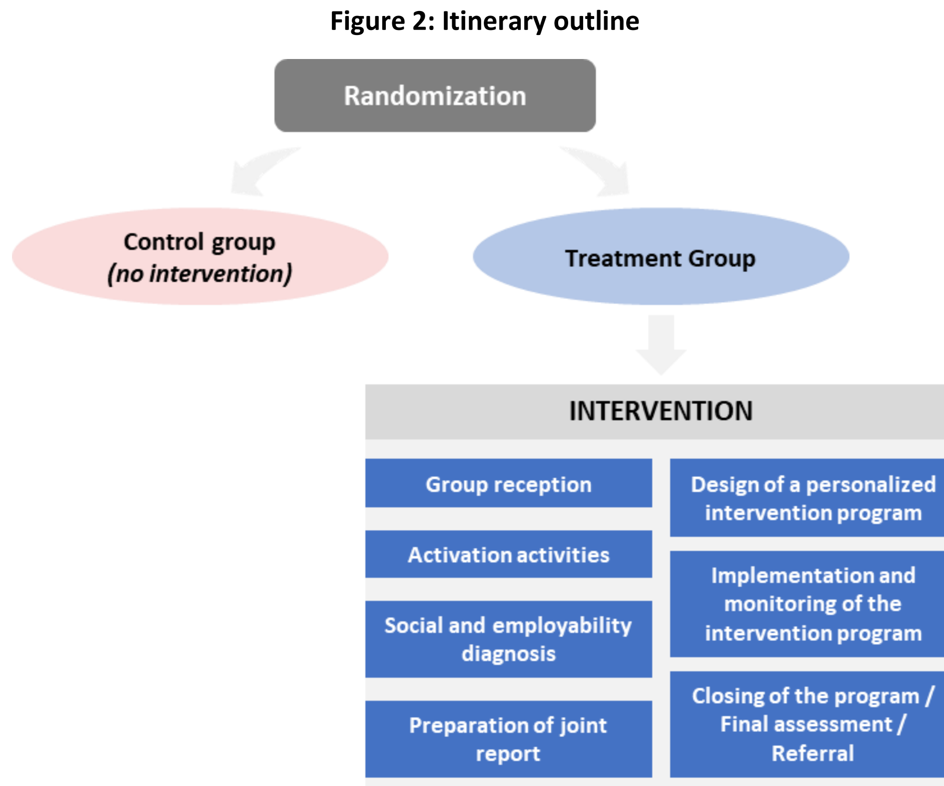
More details on the recruitment process are provided in **section 3.5** as part of the evaluation design.

2.3 Description of interventions

The intervention primarily focuses on the working package of the ERSISI/AUNA model concerning the integrated care of social and employment services for individuals requiring complex support. Specifically, intensive support processes are implemented to activate a specific group of beneficiaries receiving MIS/RG benefits who are actively seeking employment but require comprehensive assistance.

The aim is to expand the implementation of the ERSISI/AUNA service integration model on a larger scale, ensuring individuals have not only the right to economic benefits but also the right to support in activating those benefits. Additionally, training initiatives are implemented within this work model.

Figure 2: Itinerary outline



In particular, the itinerary consists of individualized and intensive accompaniment by a peer manager specialized in social services and employment.

Here are some examples of activities that are potentially part of activation pathways in three areas:

1. Employment-oriented:
    - Training to obtain key competences of level 2 in Spanish language and mathematics.
    - Workshop "Professional skills qualification system: Accreditation of training via experience and certificates of professionalism".
    - Workshop "Professional Competencies: Strengths and Areas for Improvement".
    - Workshop "Professional History Communication".
    - Development around professional objectives.
    - Active job search (*Búsqueda Activa de Empleo*, or BAE) in hidden market: Network of contacts.
    - Active job search in a visible digital market (portals, metasearch engines, professional networks, temporary employment agencies, other organizations).
    - Communications for active job search: CV, "letter" response to an advertisement, "letter" spontaneous application.
    - Personnel selection processes: selection interviews.
    - Personnel selection processes: complementary tests to the interview.
2. Personal development:
    - Workshop on community life skills (money management, road safety education, and rules of participation and social interaction...).

- Workshop on healthy habits for employment (punctuality, respecting rest times, time management, task organization, order, and cleanliness): Practical session.
- Self-awareness workshop: Professional history.
- Workshop on self-care as a foundation for improving employability.
- Workshop on social skills for employment (active listening, assertiveness, appropriate language, teamwork, conflict resolution): Practical session.
- Workshop on building self-esteem, self-awareness, improvement of relational health

3. Transversal:
    - Obtaining a driving license.
    - SEPE (Statal Public Service of Employment) and SNE/NL (Service of Employment of Navarra) Workshop: Who does what?
    - Initiation of Basic Digital Skills.
    - Literacy and learning of basic Spanish language.

It should be noted that the AUNA project's intervention does not involve organizing and providing these activities directly. Instead, it focuses on coordinating with community services to ensure that individuals have access to these activities and providing support and guidance to participants throughout their engagement in these activities.

The intervention includes the following phases/actions:

1. Group reception of the participants to introduce the service and its operation.
2. Conducting first activation activities according to the needs of the individual: interpersonal communication, motivation to change, change management, personal self-awareness, and community walks.
3. Social and employability diagnosis, in which the professional team makes a collaborative assessment with the individual to evaluate their social and occupational activation needs. The managing peer conducts a comprehensive assessment, considering both social and employment aspects, to gain a thorough understanding of the person's needs and capabilities.
4. Preparation of a comprehensive report that includes an assessment of the individual's situation upon entry into the project. This report will serve as a basis for designing their personalized intervention program.
5. Design of a personalized intervention program based on a list of personal development, employment and community participation activities offered by different agents in the territory (such as Basic Social Services, Navarre Employment Service-Nafar Lansare, social organizations, etc.). These activities are related to job search, training, accompaniment, and socio-occupational activation.
6. Implementing and monitoring the intervention program, which has a maximum duration of 6 months. The program entails individuals engaging in the activities outlined in their personalized intervention plan, which they selected based on their initial diagnosis. Throughout this period, the project team provides support to facilitate the individual's participation in the planned activities, such as coordinating with other services. Additionally, bi-weekly accompaniment sessions are conducted with the individual at the project premises.

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7. Closing of the activation program upon its completion, which involves conducting a final assessment of the situation of the individual and referring them to the most suitable services for their further development, as deemed necessary.

3 Evaluation design

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

3.1 Theory of Change

This report, with the aim to design an evaluation that enables us to understand the causal relationship between the intervention and its final objective, develops a Theory of Change. The Theory of Change makes it possible to schematize the relationship between the needs identified in the target population, the benefits, or services that the intervention provides, and the immediate and medium-long term results sought by the intervention, understanding the relationships between them, the assumptions on which they rest, and outlining measures or outcome indicators.

Theory of Change

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

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

In this context, the Theory of Change serves as a fundamental tool to guide this project, which aims to address the need for both employment and social assistance for the socio-labor inclusion of individuals who can be activated for employment but require complex and intensive support.

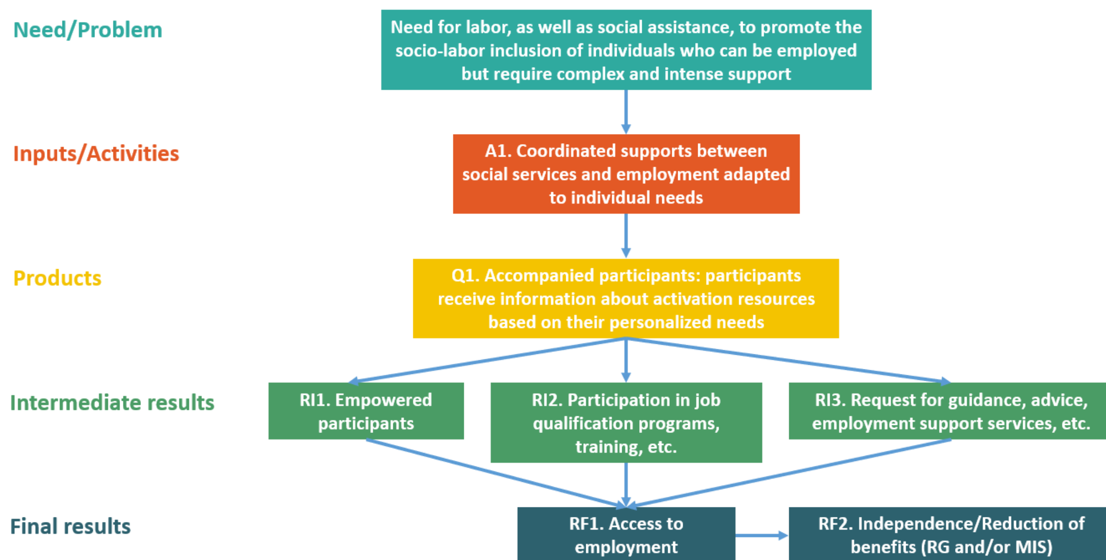
To address this situation, this study proposes a series of resources and actions. Specifically, the proposed input is to provide coordinated support between social services and employment that is tailored to the individual's specific needs.

All these resources and actions developed result in a series of outputs. Specifically, as a direct result of the activity described, participants will receive personalized support and information regarding activation resources that are tailored to their specific needs.

The implementation of the project is expected to have a positive impact on the participants by enhancing their empowerment, promoting their engagement in job training programs, and encouraging them to seek guidance, advice, and support services for labor market integration. These intermediate outcomes are anticipated to contribute to improving access of participants to employment opportunities and reducing their reliance on economic benefits.

The following figure illustrates this causal sequence of actions, initiated by the activities and resources required to obtain the expected changes in the participants. To this end, each phase encompasses various components that facilitate these changes and are influenced by the actions conducted in the previous phase.

Figure 3: Theory of Change



3.2 Hypothesis

As detailed in the Theory of Change, the project goal is to enhance employment prospects of participants and decrease their reliance on benefits. To accomplish this, a series of intermediate outcomes are identified. Consequently, when evaluating the model, several hypotheses are formulated aligned with the intermediate and final results defined in the Theory of Change. This methodological approach seeks to offer a detailed and informed analysis, thus providing a solid basis for informed and strategic decisions in the field of public policies.

The hypotheses to be tested regarding each of the result blocks are presented below. The subsequent sections will describe the sources of information for the indicators used in each scenario.

Greater empowerment

The aim is to verify whether the treatment enhances the empowerment of the participants.

Increased participation in job qualification programmes

This hypothesis suggests that treatment increases participation in job qualification programs.

Increased demand for guidance, counselling, and support services for employment

The aim is to assess whether the intervention leads to an increase in requests for guidance, counselling, and support services for employment.

Access to employment

The hypothesis posits that the treatment improves access to employment.

Greater economic independence/reduction of benefits

In relation to greater economic independence/reduction of benefits, the hypothesis is that the treatment reduces the time of receipt of RG/MIS.

3.3 Sources of information

To gather the necessary information for constructing the result indicators, surveys are primarily utilized for participants in the program, along with data obtained from administrative records.

Specifically, project participants are requested to complete surveys at two points in time: **before the intervention** (baseline) and **after the intervention** (endline). A **self-efficacy questionnaire,** based on the general self-efficacy scale of Baessler and Schwarcer (1996), is employed to assess participants´ agreement or disagreement with certain statements related to their ability to handle stressful situations that may arise in everyday life. The survey is conducted by telephone by an external specialized company.

Moreover, to measure the results related to employment access (such as number of days worked and intensity of work in full-time equivalent days), administrative **data** from Social Security Employment History Report are utilized.

3.4 Indicators

This section describes the indicators that this study uses to evaluate the impact of the itinerary, divided by themes related to the hypotheses described above.

Greater empowerment

The study utilizes an indicator to test the hypothesis regarding the greater empowerment of the participants:

General self-efficacy: The general self-efficacy indicator assesses the stable sense of personal competence to effectively handle a wide variety of stressful situations, including those that affect motivation and behavior. This indicator is measured at the beginning and end of the itinerary. The self-efficacy value is obtained as a normalized sum of the 10 items comprising the scale and ranges from 0 (indicating lower self-efficacy) to 1 (higher self-efficacy value).

Increased participation in job qualification programmes

The verification of the hypothesis regarding greater participation in labor qualification programs is based on an indicator:

Job training: Indicator that accounts for the behavior regarding labor activation and is assessed based on access to training activities for employment. The indicator is constructed by summing up the training activities in the previous three months. It is calculated at the beginning of the pathway, at the end, three months after the completion of the pathway and at six months. The active search for employment is reflected in access to training resources that increase the chances of finding employment. The indicator takes values between 0 (no training activity) and 61 (all possible training activities). The higher the value, the better the situation regarding training for employment.

Increased demand for guidance, counselling, and support services for employment

The scenario regarding the increased demand for guidance, counselling and support services for employment is assessed by an indicator:

Career guidance: Indicator that captures behavior regarding job activation, assessed based on access to job orientation activities. The indicator is constructed as the sum of orientation activities, calculated at the beginning of the pathway, at the end, three months after the completion of the pathway and at six months. The active search for employment is reflected in people's attendance at public employment services and in the employment guidance resources received from these services. The indicator ranges from 0 (indicating no career guidance activity) to 37 (representing all possible guidance activities). A higher value indicates a more favorable situation in terms of job orientation.

Access to employment

The verification of the employment access scenario is based on two indicators:

Days worked: This indicator measures the number of days an individual has been registered with Social Security in the last three months from the Social Security Employment History Report.

Work intensity in full-time equivalent days: The number of days registered with Social Security is calculated three months before and after the start of the intervention for each participant. In the case of part-time contracts, the number of days is adjusted to equivalent full-time contracts based on the

part-time coefficient. The intensity index is then calculated by dividing the number of days worked by the total days considered in the measurement. The values of the index range from 0 to 1, with 0 representing minimum work intensity and 1 representing maximum work intensity. This indicator measures the level of work activity by considering a 3-month analysis period in its calculation.

Greater economic independence/reduction of benefits[10]

To test the scenario regarding greater economic independence/reduction of benefits, an indicator is used:

Time of receipt RG/MIS: Indicator that measures the duration of benefiting from minimum income schemes in the last three months. It is represented by values ranging from 0 (indicating no months of receiving RG/MIS in the previous three months) to 3 (indicating receiving RG/MIS in all the previous three months). A higher value reflects a worse situation in terms of the perception of RG/MIS, indicating less economic independence.

3.5 Design of the experiment

To assess the impact of the treatment on the indicators compared to the control group, an experimental evaluation (RCT) is used, wherein participants are randomly assigned to either the treatment or control groups.

The recruitment and selection process for the intervention beneficiaries, as well as the random assignment and experiment duration, are detailed below.

Recruitment of the beneficiaries of the intervention

Recruitment in the initial wave is based on the list of people receiving MIS and RG as of 31 August 2022. This list is available at an individual level, i.e., all the people in the same household who meet the profile are individually identified, so if there are several people in a unit, each of them will be contacted. The list is randomly ordered for each territory, so that the order of the calls is not conditioned.

Participant recruitment is conducted using a triage tool that is applied to all individuals over 18 years of age in the areas of the project intervention, who are both eligible for employment and recipients of MIS or RG. This tool enables the classification of individuals into three groups: 1) individuals who require support from Social Services due to their inability to work; 2) individuals who require combined assistance from Social Services and Employment) and have the potential to participate in the AUNA project; and 3) individuals who require support from Employment, but do not require assistance from Social Services.

[10] This project does not conduct an analysis of the reduction of the amount of the benefit in application of the employment incentive system, because there is already a specific evaluation in this regard, Government of Navarra (2023).

Once potential participants are identified, the AUNA team contacts them to provide an explanation of the project's implementation, confirm their availability for employment, and schedule a face-to-face meeting for the triage application. This meeting takes place either at the project premises or at the Basic Social Services (SSB or *Servicios Sociales de Base*). Individuals categorized as group 2 receive a further explanation of the AUNA project, including its purpose, the services offered to participants, the evaluation process, and the possibility of being selected as a participant, control group member, or not being included in the project. Detailed information about the informed consent is provided, and individuals are asked to sign if they wish to participate in the project.

Informed consent

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

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

Random assignment of participants

After signing the consent, the participants of the experiment are randomly assigned to the treatment or the control group. Randomization is the cornerstone of RCTs to identify a causal relationship between treatment and outcomes. When properly conducted, this process ensures that the treatment and control groups are statistically comparable, encompassing both observable and unobservable variables. This homogeneity provides the structure required to make an accurate measurement of the possible effects derived from the intervention.

This study conducts the randomization process in two phases:

- First wave. First, researchers identify the total universe of individuals who meet the defined selection criteria (recipients of MIS/RG, identified through triage as requiring comprehensive support, and any additional criteria). The sample size for the experimental group is determined based on the ratio of individuals served by each professional pair and the number of professional peers in the area. Additionally, the sample size for the control group is established. The study establishes a control group size 1.2 times larger than that of the

experimental group, considering potential attrition or other factors that may lead to participant dropout in both groups.

- Second wave. Researchers conduct a random assignment, which includes individuals who have applied for a benefit for the first time between the first and second waves. These individuals have had their applications approved and have been identified as having comprehensive support needs after undergoing the triage tool.

First, a random selection is conducted within each stratum, considering the predetermined participant limits for each intervention area. Individuals who are not selected are then assigned to a reserve pool, with their order randomized within each stratum. These reserves may be used to replace any absences in the treatment group during the first 15 days of the intervention. Subsequently, random assignment to treatment and control is performed. Any reserves that are not utilized for replacement purposes become part of the second wave, along with newly recruited participants following the completion of the first wave.

In the second wave, another random selection is conducted within each stratum, considering the updated participant limits for each intervention area. Individuals who are not selected are then assigned to the reserve pool, and their order is randomized within each stratum. These reserves may be used as substitutes for any withdrawals from the treatment group during the first 15 days of the intervention in this second phase. Finally, random assignments to either the treatment or control group is conducted within each stratum.

In both cases, the researchers create a list containing the participants assigned to either the treatment group or the control group. This list also includes the participants assigned to the reserve pool, with their order randomized within each stratum.

Figure 4: Sample Design

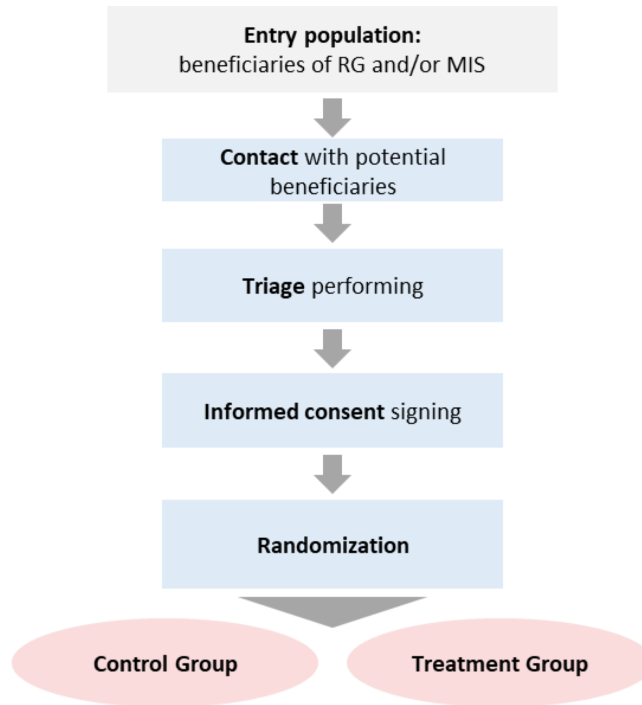
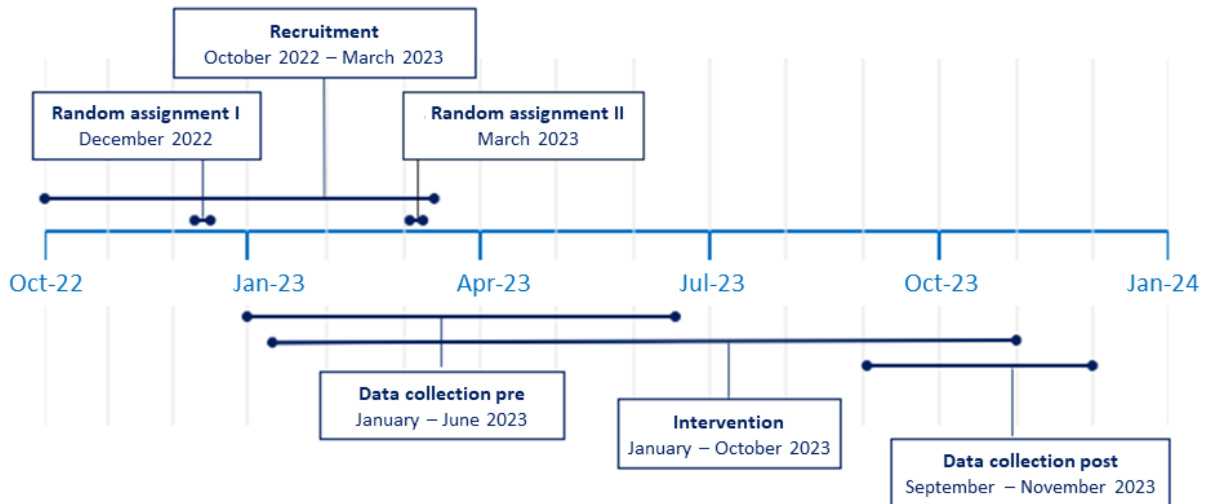


Figure 5 illustrates the timeline for the implementation and evaluation process. Recruitment occurs from October 2022 to March 2023. Participants complete the baseline survey between January and June 2023. The first wave of random assignment takes place in December 2022, followed by the second wave in March 2023. The intervention itinerary is developed from January to October 2023. Finally, the collection of post data, through the end-line survey, is conducted between September and November 2023.

Figure 5: Evaluation timeline



4 Description of the implementation of the intervention

This section describes the practical aspects of how the intervention was implemented, within the framework of the evaluation design. Describe the results of the participant recruitment process and other relevant logistical aspects to contextualize the results of the evaluation.

4.1 Sample Description

Table 1 presents the recruitment process figures, beginning with the potential beneficiary population and ending with the signing of the informed consent. Out of a total of 9,840 potential beneficiaries, 7,199 individuals are contacted, representing 73% of the total. Among those contacted, 5,858 individuals express interest in participating in the project, and 3,191 are assigned to group 2 after the triage process. It is worth noting that only 58 individuals assigned to group 2, which is less than 2% of the total, do not sign the informed consent.

Table 1: Recruitment process

	Number of people
Population of potential beneficiaries	9,840
Potential beneficiaries uncontacted	2,641
Potential beneficiaries contacted	7,199
Unwilling/unable to participate	1,337
Want/can participate	5,858

After triage, they are not assigned to group 2	2,667
After triage, they are assigned to group 2	3,191
They do not sign the informed consent	58
They sign the informed consent	3,028
Pending delivery of informed consent	105

Final Assessment Sample Features

As detailed later in **section 4.2** and in **section 4.3,** data was collected from a total of 1,324 individuals. Out of these, 1,092 were assigned to either the control group or the treatment group, while 232 individuals initially assigned to the reserve group ended up participating as replacements for withdrawals from the treatment group. **Table 2** displays the descriptive statistics for various variables measured at the baseline. The table includes sociodemographic variables (including stratification variables) as well as outcome indicators. For each variable, the mean, standard deviation, minimum and maximum values, and the total number of observations are provided.

As can be seen in **Table 2**, 26% of the sample lives in the Comarca and Northwest area, while 25% reside in Pamplona. Women make up 57% of the sample, and 68% hold Spanish nationality. Additionally, 49% of individuals are between 30 and 45 years old. Furthermore, 86% have completed education up to the first stage of secondary education or below, and 45% do not have a support network. Regarding the outcome indicators, the average self-efficacy score is 0.7. Participants on average engage in 0.1 job training activities and 1.4 job guidance activities. The average duration of receiving RG and/or MIS is 2.72 months, and the average number of days worked in the last three months is 17.62.

Table 2: Descriptive Sample Statistics

Variable	Mean	Standard Deviation	Min.	Max.	N
Comarca and Northwest	0.26	0.44	0.00	1.00	1324
Estella	0.18	0.39	0.00	1.00	1324
Pamplona	0.25	0.44	0.00	1.00	1324
Tafalla	0.13	0.33	0.00	1.00	1324
Tudela	0.18	0.38	0.00	1.00	1324
Man	0.43	0.50	0.00	1.00	1324
Female	0.57	0.50	0.00	1.00	1324
Spain	0.68	0.47	0.00	1.00	1314
European Union	0.03	0.18	0.00	1.00	1314
Outside the European Union	0.28	0.45	0.00	1.00	1314
Between 18 and 29 years old	0.14	0.35	0.00	1.00	1324
Between 30 and 45 years old	0.49	0.50	0.00	1.00	1324
Between 46 and 65 years old	0.37	0.48	0.00	1.00	1324
First stage of secondary education and below	0.86	0.35	0.00	1.00	1285

Variable	Mean	Standard Deviation	Min.	Max.	N
Second stage of secondary education and non-higher post-secondary education	0.11	0.31	0.00	1.00	1285
Higher education	0.03	0.18	0.00	1.00	1285
Extensive support network	0.18	0.38	0.00	1.00	1279
Limited support network	0.37	0.48	0.00	1.00	1279
Zero support network	0.45	0.50	0.00	1.00	1279
Overall self-efficacy	0.70	0.19	0.00	1.00	817
Job training	0.10	0.48	0.00	7.00	1324
Career guidance	1.40	2.36	0.00	13.00	1324
Time of receipt of RG/MIS	2.72	0.61	0.00	3.00	1322
Days worked	17.62	32.78	0.00	92.00	1324
Work intensity in full-time equivalent days	0.14	0.28	0.00	1.00	1324

4.2 Random Assignment Results

Once the sample has been determined, the participants are randomly assigned. As previously mentioned, the assignment process involves stratification based on variables such as territory, sex, and age. This creates a total of 30 strata, with a prior random selection.

The initially planned allocation involves two waves. In the first wave, a random selection was made of 792 individuals. Among these, 360 were assigned to the treatment group and 432 to the control group. The remaining individuals who were not selected were placed in a reserve pool to replace any participants who left the treatment group during the first 15 days of the intervention.

In the second wave, a random selection was conducted with 308 people. Out of these, 140 were assigned to the treatment group, 168 to the control group, and the remaining unselected individuals were added to the reserve pool to replace any withdrawals from the treatment group. It is important to note that all unused reserves from the first wave were also included in this second wave.

Overall, the total number of participants is 500 in the treatment group and 600 in the control group.

In the second wave, due to an error, 5 participants who had been assigned to the treatment group in the first wave were mistakenly sent back. As a result, one participant was assigned to the treatment group in the second wave, while the remaining 4 were assigned to the control group. It was decided to maintain this second-wave allocation, resulting in a final count of 495 individuals in the treatment group instead of the initially planned 500.

Therefore, the final allocation figures are as follows: 495 people in the treatment group, 600 people in the control group, and a total of 2,022 individuals as possible reserves to replace the treatment group. Out of these reserve participants, 232 ended up participating to replace withdrawals from the treatment group. Hence, there is information available for 726 individuals in the treatment group.

Table 3 presents the results of the random assignment, providing a breakdown of the number of participants assigned to each group based on the various stratification variables.

Table 3: Random Assignment Results

			CG	TG	R	Total
Comarca and Northwest	**M**	**18 - 29**	6	5	11	22
		30 - 45	22	16	26	64
		46 - 65	26	23	39	88
	F	**18 - 29**	15	10	20	45
		30 - 45	49	43	66	158
		46 - 65	32	25	46	103
Estella	**M**	**18 - 29**	7	7	46	60
		30 - 45	28	22	145	195
		46 - 65	25	19	118	162
	F	**18 - 29**	10	9	60	79
		30 - 45	27	23	140	190
		46 - 65	16	14	81	111
Pamplona	**M**	**18 - 29**	7	6	14	27
		30 - 45	21	20	37	78
		46 - 65	21	15	36	72
	F	**18 - 29**	16	11	24	51
		30 - 45	56	45	91	192
		46 - 65	29	26	55	110
Tafalla	**M**	**18 - 29**	4	3	12	19
		30 - 45	14	13	47	74
		46 - 65	15	13	43	71
	F	**18 - 29**	8	7	28	43
		30 - 45	23	15	70	108
		46 - 65	12	11	35	58
Tudela	**M**	**18 - 29**	6	4	35	45
		30 - 45	27	23	165	215
		46 - 65	31	26	199	256
	F	**18 - 29**	7	5	56	68
		30 - 45	27	23	178	228
		46 - 65	13	13	99	125
Total	**M**	**18 - 29**	30	25	118	173
		30 - 45	112	94	420	626
		46 - 65	118	96	435	649
	F	**18 - 29**	56	42	188	286
		30 - 45	182	149	545	876
		46 - 65	102	89	316	507
Total			**600**	**495**	**2.022**	**3.117**

In order to verify that the random assignment described in **section 3.5** establishes a statistically comparable control group and treatment group, an equilibrium test is performed. This test compares the average observable characteristics of the participants in both groups to determine if they are

similar. Achieving balance between the experimental groups is crucial for drawing valid inferences about the causal effect of the program by comparing their outcomes.

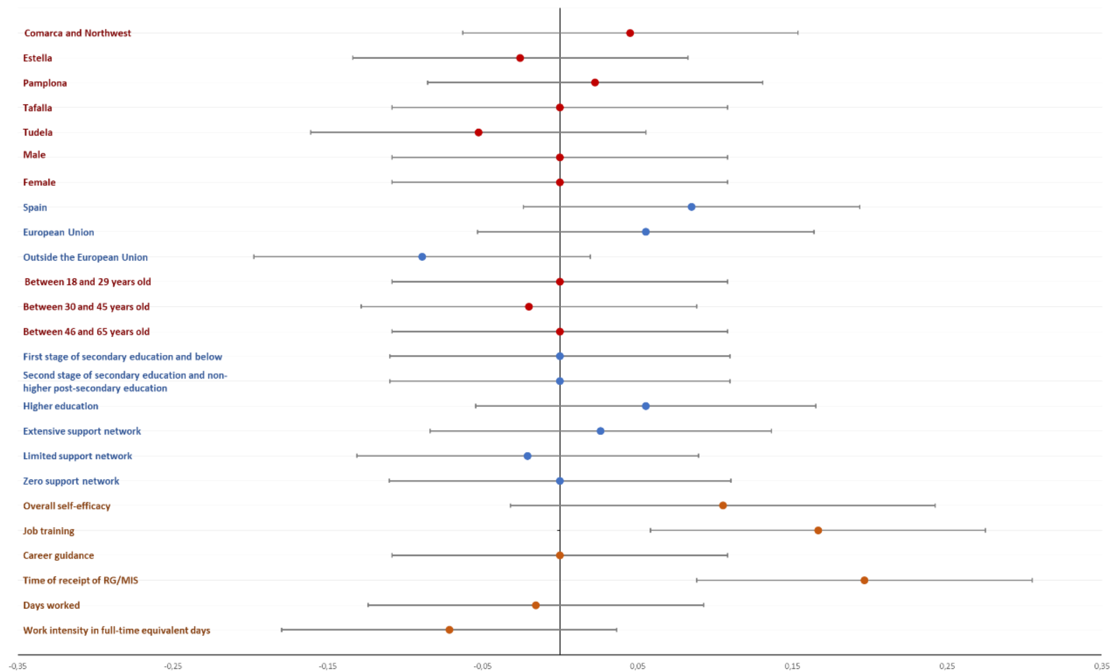
Figure 6[11] displays the results of the balance contrasts between the control group and the treatment group. All data reflected in this figure refer to the survey conducted before the intervention (baseline). Each observable variable is represented by a point, indicating the difference in means between the treatment and control groups. Centered around each point is the 95% confidence interval for this difference. A confidence interval that includes zero on the vertical axis indicates that the mean difference between the groups is not statistically significant, suggesting balance in that characteristic. On the other hand, if the confidence interval does not contain zero, it signifies a statistically significant difference, indicating an imbalance between the groups in that characteristic.

Figure 6 indicates that the treatment and control groups exhibit statistical similarity in most variables. The baseline data demonstrates balance between the treatment groups in all variables considered as potential control variables, except for one category within the nationality variable (specifically, individuals outside the European Union) and two outcome indicators (job training and the time of receipt of RG and/or MIS). Consequently, in the subsequent analyses, the variables of nationality, job training, and the time of receipt of RG and/or MIS are included as control variables.

The absence of significant differences indicates that there are no notable imbalances between the experimental groups. Random assignment successfully ensures comparability between the two groups. In the specified specifications, age brackets are included as control variables.

[11] See **Table 12** in the Appendix relating to the balance between experimental groups**,** for the details of the results of the balance tests.

Figure 6: Standardized mean difference between treatment group and control group (95% confidence interval)



Note: Variables used for the stratification of the sample are shown in red, while the remaining sociodemographic variables are shown in blue. The specific indicators used for the evaluation of the project are shown in orange.

4.3 Degree of participation and attrition by groups

The group signing the informed consent constitutes the experimental sample that was randomly assigned to the control and treatment groups. However, participation in the program and the response to the initial and final surveys are voluntary. Analyzing the level of participation in the program is important as the estimation of results will pertain to the average effects of offering the program, considering the degree of participation. For instance, if participation in treatment activities is low, the treatment and control groups may appear very similar, making it more challenging to identify an effect. This section also examines whether non-completion of the final survey by any participant affects the comparability of the treatment and control groups after the intervention. This is examined by considering differences in response rates between the groups or based on demographic characteristics of the participants in each group.

Degree of participation

It should be noted that all the people who have participated in workshops belong to the treatment group. This ensures that there has been no contamination between the treatment and control groups.

The intervention has been developed through **continuous accompaniment** over the course of six months, with an average of one to two monthly follow-up sessions provided to each participant, in accordance with the support model design. Out of the 34 available resources, participants have primarily received assistance in **employment-oriented resources**, such as CV preparation, interview

preparation, information on the subsidized training opportunities, and job search resources. They have also received support in **transversal** activities, albeit to a lesser extent, focusing on improving digital skills (such as information on the Permanent Key digital authentication system) and the enhancing housing situations (such as introduction to the housing market).

As indicated in **Table 4**, a total of 494 individuals have participated in the intervention workshops. Among these participants, 39% have had a low intensity of participation, attending between 1 and 3 workshops. A majority of 57% have had a medium level of participation, attending between 4 and 7 workshops. Additionally, 4% have had a high intensity of participation, attending between 8 and 10 workshops. Furthermore, the average number of workshops attended by those who have participated is 4.

Table 4: Degree of participation in the intervention workshops according to the group treated and intensity of participation

	Intensity of participation				
	Zero	Low (1-3 workshops)	Medium (4-7 workshops)	High (8-10) workshops	Total
GC	598	-	-	-	**598**
GT	232	191	283	20	**726**
Total	**830**	**191**	**283**	**20**	**1.324**

Specifically, over a quarter of the participants (N=494) have received support in various areas. This includes assistance with CV preparation (53%) and interview preparation (27%), as well as general information on subsidized training opportunities (27%). Additionally, a smaller percentage of participants have received information on entities for active job search (*BAE*) (18%) and training in mobile applications for employment (17%). Furthermore, approximately 25% of those who have participated in the integrated care itineraries have benefited from training activities related to certificates and digital signature tools. Additionally, 18% have been engaged in activities aimed at improving housing conditions.

Attrition by groups

The evaluation is conducted with the initially assigned participants, which includes 495 individuals in the treatment group and 600 individuals in the control group. Additionally, participants from the reserve group who ended up participating in the project as substitutes for withdrawals from the treatment group are also included in the evaluation. Due to the absence of information for one participant initially assigned to the treatment group and two participants initially assigned to the control group, the available participant data is as follows: 598 individuals initially assigned to the control group, 494 individuals initially assigned to the treatment group, and 232 individuals in the reserve group who were used to replace individuals in the treatment group (thus, they are considered part of the treatment group).

Within the first 15 days of each wave, a total of 232 individuals in the treatment group were withdrawn and replaced by reserves. The most frequent reasons for these cancellations include not being a

recipient of RG and/or MIS (27% of total cancellations) and incompatibility with another itinerary (25% of total cancellations).

Table 5: Participants who have withdrawn and have been replaced for reasons

Low description	Number of participants	Percentage
Unknown	35	15%
Incompatibility with another itinerary	59	25%
Work/training reasons	20	9%
Medical Reasons/Family Care	17	7%
Not reachable	7	3%
No RG/MIS beneficiary	62	27%
He does not want to participate	10	4%
Other	22	9%
Total	**232**	**100%**

Furthermore, during the itinerary, an additional 63 individuals were deregistered, and these individuals were not replaced. Among deregistration, 44 individuals were unable to continue with the program, and 14 chose not to continue voluntarily. The remaining reasons for abandonment include changes of address and other miscellaneous factors.

As previously mentioned, the collected data consists of administrative records and a self-efficacy survey. However, it should be noted that there are missing values in the data. Specifically, the duration in months of receiving RG and/or MIS in the last three months is missing for two records in the baseline and six records in the endline. Furthermore, the self-efficacy survey was completed by 817 participants at baseline and 644 participants at the endline.

Table 6: Participants with baseline and/or endline data

Treated group	PRE Data		POST Data		Total	Participation rate
	No	Yes	No	Yes		
Control group	198	400	280	318	**598**	**53%**
Treatment group	309	417	400	326	**726**	**45%**
Total	**507**	**817**	**680**	**644**	**1,324**	**49%**

The response rates to the questionnaire differed between the treatment group (45% response rate) and the control group (53% response rate), and this difference was statistically significant. However, when examining the correlation between attrition and control variables, there were no significant differences observed between the groups, except for the town of Tafalla.

Table 7: Attrition between groups[12]

Variable control	Attrition

[12] In order to simplify the table, only the coefficients associated with the interactions between treatment and each control variable are presented in the same column, for all the regressions performed identified by a separation line.

Treatment	0,08***
	(0,03)
Treatment x Comarca and Northwest	0,09
	(0,09)
Treatment x Estella	0,13
	(0,09)
Treatment x Pamplona	0,10
	(0,09)
Treatment x Tafalla	0,22**
	(0,10)
Treatment x Male	0,07
	(0,06)
Treatment x Spanish nationality	0,01
	(0,06)
Treatment x Nationality within the EU (except Spain)	-0,01
	(0,16)
Treatment x Age between 18 and 29 years	-0,12
	(0,09)
Treatment x Age between 30 and 45 years	-0,00
	(0,06)
Treatment x First stage of secondary education and below	0,04
	(0,16)
Treatment x Second stage of secondary education and non-higher post-secondary education	0,06
	(0,18)
Treatment x Extensive support network	-0,05
	(0,08)
Treatment x Limited support network	-0,06
	(0,06)
Treatment x General self-efficacy	0,00
	(0,15)
Treatment x Job training	0,06
	(0,08)
Treatment x Career guidance	-0,00
	(0,01)
Treatment x Time of receipt of RG/MIS	0,01
	(0,04)
Treatment x Days worked	0,00
	(0,00)
Treatment x Work intensity in full-time equivalent days	0,06

	(0,10)

Note: Robust standard errors have been used.
Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01.

5 Evaluation results

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

5.1 Description of the Econometric Analysis: Estimated Regressions

The regression model used to estimate the causal effect in a randomized experiment typically involves comparing the variable of interest between the treatment group and the control group. This is because these groups are statistically comparable, thanks to the randomization performed at baseline. In addition to this analysis, the following results present: (i) Regressions that control for variables that may vary between the treatment and control groups and could potentially impact the treatment's effect; and (ii) regressions that, in addition to the controls, include the initial value of the dependent variable. This refers to the value of the variable before the intervention, which enhances the accuracy of the estimates. By including the pre-intervention differences between the treatment and control groups, this analysis ensures that any disparities prior to the intervention are considered in the analysis.

Specifically, the regression specifications presented below are as follows:

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

where $Y_{i,t=1}$ is the dependent variable of interest observed after the intervention for person i; T_i indicates whether the person has been assigned to treatment (=1) or control (=0), $Y_{i,t=0}$ is the initial value of the dependent variable (i.e., before the intervention), $X_{i,t=0}$ is a vector of controls (sociodemographic variables) and ε_i is the error term.

Robust standard errors have been utilized in all the specified regressions. In the regressions that include control variables, the variables of nationality, job training and time of receipt of RG and/or MIS are included.

5.2 Analysis of the results

5.2.1 Primary and secondary outcomes

This section presents the results of the analysis of the contrast of the hypotheses presented above, following the structure of the evaluation scheme. As noted, three specifications are presented for each variable: (1) without controls, (2) with controls, and (3) with controls and with the value of the variable of interest at baseline.

Greater empowerment

Table 7 presents the analysis of the general self-efficacy indicator, which seeks to measure the effect on empowerment. All specifications indicate statistically significant positive effects favoring the treatment group. On average, the treatment group shows an improvement of 0.06 points, representing a 9% increase compared to the control group.

Table 7: Effects on general self-efficacy

	(1)	(2)	(3)
Treatment	0.07***	0.07***	0.06***
	(0.01)	(0.01)	(0.01)
N	644	644	644
R^2	0.03	0.04	0.30
Mean dependent variable CG	0.66	0.66	0.66
Initial value Dep. var.	No	No	Yes
Controls	No	Yes	Yes

Significance: ***=0.01, **=0.05, *=0.1. Robust standard errors have been used. In column (2), the following control variables are used: nationality, job training and time of receipt of RG/MIS. In column (3), the value of the indicator in PRE is also used.

Increased participation in job qualification programmes

Table 8 presents the analysis of the impact on participation in qualification programs. In all specifications, the researchers observe a difference of 0.02 points between the treatment and control groups, which is statistically significant at the 5% level. This indicates that the treatment group has a positive effect that is twice as large as the control group.

Table 8: Effects on job training

	(1)	(2)
Treatment	0.02**	0.02**
	(0.01)	(0.01)
N	1,324	1,314
R^2	0.00	0.00
Mean dependent variable CG	0.02	0.02

Initial value Dep. var.	No	Yes
Controls	No	Yes

Significance: ***=0.01, **=0.05, *=0.1. Robust standard errors have been used. In column (2), the following control variables are used: nationality, job training (which coincides with the value of the indicator in PRE) and time of receipt of RG/MIS.

Increased demand for guidance, counselling, and support services for employment

Table 9 presents the analysis of the impact on the utilization of guidance, advice, and support services for employment. In all specifications, the coefficient of the treatment variable ranges between 1.22 and 1.23 points, with a significance level of 1%. This indicates that the treatment group shows an improvement of 131.2-132.3% compared to the control group in terms of utilizing these services.

Table 9: Effects on career guidance

	(1)	(2)	(3)
Treatment	1.22***	1.22***	1.23***
	(0,09)	(0,10)	(0,09)
N	1,324	1,314	1,314
R^2	0.11	0.12	0.12
Mean dependent variable CG	0.93	0.93	0.93
Initial value Dep. var.	No	No	Yes
Controls	No	Yes	Yes

Significance: ***=0.01, **=0.05, *=0.1. Robust standard errors have been used. In column (2), the following control variables are used: nationality, job training and time of receipt of RG/MIS. In column (3), the value of the indicator in PRE is also used.

Access to employment

Table 10 presents the analysis of the indicators aimed at measuring the impact on access to employment. The first three columns display the results for the variable of days worked, while the next three columns show the results for the intensity of work in full-time equivalent days.

The number of days worked indicator shows significance in the specifications with controls. Particularly, it is significant at the 10% level in the specification with controls, indicating an improvement of 4 additional days worked, or a 16% increase, in the treatment group compared to the control group. This difference remains significant at the 5% level when the value of the indicator is included in the baseline, with an increase of 3.4 days, or a 13.7% improvement, in the treatment group compared to the control group. However, when considering the intensity of work measured in full-time equivalent terms, no statistically significant differences are observed except in the specification with controls and with the value of the indicator at baseline. In this case, there is a difference of 0.03 points between the treatment and control groups, representing a significant improvement of 14.3% at the 5% level.

Table 10: Effects on access to employment

	Days worked			Work intensity in full-time equivalent days		
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	3.43	3.97*	3.39**	0.02	0.03	0.03**
	(2,09)	(2,10)	(1,67)	(0,02)	(0,02)	(0,02)
N	1,324	1,314	1,314	1,324	1,314	1,314
R^2	0.00	0.01	0.36	0.00	0.01	0.30
Mean dependent variable CG	24.81	24.81	24.81	0.21	0.21	0.21
Initial value Dep. var.	No	No	Yes	No	No	Yes
Controls	No	Yes	Yes	No	Yes	Yes

Significance: ***=0.01, **=0.05, *=0.1. Robust standard errors have been used. In columns (2) and (5), the following control variables are used: nationality, job training and time of receipt of RG/MIS. In columns (3) and (6) the value of the indicator in PRE is also used.

Greater economic independence/reduction of benefits

Finally, **Table 11** presents the analysis of the RG/MIS receipt indicator. As mentioned above, a higher value of this indicator shows a worse situation in terms of economic independence. Therefore, a positive difference indicates a worsening of the treatment group compared to the control group. It can be observed that none of the specifications show any statistically significant effect on this variable.

Table 11: Effects on economic independence/reduction of benefits

	(1)	(2)
Treatment	0.03	0.02
	(0.05)	(0.05)
N	1,318	1,312
R^2	0,00	0,01
Mean dependent variable CG	2.64	2.64
Initial value Dep. var.	No	Yes
Controls	No	Yes

Significance: ***=0.01, **=0.05, *=0.1. Robust standard errors have been used. In column (2), the following control variables are used: nationality, job training and time of receipt of RG/MIS (which coincides with the value of the indicator in PRE).

5.2.2 Heterogeneity analysis

This section presents analyses of heterogeneity in treatment effects based on participant characteristics, specifically examining whether the effects differ based on sex and age. To conduct this analysis, regressions like those in the previous section are estimated, with the addition of the variable

for which the heterogeneous effects are to be estimated, as well as the interaction of this variable with the dichotomous treatment variables.

By Gender

Table 13 shows the results for the dimensions of empowerment, participation in job qualification programs and request for guidance, counselling, and support services for employment. In none of the indicators is the coefficient associated with the interaction between treatment and sex significantly different from zero. Therefore, it is concluded that there are no heterogeneous effects by sex.

Table 13: Heterogeneous effects by sex (1)

	Overall self-efficacy		Job training		Career guidance	
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	0.06***	0.05***	0.01	0.01	1.30***	1.32***
	0.02	0.02	0.01	0.01	0.12	0.12
Male	-0.07***	-0.05**	-0.02	-0.02	0.12	0.13
	0.02	0.02	0.01	0.01	0.13	0.13
Treatment and man	0.01	0.01	0.02	0.03	-0.19	-0.22
	0.03	0.03	0.02	0.02	0.19	0.19
N	644	644	1,324	1,314	1,324	1,314
R^2	0.06	0.31	0.00	0.01	0.11	0.12
Mean dependent variable CG	0.66	0.66	0.02	0.02	0.93	0.93
Initial value Dep. var.	No	Yes	No	Yes	No	Yes
Controls	No	Yes	No	Yes	No	Yes

Significance: ***=0.01, **=0.05, *=0.1. Robust standard errors have been used.

Table 14 presents the results for the dimensions of access to employment and economic independence/reduction of benefits. Regarding indicators related to employment access, no statistically significant heterogeneous effects by sex are observed. However, there is a significant difference of 10% in the perception of negative RG/MIS for men in terms of time.

Table 14: Heterogeneous effects by sex (2)

	Days worked		Work intensity in full-time equivalent days		Time of receipt of RG / MIS	
	(1)	(2)	(3)	(4)	(5)	(6)

Treatment	3.65	2.72	0.02	0.02	0.10	0.09
	2.75	2.05	0.02	0.02	0.07	0.07
Male	5.45*	2.81	0.08***	0.04	0.05	0.06
	3.09	2.39	0.03	0.02	0.08	0.08
Treatment and man	-0.52	1.49	0.02	0.04	-0.15	-0.17*
	4.22	3.45	0.04	0.03	0.10	0.10
N	1,324	1,314	1,324	1,314	1,318	1,312
R^2	0.01	0.36	0.02	0.30	0.00	0.01
Mean dependent variable CG	24.81	24.81	0.21	0.21	2.64	2.64
Initial value Dep. var.	No	Yes	No	Yes	No	Yes
Controls	No	Yes	No	Yes	No	Yes

Significance: ***=0.01, **=0.05, *=0.1. Robust standard errors have been used.

By age

Table 15 presents the heterogeneous results by age for the dimensions of empowerment, participation in job qualification programs, and utilization of guidance, counseling, and support services for employment. None of the indicators show a significantly different coefficient associated with the interaction between treatment and age. Consequently, it can be concluded that there are no heterogeneous effects by age.

Table 15: Heterogeneous effects by age (1)

	Overall self-efficacy		Job training		Career guidance	
	(1)	(2)	(3)	(1)	(2)	(3)
Treatment	0.07***	0.06***	0.00	0.01	1.07***	1.11***
	0.02	0.02	0.02	0.02	0.15	0.15
Age between 18 and 29 years	0.11***	0.07**	-0.03***	-0.03**	-0.06	-0.05
	0.03	0.03	0.01	0.01	0.19	0.19
Treatment and age between 18 and 29 years	-0.06	-0.02	0.02	0.03	0.12	0.09
	0.04	0.04	0.02	0.02	0.29	0.29
Age between 30 and 45 years	0.06***	0.05**	-0.01	-0.01	-0.05	-0.01
	0.02	0.02	0.02	0.02	0.13	0.13
Treatment and age between 30 and 45 years	0.00	-0.01	0.03	0.03	0.26	0.22
	0.03	0.03	0.02	0.02	0.20	0.20
N	644	644	1,324	1,314	1,324	1,314
R^2	0.06	0.31	0.01	0.01	0.11	0.12

Mean dependent variable CG	0.66	0.66	0.02	0.02	0.93	0.93
Initial value Dep. var.	No	Yes	No	Yes	No	Yes
Controls	No	Yes	No	Yes	No	Yes

Significance: ***=0.01, **=0.05, *=0.1. Robust standard errors have been used.

Table 16 reports the results for the dimensions of access to employment and economic independence/reduction of benefits. In this case, no age-heterogeneous effects are observed either.

Table 16: Heterogeneous effects by age (2)

	Days worked		Work intensity in full-time equivalent days		Time of receipt of RG/ MIS	
	(1)	(2)	(3)	(1)	(2)	(3)
Treatment	1.52	2.87	0.02	0.04	-0.02	-0.01
	3.51	2.64	0.03	0.03	0.08	0.08
Age between 18 and 29 years	-5.98	0.13	-0.05	-0.00	0.08	0.08
	4.52	3.57	0.04	0.03	0.10	0.10
Treatment and age between 18 and 29 years	7.52	2.96	0.04	0.01	-0.11	-0.13
	6.31	5.07	0.06	0.05	0.15	0.15
Age between 30 and 45 years	-0.65	-1.04	-0.00	-0.01	-0.10	-0.07
	3.41	2.56	0.03	0.02	0.08	0.09
Treatment and age between 30 and 45 years	1.71	0.23	-0.01	-0.02	0.13	0.11
	4.61	3.64	0.04	0.04	0.11	0.11
N	1,324	1,314	1,324	1,314	1,318	1,312
R^2	0.01	0.36	0.00	0.30	0.00	0.01
Mean dependent variable CG	24.81	24.81	0.21	0.21	2.64	2.64
Initial value Dep. var.	No	Yes	No	Yes	No	Yes
Controls	No	Yes	No	Yes	No	Yes

Significance: ***=0.01, **=0.05, *=0.1. Robust standard errors have been used.

6 Conclusions of the evaluation

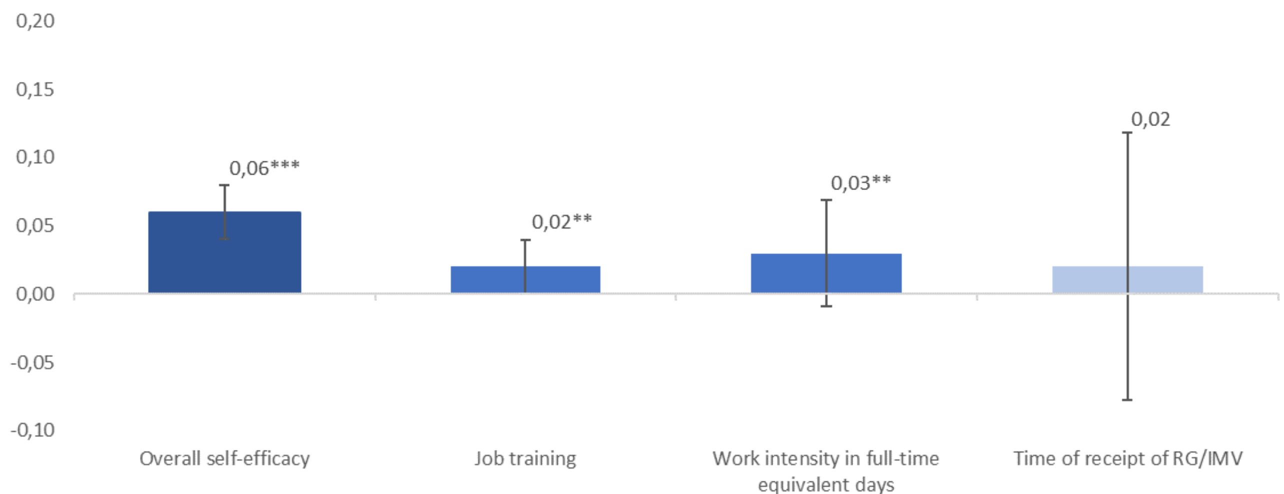
The purpose of this report is to assess the impact of the "AUNA - Integrated Care of Social Services and Employment" project. This project focuses on providing comprehensive support to individuals who require complex assistance to enhance effectiveness in accessing MIS and/or RG benefits. The final goal is to ensure the exercise of the right to social inclusion for the beneficiaries of these benefits.

The impact evaluation results indicate that the intervention has significant effects on various factors such as self-efficacy, job training, job guidance, and access to employment. Specifically, there is a significant difference of 9% in greater empowerment of the treatment group compared to the control group, which is statistically significant at the 1% level. Furthermore, a positive impact was observed on participation in job qualification programs, with an increase of 0.02 trainings conducted (significant at the 5% level). Additionally, there was a positive impact on the request for guidance, advice, and support services for employment, with 1.23 more job orientations conducted (significant at the 1% level).

Additionally, the indicator of the number of days worked also shows a significant effect, with the treatment group working 3.39 more days in formal paid work within the last three months. Moreover, the work intensity, measured in full-time equivalent terms, is 0.03 points higher in the treatment group compared to the control group (both effects significant at the 5% level). However, no significant differences can be observed in the remaining indicators.

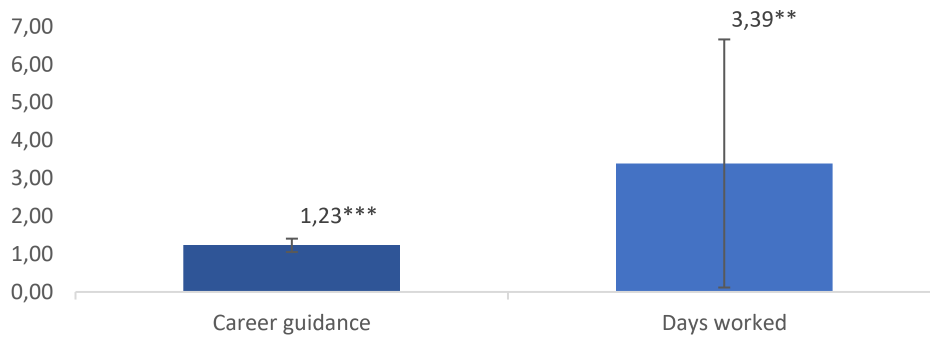
Figure 7 and **Figure 8** display the impact of the intervention on the outcome indicators, presented in two separate graphs to enhance clarity in presentation.

Figure 7: Effect of the intervention on performance indicators



Note: Indicators with a dark color represent those with treatment effects that are significant at the 1% level. Indicators with an intermediate shade of color represent treatment effects that are significant at the 10% level. Indicators with a light color represent treatment effects that are not statistically significant. The effects included in the graphics are based on regressions that include controls.

Figure 8: Effect of the intervention on performance indicators



Note: Indicators with a dark color represent those with treatment effects that are significant at the 1% level. Indicators with an intermediate shade of color represent treatment effects that are significant at the 5% level. Indicators with a light color represent treatment effects that are not statistically significant. The effects included in the graphics are based on regressions that include controls.

Bibliography

Baessler, J. y Schwarzer, R. (1996). Evaluación de la autoeficacia: adaptación española de la Escala de Autoeficacia general. Ansiedad y Estrés, 2(1), 1–8. https://psycnet.apa.org/record/1999-00958-001

Card, D., Kluve, J., & Weber, A. (2010). Active labor market policy evaluations: A meta-analysis. The economic journal, 120(548), F452-F477. https://www.nber.org/system/files/working_papers/w16173/w16173.pdf

Cottier et al. (2018). Does Job Search Assistance Really Raise Employment? https://www.econstor.eu/bitstream/10419/185226/1/dp11766.pdf

Foral Decree 26/2018, on the development of the rights to Social Inclusion and Renta Garantizada. https://www.lexnavarra.navarra.es/detalle.asp?r=50202

Duell, N., Thurau, L. y Vetter, T. (2016). Long-term Unemployment in the EU: Trends and Policies. Bertelsmann Stiftung. https://www.bertelsmann-stiftung.de/fileadmin/files/user_upload/Studie_NW_Long-term_unemployment.pdf

National Institute of Statistics (2023). Labor Force Survey. https://www.ine.es/dynt3/inebase/es/index.htm?padre=811&capsel=817

Lallukka, T., Kerkelä, M., Ristikari, T., Merikukka, M., Hiilamo, H., Virtanen, M., Øverland, S., Gissler M., Halonen, J. I. (2019). Determinants of long-term unemployment in early adulthood: A Finnish birth cohort study. SSM - Population Health, Volume 8. https://doi.org/10.1016/j.ssmph.2019.100410

Laparra, M., Martínez-Sordoni, L. (2021). La integración de servicios sociales y de empleo en el debate entre protección y activación. PAPERS-REVISTA DE SOCIOLOGIA, 106(3), 467-494. https://doi.org/10.5565/rev/papers.2839

Foral Law 15/2016, which regulates the rights to Social Inclusion and Renta Garantizada. https://bon.navarra.es/es/anuncio/-/texto/2016/223/0/

Liu, S., Huang, J. L., & Wang, M. (2014). Effectiveness of job search interventions: a meta-analytic review. *Psychological bulletin*, *140*(4), 1009. http://www.jasonhuangatwork.com/papers/Liu%20Huang%20&%20Wang%202014_PsycBull.pdf

Martínez-Sordoni, L. (2022). Innovación en materia de inclusión social: atención integrada entre servicios sociales y de empleo: el caso del proyecto ERSISI en Navarra. Cuadernos de Trabajo Social, 35(2), 171-182. https://doi.org/10.5209/cuts.79382

Martínez-Sordoni, L., Pérez-Eransus, B., Sánchez-Salmerón, V. (2022). Potencialidades y límites de la integración de servicios sociales y de empleo: la valoración de los actores implicados. Prisma social: revista de Ciencias Sociales, 37, 315-339.

Government of Navarre (2023). Evaluation of the system of employment incentives within the framework of the Renta Garantizada of Navarre. https://www.observatoriorealidadsocial.es/es/estudios/evaluacion-del-sistema-de-los-estimulos-al-empleo-en-el-marco-de-la-renta-garantizada-de-navarra/es-590240/

Ministry of Social Rights and Agenda 2030 (2019). National Strategy for the Prevention and Fight against Poverty and Social Exclusion 2019-2023. https://www.mdsocialesa2030.gob.es/derechos-sociales/inclusion/contenido-actual-web/estrategia_es.pdf

Miyamoto, H. y Suphaphiphat, N. (2021). Mitigating Long-term Unemployment in Europe. IZA Journal of Labor Policy, 11, issue 1. https://doi.org/10.2478/izajolp-2021-0003

Nieto Flores, M. D. P. (2018). The role of Emotional Intelligence in the Job Search.

Pérez-Eransus, Begoña, Zugasti, Nerea, Martínez, Laureano (2019). Coordinación interdepartamental y modelos de integración de servicios para la inclusión social. Investigaciones Regionales, 44(2), 81-95

Rebollo-Sanz, Y. F., y Pérez, J. I. G. (2021). Evaluación de impacto de políticas activas de empleo para colectivos de difícil inserción laboral. Cuadernos económicos de ICE, (102).

European Union (2016). European Council Recommendation of 15 February 2016 on the integration of the long-term unemployed into the labor market (2016/C 67/01*). Official Journal of the European Union*. https://eur-lex.europa.eu/legal-content/ES/TXT/?uri=CELEX%3A32016H0220%2801%29

European Union (2017). Interinstitutional proclamation on the European Pillar of Social Rights. (2017/C 428/09). *Official Journal of the European Union*. https://eur-lex.europa.eu/legal-content/ES/TXT/HTML/?uri=CELEX%3A32017C1213%2801%29

European Union (2023). Council Recommendation of 30 January 2023 on an adequate minimum income that seeks active inclusion. (2023/C 41/01*). Official Journal of the European Union*. https://eur-lex.europa.eu/legal-content/ES/TXT/?uri=uriserv%3AOJ.C_.2023.041.01.0001.01.SPA&toc=OJ%3AC%3A2023%3A041%3AFULL

Appendix

Economic and regulatory management

1. Introduction

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

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

Royal Decree 938/2021, of October 26, which regulates the direct granting of subsidies from the Ministry of Inclusion, Social Security and Migration in the field of social inclusion, for an amount of €109,787,404, within the framework of the Recovery, Transformation and Resilience Plan,[13] 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[14] "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

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

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

monitoring indicator number 351.1 in the first quarter of 2023, linked to the Operational Arrangements document[15].

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

In accordance with Article 3 of Royal Decree 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 **December 14, 2021**, the Department of Social Rights of the Autonomous Community of Navarre was notified of the Resolution of the General Secretariat for Inclusion and Social Welfare Objectives and Policies, granting a subsidy in the amount of 5,820,682.11 euros to the Department of Social Rights of the Autonomous Community of Navarre and, on **29 December 2021**, an Agreement was signed between the General State Administration, through the General Secretariat for Inclusion and Social Welfare Objectives and Policies, and the Department of Social Rights of the Autonomous Community of Navarre for the implementation of a social inclusion project within the framework of the Recovery, Transformation and Resilience Plan, which was published in the "*Boletín Oficial del Estado*" **on 1 February 2022** (BOE no. 27).[16]

2. Timeline of the intervention

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

However, in accordance with section 2 of the first final provision of Royal Decree 378/2022, of May 17, Article 6(4) and Article 16(1) are redrafted to extend the maximum term of the pilot projects of

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[15] 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

[16] https://www.boe.es/diario_boe/txt.php?id=BOE-A-2022-1637

social inclusion itineraries subject to the subsidies until **October 31, 2023**, maintaining the deadline **of March 31, 2024,** for its evaluation.

On **24 June 2022,** the Department of Social Rights of the Autonomous Community of Navarre requested an extension of the implementation period until **31 October 2023**, authorizing it by resolution of the General Secretariat for Inclusion and Social Welfare Objectives and Policies dated **4 August 2022**.

Within this general timeframe, the implementation begins on **February 1, 2023,** with the start of the intervention itinerary, continuing the execution tasks until **October 31, 2023**, and then developing only dissemination and evaluation tasks of the project until **March 31, 2024**.

3. Relevant Agents

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

- The Autonomous Community of Navarre, as the beneficiary entity, responsible for the implementation of the project and coordinator of the project through the **Department of Social Rights**, and in particular its following units:
  a) **Directorate-General for Social Protection and Development Cooperation**.
  b) **Navarre Employment Service - Nafar Lansare** (SNE-NL).
  c) **Gizain Foundation** (Navarre Foundation for the Management of Public Social Services – Gizain Fundazioa).

- Other actors involved who have participated in the follow-up, coordination, and execution of the intervention:
  a) The **City Council of Pamplona**.
  b) The **Association of Basic Social Services of Allo, Areallano, Arróniz, Dicastillo and Lerín.**
  c) The **Association of Basic Social Services of Alsasua, Olazagutía and Ziordia.**
  d) The **Basic Social Services** and **their local organizations**
  e) The **Navarre Business Confederation** (CEN).
- The **Public University of Navarra (UPNA),** subcontracted for the evaluation of the results of the project, and the **University of La Rioja**, as support for the implementation of the triage tool.
- The **Ministry of Inclusion, Social Security and Migration (MISSM)** as the sponsor of the project, and the main responsible for the RCT evaluation process. The General Secretariat of Inclusion (SGI) assumes the following commitments:
  a) Assist the beneficiary entity in the design of the actions 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.
  a) 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 RCT evaluation.

Balance between experimental groups

The table below presents the contrasting balance between the control group and the treatment group. All the data reflected in this table pertains to the survey conducted prior to the intervention. It includes the mean value of each variable for both groups, along with the number of observations in each group and the corresponding p-value resulting from a contrast of mean difference using Student's t-statistic. A lower p-value indicates a higher level of confidence in rejecting the hypothesis of equal means between the groups. For instance, if the p-value is less than 0.05, the hypothesis of equal means can be confidently rejected at a 5% confidence level.

Table 12: Balance tests on participant characteristics between the Control and Treatment groups (in the initial survey)

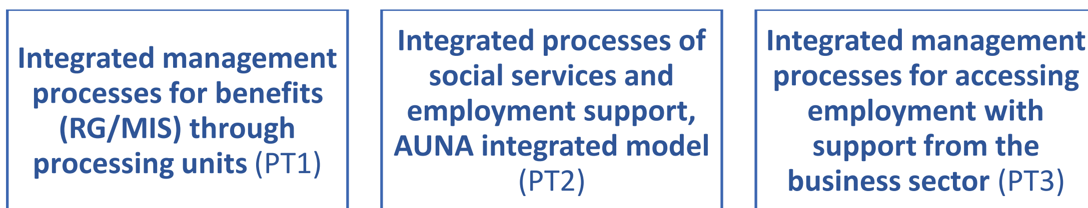
	(1) Control group		(2) Treatment Group		Group balance test F	(2)-(1)	
Variable	Mean	Standard deviation	Mean	Standard deviation	F statistic /p-value	N	P-Value
Comarca and Northwest	598	0.25	726	0.27	0.56	1,324	0.46
		(0.19)		(0.20)	0.46		
Estella	598	0.19	726	0.18	0.35	1,324	0.55
		(0.15)		(0.15)	0.55		
Pamplona	598	0.25	726	0.26	0.17	1,324	0.68
		(0.19)		(0.19)	0.68		
Tafalla	598	0.13	726	0.13	0.00	1,324	0.96
		(0.11)		(0.11)	0.96		
Tudela	598	0.19	726	0.17	0.59	1,324	0.44
		(0.15)		(0.14)	0.44		
Male	598	0.43	726	0.43	0.00	1,324	0.97
		(0.25)		(0.25)	0.97		
Female	598	0.57	726	0.57	0.00	1,324	0.97
		(0.25)		(0.25)	0.97		
Spain	598	0.66	716	0.70	1.64	1,314	0.20
		(0.22)		(0.21)	0.20		
European Union	598	0.03	716	0.04	0.87	1,314	0.35
		(0.03)		(0.04)	0.35		
Outside the European Union	598	0.31	716	0.27	2.87*	1,314	0.09*
		(0.21)		(0.20)	0.09		
Between 18 and 29 years old	598	0.14	726	0.14	0.01	1,324	0.92
		(0.12)		(0.12)	0.92		

Between 30 and 45 years old	598	0.49	726	0.48	0.06	1,324	0.81
		(0.25)		(0.25)	0.81		
Between 46 and 65 years old	598	0.37	726	0.37	0.10	1,324	0.75
		(0.23)		(0.23)	0.75		
First stage of secondary education	581	0.86	704	0.86	0.21	1,285	0.65
and below		(0.12)		(0.12)	0.65		
Second stage of secondary education	581	0.11	704	0.11	0.04	1,285	0.85
and non-higher post-secondary education		(0.10)		(0.09)	0.85		
Higher education	581	0.03	704	0.04	1.44	1,285	0.23
		(0.03)		(0.04)	0.23		
Extensive support network	569	0.17	710	0.18	0.70	1,279	0.40
		(0.14)		(0.15)	0.40		
Limited support network	569	0.38	710	0.37	0.39	1,279	0.53
		(0.24)		(0.23)	0.53		
Zero support network	569	0.45	710	0.45	0.00	1,279	0.97
		(0.25)		(0.25)	0.97		
Overall self-efficacy	400	0.69	417	0.71	1.11	817	0.29
		(0.04)		(0.04)	0.29		
Job training	598	0.06	726	0.14	9.15***	1,324	0.00***
		(0.09)		(0.34)	0.00		
Career guidance	598	1.40	726	1.40	0.00	1,324	0.98
		(5.29)		(5.82)	0.98		
Time of receipt of RG/MIS	598	2.65	724	2.77	13.94***	1,322	0.00***
		(0.50)		(0.25)	0.00		
Days worked	598	17.90	726	17.39	0.08	1,324	0.78
		(1069.03)		(1080.95)	0.78		
Work intensity in full-time equivalent days	598	0.15	726	0.13	1.28	1,324	0.26
		(0.08)		(0.07)	0.26		

Implementation of the AUNA model: process and cost evaluation

The accompanying itineraries analyzed in the experimental evaluation are part of a comprehensive integrated care system known as the AUNA model. This model also includes improvements to the processing model for *Renta Garantizada* (RG) and Minimum Income Scheme (MIS) benefits. The objective of these improvements is to ensure the fulfillment of the "double right" established by the Social Services Law of Navarre (Law 15/2006 of December 14) and the Regional Law 15/2016 of November 11. This "double right" refers to the right to a minimum income and the right to activation.

In fact, the logic of the procedural intervention of the AUNA model is articulated around three work packages, as shown below.



The entry point into the intervention is found in the integrated management process of benefits (*Work Package 1*), where triage is conducted to categorize individuals into three groups: 1) individuals who require support from Social Services due to their inability to work, 2) individuals who require combined assistance from Social Services and Employment, and 3) individuals who require support from Employment only, not Social Services (refer to Chapter 3.5 Design of the experiment)..

Individuals classified as Group 2 profiles are referred to the person-centered accompaniment pathways (*Work Package 2*), which have been the subject of the experimental evaluation illustrated in this report.

At the conclusion or during the intervention, efforts are made to include individuals who have improved their employability and social conditions in pilot activities of collaboration and support from the business sector. These activities involve the participation of the Navarre Business Confederation (CEN), as well as other companies and organizations (*Work Package 3*).

In addition to the experimental evaluation described above, a process evaluation has been conducted on the AUNA integrated care model, and a cost assessment, on integrated benefit management processes.

The main results of both evaluations are summarized below.

Process Evaluation of the AUNA Integrated Model

The evaluation unit for process evaluation consists of the coordination of support activities for social inclusion (WP2 and WP3) and their integration with the management of RG/MIS benefits (WP1) through diagnostic and referral flows. Based on its objectives, the analysis has been organized around two main elements:

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- Intervention processes
- User satisfaction

Evaluation design

The processes have been analyzed by conducting a documentary review of the project materials and gathering insights from various professionals involved. This has been achieved through qualitative research techniques such as individual and group interviews, as well as focus groups.

Additionally, the satisfaction level of the beneficiaries regarding the intervention has been examined, including their assessment of the activities and support received based on their individual needs. This analysis involved two satisfaction surveys designed and conducted by the project implementation team. The data used for the analysis comprises responses collected up to September 20, 2023, with a total of 318 and 191 individuals surveyed, resulting in a combined sample size of 509 participants. Furthermore, to gather information on the itineraries implemented within the integrated care framework, follow-up records in Excel format from WP2 activities (AUNA Follow-up of participants' itinerary) were consulted.

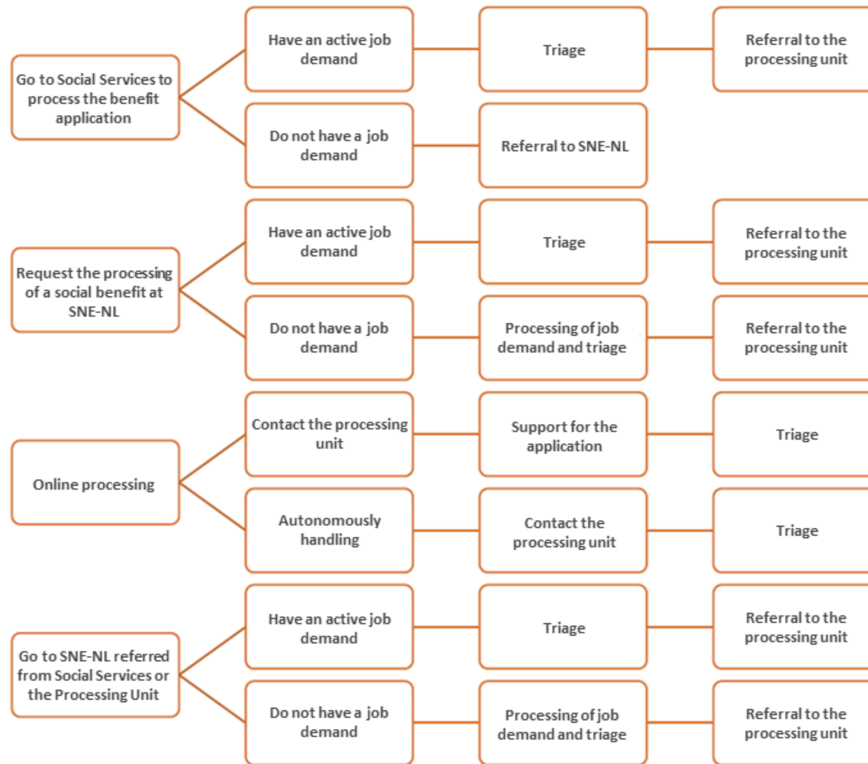
Finally, to draw lessons from the project and facilitate its transfer to other contexts, the information has been cross-referenced with key informants through qualitative research techniques, including individual and group interviews.

Evaluation results (processes)

Aligned with its theory of change, the project has implemented a personalized care model centered around a high-intensity itinerary. This approach aims to initiate a positive transformation through an initial "spark" period of approximately six months, followed by ongoing monitoring and support. The ultimate goal is to disrupt negative inertia and enhance the individual's autonomy and self-sufficiency.

The identification of individuals eligible for UNA integrated care is conducted through a screening process utilizing the **triage tool**, which categorizes individuals based on their support needs. Multiple entry points to the triage process have been established. In accordance with the design of the AUNA project flow, four distinct access routes and at least five procedural stages are proposed for the implementation of triage. These routes include primary care within the SSB, the SNE offices, online processing, and the AUNA Processing Units.

Figure 9: Benefit processing access flow



Source: AUNA project intervention guide.

Although in general terms the triage tool has demonstrated its **reliability and validity**, there remains a certain level of mistrust among the professional teams responsible for its application and the case management process. Additionally, decision-makers have not reached a consensus on where the triage tool should be implemented, whether it should be in the SSB, the processing offices, or within the SNE-NL. To overcome these challenges, it is important to foster greater adoption of the tool and ensure its definitive implementation within the system.

After the entry and group reception, the **intervention process** is articulated, starting with the initial assessment conducted by the managing peers. This is followed by social and employability diagnoses, along with the development of a case plan that is co-designed and agreed upon with the beneficiary through an intervention agreement. The implementation of activities and allocation of resources and employment activations, as well as their monitoring, form a crucial part of the intervention process. Finally, the assessment and final diagnosis are conducted, as emphasized in the experimental evaluation (refer to Chapter 2.3 for a detailed description of the interventions).

Cost assessment of integrated benefit processing

The integrated processing system for RG/MIS benefits is embodied in the Administrative Processing Units (UAT) AUNA, which represent a change with respect to the operation of the ordinary units in two ways:

i. The dissociation between the management of benefits (right to RG/MIS) and intervention (right to Social Inclusion), which involves the separation of administrative processing processes from those dedicated to care and support.
ii. he implementation of a triage tool (at the start of the right to Social Inclusion) enables the identification of applicants for RG/MIS benefits who require social and employment support, as well as those who solely require the assistance of employment or social services.

The implementation of the AUNA Administrative Processing Units (*UAT AUNA)* commenced in October 2022 across 25 basic units within the five experimental areas. This implementation has been conducted gradually, involving the transfer of procedure management from the regular units to the UAT AUNA.

The UATs consist of administrative staff and social work support professionals who are responsible for implementing the integrated management system for processing new applications, renewals, and modifications of MIS and RG. Additionally, they offer information, advice, and support within the project's implemented territories. The processing of applications can be conducted either in person or online, adhering to the principles of proximity and decentralization.

Evaluation design

To assess the cost-effectiveness of the AUNA integrated management compared to ordinary units, the time and costs of human resources dedicated to managing MIS and RG procedures were measured and compared. This analysis focused on two participating ordinary units, namely *Zona Allo* and *Unidad de Barrio de San Jorge*. For this analysis, the following processes were considered as procedures within each benefit:

***Renta Garantizada* (RG) processing**
•Applications •Renovations •Modifications

Minimum Income Scheme (MIS) processing
•Applications •Modifications

Similarly, the results obtained from the analysis of procedures with a favorable resolution were compared to measure the cost relationship per favorable resolved processing in each unit of analysis. This was calculated using the following formula.

$$\frac{\dfrac{\sum_{i=1}^{n} \text{Costs A}}{\sum_{i=1}^{n} \text{Results A}}}{\dfrac{\sum_{i=1}^{n} Costs\ B}{\sum_{i=1}^{n} Results\ B}}$$

where A represents the UAT AUNA and B represents the ordinary units

To address the research objective, a preliminary documentary review was conducted, followed by four in-depth interviews with processing experts. These activities facilitated the design of the following:

1. Process flowcharts for each type of RG/MIS processing and benefit in each unit. These flowcharts aim to visualize and comparing the logical sequence of benefit processing and the involvement of professional profiles.
2. Three distinct forms created using the Microsoft Office365 Forms tool. These forms are to be completed by the individuals responsible for the processing in each analysis unit (UAT AUNA, *Zona Allo* and *Unidad de Barrio San Jorge*).

The purpose of the forms is to document the time dedicated by each professional profile at each stage of the processing workflow. By applying the forms throughout the evaluation period, three databases were generated. These databases were then analyzed using descriptive statistical techniques to derive meaningful insights and observations.

Based on the documentary review and in-depth interviews with key informants from the different processing units, a simplified processing model was designed that allowed us to delve into the organization, profiles involved and management of the processing in each unit, summarized in the following table.

Table 13: Characterization of care by processing unit

Criteria	UAT AUNA	UB San Jorge	Allo
Benefits processed	RG and MIS	RG	RG
Management unit	UATs are dedicated exclusively to the integrated management of GR and MIS	Each intervention program has its own GR processing unit.	Zona Allo Social Services Association
Access path	QR code. Email. Phone call. On-site.	Appointment. Phone call or on-site (new/disconnected people > 2 years old).	Appointment
Process manuals	Yes.	No.	No.
Care modality	Individual. Group according to needs.	Individual, for all types of RG processing.	Group (RG renewals, new applications). Individual (modifications).
Communication channels	Email and WhatsApp.	Email.	Email and WhatsApp.
Professional role in administration	Demand management for appointments. Procedures. Referral of complex cases to SC.	RG Modifications.	Prior information to users. New applications and renewals.
TS professional involvement in processing	Not in design, but in practice.	Yes, with administrative support.	In modifications RG.

Criteria	UAT AUNA	UB San Jorge	Allo
Triage	Yes	No	No
Reports inclusion rights	Yes	Yes	Yes

Source: Authors' elaboration based on in-depth interviews.

Evaluation results

To measure processing times and costs, data from registrations made in the following periods were considered:

- In UAT AUNA units, information from logs uploaded from 05/01/2023 to 6/30/2023 is used.
- In Social Services in the *Zona Allo*, from 15/05/2023 to 31/07/2023.
- In the *Unidad de Barrio San Jorge* of Pamplona City Council, from 5/06/2023 to 21/06/2023.

In ordinary units, the temporal scope was unfailingly adjusted to the feasibility and availability of the work teams for the implementation of the information collection instrument.

Since the implementation of the forms during the temporal scope of the evaluation, a total of 1,907 people were attended for reasons related to the processing of RG and MIS. From this, there is information on a total of 1,390 procedures conducted, of which 79% correspond to RG procedures, which is explained by the fact that the ordinary units do not process MIS and because the weight of claimants is higher in the RG.

Table 14: Number of people attended and procedures registered

			Number of Registered Procedures					
			MIS		RG			Total
Unit	**People assisted**	**Period**	**Request**	**Modifies**	**Request**	**Modifies**	**Renews**	**Total**
UAT AUNA	**1.723**	1/5 to 30/6	299	39	361	37	401	1,137
UB San Jorge	**89**	05/6 to 21/6	-	-	15	30	17	62
SS Allo Zone	**95**	15/5 to 31/7	-	-	12	158	21	191
Total	**1.907**		**299**	**39**	**388**	**225**	**439**	**1,390**

Source: Prepared by the authors based on data from forms implemented in each unit of analysis.

The **average processing times** in UAT AUNA **do not show** a significant reduction compared to ordinary units. However, the differences are not statistically significant. On average, UAT AUNA takes an additional 1.16 minutes more than ordinary units to process a RG application and 3.4 minutes more to process a RG renewal. The procedures related to modifications of RG are the ones that show the greatest difference: on average, the UAT AUNA takes 9 minutes more than the most efficient ordinary unit of comparison.

Table 15: Average processing time for RG and MIS benefits, per processing unit

Benefit	Process	Processing Unit			AUNA Difference - You More Efficient
		UAT AUNA	UB San Jorge	SS Allo Zone	
Renta Garantizada	**Application**	57.29 min	56.13 min	66.38 min	+1.16 min
	Renovation	50.05 min	46.78 min	46.62 min	+3.43 min
	Modification	14.32 min	11.00 min	5.28 min	+9.04 min
	Simple Mean	**40.55 min**	**37.97 min**	**39.43 min**	**+2.58 min**
Minimum Income Scheme	**Request**	62.46 min	Does not process	Does not process	-
	Modification	15.26 min	Does not process	Does not process	-
	Simple Mean	**38.86 min**	-	-	-

Source: Prepared by the author based on data from the processing time records form.

On the other hand**, as the attention, assessment and processing processes** become consolidated and internalized, there is a trend towards reducing the average processing times of the UATs, leading to improved efficiency. In fact, a **significant reduction in processing times** can be observed between the months of April and May-June. This trend is expected to continue throughout these months and further enhance the efficiency of the UATs.

Table 16: Comparison of average processing times in UAT AUNA in different periods

Benefit	Step	April	May-June	Difference (minutes)	Difference (%)
Renta Garantizada	**Application**	60.31 min	57.29 in	-3.02 min	-5%
	Renovation	53.78 min	50.05 min	-3.73 min	-7%
	Modification	15.00 min	14.32 min	-0.68 min	-5%
Minimum Income Scheme	**Application**	67.02 min	62.46 min	-4.56 min	-7%
	Modification	16. 0 min	15.26 min	-0.74 min	-5%

Source: Prepared by the author based on data from the UAT AUNA processing time records form.

In terms of costs, the average direct staff cost for processing RG applications and renewals is lower in AUNA units compared to ordinary units. With regards to RG applications, processing in ordinary units is between 64% and 91% more expensive than processing in UAT AUNA (€32.38 per procedure in AUNA, compared to €27.88 in UB San Jorge and €16.98 in Allo). When it comes to processing modifications to RG, it is evident that UAT AUNA is 37% more expensive than Allo (€4.09 versus €2.58 per procedure), although it is still less expensive than UB San Jorge (€4.48 versus €2.58 per procedure).

Regarding the MIS benefit, it is not possible to establish a comparison as ordinary units do not process this benefit. However, the average processing costs in AUNA units have been calculated. It was found that the processing of an MIS application has an average cost of €19.12 per procedure, while the processing of an MIS modification has an average cost of €3.21 per procedure.

Table 17: Average cost of processing RG and MIS benefits, per processing unit

Benefit	Step	Processing Unit			Difference Between AUNA and the Most Expensive Unit	
		UAT AUNA	UB San Jorge	SS Zona Allo	In euros	In %
Renta Garantizada	**Application**	€16.98	€27.88	€32.38	-15.40 €	-91%
	Renovation	€13.31	€23.13	€22.50	-9.82 €	-74%
	Modification	€4.09	€4.48	€2.58	€1.51	+37%
Minimum Income Scheme	**Application**	€19.12	Does not process	Does not process	-	-
	Modification	€3.21	Does not process	Does not process	-	-

Source: Prepared by the author based on data from the processing time records form.

Finally, the cost per successfully processed application **has been determined** by taking the average direct cost in human resources for processing a RG application and renewal in each unit, as well as the proportion of procedures with a granted resolution in each unit. The cost/result formula used provides the following results:

Cost/Results UAT AUNA; UB San Jorge = (€15.15 / 79%) / (€25.50 / 92%) = 19.17 / 27.72 = €0.69

Indicating that for every euro invested in direct human resources for processing a GR file with a granted resolution at UB San Jorge, 0.69 euros are required if it is processed through UAT AUNA.

Cost/Results UAT AUNA; SS Zona Allo = (€15.15 / 79%) / (€27.44 / 92%) = 19.17 / 29.83 = €0.64

Indicating that for every euro invested in direct human resources for the processing of a RG file with a resolution granted in the SS of the Allo Zone, 0.64 euros are needed if it is processed through UAT AUNA.

In summary, in terms of direct personnel costs, AUNA costs on average between 31% and 36% less than ordinary units for each file with a favorable resolution. This is mainly attributed to the lower gross salary cost of the professional team involved in the processing in each case.

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