Inclusion Policy Lab: Evaluation Results

Seville: "Project VENTE" - Project against school absenteeism for children in vulnerable situations

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Financiado por la Unión Europea NextGenerationEU
MINISTERIO DE INCLUSIÓN, SEGURIDAD SOCIAL Y MIGRACIONES
Plan de Recuperación, Transformación y Resiliencia
NO8DO Ayuntamiento de Sevilla
J-PAL

The General Secretariat of Inclusion of the Ministry of Inclusion, Social Security, and Migration has prepared this report within the framework of the Inclusion Policy Lab, as part of the Recovery, Transformation, and Resilience Plan (RTRP). It has been funded by the Next Generation EU funds. The General Directorate of Social Action of the Seville City Council has collaborated in the elaboration of this report as the entity responsible for implementing the project. This collaborating entity is one of those implementing pilot projects and has collaborated with the General Secretariat of Inclusion in the design of the RCT methodology, actively participating in the provision of the necessary information for the design, monitoring, and evaluation of the social inclusion itinerary. Furthermore, their collaboration has been essential to gathering informed consents, ensuring that participants in the itinerary were adequately informed and that their participation was voluntary.

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

This evaluation report has been produced using the data available at the time of its writing and it is based on the knowledge acquired about the project up to that date. The SGI reserves the right to clarify, modify, or delve into the results presented in this report in future publications. These potential variations could be based on the availability of additional data, advances in evaluation methodologies, or the emergence of new information related to the project that may influence the interpretation of the results.

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Executive Summary

- The **Minimum Income Scheme,** established in May 2020, is a minimum income policy that aims to guarantee a minimum income to vulnerable groups and provide ways to promote their social and labor integration.
- Within the framework of this policy, the Ministry of Inclusion, Social Security and Migration (MISSM) fosters a strategy to promote inclusion through pilot projects of social innovation, which is conducted in the **Inclusion Policy Lab**. These projects are evaluated according to the standards of scientific rigor and using the methodology of Randomized Controlled Trials.
- This document presents the evaluation results and main findings of the "Project VENTE. Project against school absenteeism for children in vulnerable situations", which has been performed in **cooperation between the Ministry of Inclusion, Social Security, and Migration (MISSM)** and the **General Directorate of Social Action of the Seville City Council**.
- This study evaluates an **intervention aimed at preventing and reducing school absenteeism** among children between 6 and 16 years of age, who are the sons and daughters of families receiving the Minimum Income Scheme, other minimum incomes or, those in economic precariousness. The **treatment group** received interventions focused on emotional intelligence (specifically, in the intrapersonal, adaptability and stress management dimensions) and in academic support (specifically in Language and Mathematics).
- The project took place in the city of Seville, specifically in six areas of social transformation that exceed the average absenteeism rate in the 2020-2021 academic year: Polígono Sur, Tres Barrios-Amate, Polígono Norte, Torreblanca, Cerro-Su Eminencia and San Jerónimo. A total of 460 households were randomized, with 227 assigned to the control group and 233 to the treatment group, encompassing a total of 637 children and adolescents (316 in the control group and 321 in the treatment group). Also, 31 additional households, comprising a total of 38 children, were recruited to account for potential dropouts.
- On average, 92% of the primary caregivers for children and adolescents are women. Among these caregivers, 53% have primary education, 81% have Spanish nationality, and 29% receive the Minimum Income Scheme or the Minimum Income for Social Insertion in Andalusia. Regarding the children and adolescents, 53% are boys, with an average age of 11 years. Among them, 43% are in secondary school, with 32% in the 1st or 2nd grade and 11% in the 3rd or 4th grade. In relation to the family unit, 42% of the children belong to households where there is at least one absentee child. Additionally, 28% of the children are part of households where all children between 6 and 16 years of age are in secondary school.
- Regarding participation in the intervention, 72% of participants attended a third or fewer of the emotional intelligence sessions, and 33% did not attend any session~~s~~. Similarly, 74% of participants attended a third or fewer of the educational reinforcement sessions, with more than 36% not attending any session~~s~~. Considering both interventions combined, 83% of participants attended half or fewer (15 or fewer) of the total sessions, and just over 23% did not attend any session~~s~~.

- The results of the evaluation of this project reveal that the differential treatment had a nonsignificant positive impact on the reduction of absences. Regarding grades, in Language and Mathematics, no statistically significant impacts were observed. In relation to emotional intelligence, a non-significant positive impact was observed on the general mood scale.

1 Introduction

General Regulatory Framework

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

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

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

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

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

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

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

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

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

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

[4] Royal Decree 938/2021, of 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 JPAL – Europe and the Center for Monetary and Financial Studies (CEMFI), as strategic partners to ensure scientific rigor in the assessments. Likewise, the Inclusion Policy Lab has an Ethics Committee[8], which has ensured the strictest compliance with the protection of the rights of the people participating in the social inclusion itineraries.

This report refers to "VENTE Project. Project against school absenteeism for children in vulnerable situations", executed within the framework of Royal Decree 938/2021[9] by the General Directorate of Social Action of the Seville City Council. This report contributes to the fulfillment of milestone 351 of the RTRP "Following the completion of at least 18 pilot projects, the publication of an evaluation on the coverage, effectiveness and success of the MIS, including recommendations to increase the level of application and improve the effectiveness of social inclusion policies".

Context of the project

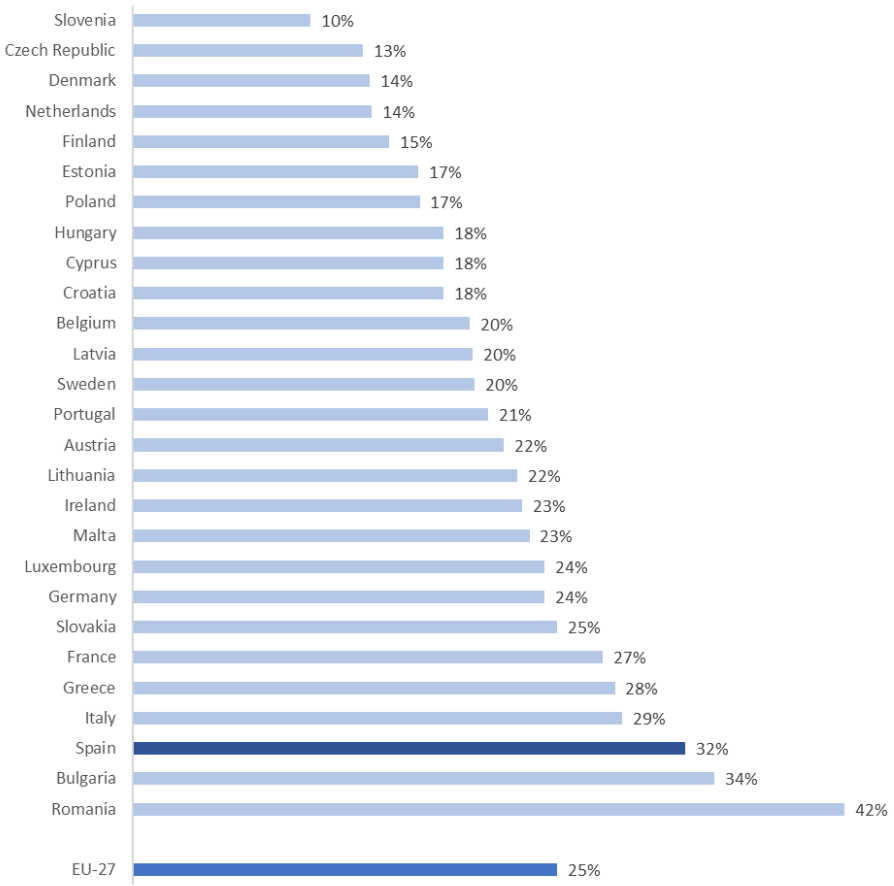
If the most recent data available in Eurostat **(Figure 1) are analyzed**, Spain is among the three countries with the highest percentage of children and adolescents under 18 years of age at risk of

[8] Regulated by Order ISM/208/2022, of 10 March, which creates the Ethics Committee linked to social inclusion itineraries, on 20/05/2022 issued a favorable report for the implementation of the project that is the subject of the report.

[9] On the 16th of December 2022, an agreement was signed between the General State Administration, through the SGI. and the Seville City Council 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 26 December 2022 (BOE no. 309).

poverty or social exclusion[10], only behind Bulgaria and Romania, and 7 percentage points above the European Union average.

Figure 1: Percentage of children and adolescents under 18 years of age at risk of poverty or social exclusion (2022)



Source: Eurostat

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

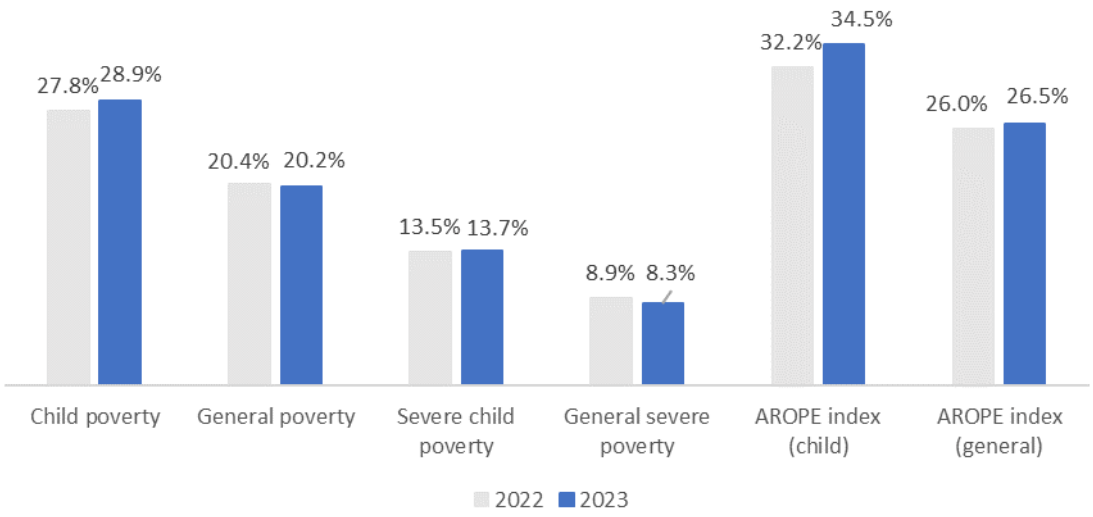
According to Save the Children's calculations based on data from the 2023 Living Conditions Survey (LCS) of the National Institute of Statistics[11], the number of children in poverty in our country in 2023 is estimated at more than 2.3 million.

As shown in **Figure 2**, 28.9% of people under 18 years of age in Spain were in poverty in 2023[12], which is 1.1 percentage points more than in 2022, when the child poverty rate was 27.8%. Consequently, child poverty continues to exceed general poverty, which remains stable at around 20%.

On the other hand, **Figure 2** shows that the severe child poverty rate[13] remains at very high values (13.7%, an increase of two tenths compared to 2022), that 1.1 million children and adolescents are in this situation.

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

Figure 2: Poverty and social exclusion indicators



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

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

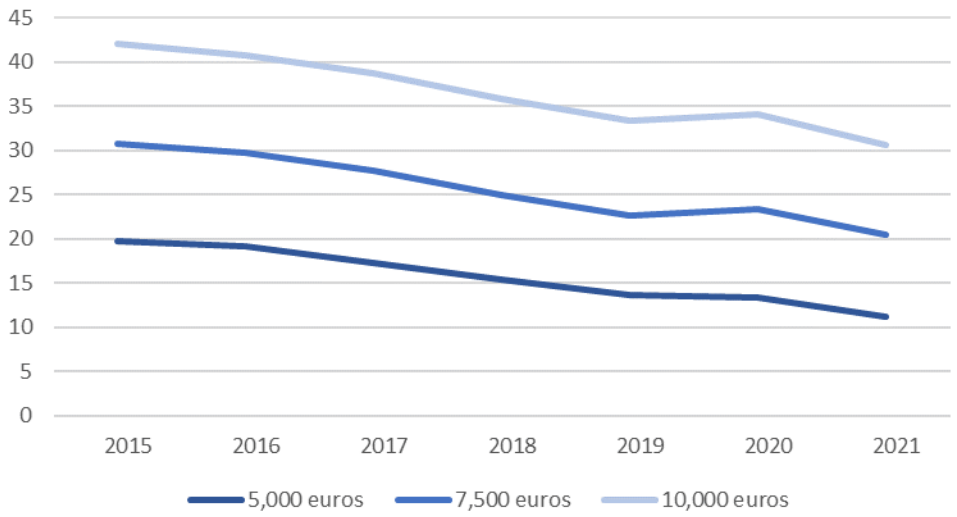
[12] In the Living Conditions Survey, the income used in the calculation of the at-risk-of-poverty rate always corresponds to the year prior to the interview. Therefore, the data from the 2023 Living Conditions Survey corresponds to the income for the year 2022.

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

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

In the specific context of the municipality of Seville, the geographical area of this project, the data show that 30% of the population under 18 years of age has an income per unit of consumption below 10,000 euros. Additionally, 10% of this population has an income per unit of consumption below 5,000 euros[15].

Figure 3: Percentage of population under 18 years of age with income per consumption unit below certain thresholds



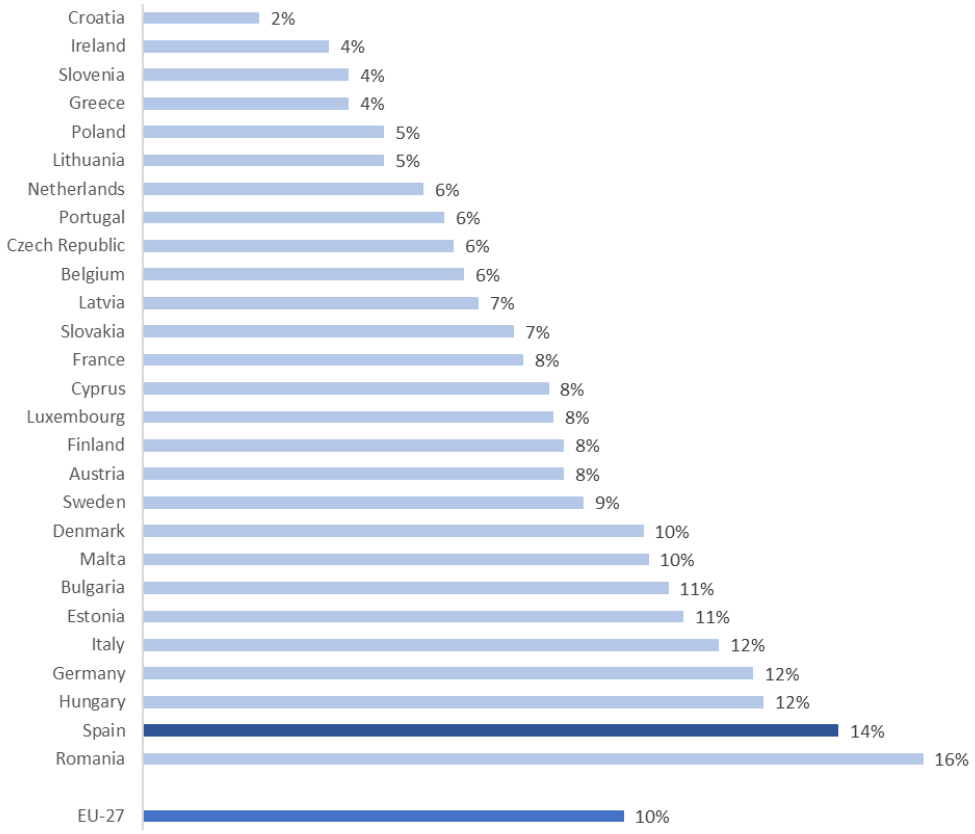
Source: Atlas of Household Income Distribution (INE).

Finally, a phenomenon that affects the most vulnerable children and adolescents is dropout. In this sense, and as it can be seen in **Figure 4**, Spain has one of the highest rates of early dropout from education and training in the European Union, only behind Romania, with a rate four percentage points above EU-27 average.

Performance in the educational field is highly conditioned by the socioeconomic level of the students. Thus, for example, at the age of 15, there is a gap equivalent to two years of schooling (measured in PISA points) between students from higher and lower socioeconomic status households. Additionally, socioeconomic status determines the risk of having a very low academic performance (multiplied by six), of not finishing high school and of repeating a year (Choi, 2018). According to the OECD, socioeconomic status is an important predictor of performance in mathematics and science.

[15] As a reference, in 2021 the median income per unit of consumption was 20,650 euros, so the thresholds of 10,000 and 5,000 euros, respectively, could be associated with poverty and severe poverty.

Figure 4: Early Leaving Education and Training (2022)



Source: Eurostat.

Regulatory and strategic framework associated with the project

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

In relation to the acquis of international organizations, the Convention on the Rights of the Child stands out in this area, regarding to the recognition of the right of every child to an adequate living standard for his or her physical, mental, spiritual, moral, and social development, as well as the right to education.

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

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

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

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

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

Finally, it should be noted that **Spain** has both regulatory and strategic documents and public policies related to childhood and adolescence. Specifically:

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

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

The scientific objective of the project is to evaluate, using the randomized controlled trial (RCT) methodology, the impact of an intensive socio-educational intervention from the accompaniment and guidance of families and absent children in the prevention and reduction of school absenteeism and in the improvement of the school performance of children between 6 and 16 years of age compared to the existing traditional model. The governance framework established for the proper execution and evaluation of the project includes the following actors:

- The **Seville City Council** is the beneficiary entity and coordinator of the project through the **Area of Urban Habitat and Social Cohesion**, specifically from the **General Directorate of Social Action**.

- The **Ministry of Inclusion, Social Security, and Migration** (MISSM) is the funding source of the project and responsible for the RCT evaluation process. To this end, the General Secretariat for Inclusion and Social Welfare Objectives and Policies (SGOPIS) assumes the following commitments:
    - Provide the beneficiary entity with support for the design of the actions to be carried out for the execution and monitoring of the object of the subsidy, as well as for the profiling of the potential participants of the pilot project.

  - Design the randomized controlled trial (RCT) methodology of the pilot project in coordination with the beneficiary entity.
  - Evaluate the pilot project in coordination with the beneficiary entity.

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

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

Ethics Committee linked to the Social Inclusion Itineraries

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

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

The Ethics Committee has conducted analysis and advice on the ethical issues that have arisen in the execution, development, and evaluation of the itineraries, formulated proposals in those cases that present conflicts of values and approved the evaluation plans of all the itineraries. In particular, the Ethics Committee issued its approval for the development of this evaluation on May 16, 2023.

2 Description of the program and its context

This section describes the program that the General Directorate of Social Action of the Seville City Council implemented within the framework of the pilot project. Furthermore, it defines the target population, the territorial scope, and provides a detailed description of the intervention.

2.1 Introduction

This project aims to prevent and reduce school absenteeism among children between 6 and 16 years of age, belonging to families receiving MIS, minimum income, or economic precariousness.

The conceptual framework for improving the social inclusion of families with children in vulnerable situations is based on understanding social exclusion as a multidimensional phenomenon (Alguacil Gómez, 2012). This perspective recognizes a series of interrelated unfavorable circumstances, such as lack of access to economic resources, education, health care, adequate housing, and community

support networks (Subirats et al., 2005). Therefore, addressing this issue requires an approach that combines policies promoting integration with individualized and versatile care.

Given the multitude of issues related to child poverty and social inclusion, empirical evidence on the use of Randomized Controlled Trials (RCTs) spans from purely economic interventions to those aimed at the labor and social insertion of families. From an economic standpoint, interventions providing unconditional economic support to families with children have shown significant benefits for the physical and mental health of children in Canada (Milligan and Stabile, 2011) and Finland (Määttä et al., 2015). Other interventions, such as those associated with paying for school lunches, have been found to not only reduce food insecurity but also improve the emotional well-being of children from low-income families (Feely et al., 2020).

From the labor perspective, RCTs conducted in Colombia (Attanasio et al., 2008) and the Dominican Republic (Ibarraran et al., 2014; Card et al., 2007) demonstrate the importance of job training in improving employment, income, and job stability, particularly for families with a low level of education. At the social level, the study by Negrão et al. (2014) in Portugal focused on teaching parenting skills to families living in poverty. This intervention yielded very positive results for family well-being, thanks to improvements in parenting practices and communication skills between parents and children. Similarly, Noble et al. (2021) evaluated the effects of an intervention that included economic transfers, parenting support services, and access to community resources. This intervention also produced very positive results in reducing poverty and improving financial stability, child development, and family well-being.

Additionally, there is literature that documents the effectiveness of social, educational, and labor interventions in improving the well-being of families. For example, Singla, Kumbakumba, and Aboud (2015) highlight the effectiveness of social interventions, Guryan et al. (2023) emphasize the benefits of educational interventions, and Altmann et al. (2018) underscore the positive impacts of labor interventions.

2.2 Target population and territorial scope

The target population of the project consists of children between 6 and 16 years of age who are absent or at risk of absenteeism, as well as their families, residing in the most disadvantaged areas of the municipality of Seville.

The project is being developed in the city of Seville, specifically in six areas of social transformation that exceeded the average absenteeism rates in the 2020-2021 academic year: Polígono Sur, Tres Barrios-Amate, Polígono Norte, Torreblanca, Cerro-Su Eminencia, and San Jerónimo.

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

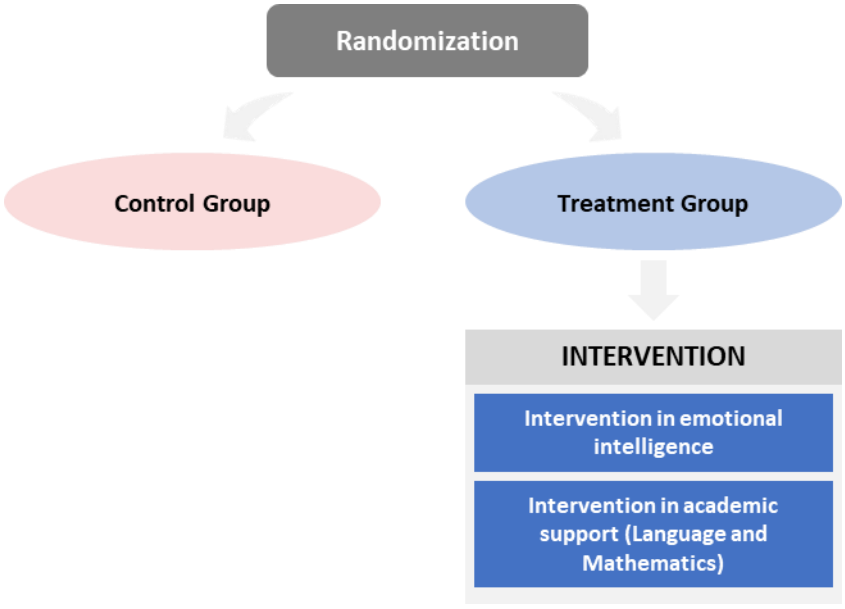
2.3 Description of the intervention

All the children's families received a series of interventions that were common to both the treatment and the control groups. Initially, a specific diagnosis was conducted for all participating families,

covering aspects such as parental skills, motivation towards schooling, socioeconomic situation, domestic organization, life projects, and support networks. This diagnosis was carried out through interviews with parental figures and home visits. Additionally, a psychoeducational assessment of the children was conducted, evaluating factors such as developmental progress, personal skills, self-esteem, motivation towards schooling, social skills, educational level, and special educational needs. Once the diagnosis was completed, individual and/or group support and training were offered to the parental figures from the perspective of "positive parenting".

The differential interventions for the treatment group were exclusively applied to the children in this group and were conducted both in social services centers and in the corresponding educational centers, depending on availability. Figure 5 summarizes the differential interventions that were offered to participants in the treatment group.

Figure 5: Intervention scheme by experimental group



For both interventions of the treatment group (emotional intelligence and academic support), group sessions were planned with homogeneous groups according to age (primary and secondary levels). The sessions had a maximum of 10 children for emotional intelligence interventions and 6 children for academic support interventions. The emotional intelligence intervention addressed the following dimensions: (i) Intrapersonal: Social awareness and interpersonal relationships; (ii) Adaptability: Ability to manage change; and (iii) Stress management: Self-regulation of emotions in stressful situations. In academic support, work was based on the two key competencies: Linguistic comprehension and Mathematical reasoning.

For each of the interventions, a group session of two hours per week was conducted, totaling 15 sessions. Additionally, quarterly school monitoring was implemented through coordination between program professionals and tutors from the schools.

3 Evaluation design

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

3.1 Theory of Change

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

Theory of Change

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

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

The Theory of Change for this project is based on the identification of a problem: school absenteeism generates serious consequences in the educational process and in appropriate developmental progress, as well as in the exercise of future rights and incorporation into working life.

To address this situation, a series of actions (inputs or activities) are proposed, which constitute the resources and actions required to generate the program's outputs. These actions include specific interventions in emotional intelligence and academic support in Language and Mathematics.

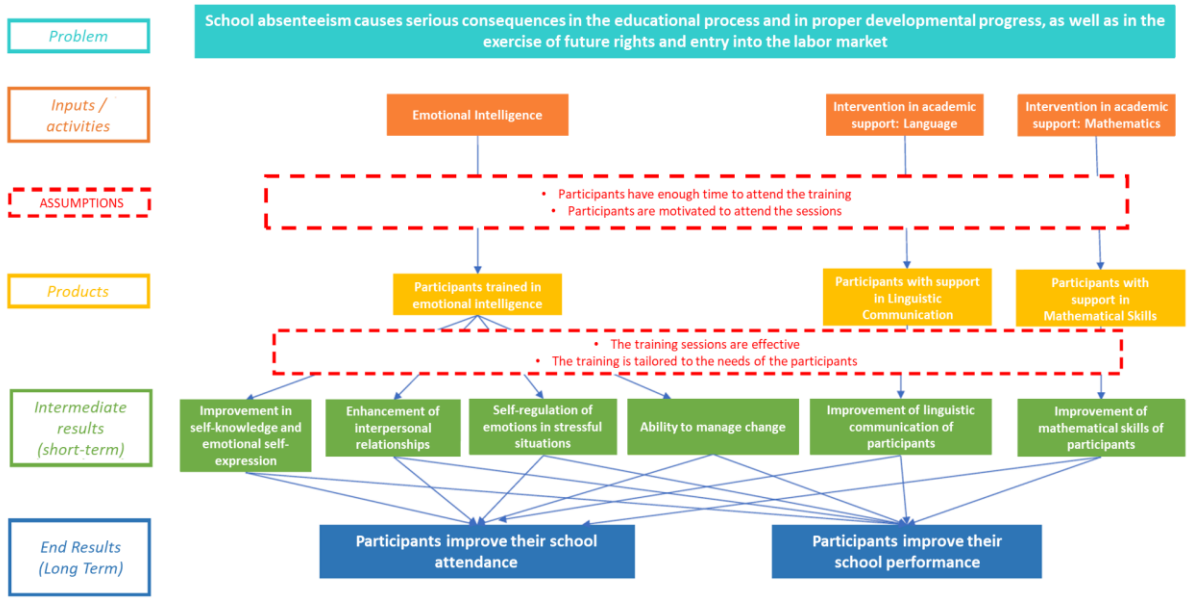
As a result of the actions described above, and under certain assumptions (in particular, that participants have sufficient time to attend the training sessions and are motivated to do so), a series of outcomes are expected. Specifically, as a direct result of the programmed activities, participants are expected to be trained in emotional intelligence and to strengthen their skills in linguistic communication and mathematics.

The development of the project, under certain assumptions (namely, that the training sessions are effective and that the training is adapted to the needs of the participants), aims to achieve intermediate results in the short term. Specifically, the improvement in self-knowledge and emotional self-expression, the enhancement of interpersonal relationships, better self-regulation of emotions in stressful situations, increased ability to manage change and the improvement of linguistic communication and mathematical competence of the participants.

Finally, a series of long-term final results are expected: that participants improve their school attendance and that they improve their academic performance.

The following figure illustrates this causal sequence of actions, starting with the activities and resources necessary to achieve the expected changes in the participants. Each phase encompasses a series of components that facilitate these changes, and these components are determined by the actions carried out in the previous phase.

Figure 6: Theory of Change



3.2 Hypothesis

The project aims to evaluate the hypothesis that direct intervention with absentee children and those at risk of absenteeism, focusing on specific aspects related to their emotional intelligence and academic support, and tailored to their age and school year, will improve their level of attendance.

The hypotheses to be tested for each of the different axes of analysis are described below.

Improving school attendance

Based on the intervention, the main hypothesis to be tested is whether interventions in emotional intelligence and academic support in Language and Mathematics reduce school absenteeism.

Improving school performance

The main hypothesis is that interventions in emotional intelligence and academic support in Language and Mathematics improve school performance.

As secondary hypotheses, it is planned to test whether academic support in Language improves the linguistic communication of the participants and whether academic support in Mathematics improves the mathematical competence of the participants.

Improved emotional intelligence

In relation to emotional intelligence, the main hypothesis to be tested is whether interventions in this area improve the soft skills of children and adolescents over 6 years of age.

Additionally, a secondary hypothesis to be tested is whether interventions in emotional intelligence improve the attitude of the child or adolescent in class, both in relation to the tutor and their peers.

3.3 Sources of information

To collect the information necessary to construct the result indicators, surveys aimed at the participants of the itinerary are primarily used, along with data from administrative records.

In particular, the following questionnaires are used:

- **BarOn Emotional Intelligence Inventory.** This inventory consists of 60 questions to be completed by children aged 7 to 16 years. In these questions, the child or adolescent is asked to select the frequency that best describes or best explains how they feel about the situations that arise. Children aged 6 years will complete a reduced version consisting of 10 questions.
- **Prediscal test to assess the level of reading and mathematical difficulties.** This test assesses the level of reading and mathematical difficulties and is to be completed by children aged 7 to 12 years. Children aged 6 years will complete a reduced version adapted to their age.
- **TEA 2 test to assess school aptitudes.** This test assesses school aptitudes with questions about Language and Mathematics and is to be completed by children aged 13 to 14 years.
- **TEA 3 test to assess school aptitudes.** This test assesses school aptitudes with questions about Language and Mathematics and is to be completed by children aged 15 to 16 years.
- **Questionnaire for follow-up of participating students.** This questionnaire is to be completed by the tutors of the schools in which the minors are enrolled, providing insights into the students' progress and behavior throughout the intervention.

As for the families of the children, they are diagnosed and monitored through scheduled interviews, during which they receive support from the perspective of "positive parenting".

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.

School attendance

To test the main hypothesis regarding the improvement of school attendance, the following indicator is used:

Percentage of unjustified absences in the first quarter. This indicator is measured as a percentage per unit. For the baseline data, the percentage of unjustified absences during the first quarter of the 2022-2023 academic year is considered. For the final survey, the percentage of unjustified absences during the first quarter of the 2023-2024 academic year is used.

School performance

The test of the main hypothesis regarding the improvement in quality of life is based on two indicators:

Qualification in Spanish Language first quarter. It includes the grade reported on the report card for the first quarter of the 2022-2023 academic year (baseline) and the first quarter of the 2023-2024 academic year (final survey). The grades are measured on a scale from 0 to 10.

Qualification in Mathematics first quarter. It includes the grade reported on the report card for the first quarter of the 2022-2023 academic year (baseline) and the first quarter of the 2023-2024 academic year (final survey). The grades are measured on a scale from 0 to 10.

On the other hand, the secondary hypothesis about Spanish Language is evaluated by two indicators:

Indicator of reading ability according to the tutor. This indicator is constructed based on the qualitative assessment of the child's academic tutor, with values ranging from 1 to 4.

Indicator of reading ability according to specific tests. This indicator is constructed based on the percentile obtained in the evaluation of the test completed by the child (Predisc, ASD2, or ASD3) according to the child's sex, age, and school year. The values range from 0 to 100.

Finally, the secondary hypothesis on Mathematics is evaluated by three indicators:

Indicator of calculation ability according to the tutor. This indicator is constructed based on the qualitative assessment of the child's academic tutor, with values ranging from 1 to 4.

Indicator of calculation skills according to specific tests. This indicator is constructed based on the percentile obtained in the evaluation of the test completed by the child (Predisc, ASD2, or ASD3) according to sex of the child, age, and school year. The values range from 0 to 100.

Indicator of logical reasoning skills according to specific tests. This indicator is constructed based on the percentile obtained in the evaluation of the test completed by the child (Predisc, ASD2, or ASD3) according to sex of the child, age, and school year. The values range from 0 to 100.

Emotional intelligence

The main scenario for improving employability is assessed by five indicators:

Indicator of self-knowledge and emotional self-expression. This coefficient is obtained from the evaluation of the BarOn Test completed by the child. The values range between 0 and 150.

Interpersonal relationship indicator. This coefficient is obtained from the evaluation of the BarOn Test completed by the child. The values range between 0 and 150.

Indicator of self-regulation of emotions in stressful situations. This coefficient is obtained from the evaluation of the BarOn Test completed by the child. The values range between 0 and 150.

Indicator of ability to manage change. This coefficient is obtained from the evaluation of the BarOn Test completed by the child. The values range between 0 and 150.

Emotional indicator. This is an emotional intelligence indicator derived from four subscales (intrapersonal, interpersonal, stress management, and adaptability) and a general mood scale. It is obtained from the evaluation of the BarOn Test completed by the child. The values range between 0 and 150.

The secondary hypothesis in this area is evaluated by means of the following indicator.

Indicator of the child's or adolescent's attitude according to the tutor. This indicator is constructed based on the qualitative assessment of the tutor, with values ranging between 1 and 4.

3.5 Design of the experiment

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

Recruitment of intervention beneficiaries

The starting population are families with at least one dependent child who is absent or at risk of absenteeism (aged 6 to 16 years), and in a situation of vulnerability, primarily sourced from the Social Services databases of the Seville City Council.

The recruitment process was conducted at the Social Services Centers corresponding to the disadvantaged areas covered by this project. These areas are the six zones of social transformation that exceeded the average absenteeism rate in the 2020-2021 academic year: Polígono Sur, Polígono Norte, Tres Barrios-Amate, Cerro-Su Eminencia, Torreblanca, and San Jerónimo. The recruitment was

conducted by the technical staff hired for the project, specifically social workers, social educators, and psychologists.

The first contact was made by telephone, with three calls at different times in the morning and afternoon. If telephone contact was unsuccessful, home visits were conducted. Once contact was established, the family was invited to the corresponding Social Services Center at times compatible with their schedules.

During the interview, the project was explained, and the necessary data was collected or updated. The informed consent was read, and signatures were obtained from the parents who attended the interview and from the children aged 14 and older.

Informed consent

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

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

Random assignment of participants

The target group consists of children who are absent or at risk of absenteeism and their families, as identified in the databases of the Social Services Centers corresponding to disadvantaged areas of Seville with the highest rates of absenteeism: Polígono Sur, Tres Barrios-Amate, Polígono Norte, Torreblanca, Cerro-Su Eminencia, and San Jerónimo.

The researchers select a sample according to the described universe to provide scientifically valid data on the hypotheses and objectives of the project.

In each Social Services Centre, it is planned to intervene with approximately 30 families in the treatment group, who would receive the specific interventions designed for that group, and 30 families in the control group. An exception is made for Polígono Sur, where the theoretical sample size is doubled, with 60 families in the treatment group and 60 families in the control group, due to the high percentage of minors in that area who are either in a situation of absenteeism or at risk of absenteeism.

The randomization process is conducted at the family level and, the following stratification variables are used to assign families to the treatment and control groups:

- Zone (Social Services Center): Each of the six disadvantaged areas listed above.
- Level of absenteeism, distinguishing two groups: "Absenteeism" and "Prevention". A family is considered to belong to the "Absenteeism" group if at least one of its dependent children is absent, and to the "Prevention" group if all its dependent children are at risk of absenteeism but not currently absent.
- Educational stage, distinguishing two groups: "Primary" and "Secondary". A family is considered to belong to the "Primary" group if at least one of its dependent children is in primary school, and in "Secondary" group if all its dependent children are in secondary school.

In each of the 24 resulting strata (6 zones × 2 levels of absenteeism × 2 educational stages), families are randomly assigned, so that half of the families in each stratum were part of the treatment group and the other half were part of the control group.

Figure 7: Sample design

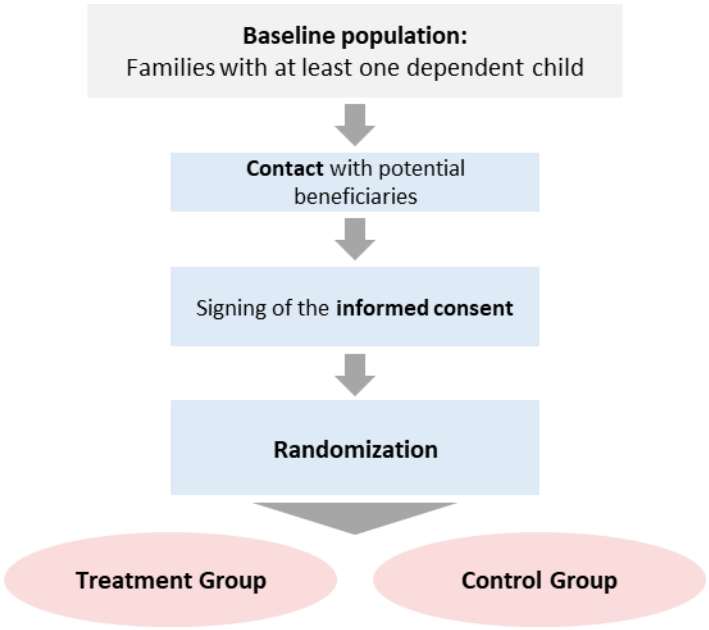
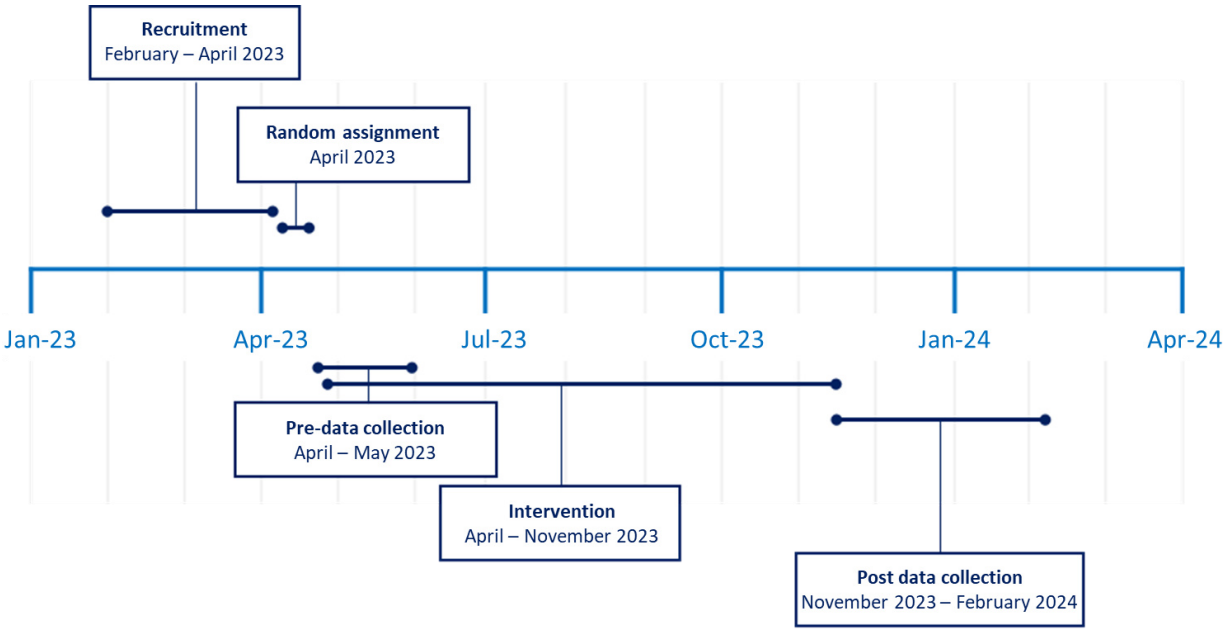


Figure 8 illustrates the timeline for the implementation and evaluation phases. Recruitment occurs from February to April 2023. Participants complete baseline surveys between April and May 2023. In April 2023, participants who meet the criteria, have signed the informed consent, and are interested in participating are randomly assigned. The development of the itinerary or intervention runs from April to November 2023. Finally, the collection of post-intervention data (end-line survey) takes place between November 2023 and February 2024.

Figure 8: Time frame of the evaluation



4 Description of the implementation of the intervention

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

4.1 Sample Description

Out of an initial population of 1,823 potential participating households, 1,252 are contacted, representing 69%. Of these, 612 are able and willing to participate in the project, and 492 sign the informed consent.

Table 1 shows the figures related to the recruitment process, from the population of potential participants to the signing of the informed consent for each of the areas that participated in the project.

Table 1: Recruitment process

	Polígono Sur	Cerro-Su Eminencia	Tres Barrios-Amate	Polígono Norte	San Jerónimo - Los Carteros	Torreblanca	Total
Population of potential participants	268	270	386	163	302	434	1,823
They do not meet initial requirements and have not been contacted	21	55	120	41	66	133	436
They meet requirements. Impossible contact	60	12	31	11	1	20	135
Potential Participants Contacted	**187**	**203**	**235**	**111**	**235**	**281**	**1,252**
They do not want to/can participate	22	92	110	41	157	166	588
They do not meet requirements	0	7	15	2	5	23	52
They can/want to participate	**165**	**104**	**110**	**68**	**73**	**92**	**612**
They do not sign the informed consent	21	32	32	7	6	22	**120**
They sign the informed consent	**144**	**72**	**78**	**61**	**67**	**70**	**492**

In the 492 households that sign the informed consent, a duplicity is detected in Torreblanca, resulting in a total of 491 households (with 675 children), of which 460 (637 children) are part of the titular sample and are randomized to assign it to a group (227 households with 316 children are part of the treatment group and 233 households with 321 children of the control group) and the remaining 31 households (with 38 children) are reserves that enter the to be part of the sample as there have been several casualties (15 households with 18 children will replace holders of the treatment group and 16 households with 20 children of the control group).

Final Assessment Sample Features

Out of the total 675 minors belonging to the households contacted, data is available for 545 of them. Table 2 presents the descriptive statistics of various variables collected from the baseline survey. It includes sociodemographic variables (including stratification variables) and outcome indicators. For each variable, this report provides the mean, standard deviation, minimum and maximum values, and the number of observations.

As shown in **Table 2**, 92% of the individuals primarily responsible for the child are women, 53% have primary education, 81% have Spanish nationality, and 29% receive the Minimum Income for Social Insertion in Andalusia (in Spanish, *RMISA*). Regarding children and adolescents, 53% are boys, with an average age of 11 years, 43% are in secondary school (32% in 1st or 2nd grade and 11% in 3rd or 4th grade), and 31% live in Polígono Sur. In relation to the family unit, 42% of the minors belong to households where there is at least one absentee child, and 28% of the children are in households where all children are in secondary school.

The analysis of the indicators, as described in **section 3.4**, shows that, on average, before the intervention, children miss 15% of the total theoretical class time. Their average grades in Spanish Language and Mathematics for the first quarter of the 2022-2023 academic year are close to passing, around 4.9 points. Additionally, the academic tutors of the children assign, on average, scores of 2.42 points for reading and communication skills and 2.33 points for calculation skills, on a scale of 1 to 4. However, specific tests indicate that both reading ability and logical reasoning, and calculation skills fall within the 11th to 30th percentiles, which denotes moderate difficulties or a risk.

In terms of emotional intelligence, the coefficients provided by the BarOn Test for the different dimensions analyzed indicate that, on average, children possess an average level of emotional and social capacity. Finally, the attitude of the child, as assessed by the tutor, is rated at an average of 2.64 points on a scale of 1 to 4.

Table 2: Descriptive statistics of the sample

Variable	Mean	Stand. Dev.	Min.	Max.	N
Sociodemographic variables					
Gender of the main responsible person: Male	0.08	0.28	0	1	545
Educational level of the main responsible person: No education	0.20	0.40	0	1	533
Educational level of the main responsible person: Primary education	0.53	0.50	0	1	533
Educational level of the main responsible person: Secondary education	0.24	0.43	0	1	533
Educational level of the main responsible person: Higher education	0.03	0.16	0	1	533
Nationality of the main person responsible: Spain	0.81	0.39	0	1	545
Nationality of the main responsible person: EU (excluding Spain)	0.02	0.15	0	1	545
Nationality of the main responsible person: Outside the EU	0.16	0.37	0	1	545
Recipient of the MIS or RMISA	0.29	0.45	0	1	545
Sex of the child: Male	0.53	0.50	0	1	545
Age of the child	11.12	3.01	5	17	545

Variable	Mean	Stand. Dev.	Min.	Max.	N
School year of the child: 1st or 2nd Primary	0.22	0.41	0	1	545
School year of the child: 3rd or 4th Primary	0.19	0.39	0	1	545
School year of the child: 5th or 6th Primary	0.17	0.37	0	1	545
School year of the child: 1st or 2nd Secondary	0.32	0.47	0	1	545
School year of the child: 3rd or 4th Secondary	0.11	0.31	0	1	545
School stage of the child: Secondary	0.43	0.50	0	1	545
Polígono Sur	0.31	0.46	0	1	545
Tres Barrios/Amate	0.14	0.35	0	1	545
Cerro-Su Eminencia	0.14	0.35	0	1	545
Polígono Norte	0.12	0.33	0	1	545
San Jerónimo / Los Carteros	0.14	0.34	0	1	545
Torreblanca	0.14	0.35	0	1	545
Situation of absenteeism of the family unit	0.42	0.49	0	1	545
School stage of the family unit: Secondary	0.28	0.45	0	1	545
Performance indicators					
Unjustified absences 1st quarter	0.15	0.19	0	1	483
Qualification in Spanish Language 1st quarter	4.92	2.05	1	10	484
Qualification in Mathematics 1st Quarter	4.93	2.25	1	10	484
Self-knowledge and emotional self-expression	101.09	16.08	63	143	486
Interpersonal relationship	99.94	18.27	44	133	486
Self-regulation in stressful situations	96.63	16.50	50	140	486
Ability to manage change	100.97	16.60	46	137	486
Emotional intelligence	99.51	17.13	49	148	486
Reading and communication skills of the child according to the tutor	2.42	0.88	1	4	473

Variable	Mean	Stand. Dev.	Min.	Max.	N
Percentile of reading ability of children and adolescents	25.92	26.33	1	99	474
Calculation skills of children and adolescents according to the tutor	2.33	0.89	1	4	470
Percentile of Calculation Skills	22.74	25.99	1	99	474
Percentile of children's logical reasoning skills	25.44	27.43	1	99	474
Attitude of the child	2.64	0.76	1	4	474

4.2 Random Assignment Results

Once the sample is defined, the participants are randomly assigned. As mentioned, the assignment process includes stratification according to the variables of area (Polígono Sur, Polígono Norte, Tres Barrios-Amate, Cerro-Su Eminencia, Torreblanca and San Jerónimo-Los Carteros), level of absenteeism (absenteeism and prevention) and school stage (primary and secondary), creating a total of 24 strata.

Through this process, the researchers conducted a random assignment of 460 households (637 children). Following the initial randomization, 31 reserve households (38 children) are recruited to replace any dropouts, with 16 households (20 children) assigned to the control group and 15 households (18 children) to the treatment group.

Table 3 and **Table 4** present the results of the random assignment of the 460 households (637 children) that are part of the main sample. These tables detail the number of families and children assigned to each group and break down this information according to the different stratification variables.

Table 3: Random Assignment Results (Families)

		Primary		High school		
		CG	TG	CG	TG	Total
Polígono Sur	**Absenteeism**	23	24	11	12	**70**
	Prevention	24	24	12	12	**72**
Cerro-Su Eminencia	**Absenteeism**	8	8	8	9	**33**
	Prevention	9	9	5	4	**27**
Tres Barrios-Amate	**Absenteeism**	14	14	8	8	**44**
	Prevention	7	8	5	6	**26**
Polígono Norte	**Absenteeism**	4	4	4	3	**15**
	Prevention	16	17	5	6	**44**
San Jerónimo	**Absenteeism**	4	3	4	4	**15**
	Prevention	17	17	6	7	**47**
Torreblanca	**Absenteeism**	4	4	5	6	**19**
	Prevention	14	15	9	10	**48**
Total		**144**	**147**	**82**	**87**	**460**

Table 4: Random Assignment Results (Minors)

		Primary		High school		
		CG	TG	CG	TG	Total
Polígono Sur	**Absenteeism**	37	39	14	13	**103**
	Prevention	38	36	13	13	**100**
Cerro-Su Eminencia	**Absenteeism**	18	12	8	10	**48**
	Prevention	11	14	5	4	**34**
Tres Barrios-Amate	**Absenteeism**	21	25	9	11	**66**
	Prevention	11	8	5	8	**32**
Polígono Norte	**Absenteeism**	10	7	4	4	**25**
	Prevention	22	22	6	7	**57**
San Jerónimo	**Absenteeism**	5	3	5	4	**17**
	Prevention	21	29	6	7	**63**
Torreblanca	**Absenteeism**	8	8	7	6	**29**
	Prevention	21	21	11	10	**63**
Total		**223**	**224**	**93**	**97**	**637**

To ensure that the random assignment, as explained in section 3.5, defines statistically comparable control and treatment groups, an equilibrium test is performed. This test verifies that, on average, the observable characteristics of participants in both groups are the same. Maintaining balance between the experimental groups is crucial for inferring the causal effect of the program by comparing its results.

Figure 9[16] shows the results of the equilibrium contrasts between the control group and the treatment group. All data reflected in this figure refer to the survey conducted before the intervention (baseline). For each observable variable, the difference between the mean of that variable in the treatment and control group is represented by a point, with 95% confidence interval of this difference centered around it. A confidence interval that includes zero, i.e., intersects the vertical axis, indicates that the mean difference between groups is not statistically significant; in other words, it is not statistically different from zero. Consequently, it can be concluded that the intervention groups are balanced in this characteristic. Conversely, if the confidence interval of the mean difference does not include zero, it can be concluded that the difference is statistically significant, indicating that the groups are unbalanced in this characteristic.

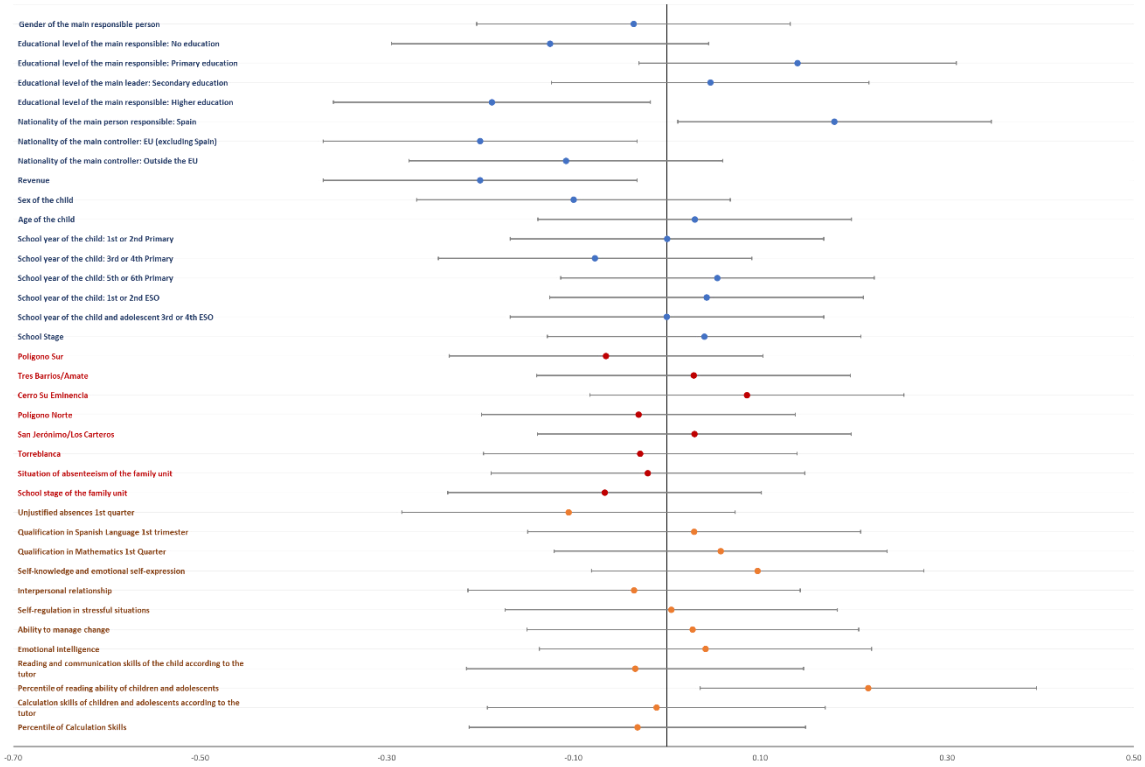
Figure 9 shows that the treatment and the control groups are not statistically different in most variables. However, there are some differences in sociodemographic variables. For example, in the treatment group, there is a lower proportion of children whose primary caregivers have higher education (significant at 5%) and are of non-Spanish European Union nationality (significant at 10%), as well as a higher proportion of children whose caregivers are Spanish nationals (significant at 10%).

[16] See **Table 16** in the Appendix on **Balance between experimental groups,** for details of the results of the balance tests.

Additionally, in the control group, there is a higher proportion of children whose caregivers receive the MIS or RMISA (significant at 10%).

The lack of significant differences reflects the absence of relevant imbalances between the experimental groups. Therefore, random assignment ensures comparability between the two groups. In the specifications where this is indicated, the level of education attained by the primary caregiver, the nationality of the child, the income indicator, and the percentile of reading ability of the child or adolescent according to specific tests are included as control variables.

Figure 9: Difference in standardized means between treatment group and control group – Sociodemographic variables (95% confidence interval)



Note: The variables used for the stratification of the sample are shown in red, the rest of the sociodemographic variables are shown in blue, and 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, which is randomly assigned to the control and treatment groups. However, participation in the program and responses to the initial and final surveys are voluntary. It is important to analyze the degree of participation in the program because the estimation of results will refer to the average effects of offering the program, given the degree of participation. For example, if participation in treatment activities is low, the treatment and control groups will appear very similar, making it harder to detect an effect. Additionally, this section examines whether the non-completion of the final survey by some participants affects the comparability of the treatment and control groups after the intervention. This

is particularly relevant if the response rate differs between groups or according to the demographic characteristics of the participants in each group.

Degree of participation

Of the 248 households with 339 children in the treatment group (including primary participants and reserves who replaced primary participants in the treatment group), 271 children started the intervention. Information on the degree of participation in the intervention is available for 270 of these children. The intervention includes 15 theoretical sessions on emotional intelligence and additional sessions on educational reinforcement, totaling 30 theoretical sessions.

As shown in **Table 5**, 72% of the participants attended 5 or fewer sessions on emotional intelligence, with 33% not attending any sessions. Similarly, 74% of the participants attended 5 or fewer sessions of educational reinforcement, with more than 36% not attending any sessions.

Table 5: Degree of participation by type of intervention

Sessions	Emotional intelligence	Academic support
0	33.0%	36.3%
1-5	38.9%	37.8%
6-10	17.4%	13.7%
11-15	10.7%	12.2%

Considering both interventions (**Table 6**), 83% of the participants have gone to half or less (15 or less) of the total sessions and just over 23% have not gone to any of them.

Table 6: Degree of participation, total sessions

Sessions	% Children and adolescents
0	23.3
1-5	30.4
6-10	15.5
11-15	13.7
16-20	7.4
21-25	8.1
26-30	1.5

Attrition by groups

Of the 675 children and adolescents who were recruited, 544 have a baseline questionnaire for each of the three associated categories (emotional intelligence, school skills, and student follow-up to be completed by the tutor), while 467 have a final questionnaire for each of the three categories (see **Table 8**). If considering only the response to one of the two questionnaires that had to be completed by the child, 542 children and adolescents responded to a questionnaire at baseline, and 387 of them also completed the final questionnaire. All respondents to the final questionnaire also responded to the baseline questionnaire.

Table 7: Participants with baseline and/or endline data (questionnaires completed by children and adolescents)

	Control Group	Treatment Group	Total
PRE and POST	194	193	387
PRE only	79	76	155
Neither PRE nor POST	63	70	133
Total	**336**	**339**	**675**

Table 8: Participants with baseline and/or endline data (questionnaires completed by the children and adolescents and by the tutor)

	Control group	Treatment Group	Total
PRE and POST	239	228	467
PRE only	35	42	77
Neither PRE nor POST	62	69	131
Total	**336**	**339**	**675**

On the other hand, considering the completion of at least one of the three questionnaires associated with each child, there is an uneven endline data attrition by group: 67% of the children and adolescents in the treatment group have completed a final questionnaire (i.e., an attrition rate of 33%) compared to 71% in the control group (i.e., an attrition rate of 29%). In other words, there is 4% more attrition in the treatment group than in the control group (see **Table 9**), considering the total number of children and adolescents recruited. However, this difference is not statistically significant.

Table 9: Sample wear by experimental groups

	(1)
Treatment	0.04
	(0.04)
N	675
R^2	0.00

Note: Significance ***=.01, **=.05, *=.1. Standard grouping errors per household have been used

5 Evaluation results

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

5.1 Description of the Econometric Analysis: Estimated Regressions

The regression model specified to estimate the causal effect in a randomized experiment typically involves simply comparing the difference in the variable of interest between the treatment group and the control group, as these groups are statistically comparable due to the randomization performed at baseline. In addition to this analysis, the following results are presented: (i) regressions that control for variables that are unbalanced between the treatment and control groups and that can affect the impact of the treatment, and (ii) regressions that include, in addition to the previous controls, the initial value of the dependent variable—i.e., the value before the intervention—which improves the accuracy of the estimates. This ensures that differences between the treatment group and the control group before the intervention are accounted for in the analysis.

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

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

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 grouped at the household level have been used. In all specifications with controls, the variables considered include the level of education attained by the primary caregiver, the nationality of the child, the income indicator, and the percentile of reading ability of the child or adolescent according to specific tests.

5.2 Analysis of the results

5.2.1 Primary and secondary outcomes

This section presents the results of the analysis contrasting the hypotheses outlined above, following the structure of the evaluation scheme. As noted, three specifications are presented for each variable: (i) without controls, (ii) with controls, and (iii) with controls and the baseline value of the variable of interest.

School attendance

Table 10 shows the analysis of the impact of treatment on children's school attendance. In all specifications, there is a decrease in unjustified absences in the treatment group compared to the control group of 0.02 points, although this effect is not statistically significant.

Table 10: Effects on the main indicator of school attendance

	Unjustified absences in the first quarter		
	(1)	(2)	(3)
Treatment	-0.02	-0.02	-0.02
	(0.02)	(0.02)	(0.02)
N	393	342	308
R^2	0.00	0.06	0.25
Control mean dep. var.	0.13	0.14	0.15
Additional controls	No	Yes	Yes
Initial value dep. var.	No	No	Yes

Significance: ***=0.01, **=0.05, *=0.1. Standard errors have been used for household grouping.

School performance

Table 11 shows the effect of the treatment on the indicators related to academic qualification in Spanish Language and Mathematics. For both indicators, none of the specifications detects a statistically significant positive impact.

Table 11: Effects on the main indicators of school achievement

	Qualification in Spanish Language in the first quarter			Qualification in Mathematics in the first quarter		
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	0.09	-0.11	-0.19	-0.03	-0.12	-0.32
	(0.25)	(0.26)	(0.21)	(0.25)	(0.26)	(0.22)
N	390	339	308	389	338	307
R^2	0.00	0.14	0.44	0.00	0.14	0.45
Control mean dep. var.	4.60	4.50	4.56	4.49	4.35	4.39
Additional controls	No	Yes	Yes	No	Yes	Yes
Initial value dep. var.	No	No	Yes	No	No	Yes

Significance: ***=0.01, **=0.05, *=0.1. Standard errors have been used for household grouping.

Table 12 shows the effects on indicators related to reading ability, as assessed by the child's academic tutor and the specific tests associated with the child's age. In this case, no statistically significant effects are found in any of the specifications for either of the two indicators.

Table 12: Effects on secondary indicators of school performance (linguistic communication)

	Reading and communication skills of the child according to the tutor			Percentile of children's reading ability according to test	
	(1)	(2)	(3)	(4)	(5)
Treatment	0.09	-0.05	-0.03	2.48	-2.09
	(0.09)	(0.09)	(0.08)	(3.24)	(2.31)
N	360	312	279	327	309
R^2	0.00	0.18	0.38	0.00	0.47
Control mean dep. var.	2.36	2.38	2.43	28.92	28.69
Additional controls	No	Yes	Yes	No	Yes
Initial value dep. var.	No	No	Yes	No	Yes

Significance: ***=0.01, **=0.05, *=0.1. Standard errors have been used for household grouping. For the percentile indicator of reading ability of children and adolescents according to the test, there are only two specifications because this indicator is unbalanced at baseline and, therefore, is one of the control variables used.

Finally, **Table 13** shows the effects on indicators related to mathematical competence, as assessed by the child's academic tutor and the specific tests associated with the child's age. No statistically significant effects were found in any of the specifications for any of the indicators.

Table 13: Effects on secondary indicators of school performance (mathematical competence)

	Calculation skills (tutor)			Percentile of calculation skills (test)			Logical Reasoning Skills Percentile (test)		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Treatment	0.03	-0.00	-0.04	-0.84	-1.30	0.14	0.03	-0.16	0.57
	(0.09)	(0.09)	(0.08)	(2.71)	(2.66)	(1.89)	(3.38)	(3.35)	(2.76)
N	334	288	254	327	309	309	327	309	309
R^2	0.00	0.16	0.42	0.00	0.20	0.54	0.00	0.12	0.39
Control mean dep. var.	2.24	2.23	2.24	20.72	20.57	20.57	30.32	29.61	29.61
Additional controls	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Initial value dep. var.	No	No	Yes	No	No	Yes	No	No	Yes

Significance: ***=0.01, **=0.05, *=0.1. Standard errors have been used for household grouping.

Emotional intelligence

Table 14 and **Table 15** show the effect of the treatment on the main indicators of emotional intelligence. In all specifications, the effect is positive (except for one specification of the indicator of

the ability to manage change), although none of these effects are statistically significant. Therefore, there is no evidence that the treatment has a positive impact on the emotional intelligence of the children.

Table 14: Effects on the main indicators of emotional intelligence (1)

	Self-knowledge and emotional self-expression			Interpersonal relationship			Self-regulation in stressful situations		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Treatment	0.83	1.45	1.61	0.14	0.15	0.87	0.76	1.88	0.94
	(1.68)	(1.79)	(1.66)	(1.97)	(1.96)	(1.80)	(1.97)	(1.97)	(1.56)
N	337	319	315	337	319	315	337	319	315
R^2	0.00	0.02	0.18	0.00	0.06	0.27	0.00	0.06	0.37
Control mean dep. var.	100.36	100.44	100.32	98.81	98.52	98.38	95.16	95.29	95.13
Additional controls	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Initial value dep. var.	No	No	Yes	No	No	Yes	No	No	Yes

Significance: ***=0.01, **=0.05, *=0.1. Standard errors have been used for household grouping.

Table 15: Effects on the main indicators of emotional intelligence (2)

	Ability to manage change			Emotional intelligence		
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	0.45	0.69	-0.55	0.65	1.44	0.89
	(1.89)	(2.00)	(1.82)	(1.81)	(1.93)	(1.56)
N	337	319	315	337	319	315
R^2	0.00	0.04	0.25	0.00	0.05	0.37
Control mean dep. var.	100.33	100.08	99.94	98.24	98.15	97.95
Additional controls	No	Yes	Yes	No	Yes	Yes
Initial value dep. var.	No	No	Yes	No	No	Yes

Significance: ***=0.01, **=0.05, *=0.1. Standard errors have been used for household grouping.

Finally, **Table 16** shows the impact of the treatment on the secondary indicator of emotional intelligence, which measures the attitude of the child or adolescent according to the child's academic tutor. Only in the last specification (with controls and with the value of the variable of interest in the baseline) is there a negative impact of -0.15 points for this indicator, with a significance level of 5%.

Table 16: Effects on the secondary indicator of emotional intelligence

	Attitude of the child or adolescent according to the tutor		
	(1)	(2)	(3)
Treatment	-0.05	-0.12	-0.15**
	(0.08)	(0.09)	(0.07)
N	359	311	280
R^2	0.00	0.10	0.41
Control mean dep. var.	2.62	2.59	2.62
Additional controls	No	Yes	Yes
Initial value dep. var.	No	No	Yes

Significance: ***=0.01, **=0.05, *=0.1. Standard errors have been used for household grouping.

6 Conclusions of the evaluation

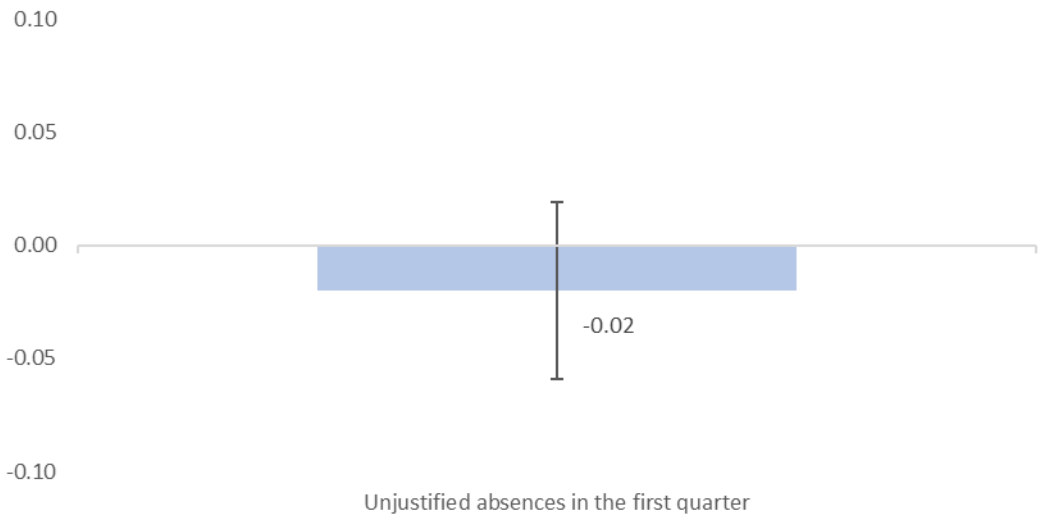
The objective of this report is to evaluate the impact of the "VENTE Project - Project against school absenteeism for children in vulnerable situations". This intervention employs an innovative methodology targeting children who are either currently absentee or at risk of absenteeism. The approach involves personalized and intensive work, providing psychological support to enhance their emotional intelligence (including self-esteem, motivation, and assertive communication skills), along with periodic educational reinforcement in the subjects of Language and Mathematics.

The data indicate that adherence to the project has not met expectations, with a lower degree of participation in the activities by the children and adolescents in the treatment group than anticipated. This may be attributed to the project starting when the school year was already well underway, leading to conflicts with existing extracurricular activities that, in some cases, the children could not balance with attending the emotional intelligence and learning reinforcement sessions. Additionally, the interruption of these sessions during the summer holiday period due to high temperatures resulted in a disengagement from the project, which had to be resumed in the following school year (2023/2024).

The results of the evaluation of this project reveal that differential treatments have a non-significant positive impact on the reduction of absences. With respect to grades in Language and Mathematics, no statistically significant impacts were observed. Regarding emotional intelligence, a non-significant positive impact was noted on the general mood scale. Among the main reasons for not achieving the expected results, it is important to highlight that the duration of the project related to the intervention with families and their children in the field of social inclusion itineraries was insufficient for the acquisition and development of positive parenting routines and habits. These changes require more long-term interventions to be effectively established.

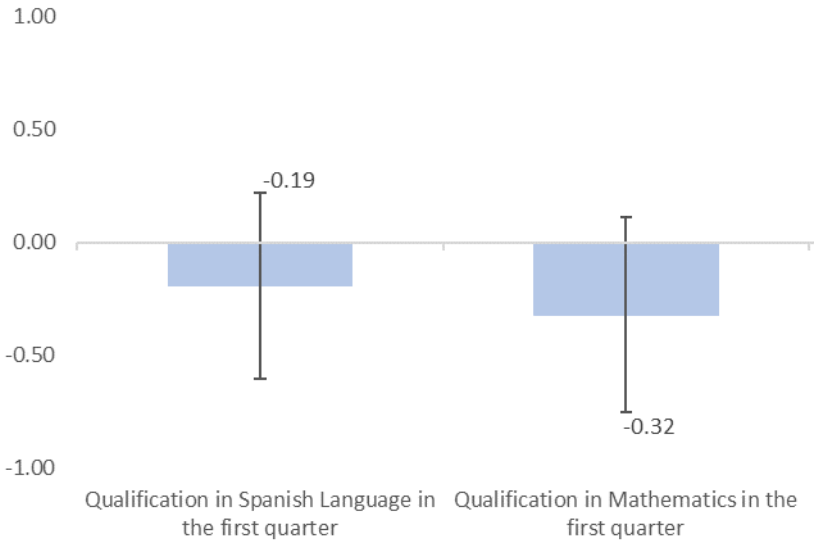
Figure 10, **Figure 11**, and **Figure 12** illustrate the effect of the intervention on the main outcome indicators. These figures are grouped into different graphs according to the scope of study and the scale of the indicators to improve clarity in the presentation.

Figure 10: Effect of the intervention on the main indicator of school attendance



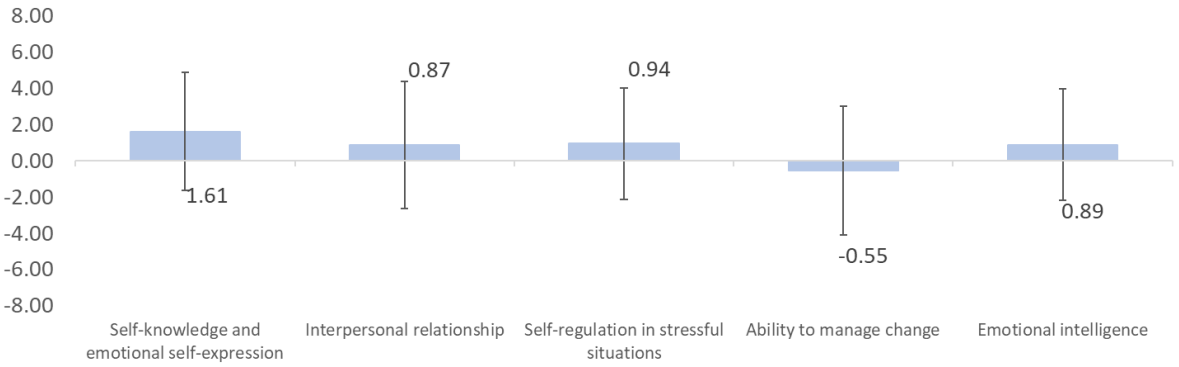
Note: in dark color are presented the indicators whose treatment effect is significant at 1%; in color of intermediate shade, indicators whose treatment effect is significant at 10%; and in light color those whose treatment effect is not significant. The effects included in the graphics refer to regressions with controls.

Figure 11: Effect of the intervention on school performance indicators



Note: in dark color are presented the indicators whose treatment effect is significant at 1%; in color of intermediate shade, indicators whose treatment effect is significant at 10%; and in light color those whose treatment effect is not significant. The effects included in the graphics refer to regressions with controls.

Figure 12: Effect of the intervention on main indicators of emotional intelligence



Note: in dark color are presented the indicators whose treatment effect is significant at 1%; in color of intermediate shade, indicators whose treatment effect is significant at 10%; and in light color those whose treatment effect is not significant. The effects included in the graphics refer to regressions with controls.

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Appendix

Economic and regulatory management

1. Introduction

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

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

Royal Decree 938/2021, of October 26, which regulates the direct granting of subsidies from the Ministry of Inclusion, Social Security, and Migrations in the field of social inclusion, for an amount of €109,787,404, within the framework of the Recovery, Transformation, and Resilience Plan,[17] 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,[18] "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

[17] Royal Decree 938/2021, of October 26, regulating the direct granting of subsidies from the Ministry of Inclusion, Social Security, and Migrations in the field of social inclusion, for an amount of 109,787,404 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

[18] 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[19].

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

In accordance with Article 3 of Royal Decree 378/2022, of 17 May, 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 **September 15, 2022**, the Seville City Council is notified of the Resolution from the General Secretariat of Objectives and Policies for Inclusion and Social Welfare, granting a subsidy in the amount of €3,680,250 to the Seville City Council. Subsequently, on **December 14, 2022**, a Convention is signed between the General Administration of the State, represented by the General Secretariat of Objectives and Policies for Inclusion and Social Welfare and the Seville City Council, for the implementation of a social inclusion project within the framework of the Recovery, Transformation and Resilience Plan. This Convention is published in the "Boletín Oficial del Estado" on **26 December 2022** (BOE no. 309)[20].

2. Temporal framework of the intervention

Article 17(1) of Royal Decree 378/2022 of 17 May 2022 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 November 30, 2023, while their evaluation, shall not extend beyond March 31, 2024, in order to meet the milestones, set by the Recovery, Transformation, and Resilience Plan regarding social inclusion policies.

Within this generic time frame, the execution begins on **April 3, 2023,** with the start of the intervention itinerary, continuing the implementation tasks until **November 30, 2023**, and subsequently, only tasks related to project dissemination and evaluation until **March 31, 2024**.

3. Relevant Agents

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

[19] 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

[20] https://www.boe.es/diario_boe/txt.php?id=BOE-A-2022-22461

- The **Seville City Council,** the beneficiary entity and coordinator of the project, has executed the project through the Area of Urban Habitat and Social Cohesion, specifically from the General Directorate of Social Action.
- The **Ministry of Inclusion, Social Security and Migration (MISSM)** as the project sponsor and the main responsible for the RCT evaluation process. To fulfill this role, the General Secretariat of Inclusion (SGI) assumes the following commitments:
    a) Assist the beneficiary entity within the design of the activities to be conducted for the implementation and monitoring of the object of the grant, as well as for the profiling potential participants in the pilot project.
    b) Design the randomized controlled trial (RCT) methodology of the pilot project in coordination with the beneficiary entity.
    c) Evaluate the pilot project in coordination with the beneficiary entity.
- **CEMFI and J-PAL Europe,** as scientific and academic institutions that support MISSM in the design and RCT evaluation of the project.

Balance between experimental groups

The following table reports the balance contrasts between the control group and the treatment group. All the data reflected in this table refer to the survey conducted before the intervention. The mean value of each variable for both groups is reported, along with the number of observations in each group and the p-value resulting from a contrast of mean difference (using Student's t-statistic). The lower the p-value, the more confidently one can reject the hypothesis that the mean of the variable in both groups is equal. For example, if the p-value is less than 0.05, the hypothesis of equality of means can be rejected at a 5% confidence level.

Table 17: Equilibrium contrasts between experimental groups

	(1) Control group		(2) Treatment Group		(2)-(1)	Test t
Variable	**N/Clusters**	**Mean/(Var)**	**N/Clusters**	**Mean/(Var)**	**N/Clusters**	**P-Value**
Sociodemographic variables						
Gender of the main responsible	274	0.09	271	0.08	545	0.83
person: Male	198	(0.11)	194	(0.10)	392	
Educational level of the main	269	0.22	264	0.17	533	0.25
Responsible person: No education	193	(0.24)	188	(0.20)	381	
Educational level of the main	269	0.50	264	0.57	533	0.23
responsible person: Primary Education	193	(0.35)	188	(0.35)	381	
Educational level of the main	269	0.23	264	0.25	533	0.61
responsible person: Secondary education	193	(0.25)	188	(0.27)	381	
Educational level of the main	269	0.04	264	0.01	533	0.03**
responsible person: Higher education	193	(0.06)	188	(0.01)	381	

Variable	(1) Control group		(2) Treatment Group		(2)-(1)	Test t
	N/Clusters	Mean/(Var)	N/Clusters	Mean/(Var)	N/Clusters	P-Value
Nationality of the main responsible person: Spain	274 198	0.78 (0.24)	271 194	0.85 (0.18)	545 392	0.09*
Nationality of the main responsible person: EU (without Spain)	274 198	0.04 (0.05)	271 194	0.01 (0.01)	545 392	0.08*
Nationality of the main responsible person: Outside the EU	274 198	0.18 (0.21)	271 194	0.14 (0.17)	545 392	0.33
Recipient of the MIS or RMISA	274 198	0.33 (0.31)	271 194	0.24 (0.26)	545 392	0.10*
Sex of the child: Male	274 198	0.56 (0.34)	271 194	0.51 (0.35)	545 392	0.18
Age of the child	274 198	11.07 (12.55)	271 194	11.16 (12.78)	545 392	0.72
School year of the child: 1st or 2nd Primary	274 198	0.22 (0.24)	271 194	0.22 (0.24)	545 392	0.94
School year of the child: 3rd or 4th Primary	274 198	0.20 (0.23)	271 194	0.17 (0.20)	545 392	0.29
School year of the child: 5th or 6th Primary	274 198	0.16 (0.18)	271 194	0.18 (0.20)	545 392	0.52
School year of the child: 1st or 2nd Secondary	274 198	0.31 (0.30)	271 194	0.33 (0.31)	545 392	0.72
School year of the child: 3rd or 4th Secondary	274 198	0.11 (0.14)	271 194	0.11 (0.13)	545 392	0.93
School stage of the child: Secondary	274 198	0.42 (0.34)	271 194	0.44 (0.35)	545 392	0.77
Polígono Sur	274 198	0.32 (0.31)	271 194	0.29 (0.29)	545 392	0.48
Tres Barrios / Amate	274 198	0.14 (0.17)	271 194	0.15 (0.18)	545 392	0.81
Cerro - Su Eminencia	274 198	0.13 (0.15)	271 194	0.16 (0.19)	545 392	0.37
Polígono Norte	274 198	0.13 (0.15)	271 194	0.12 (0.15)	545 392	0.87
San Jerónimo / Los Carteros	274 198	0.13 (0.16)	271 194	0.14 (0.17)	545 392	0.81
Torreblanca	274 198	0.15 (0.18)	271 194	0.14 (0.17)	545 392	0.81

Variable	(1) Control group		(2) Treatment Group		(2)-(1)	Test t
	N/Clusters	Mean/(Var)	N/Clusters	Mean/(Var)	N/Clusters	P-Value
Situation of absenteeism from the family unit	274 198	0.42 (0.34)	271 194	0.41 (0.34)	545 392	0.80
School stage of the family unit: Seconday	274 198	0.30 (0.29)	271 194	0.27 (0.28)	545 392	0.56
Performance indicators						
Unjustified absences 1er quarter	234 174	0.16 (0.05)	249 185	0.14 (0.04)	483 359	0.45
Qualification in Spanish Language 1st quarter	234 175	4.89 (5.94)	250 186	4.95 (5.34)	484 361	0.79
Qualification in Mathematics 1st quarter	234 175	4.86 (7.32)	250 186	4.99 (6.30)	484 361	0.56
Self-knowledge and emotional self-expression	246 188	100.32 (314.36)	240 177	101.88 (377.08)	486 365	0.31
Interpersonal relationship	246 188	100.26 (432.88)	240 177	99.62 (459.60)	486 365	0.70
Self-regulation in stressful situations	246 188	96.59 (372.08)	240 177	96.67 (354.88)	486 365	0.96
Ability to manage change	246 188	100.74 (352.51)	240 177	101.20 (385.03)	486 365	0.76
Emotional intelligence	246 188	99.16 (373.41)	240 177	99.87 (411.53)	486 365	0.65
Reading and communication skills of the child according to the tutor	227 169	2.44 (1.01)	246 181	2.41 (1.09)	473 350	0.80
Percentile of reading ability of children and adolescents	243 190	23.15 (785.18)	231 176	28.83 (1003.64)	474 366	0.03**
Calculation skills of children and adolescents according to the tutor	225 168	2.33 (1.02)	245 180	2.32 (1.14)	470 348	0.94
Percentile of Calculation Skills	243 190	23.14 (902.32)	231 176	22.32 (850.97)	474 366	0.73
Percentile of children´s logical reasoning skills	243 190	24.91 (959.69)	231 176	26.00 (995.98)	474 366	0.67
Attitude of the child	229 170	2.62 (0.76)	245 180	2.65 (0.79)	474 350	0.69