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IZA DP No. 18170

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ABSTRACT

Supporting Families, Empowering Children: A Randomized Controlled Trial on Social Inclusion*

This paper evaluates a program that seeks to improve the levels of social inclusion of families with children and adolescents receiving the National Minimum Income Scheme (IMV) and/or the Regional Inclusion Income (RISGA) in the seven largest municipalities in Galicia, Spain. The intervention used stratified random assignment to evaluate the effectiveness of a new model of personalized and integral support, according to the specific needs of each member of the target family, with multiple interventions grouped into three packages (social, educational and labor).The control group received the usual financial aid from the traditional model. The analysis reveals that the treatment significantly reduces child material deprivation. Positive effects are also found in the synthetic indicator of social inclusion, with the greatest improvements concentrated in the measures of housing conditions, parental responsibilities, community integration, and education.The treatment, however, does not have a significant effect on simplified poverty indicators, on employability, or on income from work, despite an improvement in the activation of household members to search for employment.

JEL Classification: I32, I38, E24, C93

Keywords: social inclusion, families, children, randomized controlled trial

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1 Introduction

In 2022, 24% of people residing in Galicia were at risk of poverty and social exclusion.[1] The greatest risk of poverty and social exclusion is observed among families with children.[2] The phenomenon of child poverty has different causes and manifests itself in different dimensions (Redmond, 2014; UNICEF, 2024). Firstly, poverty in children and adolescents is determined by the economic situation of the home in which they live, specifically of the adults who make up the family unit (often marked by the lack of economic resources and/or income derived from work). Secondly, child poverty is correlated with the educational success of children and adolescents. Finally, health care and aspects of integration and social participation are also associated with the effects of poverty.

This paper evaluates a program implemented by the Xunta de Galicia, engaging approximately 2,000 families, designed to address the underlying causes and consequences of child poverty. More specifically, the main objectives of the program are to reduce child poverty and to enhance the social inclusion of families with children who receive minimum income support (either through the National Minimum Income Scheme or the Regional Inclusion Income of Galicia). To achieve this, the program proposes a new model based on personalized and comprehensive interventions, in contrast to the traditional approach, which is typically limited to the provision of generic financial aid. The program delivers a portfolio of interventions developed from a community-based perspective and adapted to the specific needs of each member of the beneficiary household. These interventions are classified, according to their nature, into three categories: social, educational, and labor-related. They respond to Council Recommendation (EU) 2021/1004 of 14 June 2021, which establishes the European Child Guarantee and acknowledges that "investment aimed at addressing the disadvantages from an early age pays off, including in the long term, contributing not only to children's inclusion and better socio-economic outcomes as adults, but also to the economy and society".

[1] As established in the European statistical framework (Atkinson, 2010), the AROPE indicator (At Risk of Poverty or Social Exclusion) remains the reference measure for monitoring poverty and social exclusion. This indicator provides a broader measure of relative poverty by extending the traditional concept of the at-risk-of-poverty rate based solely on income. The reduced AROPE indicator used here constitutes a simplified adaptation of the official measure of the European Union, intended to assess progress towards the social inclusion objectives set out in the 2030 Agenda. According to the standard definition, an individual is considered to be in an AROPE situation if at least one of the following three conditions is met: (i) being at risk of poverty, (ii) experiencing severe material and social deprivation, or (iii) being aged between 0 and 64 years and residing in a household with low work intensity. The figures in the text come from the EAPN (2023) report that uses the information collected in the INE Living Conditions Survey.

[2] The EAPN (2022) report indicates that, in 2021 in Galicia, for an AROPE rate of 25% among adults, the rates were 34% for the group of minors and 54% in single-parent households.

The program was implemented in the seven main cities of Galicia (A Coruña, Ferrol, Lugo, Ourense, Pontevedra, Santiago de Compostela, and Vigo) over a period of nine months, from February to October 2023.

The target population comprises families residing in Galicia with children who are beneficiaries of either the IMV or the RISGA. Participant recruitment for the program was conducted between October and December 2022. Families who consented to participate were randomly assigned to either the treatment or the control group. The assignment was carried out using a stratified randomization procedure. Specifically, subgroups (strata) were first defined on the basis of observable family characteristics, and then, within each subgroup, families were randomly allocated to the treatment or control condition. The stratification variables were family type (single-parent vs. non-single-parent) and location (the seven cities mentioned above). Consequently, the total number of randomization strata was 14 ($= 2 \times 7$). The randomization algorithm was developed by the team of the SGI. The results of the draw were communicated to the Xunta, which subsequently informed participants in accordance with that protocol. This procedure ensures that the implementing counterpart had no discretion in assigning families to one group or the other.

The control group had access to the standard set of resources and services ordinarily available to individuals and families through public social services (both municipal and regional) and the Third Sector of Social Action. In addition, families in the control group received compensation of 25.50 euros in the form of a gift voucher for each of the two survey waves, as an incentive for participation and to minimize sample attrition. By contrast, the treatment group received, in addition to the standard offer, the comprehensive and more personalized support provided by the project, including activities and financial assistance covering areas such as social protection and employment, health, education and training, housing, and family and community support. Appendix A details the portfolio of possible services offered to families in the treatment group.[3]

Baseline data collection took place between January and April 2023, and the end-line survey was administered between September and November 2023. Compared to the baseline instrument, the final survey introduced several improvements, including an expanded set of indicators in certain

[3]On average, families in the treatment group receive 5.4 interventions. The most common were aid for health care expenses, aid for school supplies, individualized counseling sessions on job orientation, aid for non-formal educational activities, aid for payment of housing supplies, and - depending on the city - community engagement activities, or connectivity aid. Importantly, we do not find significant differences in the number or quantity of interventions received by type of family (single-parent or not).

dimensions and simplified wording or more detailed disaggregation for some of the items initially employed.

The immediate results at the end of the intervention show that the personalized and integral treatment has a positive and significant impact on the rate of child material deprivation. Positive effects are also found in the synthetic indicator of social inclusion, with the most important improvements concentrated in the measures of housing conditions, parental responsibilities, community integration, and education. However, the treatment does not show a positive effect on simplified indicators of poverty, employability, or income from work, despite an improvement in the activation of household members for job search.

The total cost of the personalized and comprehensive treatment was substantially higher than that of the ordinary support (on average, 1,138 euros per family). Accordingly, any differential impact of the new treatment relative to the traditional one should be assessed in light of this cost differential, in order to conduct a proper cost–benefit evaluation and to be accountable for the results of the project.

The rest of the paper is organized as follows. Section 2 details the sample used in the analysis. Section 3 specifies the causal mechanisms through which the intervention is expected to generate improvements in child poverty and family social inclusion. Section 4 outlines the empirical strategy. Section 5 presents the results. Section 6 concludes.

2 Sample description

Participant recruitment for the program took place between October and December 2022. A total of 2,359 families consented to participate, of whom 1,060 were assigned to the treatment group and 1,299 to the control group. Of the 2,359 families included in the randomization, there were 321 that did not complete the first survey or join the intervention. Therefore, 2,038 families began the intervention, 910 in the treatment group and 1,128 in the control group.

Table 1 shows the descriptive statistics of the variables related to the intervention according to the information collected in the baseline survey. In particular, the table provides information on the characteristics of the families, as well as indicators of final and intermediate results available before beginning the intervention.[4] The table has six columns: the name of the variable, the number of

[4]Appendix B details the construction of all the final and intermediate results indicators, as well as the description

observations, the mean, the standard deviation, and the minimum and maximum values.

In the sample, 45% of families belong to the treatment group. More than half are single-parent households, and in 87% of cases the reference person is female. By locality, the largest cities (A Coruña and Vigo) contribute the highest number of families to the pilot. A total of 88% of participants receive the National Minimum Income Scheme (IMV), while the remainder are beneficiaries of the Regional Inclusion Income (RISGA). The average age of respondents is 41 years, and 70% are Spanish nationals.

Table 2 reports balance tests comparing means between treatment and control groups prior to the intervention. For each variable, mean values, group sizes, and p-values from t-tests (controlling for randomization strata) are shown. P-values < 0.05 indicate rejection of equality of means at the 5% significance level. Panel A reports the stratification variables (single-parent status and locality), which would be balanced by design if the 321 initially randomized families had not dropped out. The balance in these characteristics is preserved despite the attrition prior to the start of the intervention. Panel B presents family characteristics and outcome indicators measured at baseline. Among the demographic characteristics, the only variable that is unbalanced is the number of employed household members, which is slightly lower in the treatment group (significant at the 10% level). The main outcome indicators also show no significant differences between the treatment and control groups, with the exception of the composite indicator of social inclusion, for which we observe a difference of 0.01 (significant at the 5% level). When examining its components separately, the dimensions that are initially unbalanced are health, digital skills, and community integration.

Of the 2,038 respondents to the baseline survey, 1,862 also completed the final survey (see Table 3). The response rates are similar across groups: 91% among the 910 families assigned to the treatment group and 92% among those assigned to the control group. This is relevant for the variables used to construct the outcome indices, as the reduced sample size may affect the precision of the regressions presented in the following section. To assess whether the difference in attrition rates between the experimental groups is statistically significant, we estimate a simple regression of the final survey non-response indicator on treatment assignment, controlling for strata. Table 4 reports the results in column 1. The coefficient on the treatment variable is 0.011 and is not

of all the survey variables included in the calculation of each indicator. Unanswered values are imputed based on the mean of the variable in the corresponding treatment or control group.

statistically significant. In addition, to assess whether sample attrition is selective, we estimate regressions that include family characteristics as additional covariates, along with their interactions with the treatment variable. Columns 2 and 3 report the estimated coefficients for these interactions. The results indicate that the probability of not completing the final survey differs significantly only in Pontevedra, where treated families completed 5 percentage points fewer final surveys than control families (significant at the 5% level).

3 Theory of change

The theory of change of the program specifies the causal mechanisms through which the intervention is expected to generate improvements in child poverty and family social inclusion. By providing targeted resources and support, the program aims to alleviate immediate constraints, strengthen household capabilities, and promote access to opportunities in areas such as education, health, employment, and social participation. These intermediate changes (or secondary outcomes) are hypothesized to translate into broader reductions in child poverty and social exclusion (primary or main objectives). The list of primary and secondary hypotheses is presented below, along with the corresponding indicators used in each case:

Main hypotheses:

- Poverty reduction:
  - HP1a1: Reduced AROPE (IRF11), that is, a synthetic indicator of two measures of relative monetary poverty and material and social deprivation
  - HP1b1: Children's material deprivation index (IRF12), that is, a synthetic indicator that captures whether children have access to adequate nutrition, clothing, educational materials, leisure activities, and living conditions appropriate for their age and social context. Unlike income-based poverty measures, material deprivation directly reflects the absence of goods and services necessary for a minimum acceptable standard of living
- Social inclusion improvement:
  - HP2a1: Synthetic Social Inclusion Indicator (IRF2), that is, a composite indicator capturing multiple dimensions of social inclusion, corresponding to the secondary hypotheses

outlined below[5]

Secondary hypotheses:

- Improvement of habits and health care: HS3a1 - Synthetic Health Indicator (IRI1)
- Reducing the risk of losing housing and improving housing conditions: HS4a1 - Synthetic Housing Indicator (IRI2)
- Improving digital skills: HS5a1: Synthetic Digital Skills Indicator (IRI3)
- Greater assumption of parental responsibilities: HS6a1: Synthetic Parental Responsibility Indicator (IRI4)
- Greater integration into the community and better quality of their relationships with the environment: HS7a1: Synthetic Community Integration Indicator (IRI5)
- Greater integration and educational success: HS8a1: Synthetic Education Indicator (IRI6)
- Improving employability: HS9a1: Synthetic Employability Indicator (IRI7)

4 Econometric specification

The regression model that is specified to estimate the causal effect in a randomized experiment is usually simply the difference in the variable of interest between the treatment group and the control group, since these groups are statistically comparable thanks to the randomization, conditional on taking into account stratification and unbalanced variables at baseline (in this way we guarantee that the differences between the treatment and control groups before carrying out the intervention are taken into account in the analysis). In addition, the analysis that follows presents regressions in which the initial value of the dependent variable, that is, the value before the intervention, is introduced whenever possible, which improves the precision of the estimates.

[5]Since no universally accepted official Synthetic Indicator of Social Inclusion exists, the indicator proposed here should be regarded as one of the contributions of this paper. The approach here follows the tradition of multidimensional composite indices (Alkire and Foster, 2011) and contributes to the emerging literature on synthetic measures of social inclusion (Sprong, 2023; Roblek, 2025).

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

$$Y_{i,t=1} = \alpha + \beta T_i + \gamma Y_{i,t=0} + X_i \delta + \epsilon_i$$

where $Y_{i,t=1}$ is the dependent variable of interest observed after the intervention for family i; T_i indicates whether the family has been assigned to the treatment (=1) or the control (=0); $Y_{i,t=0}$ is the initial value of the dependent variable (i.e., before the intervention); X_i is a vector of controls (number of working household members and synthetic indicator of social inclusion); and ϵ_i is the error term.

Standard errors are clustered at the level of the randomization stratum. As explained above, the variables used in stratification are the type of family (single-parent or not) and locality (7 cities), so there are a total of 14 randomization strata.

5 Results

This section presents the evaluation results, following the structure outlined in Section 3. All outcome variables have been standardized to a mean of 0 and a standard deviation of 1. This transformation allows the regression coefficients to be interpreted in terms of standard deviations, thereby facilitating comparison of effect sizes across different domains.

5.1 Poverty reduction

Table 5 reports the results of the intervention on poverty reduction. For each indicator, two specifications are presented: one without controls and one including the unbalanced covariates identified in Table 2. Columns 1 and 2 report the estimated impact on poverty reduction, measured by the simplified AROPE index. The treatment coefficient is –0.03 standard deviations without controls and 0.006 standard deviations with controls; neither is statistically significant. Similarly, the coefficients for the indicator of absence of relative monetary poverty (columns 3 and 4) and for material and social deprivation (columns 5 and 6) are not statistically significant. Columns 7 and 8 present the results for the child material deprivation index. In this case, a positive effect of 0.13 standard deviations without controls (statistically significant at the 5% level) and 0.17 standard deviations with controls (statistically significant at the 1% level) is observed. These results indicate that, on average, the treatment produced an improvement of 0.13–0.17 standard deviations relative

to the traditional model.

In summary, we find that, relative to the traditional model, personalized and comprehensive accompaniment has a positive effect on child material deprivation. These results suggest that the additional services provided are primarily directed toward children. It should be emphasized, however, that this effect reflects the impact of personalized and comprehensive accompaniment (treatment) compared with the traditional model (control); for the child material deprivation indicator, baseline differences between the two groups are not available.

5.2 Improving social inclusion

The top panel of Table 6 reports the results of the intervention on the synthetic indicator of social inclusion. In columns (1)-(4) we use the usual index where all variables receive the same weight (unweighted) and in columns (5)-(8) we use Anderson (2008)'s weighted index. This method aggregates information from a set of variables that attempt to measure a common latent variable. Intuitively, the method calculates a weighted average of all variables, where the weight assigned to each of them depends on how correlated it is with the others (the lower the correlation, the greater the weight).

The table follows the same structure as the previous one, although in this case we compare specifications for the same indicator with and without its value in the baseline, since the construction of the same is not exactly comparable in the two periods. In all the specifications considered, regardless of the type of indicator and the regressors included, the effect of the personalized and integral treatment compared to the traditional model is positive and significant at 1%. The improvement on average is 0.20-0.29 standard deviations.

The synthetic indicator of social inclusion is composed of seven dimensions corresponding to the secondary hypotheses discussed below: health, housing, digital skills, parental responsibility, community integration, education, and employability. The lower panel of Table 6 reports the impact of the intervention on each of these dimensions. In these regressions, the baseline value of the indicator has not been included as a control, since it is not always available and, when available, is not fully comparable with the final measurement.

The results indicate that the treatment had the greatest impact on dimensions most directly related to childhood — namely, parental responsibility, education, housing, and community integra-

tion. By contrast, no significant effects were observed for the indicators of health, digital skills, or employability.

5.2.1 Improving habits and health care

Table 7 reports the health-related outcomes of the intervention. With the synthetic index of health (columns 1 and 2), the impact of the treatment is reduced and not significant. This index is composed of the following 8 variables: Perceived household health level, Frequency of medical care, Frequency of illness, Level of health-related quality of life, Level of emotional health, Health literacy level, Dental care expenses, and Drug Spending. If we analyze each of the variables included in the indicator separately only the level of emotional health (column 3) and the ability of those treated to assume the burden of dental care costs have improved (column 4), but in the aggregate, the treatment has not had a significant impact.

5.2.2 Reducing the risk of home loss and improving housing conditions

Table 8 reports the results of the intervention on the housing indicator. With the synthetic index, the impact of the treatment is positive and significant (columns 1 and 2). The improvement on average is 0.13-0.17 standard deviations. This index is composed of the following 5 variables: Residential deprivation due to overcrowding, Residential deprivation due to structural problems in housing, Degree of knowledge of aids and mechanisms for energy saving, Identification of delays suffered by the household and Degree of satisfaction with housing. Examining each component of the index with a significant impact, a positive impact of the treatment is detected in the better knowledge of aids and mechanisms for energy saving (column 3) and for the better identification of delays in the payment of expenses associated with housing (column 4).

5.2.3 Improving digital skills

Table 9 reports the results of the intervention on digital skills. With the synthetic index, without taking into account the initial value (column 1), the impact of the treatment is not significant, but it is when the precision increases by including the value of the indicator in the baseline in the regression (column 2). This index is composed of the following 5 variables: Internet availability, Level of interest in developing digital skills, Level of confidence in the use of digital tools, Digital

Signature Certificate and Level of interaction with administrations and public services through the network. Looking at each component of the index with a significant impact, a positive impact of the treatment on the interest in the digital skills of the treated with respect to control is detected (column 3). The improvement on average is 0.11 standard deviations, although it is only significant at 10%.

5.2.4 Greater assumption of parental responsibilities

Table 10 reports the results of the intervention on the assumption of parental responsibilities. In this case, the impact is positive and significant, varying between 0.12-0.15 standard deviations (columns 1 and 2). This index is composed of the following 2 variables: Level of development of parental skills and Degree of family satisfaction. Examining each component of the index with a significant impact, we see that the impact is positive both in the measure of development of parental skills (column 3) and in the degree of family satisfaction (column 4).

5.2.5 Greater integration into the community and better quality of their relationships with the environment

Table 11 reports the results of the intervention on community integration. Again the impact is positive and significant, varying between 0.37-0.40 standard deviations, the largest of all the estimated effects (columns 1 and 2). This index is composed of the following 4 variables: Degree of satisfaction in personal relationships, Degree of trust in others, Degree of perceived social support and Degree of citizen participation. Looking at each component of the index with a significant impact, this impact is due to both the improvement in the degree of satisfaction in personal relationships (column 3) and in trust in others (column 4).

5.2.6 Greater integration and educational success

Table 12 presents the results of the intervention on integration and educational success. Both concepts are measured using a composite indicator that encompasses the coverage of school material needs, academic performance, grade repetition, and school attendance (columns 1 and 2). The treatment has a positive and statistically significant effect ranging from 0.14 to 0.18 standard deviations, driven primarily by improvements in the coverage of school material needs (column 3)

and, to a lesser extent, by gains in school attendance (column 4).

5.2.7 Improving employability

Table 13 reports the results of the intervention on the employability of the participants. Employability is measured with a synthetic indicator that consists of a set of questions to capture objective factors such as the proportion of household members who are looking for work, the eventual improvement in income from work, and the specific activities carried out to look for work (activations). The treatment does not show any significant effect on employability (column 1), despite an improvement in the activation of household members for job search (column 2).

5.3 Heterogeneity Analysis

Finally, this subsection presents the analysis of treatment effect heterogeneity by participant characteristics. To this end, we estimate regressions analogous to those in the previous section, augmented with the variable capturing the relevant characteristic and its interaction with the treatment indicator.

Table 14 reports heterogeneous results by type of family (single-parent or not). The table has 6 columns, which correspond to the three main hypotheses indicated in the evaluation scheme: poverty reduction, with AROPE rate (columns 1 and 2) or with the indicator of child material deprivation (columns 3 and 4), and social inclusion (columns 5 and 6).

For non-single-parent families, as in the total sample, the treatment led to an improvement in the indicators of child material deprivation and social inclusion. The interaction of Treatment and single-parent is positive for both indicators, although in some cases it is estimated with low precision. For the synthetic indicator of social inclusion, an effect of treatment for single-parent families is estimated to double the impact of non-single-parent families. However, we did not detect significant effects on reduced poverty indicators.

6 Conclusions

This pilot project provides an opportunity to evaluate the effects of a new model of personalized and comprehensive accompaniment for families with children living in poverty, in comparison with the traditional model based on standard assistance. The evaluation adopts an experimental design,

employing stratified randomization (by family type and locality) to assign participants randomly to treatment and control groups. The sample consisted of around 2 thousands families residing in seven municipalities in Galicia.

The personalized and comprehensive treatment demonstrates a positive and statistically significant impact on child material deprivation. Positive effects are also observed for the synthetic indicator of social inclusion, with the most notable improvements concentrated in housing conditions, parental responsibility, community integration, and education. The improvements detected in housing, education, and community integration align with prior evidence that these are critical dimensions of child and adolescent social inclusion (Bessell, 2022; Moyano, 2020). By contrast, the treatment does not yield significant effects on simplified indicators of poverty, employability, or earned income, although some improvement is detected in the activation of household members in the labor market.

Finally, it should be noted that the findings presented in this paper are based on the final survey conducted immediately following the conclusion of the intervention. As such, the analysis is limited to short-term effects. In addition, although we were able to link a subset of household members to Social Security administrative records—thus observing their labor market situation one year after the intervention—the analysis shows no significant effects on employment probabilities or on job quality. It should be noted, nonetheless, that improving labor market outcomes was not the primary aim of the intervention. Moreover, the lack of administrative data on children's outcomes restricts our ability to assess potential effects on younger household members.

Data availability statement

All data, both raw and processed, for this paper are kept at the Ministerio de Inclusión, Seguridad Social y Migraciones. The data used in this paper are only available to the researchers through a virtual desktop at the Ministerio's server, after being anonymized, and they cannot be downloaded. The results can be downloaded after verification by the Ministerio. The researchers can only use these data for the purpose of the evaluation implemented in this paper. The researchers have signed an agreement with the Ministry that indicates that they cannot share any of these data through any means and the Ministerio has not indicated their willingness to share the data with journal editors or referees for the purpose of refereeing the paper for its potential publication.

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Tables

Table 1: Descriptive statistics

Variable	Obs.	Mean	Standard devations	Minimum	Maximum
Treatment	2038	0.45	0.50	0.00	1.00
Stratification variables:					
Single-parent families	2038	0.54	0.50	0.00	1.00
A Coruña	2038	0.23	0.42	0.00	1.00
Ferrol	2038	0.08	0.27	0.00	1.00
Lugo	2038	0.15	0.36	0.00	1.00
Ourense	2038	0.12	0.33	0.00	1.00
Pontevedra	2038	0.07	0.26	0.00	1.00
Santiago de Compostela	2038	0.07	0.26	0.00	1.00
Vigo	2038	0.27	0.44	0.00	1.00
Characteristics of the families:					
IMV	2038	0.88	0.32	0.00	1.00
RISGA	2038	0.12	0.32	0.00	1.00
Number of household members	2038	3.34	1.19	1.00	9.00
Number of household members under 18	2038	1.65	0.85	0.00	6.00
Number of household members who work	2038	0.55	0.66	0.00	3.00
Age of the respondent	2038	40.93	8.33	20.00	75.00
Sex of the respondent: woman	2038	0.87	0.34	0.00	1.00
Nationality of the respondent: Spanish	2038	0.70	0.46	0.00	1.00
Final indicators:					
Reduced AROPE	2038	0.58	0.65	0.00	2.00
- Absence of relative monetary poverty	2038	0.11	0.31	0.00	1.00
- Material and social deprivation	2038	2.48	1.55	0.00	7.00
Synthetic indicator of social inclusion	2038	0.72	0.09	0.31	0.95
- Health indicator	2038	0.78	0.14	0.20	1.00
- Housing indicator	2038	0.66	0.13	0.19	0.99
- Digital skills indicator	2038	0.62	0.16	0.00	1.00
- Parental responsibility indicator	2038	0.69	0.24	0.00	1.00
- Community integration indicator	2038	0.66	0.19	0.00	1.00
- Education indicator	2038	0.90	0.12	0.29	1.00
Intermediate indicators:					
Health literacy level	2038	0.90	0.20	0.00	1.00
Emotional health level	2038	0.62	0.21	0.00	1.00
Knowledge of aids and mechanisms for energy savings	2038	0.50	0.27	0.00	1.00
Delays in payment of expenses	2038	0.70	0.30	0.00	1.00
Interest in the development of digital skills	2038	0.79	0.27	0.00	1.00
Degree of family satisfaction	2038	0.69	0.24	0.00	1.00
Trust in others	2038	0.55	0.27	0.00	1.00

Table 2: Balancing tests among experimental groups

	Control		Treatment		t-test	
Variable	Obs./Clusters	Mean/(Var)	Obs./Clusters	Mean/(Var)	Obs./Clusters	p-value
Panel A: Stratification variables						
Single-parent families	1128	0.54	910	0.55	2038	0.83
	14	(21.54)	14	(17.35)	14	
A Coruña	1128	0.24	910	0.22	2038	0.49
	14	(15.72)	14	(12.17)	14	
Ferrol	1128	0.08	910	0.08	2038	0.96
	14	(6.44)	14	(5.16)	14	
Lugo	1128	0.16	910	0.15	2038	0.23
	14	(11.37)	14	(8.74)	14	
Ourense	1128	0.12	910	0.13	2038	0.26
	14	(9.02)	14	(7.73)	14	
Pontevedra	1128	0.07	910	0.08	2038	0.35
	14	(5.59)	14	(5.16)	14	
Santiago de Compostela	1128	0.07	910	0.08	2038	0.36
	14	(5.78)	14	(4.91)	14	
Vigo	1128	0.27	910	0.27	2038	0.95
	14	(17.01)	14	(13.70)	14	
Panel B: Characterisitics of the families and indicators of the results						
IMV	1128	0.88	910	0.87	2038	0.45
	14	(8.85)	14	(7.67)	14	
Number of household members	1128	3.35	910	3.32	2038	0.52
	14	(128.17)	14	(94.25)	14	
Number of household members under 18	1128	1.66	910	1.63	2038	0.47
	14	(66.41)	14	(45.93)	14	
Number of household members who work	1128	0.58	910	0.52	2038	0.07*
	14	(39.77)	14	(28.09)	14	
Age of the respondent	1128	40.92	910	40.95	2038	0.98
	14	(5562.47)	14	(5297.43)	14	
Sex of the respondent: woman	1128	0.87	910	0.87	2038	0.87
	14	(9.72)	14	(7.90)	14	
Nationality of the respondent: Spanish	1128	0.71	910	0.70	2038	0.70
	14	(18.02)	14	(14.79)	14	
Reduced AROPE	1128	0.57	910	0.59	2038	0.56
	14	(36.16)	14	(30.06)	14	
- Absence of relative monetary poverty	1128	0.11	910	0.11	2038	0.82
	14	(8.47)	14	(6.88)	14	
- Material and social deprivation	1128	2.49	910	2.46	2038	0.76
	14	(209.87)	14	(167.80)	14	
Synthetic indicator of social inclusion	1128	0.72	910	0.71	2038	0.03**
	14	(0.77)	14	(0.61)	14	
- Health indicator	1128	0.79	910	0.77	2038	0.04**
	14	(1.74)	14	(1.50)	14	
- Housing indicator	1128	0.66	910	0.66	2038	0.80
	14	(1.48)	14	(1.25)	14	
- Digital skills indicator	1128	0.63	910	0.61	2038	0.04**
	14	(2.31)	14	(1.90)	14	
- Parental responsibility indicator	1128	0.69	910	0.69	2038	0.93
	14	(4.95)	14	(4.03)	14	
- Community integration indicator	1128	0.67	910	0.64	2038	0.00***
	14	(3.19)	14	(2.51)	14	
- Education indicator	1128	0.90	910	0.90	2038	0.39
	14	(1.33)	14	(0.97)	14	

Note: Standard errors, grouped by randomization layers, in parentheses. * $p < 0.1$, ** $p < 0.05$,*** $p < 0.01$. Panel B includes the randomization layers as additional controls.

Table 3: Early Dropout Rate

Group	Total	Final Interview Completed
Treatment	910	826 (90.8%)
Control	1,128	1,036 (91.8%)
Total	2,038	1,862 (91,4%)

Table 4: Regression of the probability of non responding the endline survey

Final Interview Not Completed	(1)	(2)	(3)
Treatment	0.011	0.012	0.011
	(0.013)	(0.089)	(0.089)
Treatment and Ferrol		-0.024	-0.025
		(0.068)	(0.068)
Treatment and Lugo		-0.010	-0.006
		(0.054)	(0.053)
Treatment and Ourense		-0.002	0.002
		(0.054)	(0.053)
Treatment and Pontevedra		0.052**	0.051**
		(0.022)	(0.020)
Treatment and Santiago de Compostela		0.024	0.022
		(0.070)	(0.071)
Treatment and Vigo		0.013	0.018
		(0.014)	(0.017)
Treatment and Single-parent families		0.019	0.025
		(0.027)	(0.031)
Treatment and IMV		-0.011	-0.003
		(0.042)	(0.044)
Treatment and Age of the respondent		-0.002	-0.002
		(0.002)	(0.002)
Treatment and Sex of the respondent: woman		0.001	0.000
		(0.025)	(0.025)
Treatment and Nationality of the respondent: Spanish		0.031	0.032
		(0.022)	(0.024)
Treatment and Number of household members		0.017	0.035
		(0.012)	(0.027)
Treatment and Number of household members under 18			-0.030
			(0.038)
Treatment and Number of household members who work			-0.015
			(0.018)
Observations	2038	2038	2038

Note: Standard errors, grouped by randomization layers, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. All columns include the randomization strata as controls. Columns 2 and 3 additionally include the non-interacting variables as additional controls.

Table 5: Treatment effect on poverty reduction

	Reduced AROPE		Absence of relative monetary poverty		Material and social deprivation		Child material deprivation	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	-0.031	-0.006	-0.025	-0.005	-0.027	-0.012	0.131**	0.175***
	(0.045)	(0.048)	(0.031)	(0.031)	(0.047)	(0.050)	(0.060)	(0.054)
Observations	1862	1862	1862	1862	1862	1862	1862	1862
R^2	0.28	0.31	0.18	0.21	0.47	0.48	0.03	0.16
Control mean dep. var.	0.011	0.011	0.011	0.011	0.015	0.015	-0.057	-0.057
Initial value dep. var.	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Additional controls	No	Yes	No	Yes	No	Yes	No	Yes

Note: Robust/clustered standard errors have been used at the strata level. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The added controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 6: Treatment effect on social inclusion

	Synthetic indicator of social inclusion							
	Unweighted				Weighted			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.196***	0.261***	0.259***	0.261***	0.239***	0.295***	0.285***	0.288***
	(0.041)	(0.038)	(0.039)	(0.038)	(0.039)	(0.038)	(0.039)	(0.039)
Observations	1862	1862	1862	1862	1862	1862	1862	1862
R^2	0.05	0.38	0.38	0.38	0.05	0.29	0.31	0.31
Control mean dep. var.	-0.085	-0.085	-0.085	-0.085	-0.103	-0.103	-0.103	-0.103
Initial value dep. var.	No	No	Yes	Yes	No	No	Yes	Yes
Additional controls	No	Yes	No	Yes	No	Yes	No	Yes

	Health	Housing	Digital skills	Parental responsibility	Community integration	Education	Employability
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Treatment	0.018	0.167***	0.073	0.150***	0.367***	0.179***	0.017
	(0.048)	(0.040)	(0.056)	(0.032)	(0.052)	(0.030)	(0.047)
Observations	1862	1862	1862	1862	1862	1862	1862
R^2	0.15	0.22	0.12	0.23	0.23	0.14	0.03
Control mean dep. var.	0.007	-0.051	-0.013	-0.051	-0.140	-0.061	-0.009
Initial value dep. var.	No	No	No	No	No	No	No
Additional controls	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Note: Robust/clustered standard errors have been used at the strata level. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The added controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 7: Treatment effect on health

	Synthetic indicator of health		Emotional health level	Ability to assume the burden of dental care costs
	(1)	(2)	(3)	(4)
Treatment	0.018	0.037	0.099***	0.094*
	(0.048)	(0.051)	(0.025)	(0.049)
Observations	1862	1862	1862	1862
R^2	0.15	0.22	0.42	0.07
Control mean dep. var.	0.007	0.007	-0.028	-0.045
Initial value dep. var.	No	Yes	Yes	No
Additional controls	Yes	Yes	Yes	Yes

Note: Robust/clustered standard errors have been used at the strata level. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The added controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 8: Treatment effect on housing conditions

	Synthetic indicator of housing		Knowledge of aids and methods for energy saving	Identification of delays in the payment of expenses
	(1)	(2)	(3)	(4)
Treatment	0.167***	0.133***	0.079*	0.164***
	(0.040)	(0.034)	(0.042)	(0.044)
Observations	1862	1862	1862	1862
R^2	0.22	0.39	0.16	0.30
Control mean dep. var.	-0.051	-0.051	-0.030	-0.058
Initial value dep. var.	No	Yes	Yes	Yes
Additional controls	Yes	Yes	Yes	Yes

Note: Robust/clustered standard errors have been used at the strata level. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The added controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 9: Treatment effect on digital skills

	Synthetic indicator of digital skills		Interest in digital skills
	(1)	(2)	(3)
Treatment	0.073	0.112*	0.105*
	(0.056)	(0.059)	(0.050)
Observations	1862	1862	1862
R^2	0.12	0.34	0.17
Control mean dep. var.	-0.013	-0.013	-0.029
Initial value dep. var.	No	Yes	Yes
Additional controls	Yes	Yes	Yes

Note: Robust/clustered standard errors have been used at the strata level. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The added controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 10: Treatment effect on parental responsibilities

	Synthetic indicator of parental responsibilities		Development of parental skills	Degree of family satisfaction
	(1)	(2)	(3)	(4)
Treatment	0.150***	0.124***	0.103**	0.113***
	(0.032)	(0.029)	(0.045)	(0.036)
Observations	1862	1862	1862	1862
R^2	0.23	0.27	0.14	0.26
Control mean dep. var.	-0.051	-0.051	-0.038	-0.046
Initial value dep. var.	No	Yes	No	Yes
Additional controls	Yes	Yes	Yes	Yes

Note: Robust/clustered standard errors have been used at the strata level. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The added controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 11: Treatment effect on community integration

	Synthetic indicator of community integration		Satisfaction in personal relationships	Trust in others
	(1)	(2)	(3)	(4)
Treatment	0.367***	0.398***	0.076*	0.115***
	(0.052)	(0.047)	(0.042)	(0.035)
Observations	1862	1862	1862	1862
R^2	0.23	0.28	0.23	0.26
Control mean dep. var.	-0.140	-0.140	-0.019	-0.018
Initial value dep. var.	No	Yes	Yes	Yes
Additional controls	Yes	Yes	Yes	Yes

Note: Robust/clustered standard errors have been used at the strata level. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The added controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 12: Treatment effect on educational outcomes

	Synthetic indicator of education		Coverage of school material needs	School attendance
	(1)	(2)	(3)	(4)
Treatment	0.179***	0.142***	0.283***	0.090**
	(0.030)	(0.031)	(0.045)	(0.035)
Observations	1862	1862	1862	1862
R^2	0.14	0.38	0.21	0.14
Control mean dep. var.	-0.061	-0.061	-0.118	-0.030
Initial value dep. var.	No	Yes	Yes	Yes
Additional controls	Yes	Yes	Yes	Yes

Note: Robust/clustered standard errors have been used at the strata level. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The added controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 13: Treatment effect on employability

	Synthetic indicator of employability	Activations for employment
	(1)	(2)
Treatment	0.017	0.127*
	(0.047)	(0.065)
Observations	1862	1862
R^2	0.03	0.06
Control mean dep. var.	-0.009	-0.062
Initial value dep. var.	No	No
Aditional controls	Yes	Yes

Note: Robust/clustered standard errors have been used at the strata level. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The added controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 14: Treatment effect by type of family

	Simplified AROPE		Child material deprivation		Synthetic indicator of social inclusion	
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	-0.028	-0.002	0.101	0.133*	0.163***	0.166***
	(0.059)	(0.068)	(0.076)	(0.068)	(0.030)	(0.031)
Single-parent families	-0.065	-0.059	0.470***	0.486***	-0.011	-0.001
	(0.041)	(0.048)	(0.052)	(0.046)	(0.020)	(0.027)
Treatment and single-parent	-0.006	-0.008	0.057	0.080	0.179***	0.177***
	(0.088)	(0.094)	(0.115)	(0.098)	(0.046)	(0.047)
Observations	1862	1862	1862	1862	1862	1862
R^2	0.28	0.31	0.03	0.16	0.38	0.38
Control mean dep. var.	0.011	0.011	-0.057	-0.057	-0.085	-0.085
Initial value dep. var.	Yes	Yes	No	No	Yes	Yes
Controls	No	Yes	No	Yes	No	Yes

Note: Robust/clustered standard errors have been used at the strata level. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The added controls include the number of household members who work and the synthetic indicator of social inclusion.

A Additional Personalized and integral Treatment Services Portfolio

Table A1 shows the portfolio of treatment services.

Table A1: Personalized and integral Treatment Services

	Service	Description / Duration
1	Health and care training groups	Each workshop lasts 16 hours, held in 8 sessions of 2 hours per week
2	Individualized health and care counseling	Up to a maximum of 60 hours in 12 months (between 3 and 5 monthly sessions of one hour per person/family)
3	Aid for health expenses	Financial aid to facilitate access to medical, optical, pharmaceutical, or therapeutic consultations that are not covered by public resources in response to the needs of families. Up to 200 euros/year per person
4	Group workshop to improve the quality of housing	Each Training action lasts 8 hours, which can be carried out in several sessions
5	Individualized housing counseling and support	Minimum of two interviews or home visits per year per family
6	Housing payment assistance	Up to 150 euros/month as required
7	Aid for home repair	Up to 1500 euros/year as required
8	Aid in the payment of supplies	Up to 300 euros/year as required
9	Basic Digital Skills Workshop	Each training action lasts 12 hours, which can be carried out in 6 sessions of 2 hours or 4 sessions of 3 hours every two months
10	Connectivity aids	Monthly payment for the provision of internet connection (prepaid or by contract as required) of up to 50 euros/month per family up to a maximum of 12 months
11	Aid for the provision of computer equipment	Up to 150 euros per family per year
12	Parental Responsibility Workshop	Each workshop lasts 16 hours in 8 sessions of 2 hours and weekly frequency for two months
13	Community Engagement Activities	Each person participates in a maximum of 24 hours of community engagement activities per quarter. The activities vary in duration (from 2 to 4 hours)
14	Educational reinforcement groups	Adjusted to the school calendar set by the Ministry of Education and respecting the non-teaching periods (37 weeks): Primary: 1 hour/4 days a week or concentrated in 2 hours/2 days a week Secondary: 1.5 hours / 3 days a week Post-compulsory (FP or Baccalaureate): 1.5 hours / 3 days a week
15	Individualized School Support Sessions	Adjusted to the school calendar set by the Ministry of Education and respecting the non-teaching periods (37 weeks): Primary: 1 hour / 4 days a week Secondary: 1.5 hours / 3 days a week Post-compulsory (FP or Baccalaureate): 1.5 hours / 3 days a week
16	Non-formal education groups	4 hours/week per group during the school term (37 weeks)
17	Aid for school supplies	Up to 150 euros per child / year
18	Grants for non-formal educational activities	Up to 400 euros per child / year
19	Basic skills training courses	12 hours per week up to a maximum of 60 hours per training action
20	Training courses in professional skills	Maximum 250 hours per training action
21	Individual Career Counseling Sessions	Up to 10 sessions of a maximum of 2 hours per session
22	Financial aid to cover expenses that favor work-life balance	Up to 478 euros / year

B Definition of performance indicators

Table B1 shows the description and calculation formula of the outcome indicators used in the analysis, using the original names of the survey variables.

Table B1: Description of performance indicators

Code	Description	Original variable or formula
$IRF11_t$	Reduced AROPE	It meets both conditions: If ($IRF111_t = 1$ and $IRF112_t >= 3$) then $IRF11_t = 2$ It meets 1 condition: If (($IRF111_t = 0$ and $IRF112_t >= 3$) or ($IRF111_t = 1$ and $IRF112_t < 3$)) then $IRF11_t = 1$ It does not meet any: If ($IRF111_t = 0$ and $IRF112_t < 3$) then $IRF11_t = 0$
$IRF111_t$	Relative monetary poverty	$VIRF111_t$
$IRF112_t$	Material and social deprivation	$VIRF121_t + VIRF122_t + VIRF123_t + VIRF124_t + VIRF125_t + VIRF126_t + VIRF127_t$
$IRF12_t$	Child material deprivation	$VIRF131_t + VIRF132_t + VIRF133_t + VIRF134_t + VIRF135_t + VIRF136_t +$ $\text{VIRF}137_t + VIRF138_t + VIRF139_t + VIRF1310_t + VIRF1311_t$
$IRF2_t$	Synthetic indicator of social inclusion	$(IRI1_t + IRI2_t + IRI3_t + IRI4_t + IRI5_t + IRI6_t + IRI7_t)/7$
IRI_14	Synthetic Health Indicator	$(IRI19_t + IRI15_t + IRI16_t + IRI12_t + IRI14_t + IRI21_t + IRI17_t + IRI18_t)/8$
$IRI19_t$	Perceived household health level	$(VIRI191_t - 5)/(1 - 5)$
$IRI15_t$	Frequency of medical care	$(VIRI151_t - 5)/(1 - 5)$
$IRI16_t$	Frequency of illness	$(VIRI161_t - 5)/(1 - 5)$
$IRI12_t$	Level of health-related quality of life	$(((1/5) * VIRI121_t + VIRI122_t + VIRI123_t + VIRI124_t + VIRI125_t)) - 3)/(1 - 3)$
$IRI14_t$	Level of emotional health	$(1/9) * ((VIRI141_t - 1)/(5 - 1) + (VIRI142_t - 1)/(5 - 1) + (VIRI143_t - 1)/(5 - 1) + (VIRI144_t - 1)/(5 - 1) + (VIRI145_t - 1)/(5 - 1) +$ $(VIRI146_t - 1)/(5 - 1) + (VIRI147_t - 1)/(5 - 1)/(5 - 1) + (VIRI148_t - 5)/(1 - 5) + (VIRI149_t - 1)/(5 - 1))$
$IRI21_t$	Health literacy level	$((1/4) * (dVIRI212_t + dVIRI213_t + dVIRI219_t + dVIRI2110_t))$, where $dVIRI212_t$ is an indicator that takes the value 1 if $VIRI212_t = 1$ or $VIRI212_t = 2$
$IRI17_t$	Dental care expenses	Indicator that the expenses incurred in dental care have not been a burden: $VIRI171_t = 3$
$IRI18_t$	Drug Spending	Indicator that the expenditure incurred on medicines has not been a burden: $VIRI181_t == 3$
$IRI2_t$	Synthetic Housing Indicator	$(IRI41_t + IRI42_t + IRI54_t + IRI51_t + IRI45_t)/5$
$IRI41_t$	Synthetic indicator of residential deprivation due to overcrowding	$((NH/VIRI411_t) - 10)/(0 - 10)$
$IRI42_t$	Indicator of residential deprivation due to structural problems in housing	$((1 - VIRI421_t) + (1 - VIRI431_t) + VIRI441_t + VIRI442_t)/4$
$IRI54_t$	Degree of knowledge of aids and mechanisms for energy saving	$(VIRI541_t - 6)/(1 - 6)$
$IRI51_t$	Identification of delays suffered by the household in the payment of expenses related to mortgage loans, rent or utilities	$((4 - (VIRI511_t + VIRI521_t + VIRI531_t)) - 0)/4$
$IRI45_t$	Indicator of the degree of satisfaction with housing	$(VIRI451_t)/10$
$IRI3_t$	Synthetic indicator of digital skills	$(IRI111_t + IRI132_t + IRI133_t + IRI134_t + IRI122_t)/5$
$IRI111_t$	Internet availability	$VIRI1111_t$
$IRI132_t$	Level of interest in developing digital skills	$(VIRI1321_t - 1)/(3 - 1)$
$IRI133_t$	Level of confidence in the use of digital tools	$(((1/3) * (VIRI1331_t + VIRI1332_t + VIRI1333_t)) - 3)/(1 - 3)$
$IRI134_t$	Digital Signature Certificate	$VIRI1341_t$
$IRI122_t$	Level of interaction with administrations and public services through the network	$(VIRI1221_t + VIRI1222_t + VIRI1223_t + VIRI1224_t + VIRI1225_t + VIRI1226_t + VIRI1227_t)/7$
$IRI4_t$	Synthetic indicator of parental responsibility	$(IRI62_t + IRI72_t)/2$
$IRI62_t$	Level of development of parental skills	$(((VIRI621_t + VIRI622_t + VIRI623_t)/3) - 0)/(3 - 0)$
$IRI72_t$	Degree of family satisfaction	$(((VIRI721_t + VIRI722_t)/2) - 1)/(7 - 1)$
$IRI5_t$	Synthetic indicator of community integration	$(IRI101_t + IRI191_t + IRI181_t + IRI182_t)/4$
$IRI101_t$	Degree of satisfaction in personal relationships	$VIRI1011_t/10$
$IRI191_t$	Degree of trust in others	$VIRI911_t/10$
$IRI181_t$	Degree of perceived social support	$(((VIRI811_t + VIRI814_t + VIRI816_t + VIRI819_t)/4) - 1)/(5 - 1)$
$IRI182_t$	Degree of citizen participation	$(((VIRI821_t + VIRI822_t + VIRI823_t)/3) - 1)/(5 - 1)$
$IRI6_t$	Synthetic Education Indicator	$(IRI161_t + IRI141_t + IRI142_t + IRI151_t)/4$
$IRI161_t$	Indicator on the coverage of school material requirements	$(VIRI1611_t + VIRI1612_t + VIRI1613_t + VIRI1614_t))/4$
$IRI141_t$	School-age repetition indicator for school-age household members (6-16)	$(((VIRI1411_{1t} + VIRI1411_{2t} + VIRI1411_{3t} + VIRI1411_{4t} + VIRI1411_{5t} + VIRI1411_{6t})/(menores6_t6) - 4)/(1 - 4)$
$-IRI142_t$	Indicator on the number of subjects failed in the last academic year by school-age household members (6-16)	$(((Interval_{S1t} + Interval_{S2t} + Interval_{S3t} + Interval_{S4t} + Interval_{S5t} + Interval_{S6t})/(menores6_t6) - 4)/(1 - 4)$. Brackets (1-4) are calculated for failures based on $VIRI1421_{nt}$, the average of the children is made and normalized so that higher values of the indicator imply fewer failures
$IRI151_t$	Absenteeism indicator	$(((Interval_{F1t} + Interval_{F2t} + Interval_{F3t} + Interval_{F4t} + Interval_{F5t} + Interval_{F6t})/(menores6_t6) - 4)/(1 - 4)$. Brackets (1-4) are calculated for absences based on $VIRI1511_{nt}$, the average number of children is made and normalized so that higher values of the indicator imply less absenteeism
$IRI7_t$	Synthetic employability indicator	$(IRI187_t + IRI189_t + IRI202_t + IRI203_t)/4$
$IRI187_t$	Proportion of household members seeking employment	$VIRI1871_t$/Number of household members
$IRI189_t$	Number of activations for the employment of household members	$(VIRI1891_t + VIRI1892_t + VIRI1893_t + VIRI1894_t + VIRI1895_t)/5$
$IRI202_t$	Indicator of obtaining a job	$VIRI2021_t$
$IRI203_t$	Proportion of increase in earned income	$(VIRI2031_t - 1)/(4 - 1)$

The following list includes the description of the survey variables included in the calculation of each indicator.

- VIRF111$_t$

Absence of relative monetary poverty

0. No 1. Yes

Pre-Post

- VIRF121$_t$

Material and social deprivation: 1) Your household can afford to go on vacation for at least one week a year.

0. No 1. Yes

Pre-Post

- VIRF122$_t$

Material and social deprivation: 2) Your household can afford a meal of meat, poultry or fish at least every other day.

0. No 1. Yes

Pre-Post

- VIRF123$_t$

Material and social deprivation: 3) Your home can afford to keep the house at an adequate temperature.

0. No 1. Yes

Pre-Post

- VIRF124$_t$

Material and social deprivation: 4) Your household can afford to have a car.

0. No 1. Yes

Pre-Post

- VIRF125$_t$

Material and social deprivation: 5) Your household can afford to replace damaged or old furniture.

0. No 1. Yes

Pre-Post

- VIRF126$_t$

Material and social deprivation: 6) Their household has the capacity to meet unforeseen expenses of 650 euros.

0. No 1. Yes

Pre-Post

- VIRF127$_t$

  Material and social deprivation: 7) Your household has not had delays in the payment of purchases in installments in the last 12 months.

  0. No 1. Yes

  Pre-Post

- VIRF131$_t$

  Child material deprivation: 1) Children under 16 years of age in the home have new clothes (that are not second-hand)

  0. No 1. Yes

  Post

- VIRF132$_t$

  Child material deprivation: 2) Children under 16 years of age in the household have two pairs of suitable shoes (or a suitable pair for any time of the year) 0. No 1. Yes

  Post

- VIRF133$_t$

  Child material deprivation: 3) Children under 16 years of age in the household eat fresh fruit and vegetables at least once a day

  0. No 1. Yes

  Post

- VIRF134$_t$

  Child material deprivation: 4) Children under 16 years of age in the household eat at least one meal of meat, poultry or fish (or the vegetarian equivalent) a day

  0. No 1. Yes

  Post

- VIRF135$_t$

  Children's material deprivation: 5) Children under 16 years of age in the home have books appropriate for their age 0. No 1. Yes

  Post

- VIRF136$_t$

  Children's material deprivation: 6) Children under 16 years of age in the home have outdoor leisure equipment (bicycles, skates, etc.)

  0. No 1. Yes

  Post

- VIRF137$_t$

  Children's material deprivation: 7) Children under 16 years of age in the home have toys that can be used inside the home (educational toys for babies, board games, computer games, etc.). 0. No 1. Yes

  Post

- VIRF138$_t$

  Children's material deprivation: 8) Children under 16 years of age in the home regularly have leisure activities (sports, swimming, playing an instrument, youth organizations, etc.).

  0. No 1. Yes

  Post

- VIRF139$_t$

  Children's material deprivation: 9) Children under 16 years of age in the home can celebrate special occasions (birthdays, saints, religious events, etc.).

  0. No 1. Yes

  Post

- VIRF1310$_t$

  Children's material deprivation: 10) Children under 16 years of age in the home can meet from time to time with their friends to play and invite them to have a drink

  0. No 1. Yes

  Post

- VIRF1311$_t$

  Child material deprivation: 11) Children under 16 years of age from home can go on vacation away from home at least one week a year

  0. No 1. Yes

  Post

- VIRI191$_t$

  Self-assessment of household members' overall health status

  1. Very good 2. Good 3. Regular 4. Bad 5. Very bad

  Post

- VIRI151$_t$

  How often a household member has needed medical care

  1.Never 2. Very rarely 3.Sometimes 4.Often 5. Very often

  Post

- VIRI161$_t$

  How often a household member has become ill

  1.Never 2. Very rarely 3.Sometimes 4.Often 5. Very often

  Post

- VIRI121$_t$

  Self-perception of the respondent (household referent) regarding their health-related quality of life in the mobility dimension (based on the EQ-5D scale)

  1.No I have trouble walking 2. I have some trouble walking 3. I have to be in bed

  Pre-Post

- VIRI122$_t$

  Self-perception of the respondent (household referent) regarding their health-related quality of life in personal care (based on the EQ-5D scale).

  1. I don't have a problem with self-care 2. I have some trouble washing or dressing myself 3. I am unable to wash or dress myself

  Pre-Post

- VIRI123$_t$

  Self-perception of the respondent (household referent) regarding his/her health-related quality of life in the performance of daily activities (based on the EQ-5D scale)

  1.No I have trouble doing my daily activities 2. I have some problems performing my daily activities 3. I am unable to perform my daily activities

  Pre-Post

- VIRI124$_t$

  Self-perception of the respondent (household referent) regarding their health-related quality of life in terms of suffering from pain and/or discomfort (based on the EQ-5D scale)

  1.No I have pain or discomfort 2. I have moderate pain or discomfort 3. I have a lot of pain or discomfort

  Pre-Post

- VIRI125$_t$

  Self-perception of the respondent (household referent) regarding their health-related quality of life in terms of anxiety and/or depression based on the EQ-5D scale)

  1.No I am anxious or depressed 2. I am moderately anxious or depressed 3. I am very anxious or depressed

  Pre-Post

- VIRI141$_t$

  Self-assessment of the respondent (household referent) regarding his/her emotional health expressed in feeling useful and/or productive for others (based on the EBMWE scale)

  1.Never 2. Very rarely 3.Sometimes 4.Often 5.Always

  Pre-Post

- VIRI142$_t$

  Self-assessment of the respondent (household referent) regarding their emotional well-being expressed in feeling relaxed (based on the EBMWE scale)

  1.Never 2. Very rarely 3.Sometimes 4.Often 5.Always

  Pre-Post

- VIRI143$_t$

  Self-assessment of the respondent (household referent) regarding their emotional health expressed in feeling energetic to do things (based on the EBMWE scale)

  1.Never 2. Very rarely 3.Sometimes 4.Often 5.Always

  Pre-Post

- VIRI144$_t$

  Self-assessment of the respondent (household referent) regarding their problem-solving capacity (based on the EBMWE scale)

  1.Never 2. Very rarely 3.Sometimes 4.Often 5.Always

  Pre-Post

- VIRI145$_t$

  Self-assessment of the respondent (household referent) regarding their well-being (based on the EBMWE scale)

  1.Never 2. Very rarely 3.Sometimes 4.Often 5.Always

  Pre-Post

- VIRI146$_t$

  Self-assessment of the respondent (household referent) regarding their emotional health in relation to the feeling of security and confidence (based on the EBMWE scale)

  1.Never 2. Very rarely 3.Sometimes 4.Often 5.Always

  Pre-Post

- VIRI147$_t$

  Self-assessment of the respondent (household referent) regarding their mood (based on the EBMWE scale)

  1.Never 2. Very rarely 3.Sometimes 4.Often 5.Always

  Pre-Post

- VIRI148$_t$

  Self-assessment of the respondent (household referent) regarding their ability to fall asleep (based on the EBMWE scale)

  1.Never 2. Very rarely 3.Sometimes 4.Often 5.Always

  Pre-Post

- VIRI149$_t$

  Self-assessment of the respondent (household referent) regarding their ability to choose and make decisions (based on the EBMWE scale)

  1.Never 2. Very rarely 3.Sometimes 4.Often 5.Always

  Pre-Post

- VIRI212$_t$

  Health literacy of the respondent (household referent) in relation to getting professional help when sick (based on the HLS-EU-Q16 scale)

  1.Very easy 2.Easy 3.Regular 4. Difficult 5. Very difficult

  Pre-Post

- VIRI213$_t$

  Health literacy of the respondent (household referent) to understand what the doctor says (based on the HLS-EU-Q16 scale)

  1.Very easy 2.Easy 3.Regular 4. Difficult 5. Very difficult

  Pre-Post

- VIRI219$_t$

  Health literacy of the respondent (household referent) in relation to understanding health warnings with unhealthy habits (based on the HLS-EU-Q16 scale)

  1.Very easy 2.Easy 3.Regular 4. Difficult 5. Very difficult

  Pre-Post

- VIRI2110$_t$

  Health literacy of the respondent (household referent) in understanding how to perform early detection medical check-ups (based on the HLS-EU-Q16 scale)

  1.Very easy 2.Easy 3.Regular 4. Difficult 5. Very difficult

  Pre-Post

- VIRI171$_t$

  Burden on the household of dental care expenses

  1.A heavy load 2.A reasonable charge 3.No charge 4. The household has not used dental assistance

  Post

- VIRI181$_t$

  Burden that drug costs have placed on the household

  1.A heavy load 2.A reasonable charge 3.No charge 4. The household has not consumed medicines

  Post

- VIRI411$_t$

  Number of rooms in the house

  Numerical

  Pre-Post

- VIRI541$_t$

  Degree of knowledge of the respondent (household referent) of aid mechanisms for energy saving in the home

  1. Very good 2. Good 3. Regular 4. Bad 5. Very bad 6. You've never heard of them

  Pre-Post

- VIRI511$_t$

  Identification of delays suffered by the household in the payment of expenses related to mortgage loans requested for the purchase of the home

  0. No

1. Yes, only once 2. Yes, twice or more

Pre-Post

- VIRI521$_t$

  Identification of delays suffered by the household in the payment of expenses related to the rental of the home

  0. No

  1. Yes, only once 2. Yes, twice or more

  Pre-Post

- VIRI531$_t$

  Identification of delays experienced by the household in the payment of expenses related to housing supplies

  0. No

  1. Yes, only once 2. Yes, twice or more

  Pre-Post

- VIRI451$_t$

  Degree of satisfaction with the respondent's housing (household referent)

  Scale from 0 (not at all satisfied) to 10 (fully satisfied)

  Pre-Post

- VIRI421$_t$

  Presence of structural problems in the home (leaks, dampness in walls, floors, ceilings or foundations or rot in floors, frames, windows or doors)

  0. No 1. Yes

  Pre-Post

- VIRI431$_t$

  Housing characterized by a lack of natural light

  0. No 1. Yes

  Pre-Post

- VIRI441$_t$

  Adequate temperature of the house in winter

  0. No 1. Yes

  Pre-Post

- VIRI442$_t$

  Adequate temperature of the house in summer

  0. No 1. Yes

  Pre-Post

- VIRI1111$_t$

  Availability of internet access at home

  0. No 1. Yes

  Pre-Post

- VIRI1321$_t$

  Level of interest in the use of digital tools

  1. I'm not interested in it and I don't plan to learn how to use it 2. I don't like it very much, but I plan to learn the basics because it's useful. 3. I really like and am interested in learning new things.

  Pre-Post

- VIRI1331$_t$

  Level of confidence in the handling of digital tools by households members - basic

  1. All 2. Some 3. Nobody

  Pre-Post

- VIRI1332$_t$

  Level of confidence in the handling of digital tools by household members - basic for work

  1. All 2. Some 3. Nobody

  Pre-Post

- VIRI1333$_t$

  Level of confidence in the handling of digital tools by household members - advanced

  1. All 2. Some 3. Nobody

  Pre-Post

- VIRI1341$_t$

  Whether any household member has a digital signature certificate

  0. No 1. Yes

  Pre-Post

- VIRI1221$_t$

  Procedures carried out with the Public Administration by the interviewee or members of his/her family in the last three months: 1) Download or print official forms.

  0. No 1. Yes

  Pre-Post

- VIRI1222$_t$

  Procedures carried out with the Public Administration by the interviewee or members of his/her family in the last three months: 2) Download the registration certificate.

  0. No 1. Yes

  Pre-Post

- VIRI1223$_t$

  Procedures carried out with the Public Administration by the interviewee or members of his/her family in the last three months: 3) File the income tax return.

  0. No 1. Yes

  Pre-Post

- VIRI1224$_t$

  Procedures carried out with the Public Administration by the interviewee or members of his/her family in the last three months: 4) Register or renew a job application.

  0. No 1. Yes

  Pre-Post

- VIRI1225$_t$

  Steps taken with the Public Administration by the interviewee or members of his/her family in the last three months: 5) Request unemployment benefit or benefit.

  0. No 1. Yes

  Pre-Post

- VIRI1226$_t$

  Procedures carried out with the Public Administration by the interviewee or members of his/her family in the last three months: 6) Request the Minimum Vital Income.

  0. No 1. Yes

  Pre-Post

- VIRI1227$_t$

  Procedures carried out with the Public Administration by the interviewee or members of his/her family in the last three months: 7) Request the electricity social bonus/thermal social bonus.

  0. No 1. Yes

  Pre-Post

- VIRI621$_t$

  Level of parental skills of the respondent: 1) I see myself as a parent.

  0. Never 1. Rarely or sometimes 2. Quite a few / many times 3. Most of the time/always

  Post

- VIRI622$_t$

  Level of parental skills of the respondent: 2) I have a good relationship with my children

  0. Never 1. Rarely or sometimes 2. Quite a few / many times 3. Most of the time/always

  Post

- VIRI623$_t$

  Level of parental skills of the respondent: 3) Our family members get along well with each other

  0. Never 1. Rarely or sometimes 2. Quite a few / many times 3. Most of the time/always

  Post

- VIRI721$_t$

  Level of satisfaction with the respondent's family life: 1) In most things, my family life is close to my ideal

  1. Completely disagree 2. Disagree. 3. Rather disagree. 4. Neither agree nor disagree 5. Rather agree. 6. Okay. 7. Completely agree.

  Post

- VIRI722$_t$

  Level of satisfaction with the respondent's family life: 2) I am satisfied with my family life

  1. Completely disagree 2. Disagree. 3. Rather disagree. 4. Neither agree nor disagree 5. Rather agree. 6. Okay. 7. Completely agree.

  Post

- VIRI1871$_t$

  Household members age 16 and older who have sought employment (or management to start their own business)

  Numerical

  Post

- VIRI1891$_t$

  Activations for the employment of household members aged 16 or over: 1) Has completed some type of study or training

  0. No 1. Yes

  Post

- VIRI1892$_t$

  Activations for employment of household members aged 16 and over: 2) You have updated your CV

  0. No 1. Yes

  Post

- VIRI1893$_t$

  Activations for the employment of household members aged 16 and over: 3) Has used a job search resource (uploading CV on the internet, reading job advertisements,...)

  0. No 1. Yes

  Post

- VIRI1894$_t$

  Activations for employment of household members aged 16 and over: 4) Has completed a job interview

  0. No 1. Yes

  Post

- VIRI1895$_t$

  Activations for the employment of household members aged 16 or over: 5) Has been able to count on family reconciliation services that helped them to train or participate in job search activities

  0. No 1. Yes

  Post

- VIRI1011$_t$

  Level of overall satisfaction of the respondent (household referent) in their personal relationships.

  Scale from 0 (not at all satisfied) to 10 (fully satisfied)

  Pre-Post

- VIRI911$_t$

  Degree of trust in others of the respondent (household referent).

  Scale from 0 (I don't trust anyone) to 10 (I trust most people)

  Pre-Post

- VIRI811$_t$

  Perception of the respondent (household referent) regarding the situation of affective and confidential support provided by other people according to the statement: 1) I receive visits from my friends and family. (Based on the Duke-UNC11 functional social support scale).

  1. Much less than I want. 2. Less than I want. 3. Neither too much nor too little. 4. Almost as desire. 5. As much as I wish.

  Pre-Post

- VIRI814$_t$

  Perception of the respondent (household referent) regarding the situation of affective and confidential support provided by other people according to the statement: 2) I have people who worry about what happens to me. (Based on the Duke-UNC11 functional social support scale).

  1. Much less than I want. 2. Less than I want. 3. Neither too much nor too little. 4. Almost as desire. 5. As much as I wish.

  Pre-Post

- VIRI816$_t$

  Perception of the respondent (household referent) regarding the situation of affective and confidential support provided by other people according to the statement: 3) I have the possibility of talking to someone about my problems. (Based on the Duke-UNC11 functional social support scale).

  1. Much less than I want. 2. Less than I want. 3. Neither too much nor too little. 4. Almost as desire. 5. As much as I wish.

  Pre-Post

- VIRI819$_t$

  Perception of the respondent (household referent) regarding the situation of affective and confidential support provided by other people according to the statement: 4) I receive invitations to distract myself and go out with other people. (Based on the Duke-UNC11 functional social support scale).

1. Much less than I want. 2. Less than I want. 3. Neither too much nor too little. 4. Almost as desire. 5. As much as I wish.

Pre-Post

- VIRI821$_t$

  Frequency of participation of household members in civic participation activities: 1) Cultural and recreational activities in the family

  1.Never 2. Very rarely 3.Sometimes 4.Often 5. Very often

  Post

- VIRI822$_t$

  Frequency of participation of household members in citizen participation activities: 2) Have professionals and/or support organizations

  1.Never 2. Very rarely 3.Sometimes 4.Often 5. Very often

  Post

- VIRI823$_t$

  Frequency of participation of household members in citizen participation activities: 3) Participation of children outside of school and/or summer hours in recreational or leisure activities

  1.Never 2. Very rarely 3.Sometimes 4.Often 5. Very often

  Post

- VIRI1611$_t$

  Level of coverage of the school material needs of school-age family members: 1) textbooks and complementary study support books.

  0. No 1. Yes

  Pre-Post

- VIRI1612$_t$

  Level of coverage of the school material needs of school-age family members: 2) stationery and photocopies.

  0. No 1. Yes

  Pre-Post

- VIRI1613$_t$

  Level of coverage of the school material needs of school-age family members: 3) uniforms, school sports shoes or clothing, backpacks, etc.

  0. No 1. Yes

  Pre-Post

- VIRI1614$_t$

  Level of coverage of the school material needs of school-age family members: 4) musical instruments, drawing tools or materials, instruments and specialized material (laboratory, optical, etc.).

  0. No 1. Yes

  Pre-Post

- VIRI1411$_{nt}$

  Repeating a school year at some point in life (n=household member aged 6-16).

  1. No 2. Yes, once 3. Yes, twice 4. Yes, three or more times

  Pre-Post

- VIRI1421$_{nt}$

  Number of subjects failed by each school-age child during the last school year (n= household member aged 6-16)

  Number

  Pre-Post

- VIRI1511$_{nt}$

  Level of school absenteeism reflected in the number of days that each child of school age has been absent unjustified (n= household member aged 6-16).

  Number

  Pre-Post

- VIRI2021$_{t}$

  Any member of the household aged 16 or over has found a job.

  0. No 1. Yes

  Post

- VIRI2031$_{t}$

  Percentage increase in income derived from work

  1. No increase 2. Slight increase (up to 5%) 3. Moderate increase (5-10%) 4. Significant increase (10% or more)

  Post