

For internal tracking:

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Pre-Analysis Plan: The impact of educational, social, and labor support for parents and children on wellbeing, employment, and schooling outcomes: A pilot study with Save the Children in Spain¹

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Abstract

In spite of the emergence of minimum income schemes in some high-income countries, such as the *Ingreso Mínimo Vital* (IMV) in Spain, there is not enough evidence to prove that these transfers alone can promote social inclusion amongst potential beneficiaries. In these contexts, it is common to find non-governmental organizations (NGOs) providing packages of several social services for low-income households, including programs around educational, labor, and social support, which aim to enhance the effectiveness of underlying government income schemes. We are currently partnering with Save the Children-Spain (STC) and the Spanish Ministry of Inclusion, Social Security and Migrations (MISSM) to run a randomized evaluation of STC's labor, education, and social interventions targeting families with school-age³ children that are socially excluded or at risk of social exclusion⁴. Families will be randomly assigned to receive either the standard STC 'social support' package, or to receive 'social support' plus a combination of labor and educational support interventions. Our primary outcomes will include measures of subjective wellbeing and income, parents' labor insertion, and educational achievement and attitudes amongst their children. At the end of the experiment, we expect to prove that a comprehensive social program that incorporates labor and educational components can be more effective on improving the well-being of children and adolescents of vulnerable families than other programs that only provide social support.

Section 1. Introduction

- What is the study about? Who are the principal investigators of this study?
- What is the name of the study partner?

In May 2020, the Spanish government introduced a minimum income scheme, the *Ingreso Mínimo Vital* (IMV), for low-income individuals and households. The Ministry of Inclusion, Social Security and Migration (MISSM) has targeted funding from the NextGenerationEU to test the effectiveness of a series of programs that complement the IMV and aim at strengthening economic and social resilience. To determine which policies and programs might work best, these pilots are evaluated using Randomized Controlled Trials (RCTs). The programs are implemented by regional governments, local governments and NGOs throughout Spain and the evaluation is supported by the MISSM, a group of researchers coordinated by CEMFI, and J-PAL Europe.

Save the Children-Spain (STC), an international NGO that promotes policy changes to improve the lives of children and young people around the world, is implementing a set of activities aimed at improving the social inclusion of vulnerable parents and their children. These activities are divided into three components: (1) social support for families, (2) labor

³ This means children between the ages of 0 and 18 years old.

⁴ This comprises families that are fully legal residents in Spain with at least one adult of the household with enough knowledge of Spanish, and an equalized household income below the poverty line.

support for parents, and (3) educational support for children. In partnership with the Ministry, and with the academic oversight of Pedro Rey-Biel and Teresa Molina-Millán, STC has adapted their programming to an RCT design that allows to evaluate the effectiveness of the different components.

- [What is your projected study timeline? What is the current stage of the project?](#)

As of the time of writing, families had been recruited to participate in the pilot, baseline information had been gathered, and the process of randomization had been finalized. Implementation of STC's activities began in September 2022 and is planned to end in September 2023. The evaluation timeline will begin in April 2024 and end on the same month.

- [Have you received IRB clearance? What is the IRB of record?](#)

The project received IRB approval by the committee of the Ministry of Inclusion, Social Security and Migration. on November 4, 2022.

Section 2. Motivation

- [What is the main problem/question motivating the study?](#)
- [What are the main research questions the study seeks to answer?](#)

In spite of the emergence of the *Ingreso Mínimo Vital* in Spain, both the MISSM as well as other institutions such as local governments and NGOs, remain interested in determining which complementary social policies might work best at increasing social inclusion amongst vulnerable populations. Given that Spain is the second country in the European Union with the highest rates of child poverty⁵, Save the Children is interested in testing new approaches that can effectively improve the well-being of Spanish children living under social exclusion. Specifically, STC is interested in learning whether a more holistic approach that includes a suite of social, labor-related, and educational services for vulnerable households with minor children under their care works better than a leaner approach composed only by parental and social support. As a result, the main objective of this RCT is to evaluate the contribution of each of the components of STC's programming, and the impact the combination of them can have on the well-being of children and adolescents of families that are at risk of social exclusion.

- [How has this problem/question been addressed thus far? How is this study different from prior research on this problem/question?](#)

There is a broad literature on RCTs conducted in low-, middle-, and high-income countries that document the effectiveness of different social, labor-related, and educational

⁵ For more information, see STC's report "Familias en riesgo. Análisis de la situación de la pobreza en los hogares con hijos e hijas en España", January 2020.

interventions to improve outcomes related to social inclusion. Some of these studies include (a) the use of personalized consultations to increase the participation in social benefits (e.g. [Antunez, et al 2020](#)) ; (b) job-seeking support interventions to improve employment outcomes ([J-PAL 2022](#)); and (c) educational support for low-income children through tutoring ([J-PAL 2020a](#)), information programs for students and parents to increase engagement and effort ([J-PAL 2020b](#)), tailored instruction for students to boost learning ([J-PAL 2019](#)), and early childhood stimulation from caregivers to enhance child development ([J-PAL 2020c](#)).

'Social support' programs commonly provided by NGOs like STC tend to consist of a combination of individualized family support, workshops, and personalized services. Nevertheless, improving the well-being of minor children living under social exclusion requires further work in other aspects of their family and environment. This RCT contributes to the literature on social inclusion by testing the complementarities of educational and labor-oriented interventions with a traditional social support program. Furthermore, the evaluation seeks to inform the current and future work done by STC, providing evidence of the impact holistic programs can have on improving the well-being of children and adolescents of families at risk of social exclusion.

- [Why is the context that you have chosen for this study appropriate?](#)

It is important to note that STC annually assigns more than 5 million euros to support families at risk of social exclusion in Spain. Due to the COVID-19 pandemic, the NGO has increased its investment in the country in an effort to reduce child poverty. The high institutional investment has resulted in an extensive network that extends through 20 municipalities in Spain. It also has accumulated experience working with disadvantaged populations in the cities where this intervention will take place: Fuenlabrada, Sevilla, Cádiz, and Melilla.

Section 3. Data sources, experimental design, and econometric specifications

3.1 Data and Sampling Frame

- What is the eligible population for the study? What are the main characteristics of this population?
- What is the expected sample for the study? What is the expected sample size? How does the expected sample differ from the population?
- How will the selection of study sample and recruitment of potential participants take place? (i.e., Will there be any communication campaigns? Any application or self-selection into the program? Will randomization only occur if there is oversubscription? Will there be any special quotas you will fill when selecting participants into the study?)

The population for the study is comprised by families with school-age children (0-18 years old), currently living in the municipalities of Fuenlabrada, Sevilla, Cádiz, or Melilla, with sufficient knowledge of Spanish, and an income level below the poverty line. Part of the program participants have been derived to STC by social services working in each of the four selected municipalities. The staff of all municipal social services has ensured that the selected families meet the requirements of the program, and that they are not currently participating in other related programs to avoid contamination. The other set of program participants come from a sample of beneficiaries of the IMV and the Child Support Supplement (CAPI) who were contacted by STC staff via telephone⁶. It is important to note that all members of a family are considered participants of the program.

STC contacted a total of 1,983 families to participate of the experiment. Of this group, 289 families did not attend the interview or answered STC's calls and 858 did not meet the pre-requisites and 44 were not interested in participating. This left a total sample of 792 families interested in participating in the program. Each family is roughly estimated to have an average of 4 family members, with total number of participants of 3,065 individuals.

Table 1: Summary of Families by Municipality

Household Characteristics		IMV or CAPI Beneficiaries				Non-Beneficiaries			
		Unemployed adults		Other		Unemployed adults		Other	
Municipality	Total	Single Parent	Other	Single Parent	Other	Single Parent	Other	Single Parent	Other
Cádiz	173	57	20	22	43	11	5	1	14
Fuenlabrada	209	52	29	21	42	18	5	20	22
Melilla	170	45	26	19	31	18	3	13	15
Sevilla	240	62	95	17	57	0	5	1	3
Total	792	216	170	79	173	47	18	35	54

- What are your main data sources?
- Will you collect survey data? Who will conduct the data collection? Who will be surveyed, when, and what will they be asked? How were your survey instruments developed, and have these been piloted?

Surveys, standardized tests, observational data, and other administrative sources will be used to measure impacts. We will have access to administrative data on participants through the use of meeting minutes, participation record, report card, among other sources. Additionally, we will have access to information on a family's take-up of federal social programs, including the minimum income scheme, through a data sharing agreement with the Ministry of Inclusion, Social Security and Migrations. Finally, we will have access to

⁶ There was a total of 27 families in the municipalities of Sevilla and Melilla who were interested in participating the program and reached out directly to STC.

information on social security affiliation (labor insertion) of participating adults, as well as their participation in active labor market policies through a data sharing agreement between the MISSM and the State Public Employment Service.

STC will collect field data from all participants at four moments in time: (1) a baseline prior to the randomization of the participants and implementation of the intervention; (2) a mid-line survey six months after project implementation has begun; (3) a first endline survey directly after completion of the implementation (4) a second endline survey approximately six months after the completion of the intervention. STC has developed field questionnaires with input from the Ministry and the research team. The surveys will be implemented by STC's staff team.

- How long will data collection and data processing take from start to finish?

While the timelines are still tentative, it is projected that implementation will end prior to September 2023. Data processing from the baseline has already been used in the randomization of participants. Midline surveys should start six months after implementation begins and last for a month. Data analysis for the impact evaluation following the endline survey will take place after June 2023, with preliminary results expected around January 2024.

- What steps will be taken to keep the data collected confidential? Will the data be anonymized (if so, how)? Who has ownership over the processed data? How will the data be used/stored after the study at this stage?

Survey data will be anonymized and stored by STC. Administrative data is anonymized and stored in a secure data warehouse at the MISSM, accessible only through a physical visit to their locations.

- What steps will be taken to reduce potential attrition from the study?

It is expected that some of the participants may abandon the program in each of the selected municipalities. In fact, STC anticipates finishing the implementation with a minimum average of 158 families per municipality. To reduce this potential attrition the following actions will be taken by STC's staff:

- In a scenario where a family tries to leave the program because of the treatment they have been assigned, STC staff will closely follow up to make them aware of the benefits that come from participating in the program.
- If the number of families leaving the program is irregular between the different municipalities, affecting the ratios of the groups, then STC will define a plan under advice and supervision of the MISSM.
- Schedules will be adapted to the needs of the families to encourage their participation and avoid overwhelming the participants.
- In a situation where a family needs to leave the program because of the distance between their house and the program's premises, STC will talk to the corresponding

municipal social services so they can facilitate the payment of transportation. Additionally, STC may re-allocate the intervention in a place that is closest to the family's home.

It is also important to highlight that in the month of July 2022, prior to the implementation of the program, STC offered leisured activities for the children of the participating families to keep them interested in the pilot and avoid attrition.

3.2 Experimental Design

- What are the interventions (treatment design, duration, frequency)? Will you give out any incentives to participate, such as monetary compensation?
- What is the level of randomization? Is the treatment clustered?
- How will individuals be assigned to treatment and control conditions? How do you plan to address non-take up (i.e., is participation voluntary? Are there any re-assignment rules?)
- How will randomization be conducted? Will there be stratification, and if so, along which variables? What data is available for baseline characteristics of individuals?

To demonstrate that a holistic approach can be more effective to increase the well-being of children and adolescents of vulnerable families, interventions for social, educational, and labor support have been grouped as described below:

1. **Group 1:** A non-pure control group where families receive the “**social support**” interventions which includes:
 - a. Individualized family support workshops: which includes a first contact of the families with the coordinators, identifying families' economic and employment needs; mapping out social programs they might be eligible for; supporting enrollment in social programs. Special attention will be paid to contacting families with resources (benefits, aid, etc.) that contribute to improving their inclusion, supplementing their income to date.
 - b. Reconciliation spaces: guided by an educator where children can play and learn values, allowing parents to have the necessary time to carry out the activities corresponding to their itinerary.
 - c. Psychotherapeutic support: weekly or monthly sessions⁷ focused on improving the psychological well-being of the family as a whole and each of its members. Special work will be done on the areas of personal well-being (positive thoughts), interpersonal well-being (relationships with others) and skills and knowledge (learning and decision-making in the face of life's challenges).

⁷ This will depend on the family's needs assessment carried out at the beginning of the program.

2. **Group 2:** Families will receive the “**social support**” intervention (as in the control group), plus an “**educational support**” package for children under 18. This educational support includes:
 - a. Tutoring: educational reinforcement for kids between the ages of 6 and 18 years old. An Individual Educational Plan is carried out for each of the participants which establishes capacities that need to be developed. The Plan will be carried out through group dynamics, adapted to each age group. This Plan will be reviewed quarterly.
 - b. Support in scholarship searching and applications: with the aim of promoting a greater access to scholarships, a professional counselor will sensitize, guide, inform, and accompany families to apply for available scholarships that allow educational continuity.
 - c. Training on digital competencies: this includes weekly sessions with children between the ages of 6 and 18 years old who, through and innovative methodology, will seek to improve their digital skills.
 - d. Early childhood development support: for kids between the ages of 0 to 6 years old. It comprises educational spaces for early childhood development with a pedagogical approach based on live learning. Children from 0 to 1 years old and from 1 to 3 years old will be divided into groups of 10 to 12 people with several adults in charge of their care. They will share a space for two days a week, two hours each day. Children between the ages of 3 to 6 will be divided into groups of 8 people. With a companion responsible for their care, they will have sessions three days a week, with each session lasting two hours. Work will also be done with parents to improve their parenting skills.
 - e. Education in values, sports, and creativity: periodic sessions where social skills of the participants will be increased to promote a peaceful coexistence between peers through games and dynamics adapted to each age group. Activities will be specifically focused on raising awareness about gender equality, the environment, participation, and respect for children’s rights.

3. **Group 3:** Families will receive the “**social support**” intervention (as in the control group), plus a “**labor support**” package for parents. This labor support includes:
 - a. Training to improve professional skills, with a special focus on women: individual sessions for adults with job counselors, who will identify the objectives and expectations for the development of professional skills, thus improving their employability. This will be complemented with training itineraries through group sessions aimed at improving intrapersonal social skills, such as conflict resolution, the deconstruction of gender stereotypes or the development of responsibility.
 - b. Social and labor insertion in companies, with a special focus on women: the job counselors will search for potential jobs for each of the participants, a process that will be carried out in parallel to the improvement of the training described in the previous point. Once the participants in this treatment group have accessed these jobs, the counselors will accompany them to guarantee their integration.

- c. Digital education, with a special focus on women: specific sessions to improve digital abilities and skills in the use of ICT. These sessions will also deal with cross-cutting issues such as the prevention of online violence or the creation of relationships between families so that they can be a support group for each other.
4. **Group 4:** Families will receive “**social support**”, plus “**educational support**”, plus “**labor support**”.

Social and labor support interventions have been scheduled to last for 9 to 12 months, while activities related to educational support may last for approximately 9 months.

Since the RCT follows a four-arm parallel design, the participating families have been randomly assigned to one of four groups. The randomization procedure has been conducted by the Ministry of Social Inclusion, and it follows a stratified randomization design clustered at the family level. Stratification variables are:

1. Geographic location (Cádiz, Fuenlabrada, Sevilla and Melilla).
2. Whether the family receives a minimum wage scheme (*Ingreso Mínimo Vital* and/or *Renta Mínima de Inserción Autónoma*).
3. Employment status of the adults (unemployed or not)⁸.
4. Family composition (single-parent household or not).

The aforementioned variables were chosen because they are considered significant for the analysis and are highly related to the outcome variables. Based on this, the sample has been divided into 32 strata. It is important to highlight that STC have not given incentives for families to participate in the program. Participation is voluntary and an informed consent form was provided for the participant’s signature.

For the random assignment of the families into one of these four groups, a random order of the families was established using a random variable generated by the software SAS. Once the order was established, within each of the indicated strata, families were assigned to each of the groups⁹. Following this procedure, the distribution of the families to each group is as follows:

Table 2: Families Randomized by Group					
	Group 1	Group 2	Group 3	Group 4	Total
Cádiz	44	43	43	43	173

⁸ This includes adults that have declared to be unemployed and looking for a job. It does not include inactive people.

⁹ If the total size of the strata was not divisible by four, then there could be cases of “mismatched” families. In these circumstances, “mismatched” families were assigned to different groups in order.

Fuenlabrada	53	52	52	52	209
Melilla	80	54	53	53	240
Sevilla	43	43	42	42	170
Total	220	192	190	190	792

- Who will be implementing the treatment, and where is this entity located? Are there any heterogeneities that may emerge from variation in the implementing agencies?

Save the Children-Spain will be the main implementer for all treatments. They are developing a standardized methodology and implementation protocols to ensure that the three types of interventions are delivered as homogeneously as possible across all treated families.

3.3 Econometric Specifications

- What are your main regression specifications?
- What controls will you add throughout?

We will measure intent-to-treat (ITT) impacts through the following basic specification:

$$(1) \quad y_{if} = \beta_0 + \beta_1 \text{treated}_f + \beta_2 \text{treatlab}_f + \beta_3 \text{treatall}_f + \beta_4 X_{if} + \epsilon_{if}$$

Where:

- y_{if} corresponds to an outcome along social, educational, or labor-related dimensions (listed in section 4), for individual i in household f .
- treated_f is a dummy variable equal to one if household f was assigned to receive the social and educational interventions.
- treatlab_f is a dummy variable equal to one when if household f was assigned to receive the social and labor interventions.
- treatall_f is a dummy variable equal to one if household f was assigned to receive all the interventions.
- X_{if} is a vector of control variables, which will include the variables we are using for stratification.
- ϵ_{if} is the error term.

This will allow us to measure the impact of:

- Being assigned to the first treatment group (Group 2) vs. the ‘control’ group (Group 1). In other words, β_1 shows the ‘added-value’ of being assigned to receive educational support on top of social support.
- Being assigned to the second treatment group (Group 3) vs. the ‘control’ group. That is β_2 is the ‘added-value’ of being assigned to receive labor support on top of social support.
- Being assigned to the third treatment group (Group 4) vs. the ‘control’ group. In this case, β_3 is the ‘added-value’ of being assigned to receive labor and educational support on top of social support.

- Finally, β_0 will show the value of receiving social support.
- What other specifications will you run to identify heterogeneous treatment effects and mechanisms?

Second, we will measure heterogeneous impacts by interacting the above terms with demographic variables of interest to the implementing partner. For now, these will include a dummy variable for whether or not the household is a single-parent household or not; a categorical or dummy variable for the child's age; and a dummy variable for whether the household includes any female children.

- Will you run a randomization balance check? What variables will you include in this balance check?

We will run a randomization balance check following the baseline survey and will include, at the very least, variables related to the child's age, the composition of the household (i.e. family size vs. single-parent), and demographic characteristics on employment and educational outcomes, as well as indicators of subjective wellbeing, in line with the list of outcomes in Section 4 below.

- Will you adjust or cluster your standard errors in any way?

Standard errors will be clustered at the household level for outcome variables measured at this level.

- What other steps will you take to ensure the quality and validity of the data (i.e. such as high-frequency checks)?

The MISSM will establish quality checks for the periodic data sent by the team of STC during the implementation of the program. The protocols that will be followed for the quality checks is yet to be defined.

Section 4. Outcomes

- What are all your sets of outcomes? (You can list this out in the proposed table below).
- How will these outcomes be measured? (You can list this out in the proposed table below).

The outcomes are divided according to the different interventions. Indicators related to social support are related to subjective measures of wellbeing, household income, and severe material deprivation. Outcomes for labor support measure the quality and sustainability of socio-labor insertion, and access to sustainable and quality employment opportunities, as well as expectations, attitudes, and tools for job-searching. Finally, the outcomes related to education measure schooling attitudes and performance for children. These are detailed in Table 3.

- Do you have power calculations? What is the effect size you will be able to detect for each outcome? What are the assumptions behind each power calculation?

The statistical software Stata has been used to estimate the statistical power of Save the Children's pilot. Given that the implementation of the pilot started at the beginning of September 2022, the calculations assume a set sample size of 792 households evenly divided into four treatment groups – that is 198 households per treatment group. No level of stratification has been considered in the sample and the ratio between the samples of each group is assumed to be 1. This also means that we will be able to follow up with all respondents from baseline until the last survey.

Two impact indicators have been selected for the analysis based on the final set of indicators provided by Save the Children¹⁰:

- The average monthly income in the household, measured by using total available rent from the previous year before any social transfers except for income perceived from private pension schemes. The calculation of this indicator assumes that the annual income can be equally divided in 12 months.
- Percentage of adults employed in the household, calculated as the sum of adults who responded that were currently employed, and divided by the total number of adults in the household that answered to the survey.

The means and standard deviations for each of these indicators were calculated using the *Encuesta de Condiciones de Vida* for the year 2021. To perform these calculations, the individual and household databases were used and merged to identify the region and level of poverty of a household. The final sample selected from the survey were households from the regions of Madrid, Melilla and Andalucía, that have been identified to be at risk of poverty or social exclusion, and with at least one dependent child¹¹. Given that the randomization has been done at a household level, the calculations of the means for the impact indicators have been done at that same level. Finally, based on other power calculations performed by the Ministry, the estimations assume that the difference between the means of the treated and control group is 10% and the standard deviation is the same for both. In other words, the calculations assume the intervention will have an impact of 10%.

Other assumptions considered in the calculations are:

- Level of significance of 95%.
- One data collection will occur before the randomization of households and two follow-up measurements.

¹⁰ It was hard to find an indicator to represent the impact on education of the program, given that most indicators that will be used by Saved the Children Spain were not available in the national surveyed used for this analysis.

¹¹ Different from the pilot, the survey defined as dependent children both people from 0 to 18 years old, and people between the ages of 18 and 25 who are not currently working.

- The correlation between baseline and follow-ups and between follow up measurements is of 0.85 for the indicator of average monthly income and 0.83 for the indicator of percentage of adults employed. These correlations have been calculated using the longitudinal databases for the *Encuesta de Condiciones de Vida 1998-2001*.

The estimations allow to conclude that given the assumptions stated before, a sample size of 198 in each treatment group, and a minimum detectable effect of 10% will give a power of approximately 72%, in the case of average monthly income, and a power of 69% for the indicator of percentage of adults employed in a household.

Section 5. Hypotheses

- What results do you expect for each main outcome/main specification? (You can list this out in the proposed table below).
- What results do you expect for secondary outcomes/secondary specifications? (You can list this out in the proposed table below).
- What is the broad theory of change that leads you to anticipate effects along these outcomes?

STC hypothesizes that their most comprehensive intervention – providing social, educational, and labor support – will have the strongest impact on households’ wellbeing, income, employment, and educational outcomes. Ex ante, we think the results could be ambiguous. While receiving tailored educational and/or labor support on top of pre-existing social support services could enhance their effectiveness, it might be the case that, for example, (a) the social support services are already comprehensive enough to have the strongest impact; or (b) the additional time that is asked of families to participate in labor and educational support programs ends up having an unintended negative impact on their wellbeing, income, and/or employment outcomes.

The different outcomes that will be measured and our preliminary hypotheses are described below, based on preliminary survey questionnaire drafts:

Table 3: Main Outcomes and Hypotheses		
Primary Outcomes	How the outcome will be measured	Hypothesis
Parents’ subjective well-being and sense of empowerment	<ul style="list-style-type: none"> • Life satisfaction survey questionnaire (eg. self-reported happiness with lifestyle, family relations, interpersonal relations, and economic situation) • Survey question on 	Providing parents with social support will improve their subjective wellbeing by improving their sense of empowerment, their psycho-emotional conditions, and their knowledge of and access to

	<p>subjective sense of trust in one’s own probabilities to “move forward”</p> <ul style="list-style-type: none"> ● Survey questions on parental stress and positive parenting 	social benefits.
Household income	<ul style="list-style-type: none"> ● Survey questions on self-reported monthly average income ● Admin data on income (information from Social Security and benefits from the Social Digital Card) 	<p>Providing parents with social support will improve their income by increasing access and use of social benefits like the <i>Ingreso Mínimo Vital</i>.</p> <p>Providing parents with social support and labor insertion support will improve their income by increasing their employment prospects.</p>
Promote quality and sustainability of socio-labor insertion	<ul style="list-style-type: none"> ● Survey questions on self-reported number of hours worked; self-reported income from work, if they are unemployed or not ● Survey question ranking their job satisfaction (asking how compatible their job is with free time and non-work duties, quality of work environment and work schedules, salary, stability, and match with their own interests) ● Administrative data regarding Social Security affiliation (labor insertion) and participation in active labor market policies. 	<p>Providing adults with social support will promote their insertion to the labor market.</p> <p>Providing adults with social support and labor insertion support will promote their insertion to the labor market.</p>
Children’s schooling attitudes and outcomes	<ul style="list-style-type: none"> ● Survey questions for parents on: estimated likelihood that their children will continue their education and pursue post-mandatory education; 	Providing parents with social support will increase their children’s schooling outcomes by improving parents’ soft skills, self-esteem, and socio-

	<p>estimates about their children's professional outcomes</p> <ul style="list-style-type: none"> ● Survey questions for children regarding their satisfaction with: (i) their situation at school; (ii) the level of educational support they receive from their parents; and (iii) their out-of-school activities (including time spent with friends, in volunteering activities, in leisure activities) ● STC staff assessments on children's improvement on reading, writing, and math skills, as well as psychomotricity and soft skills ● Children's school grades (report cards) 	<p>emotional conditions, thereby improving their interaction with their children and their involvement in children's schooling.</p> <p>Providing parents with social support and children with educational support will further improve children's schooling outcomes by providing children with direct STC-provided schooling support (tutoring, training, schooling information, etc.). This impact will be significantly above the impact of providing social support alone.</p>
Secondary Outcomes	How the outcome will be measured	Hypothesis
Parents' knowledge and take-up of social benefits	<ul style="list-style-type: none"> ● Survey questions on % of families who access a social benefit for the first time, self-reported knowledge on available social benefits ● Survey data on their eligibility for benefits as determined by STC staff ● Admin data on take-up of the minimum income scheme 	Providing parents with social support will improve access to social programs, such as the <i>Ingreso Minimo Vital</i> , by directly increasing their knowledge of their eligibility for these programs and assisting them in program enrollment.
Enable the access to sustainable and quality employment opportunities Improve the	<ul style="list-style-type: none"> ● STC staff ranking of individuals' job attitudes -i.e., effort towards finding a job and participating in employment support 	Adults who participate in labor support interventions have access to sustainable and quality employment opportunities (insertion)

<p>probability of accessing sustainable and good quality employment opportunities</p>	<p>programs</p> <ul style="list-style-type: none"> ● Digital competencies questionnaire measuring knowledge and use of digital resources and online platforms (standardized by STC) ● Soft skills competencies questionnaire measuring reasoning abilities, self-management abilities, social and communication abilities (standardized by STC) 	<p>Adults who participate in labor support interventions improve their probability of access to sustainable employment opportunities and of quality (employability)</p>
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Section 6. Heterogeneous treatment effects and non-linearities

- Will you explore and measure any heterogenous treatment effects?
- What heterogenous results do you expect?
- What is the broad theory of change that leads you to anticipate these heterogenous effects?
- Will you consider or analyze any non-linearities in your specifications?

As mentioned above, we are interested in measuring and examining gender heterogeneous effects, as well as heterogeneous effects of other household characteristics such as single-parent households, number of children, children’s age, etc.

References

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