

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

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Abstract

This paper evaluates a program aimed at improving social inclusion among families with children and adolescents receiving Spain's National Minimum Income scheme (IMV) or Galicia's Regional Inclusion Income (RISGA) in the seven largest municipalities of the region. The intervention relies on stratified random assignment to assess the effectiveness of a model of personalized and comprehensive support tailored to the needs of each household member. Support is delivered through multiple interventions grouped into three packages: social support, educational support, and employment activation. The control group continues to receive the standard financial assistance and services available under the existing system. The results show that assignment to the program significantly reduces child material deprivation. We also find positive and statistically significant effects on a composite measure of social inclusion, with the largest improvements concentrated in housing conditions, parental responsibility, community integration, and education. These effects remain robust after adjusting for multiple hypothesis testing. By contrast, we do not find evidence of short-run impacts on simplified poverty indicators, employability, or labor income. While the intervention increases job-search activation among household members, this does not translate into measurable improvements in survey-based or administrative employment outcomes over the evaluation period.

JEL Classification: I32, I38, E24, C93

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1 Introduction

In 2022, 24% of the population in Galicia was at risk of poverty or social exclusion, with particularly high rates among families with children.¹ In this context, child poverty should not be understood exclusively as a lack of current household income. In high-income settings, disadvantage is also reflected in material deprivation, housing conditions, educational opportunities, family relationships, access to services, and participation in community life. A growing literature therefore emphasizes the multidimensional nature of child poverty and the need to assess policies using broader indicators of well-being and inclusion rather than income-based measures alone (Atkinson and Marlier, 2010; Redmond, 2014; Bessell, 2022; Chzhen et al., 2016; Ferrão et al., 2021; Madden, 2022). This perspective is especially relevant where children’s disadvantages are closely linked to parental constraints, social isolation, and unequal access to services.

This paper evaluates a program implemented by the Xunta de Galicia for families with children receiving minimum-income support through either Spain’s national minimum-income scheme (*Ingreso Mínimo Vital*, IMV) or Galicia’s regional inclusion income (RISGA). After the introduction of IMV in 2020, RISGA remained as a residual regional safety net for households not covered by the national benefit. The program introduced a model of personalized and comprehensive support on top of existing income protection and the standard offer of public social services and third-sector support. Eligible families were randomly assigned either to a treatment group, which received the enhanced support model, or to a control group, which continued to receive the ordinary support available under business-as-usual. The intervention was implemented in the seven largest municipalities in Galicia and combined a predefined portfolio of services grouped into three broad packages: social support, educational support, and employment activation.

Our study relates to three strands of literature. First, it contributes to the literature on minimum-income protection and social-inclusion policies in Spain. The introduction of the IMV marked a major institutional shift in the Spanish welfare state, replacing a fragmented landscape

¹AROPE (At Risk of Poverty or Social Exclusion) is the standard European indicator used to monitor poverty and social exclusion. In the EU framework, an individual is classified as being in an AROPE situation if at least one of the following conditions is met: being at risk of poverty, experiencing severe material and social deprivation, or living in a household with low work intensity. The reduced AROPE indicator used here constitutes a simplified adaptation of the official measure. The statistics cited here are based on [European Anti-Poverty Network \(EAPN\) Spain \(2022, 2023\)](#), drawing on the Spanish Living Conditions Survey. In Galicia, the AROPE rate reported for 2021 was 25% among adults, compared with 34% among minors and 54% among single-parent households.

in which regional minimum-income schemes differed substantially in generosity, coverage, and access conditions across territories. Existing work has examined the poverty-reduction capacity of minimum-income benefits, regional differences in design, and the political economy of Spain’s move toward a national minimum-income floor (Ayala et al., 2021; De la Rica and Gorjón, 2019; Hernández et al., 2020; Soler-Buades, 2025). Yet rigorous causal evidence on the inclusion trajectories that accompany minimum-income support remains relatively scarce. The Laboratorio de Políticas de Inclusión has begun to close this gap by promoting more than thirty pilot projects evaluated with randomized controlled trials, thereby creating an unusual public-sector infrastructure for evidence generation in this field (Secretaría General de Inclusión del Ministerio de Inclusión, Seguridad Social y Migraciones, 2025). Our paper contributes to this emerging evidence base by focusing on one of those pilots and by studying a particularly policy-relevant target group: low-income families with children.

Second, the paper speaks to a broader literature on whether cash support becomes more effective when it is complemented by personalized services rather than delivered in isolation. The lessons synthesized by the Spanish Inclusion Policy Lab point strongly in that direction: pilots offering personalized and intensive accompaniment tended to outperform more standard and lower-intensity approaches, and interventions in one domain often appeared more effective when combined with support in others. In particular, labor-oriented programs performed better when combined with psychosocial support, digital-skills training, or measures easing work–family reconciliation; educational reinforcement combined with social accompaniment improved not only academic outcomes but also parental involvement and broader educational indicators; and interventions combining access to devices with digital-skills training helped reduce digital exclusion and facilitate interaction with public services (Secretaría General de Inclusión del Ministerio de Inclusión, Seguridad Social y Migraciones, 2025). More generally, the international evidence on welfare and activation programs suggests that program design, intensity, and bundling matter for outcomes, although much of that literature focuses on employment or health effects rather than on broad family-centered inclusion (Smedslund et al., 2006; Bolhaar et al., 2019; Courtin et al., 2020). Our setting is therefore useful for studying the incremental effects of a multidomain package layered on top of existing income support.

Third, our paper contributes to the literature on child poverty and multidimensional social inclusion in advanced economies. A substantial body of research argues that income-based indicators alone are insufficient to characterize children’s exposure to disadvantage, because deprivation is also expressed through housing quality, access to educational materials, school participation, social relationships, and the capabilities required to participate meaningfully in society (Redmond, 2014; Bessell, 2022; Chzhen et al., 2016; Ferrão et al., 2021; Moyano et al., 2022). This perspective is closely related to the broader European framework for monitoring poverty and exclusion, but it places particular emphasis on the child-specific and family-specific channels through which disadvantage is reproduced over time (Atkinson and Marlier, 2010; Bäckman and Ferrarini, 2010). It also motivates the use of broader outcome measures that go beyond current income or labor-market status. In this paper, we therefore evaluate impacts not only on simplified poverty indicators, but also on child material deprivation and on a synthetic social inclusion index spanning housing, health, digital skills, parental responsibility, community integration, education, and employability.

Against this background, our paper makes three main contributions. First, it provides evidence from a randomized evaluation of a social-inclusion program for families with children receiving minimum-income support in Spain, a setting in which experimental evidence remains scarce. Second, it identifies the incremental effect of assignment to a personalized support model on top of existing income protection and ordinary social services, rather than the effect of cash assistance alone. Third, it evaluates impacts using multidimensional outcomes, including child material deprivation and a broad social inclusion index, thereby moving beyond a narrow focus on monetary poverty or labor-market outcomes.

The main findings can be summarized as follows. Assignment to personalized and comprehensive support significantly improves the child material deprivation index. Positive and statistically significant effects are also found for the synthetic indicator of social inclusion, with the largest gains concentrated in housing conditions, parental responsibilities, community integration, and education; these effects remain robust after adjusting for multiple hypothesis testing. By contrast, the treatment does not produce significant short-run effects on simplified poverty indicators, employability, or income from work, although we do observe some improvement in job-search activation. Administrative employment records likewise do not show robust short-run effects on realized labor-market outcomes.

The rest of the paper is organized as follows. Section 2 describes the program, the sample, and the randomization process. Section 3 presents the theory of change and the measurement of outcomes. Section 4 outlines the empirical strategy. Section 5 reports the main results and heterogeneity analyses. Section 6 concludes.

2 Program and sample description

2.1 Institutional setting and intervention

The pilot evaluated in this paper was promoted by the General Secretariat for Inclusion of the Spanish Ministry of Inclusion, Social Security and Migration and implemented by the Xunta de Galicia as part of the *Laboratorio de Políticas de Inclusión*. The target population comprised families residing in Galicia with children who were beneficiaries of either the IMV or the RISGA. In Galicia, RISGA operated as the regional minimum-income scheme before the introduction of IMV in 2020. After the introduction of the national benefit, many households shifted to IMV, while RISGA remained as a residual regional safety net for households not covered by the national scheme.

The intervention was designed as a model of personalized and comprehensive support for vulnerable families with children. In an initial phase, professional teams carried out a diagnosis of each family's situation and, on that basis, prepared an individualized Action Plan. These Action Plans selected the services and supports that best matched the needs of the household and could include interventions aimed at the whole household, at specific adults, or at particular children. Importantly, households did not freely choose services from an open menu. Instead, support was assigned from a predefined portfolio of interventions following a structured professional assessment.

Implementation was carried out by third-sector organizations specialized in social action, operating through dedicated teams in each municipality. The main implementing partner, Fundación Juan Soñador, was responsible for overall coordination, management support, evaluation support, and service delivery in A Coruña, Lugo, and Ourense. Additional partner organizations implemented the intervention in other municipalities: Fundación Meniños in Pontevedra, Cáritas Diocesana de Mondoñedo-Ferrol in Ferrol, and Asociación Arela in Vigo and Santiago de Compostela. These organizations have extensive experience working with vulnerable populations and were responsible for delivering the individualized support defined in each household's Action Plan.

Despite this decentralized implementation structure, the intervention followed a common framework across municipalities. The project’s Intervention Guide specified the full portfolio of available services and supports, together with detailed criteria governing their delivery. For each type of support, standardized information sheets defined key aspects such as the description of the service, beneficiary profile, eligibility criteria, eligible expenses, frequency, amount or duration, supporting documentation, and implementation recommendations. All implementing entities were required to follow these guidelines when assigning and delivering services. This created a high degree of consistency in the intervention model across territories, even though the specific combination of services varied across households depending on their assessed needs.

The available interventions were organized into three broad packages. The first was a *social support package*, which included guidance sessions, group activities, workshops, and financial support aimed at covering basic needs related to housing, utilities, health care, and digital connectivity or equipment. The second was an *educational support package*, which included tutoring, individualized support sessions, school-related assistance, school supplies, and support for non-formal educational activities. The third was an *employment activation package*, which included training courses, individual career counseling sessions, and complementary support designed to facilitate participation, including reconciliation support for adults with care responsibilities. Appendix A provides a more detailed description of the service portfolio.

On average, treatment families received 5.45 interventions. The most common were aid for health expenses, aid for school supplies, individual career counseling sessions, grants for non-formal educational activities, and aid for the payment of housing-related supplies. Because service composition was individualized and jointly determined with household needs, the paper estimates the intention-to-treat effect of assignment to the enhanced support model rather than the effect of any specific service component.

Appendix Tables A3–A6 show that the realized composition of treatment varied across household types, benefit categories, respondent nationality, and, most clearly, municipalities. Single-parent households were somewhat more likely to receive individualized counseling, housing-related support, and reconciliation-related assistance, whereas RISGA beneficiaries and households without Spanish nationality were somewhat more likely to receive certain forms of housing, connectivity, training, and educational support. The largest differences appear across municipalities, which is consistent with

the combination of individualized assignment and local implementation patterns. These descriptive patterns are useful for characterizing how the intervention was delivered, but they should not be given a causal interpretation.

2.2 Business-as-usual and control condition

Families assigned to the control group did not receive any project-specific services. However, they continued to have access to the standard set of resources and services ordinarily available through municipal and regional public social services and through the Third Sector of Social Action. The treatment thus did not replace ordinary support; rather, it added a structured and more intensive model of personalized accompaniment on top of the existing safety net.

The estimated treatment effect should therefore be interpreted as the incremental effect of offering personalized and comprehensive support relative to business-as-usual for families already connected to minimum-income protection and standard social assistance. It should not be interpreted as the effect of income support itself or of any single service component.

The enhanced support model also implied a substantially higher resource cost than business-as-usual. On average, the personalized and comprehensive treatment involved an additional cost of 1,132 euros per treated household relative to ordinary support. This cost differential should be kept in mind when interpreting the estimated impacts and when assessing the policy relevance of the intervention from a cost-effectiveness perspective.

2.3 Sample, randomization, and fieldwork

Participant recruitment 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. Random assignment followed a stratified design based on two pre-treatment characteristics: family type (single-parent versus non-single-parent) and locality. Since the pilot was implemented in the seven largest municipalities of Galicia (A Coruña, Ferrol, Lugo, Ourense, Pontevedra, Santiago de Compostela, and Vigo), the full design comprised 14 randomization strata. The randomization algorithm was developed by the SGI, and the results were communicated to the Xunta according to the agreed protocol, so the implementing counterpart had no discretion in treatment assignment.

Of the 2,359 families initially randomized, 321 did not complete the baseline interview or did not start the intervention. The effective analysis sample therefore consists of 2,038 families, with 910 assigned to treatment and 1,128 assigned to control. Baseline data collection took place between January and April 2023, and the endline survey was administered between September and November 2023, immediately after the intervention period.

Table 1 reports descriptive statistics for the analysis sample. Forty-five percent of families belong to the treatment group. More than half are single-parent households, and in 87% of cases the reference person is female. The two largest cities, A Coruña and Vigo, contribute the largest shares of participating families. A total of 88% of respondents receive IMV and the remainder RISGA. The average age of the respondent is 41 years, and 70% are Spanish nationals.

Table 2 reports balance tests comparing means between treatment and control groups prior to the intervention. Balance is preserved in the stratification variables despite the early dropout before the start of the intervention. Among demographic characteristics, the only variable that appears weakly unbalanced is the number of employed household members, which is slightly lower in the treatment group. Among the baseline outcome indicators, the only significant difference is observed for the composite social inclusion indicator, with some imbalance concentrated in its health, digital-skills, and community-integration dimensions.

2.4 Attrition, contamination, and scope of external validity

Of the 2,038 respondents to the baseline survey, 1,862 also completed the endline interview (see Table 3). The response rates are very similar across groups: 91% among treated families and 92% among controls. To assess differential attrition, we estimate a regression of endline non-response 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 statistically significant. We then examine whether attrition differs systematically with baseline household characteristics by interacting treatment assignment with pre-treatment covariates. 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).

The institutional design of the pilot limits direct contamination between experimental groups because project-specific services were available only to treatment households. At the same time, because participants were aware of their assignment status and continued to interact with ordinary public and third-sector services, informal spillovers and reporting effects cannot be fully ruled out, especially for self-reported outcomes. These considerations should be kept in mind when interpreting the results.

Finally, the scope of external validity is naturally limited by the design of the pilot. The intervention was implemented in the seven largest municipalities of Galicia, where beneficiary concentration and administrative capacity made the program operationally feasible. The sample consists of consenting IMV/RISGA beneficiary families with children in those urban settings. Accordingly, the results are most directly informative for similar family populations in urban contexts and for policies that layer personalized support on top of minimum-income assistance and ordinary social services.

3 Theory of change and measurement

3.1 Theory of change

The intervention is based on the idea that child poverty and social exclusion are generated by multiple, mutually reinforcing constraints at the household level. Families may face not only low income, but also housing insecurity, poor access to health care, weak school support, limited digital resources, low social connectedness, and low employability among adults. A model of personalized accompaniment may therefore affect outcomes through several channels at once: by relaxing immediate constraints, by improving access to services, and by strengthening the capabilities that allow households to participate more fully in social and economic life.

The program's three intervention packages map naturally into these channels. The social support package is expected to improve living conditions and reduce practical barriers related to housing, utilities, health-care expenses, access to services, and family functioning. The educational support package is expected to improve children's school participation and educational opportunities through tutoring, school materials, and support for school-related and non-formal educational activities. The employment activation package is expected to increase adults' engagement with the labor market

through training, job-search guidance, and support measures that facilitate participation, including care-related reconciliation support.

These mechanisms may operate at different levels. Some interventions are directed primarily at children, for example through school materials, tutoring, or educational support. Others are directed primarily at adults, such as training, activation, and support for interacting with institutions. A third set operates at the level of the household as a whole, for example when the program helps stabilize housing conditions, cover essential expenses, improve the family environment, or increase access to community resources. This distinction is important because the program does not aim only to increase current household income. It also aims to improve the conditions that shape children’s development and the family’s ability to cope with disadvantage over time.

Following this logic, we distinguish between primary and secondary outcomes. The primary outcomes capture the broad objectives of the intervention: reducing child poverty and improving social inclusion. The secondary outcomes correspond to the specific domains through which the intervention may operate: health, housing, digital skills, parental responsibility, community integration, education, and employability. Improvements in these intermediate domains are expected to translate, at least in part, into broader gains in child material conditions and family social inclusion.

3.2 Measurement

Our empirical analysis combines several sources of information. The main source is a household survey administered before the intervention (baseline) and after the intervention (endline). The survey was completed by the reference adult in the household, who responded both about their own situation and, when relevant, on behalf of other household members.

The baseline and endline surveys collected information on household sociodemographic characteristics, housing conditions, health, education, parenting, community integration, digital skills, employment, and the broader context faced by the household during the intervention period.²

In addition, we use project records describing the intervention received by treated families and administrative information on benefit receipt. Administrative employment data are used separately

²The baseline and endline questionnaires were largely similar. The endline questionnaire was shorter, but it also introduced some items not fully captured at baseline, most notably child material deprivation and the frequency of civic participation activities. These measures are therefore treated as not directly comparable across waves.

in the analysis of labor-market outcomes discussed later in the paper.

Based on the information collected, the primary outcomes are twofold. First, we study poverty using a reduced AROPE measure and a child material deprivation index. The reduced AROPE combines information on relative monetary poverty and material and social deprivation. The child material deprivation index captures whether children have access to items and conditions considered necessary for an acceptable standard of living in their social context. It is constructed as the sum of eleven dichotomous items and ranges from 0 to 11, where higher values indicate less deprivation and therefore better outcomes. Because this index was only collected in its final form at endline, it does not have a directly comparable baseline counterpart.

Second, we study family social inclusion using a synthetic index that aggregates seven domain-specific indicators: health, housing, digital skills, parental responsibility, community integration, education, and employability. Our preferred measure is a composite summary index obtained by normalizing these seven domain indicators between 0 and 1 and then averaging them with equal weights, where higher values indicate better outcomes. This choice provides a transparent benchmark but implies linear compensability across dimensions. To assess robustness, we also report an Anderson-style weighted summary index based on the same seven domains. Our preferred measure is therefore a composite summary index, not an Alkire-Foster poverty measure.

Each of the seven domain indicators is itself constructed from several underlying items. The health domain captures health status, access to care, and health-related expenditures. The housing domain captures housing quality, delays in housing-related payments, and knowledge relevant to energy-saving support. The digital-skills domain captures internet availability, interest in digital training, confidence in the use of digital tools, access to digital credentials, and interaction with public administration through digital channels. The parental-responsibility domain captures parental skills and family satisfaction. The community-integration domain captures social relationships, trust, social support, and civic participation. The education domain captures school-material coverage, grade retention, failed subjects, and absenteeism among school-aged children. Finally, the employability domain captures job search, activation, access to employment, and labor-income dynamics.

Not all outcomes are available in the same way at baseline and endline. Some measures are observed in both waves with reasonably comparable definitions; others are only available at endline or

are not fully comparable across questionnaires because the endline survey introduced improvements in wording, detail, or content. This is particularly relevant for the child material deprivation index and for some components of the social inclusion domains. For transparency, Appendix B details the construction of all indicators and provides an outcome-by-outcome mapping of data source, wave availability, and comparability across baseline and endline.

4 Empirical strategy

4.1 Estimand and main specification

Because treatment assignment was randomized, our main parameter of interest is the intention-to-treat (ITT) effect of being assigned to the enhanced support model. This is the relevant estimand in our setting because treatment households received individualized bundles of services whose composition depended on the diagnostic assessment and the resulting Action Plan. Accordingly, the paper does not identify the causal effect of any particular service component, but rather the average effect of assignment to the personalized and comprehensive support model relative to business-as-usual.

Our main estimating equation is:

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

where $Y_{i,t=1}$ is the post-intervention outcome for household i , T_i is an indicator equal to one if the household was assigned to treatment, λ_s denotes randomization-stratum fixed effects, $Y_{i,t=0}$ is the corresponding pre-treatment outcome when a sufficiently comparable baseline measure is available, X_i is a vector of additional pre-treatment controls used in the more saturated specifications, and ϵ_i is the error term. The coefficient of interest is β , which captures the ITT effect of treatment assignment.

The randomization strata are defined by the interaction of family type (single-parent versus non-single-parent) and locality, yielding 14 strata in total. All specifications therefore include stratum fixed effects. In addition, we report specifications with a small set of baseline covariates that displayed residual imbalance after randomization (number of working household members and

synthetic indicator of social inclusion). These additional controls are included to improve precision and do not alter the experimental interpretation of the estimates.

4.2 *Baseline adjustment and comparability across waves*

Whenever a pre-treatment measure of the same outcome is available and sufficiently comparable to the endline measure, we use an ANCOVA specification that includes the baseline value of the dependent variable. In randomized settings, this approach generally improves precision relative to post-only comparisons, especially when baseline and endline measures are positively correlated. However, the identifying variation continues to come from random assignment, not from conditioning on pre-treatment covariates.

Not all outcomes satisfy this comparability requirement. Some outcomes were collected only at endline in their final form, while others are not fully comparable across waves because the endline questionnaire introduced changes in wording, detail, or content. In those cases, we estimate post-intervention differences between treatment and control conditional on stratum fixed effects and the additional baseline controls:

$$Y_{i,t=1} = \alpha + \beta T_i + \lambda_s + X_i' \delta + \epsilon_i.$$

This distinction is particularly important for the child material deprivation index and for some components of the multidimensional social inclusion domains. Appendix B reports, for each outcome, its data source, baseline availability, endline availability, and whether the two waves are directly comparable. Appendix B also reports baseline–endline correlations for the outcomes available in both waves. Those baseline–endline correlations are uniformly positive and, for most outcomes observed in both waves, moderate to high. This pattern supports the use of baseline adjustment when a directly comparable pre-treatment measure is available, although the gains in precision are naturally smaller for noisier components with weaker persistence over time.

4.3 *Pre-analysis protocol and multiple inference*

Before implementation, the study was governed by a research protocol approved by the ethics committee. That protocol pre-specified the main hypotheses and organized the intervention around

three major domains—social support, educational support, and employment activation—which also guide our grouping of outcomes in the empirical analysis. However, no pre-analysis plan was publicly registered before the endline data analysis. We therefore view the protocol as an internal pre-specification document rather than a publicly registered PAP, and we acknowledge this as a limitation.

To mitigate concerns about selective inference, we report adjusted p-values for the main outcome families. Specifically, we distinguish four families of tests: (i) poverty outcomes, (ii) the overall social inclusion summary measures, (iii) the domain-specific secondary indices, and (iv) the component outcomes underlying those indices. In the discussion of the results, we place greater emphasis on the primary outcomes and treat secondary and component-level analyses as more exploratory.

4.4 Outcome scaling and inference

To facilitate comparison across domains, the outcome indices used in the main analysis are standardized so that estimated coefficients can be interpreted in standard-deviation units. For outcomes that retain their original scale, we make the direction of the coding explicit in the text and in the relevant table notes. In particular, higher values of the child material deprivation index indicate less deprivation and therefore better outcomes.

Standard errors are heteroskedasticity-robust and clustered at the randomization-stratum level. The corresponding tables report the number of observations, the control-group mean of the dependent variable, and whether a comparable baseline measure is included.

4.5 Administrative employment outcomes

For labor-market outcomes, we complement the survey data with individual employment histories from Social Security administrative records. We were able to link one adult per household in our sample to these records, which allows us to examine employment status over time, the accumulated number of days in registered employment, and proxies for job quality based on contract characteristics (e.g., permanent versus fixed-term). Because this linkage is not always available for all participants, the estimation sample is smaller than the main survey sample. In addition, labor-market outcomes are not the primary channel through which the intervention is expected to operate. Results based on these administrative data should therefore be interpreted with some caution.

4.6 *Exploratory heterogeneity analyses*

In addition to the main average treatment effects, we report exploratory heterogeneity analyses along a small number of pre-treatment dimensions: family type, benefit type (IMV versus RISGA), and nationality of the respondent. Because these are pre-treatment characteristics, subgroup comparisons preserve the experimental interpretation of treatment assignment.

5 Results

This section presents the main treatment effects following the structure of the theory of change and the four outcome families defined in Section 4.3. We begin with the primary outcomes—poverty and social inclusion—and then turn to the domain-specific secondary outcomes. We finally report the component outcomes underlying those indices, which are useful for interpreting the mechanisms behind the summary results but should be viewed as more exploratory.³ Throughout, we report the full set of estimates for the component outcomes underlying each summary index, rather than focusing only on statistically significant coefficients. This allows for a more transparent assessment of the overall pattern of results, including null findings.

All outcome variables are standardized to mean zero and unit standard deviation unless otherwise noted, so the estimated coefficients can be interpreted in standard-deviation units. For the main families of outcomes, we report both conventional p-values and multiple-testing-adjusted p-values.

5.1 *Poverty outcomes*

Table 5 reports the treatment effects for the first family of outcomes: the poverty measures. This family includes the reduced AROPE indicator, its two components—relative monetary poverty and material and social deprivation—and the child material deprivation index. We report both conventional p-values and adjusted p-values for this family.

Columns (1) and (2) show the estimates for the reduced AROPE measure. The point estimates are small and statistically indistinguishable from zero in both specifications, indicating no detectable short-run effect on this broad poverty measure. The same conclusion applies to its two components—relative monetary poverty and material and social deprivation—reported in columns (3) to (6). In

³Administrative labor-market outcomes based on linked Social Security records are reported separately at the end of the section and are not included in the four main families of multiple-testing adjustments.

other words, the intervention does not appear to have altered households' position with respect to these simplified poverty indicators over the duration of the pilot.

By contrast, columns (7) and (8) show a positive effect on the child material deprivation index, which is statistically significant in the specification with baseline controls. The estimated effect ranges from 0.13 to 0.17 standard deviations, depending on the specification. Since higher values of this index indicate less deprivation, the positive coefficient implies an improvement in children's material conditions relative to the control group. This is the clearest poverty-related result in the paper and remains statistically significant after Romano–Wolf adjustment for multiple hypothesis testing in the specification with controls. The result is consistent with the program's emphasis on school materials, health-related expenses, housing-related support, and other forms of direct assistance that may affect children's day-to-day living conditions more rapidly than household income.

Summing up, the results in Table 5 indicate that assignment to personalized and comprehensive support did not generate measurable short-run changes in the simplified poverty indicators, but did improve a more direct measure of children's material living conditions. Because the child material deprivation index is only observed at endline in its final form, this estimate should be interpreted as a post-intervention comparison between treatment and control groups within the randomized design, rather than as an ANCOVA estimate conditional on a directly comparable baseline value.

5.2 Overall social inclusion summary measures

Table 6 reports the treatment effects for the second family of outcomes: the overall social inclusion summary measures. The table presents two versions of the aggregate indicator. Columns (1) to (4) use the equal-weight summary index obtained by averaging the seven normalized domain indicators, while columns (5) to (8) use the Anderson-style weighted summary index. Across all specifications, the estimated treatment effect is positive, sizable, and statistically significant. The effect ranges from 0.19 to 0.25 standard deviations, indicating that the intervention improved social inclusion under both aggregation methods.

Importantly, these effects remain highly statistically significant after Romano–Wolf adjustment for multiple hypothesis testing within this outcome family. This strengthens the interpretation of the results and alleviates concerns that the findings may be driven by multiple inference.

This result is robust to the use of alternative weighting schemes and to the inclusion of additional controls. It therefore does not depend on any single operationalization of the summary index. At the same time, the two measures serve slightly different purposes: the unweighted index provides a transparent benchmark that gives equal importance to each domain, whereas the Anderson index offers a robustness check that assigns relatively greater weight to dimensions containing less redundant information.

Taken together, these estimates provide the clearest and most robust evidence that the intervention improved broad family social inclusion, even when the gains do not translate into detectable short-run changes in the simplified poverty measures. Because these are the overall multidimensional summary measures, we give them greater interpretive weight than the more disaggregated domain-level and component-level results reported below.

5.3 Domain-specific secondary indices

Table 7 reports the treatment effects for the third family of outcomes: the seven domain-specific secondary indices underlying the overall social inclusion measures. The pattern of results is clearly uneven across domains. The largest and most precisely estimated gains appear in housing, parental responsibility, community integration, and education. Importantly, these four effects remain statistically significant after Romano–Wolf adjustment for multiple hypothesis testing within this outcome family. By contrast, the estimated effects on health, digital skills, and employability are small and not statistically distinguishable from zero.

This pattern is substantively informative. It indicates that the intervention was most effective in dimensions more directly connected to family support, social accompaniment, children’s school-related needs, and day-to-day living conditions, while effects on more distal or slower-moving outcomes were limited over the time horizon considered here.

The remaining subsections report the component outcomes underlying each domain-specific index. These estimates correspond to the fourth family of tests defined in Section 4.3. They are useful for interpreting mechanisms and for understanding which aspects of each domain account for the aggregate results, but they should be viewed as more exploratory than the results for the primary and summary outcomes. In the main text, we therefore discuss the overall pattern of estimates rather than focusing only on individually significant coefficients.

5.3.1 Health

Table 8 reports the treatment effects on the health domain. The summary health index is positive but imprecisely estimated, and we therefore do not find robust evidence of an average treatment effect on this dimension as a whole. Looking across the component outcomes, the full set of estimates suggests a mixed pattern rather than a broad-based improvement. The clearest positive effect is observed for emotional health, which remains statistically significant after Romano–Wolf adjustment, while the remaining components are generally small and estimated with limited precision.

Overall, this evidence suggests that the intervention did not produce a clear short-run improvement in the health domain as a whole. This is not entirely surprising given the short duration of the pilot and the fact that health outcomes may respond more slowly than indicators linked to more immediate material support.

5.3.2 Housing

Table 9 presents the results for the housing domain. In contrast to health, the summary housing index shows a positive and statistically significant treatment effect of around 0.17 standard deviations, which remains robust after Romano–Wolf adjustment. The full set of component estimates indicates that these gains are not uniformly distributed across all housing indicators. The strongest improvements appear in housing-related payment difficulties and in knowledge of support mechanisms related to housing and energy saving, while the remaining components show weaker or less precisely estimated effects.

The housing results are consistent with the practical content of the intervention, which included support related to housing costs, utilities, and access to information about available assistance. They also help explain why the overall social inclusion index improves even in the absence of detectable short-run effects on broader poverty measures.

5.3.3 Digital skills

Table 10 reports the effects on digital skills. The evidence in this domain is weaker than for housing, parental responsibility, community integration, or education. The estimated treatment effects are positive but small and not statistically significant once multiple hypothesis testing is taken into

account. At the component level, the most favorable pattern appears in interest in developing digital skills, while the remaining indicators show little movement.

We therefore interpret the digital-skills results cautiously. They suggest that the intervention may have increased engagement or readiness to improve digital competences, but there is limited evidence of broad-based short-run gains in this domain.

5.3.4 Parental responsibility

Table 11 reports the results for parental responsibility. The treatment effect on the summary index is positive and statistically significant, around 0.15 standard deviations, and remains robust after Romano–Wolf adjustment. Both underlying components—parental skills and family satisfaction—move in a favorable direction, which suggests that the positive result is not driven by a single item but reflects a more general improvement in the family environment captured by this domain.

This finding is important because the intervention was designed not only to address children’s direct needs but also to strengthen the household conditions in which children develop. Improvements in parental responsibility are therefore consistent with the program’s family-centered logic and may constitute one channel through which broader gains in child well-being can emerge.

5.3.5 Community integration

Table 12 shows the effects on community integration. This is the domain with the largest estimated impact in the paper, with an effect of about 0.30 standard deviations, which remains highly statistically significant after Romano–Wolf adjustment. The component-level estimates indicate especially strong gains in citizen participation, satisfaction with personal relationships, and trust in others.

These results suggest that the intervention did more than alleviate material constraints. It also appears to have improved participants’ connection with their social environment, an effect that is fully consistent with the program’s emphasis on accompaniment, community-based support, and sustained interaction with professional teams.

5.3.6 *Education*

Table 13 reports the effects on the education domain. The treatment has a positive and statistically significant effect on the summary education index, of around 0.18 standard deviations, which remains robust after Romano–Wolf adjustment. The complete set of component estimates shows that the clearest gains arise in the coverage of school material needs and, to a lesser extent, in school attendance. By contrast, the evidence is weaker for outcomes such as grade retention or failed subjects, which are arguably less likely to respond over a short intervention window.

This pattern is substantively plausible. The educational package included direct support for school materials, tutoring, and related educational needs, so improvements in immediate educational conditions are precisely where one would expect to see the earliest effects.

5.3.7 *Employability*

Table 14 presents the results for employability. The summary employability index does not show a statistically significant treatment effect. At the same time, the component estimates suggest some improvement in activation toward job search, even though this does not translate into a robust effect on the overall index or on broader labor-market outcomes.

We interpret these findings as evidence that the intervention may have influenced some proximal aspects of labor-market engagement without generating short-run changes in more demanding outcomes such as employment or labor income. This is in line with the broader conclusion that the intervention’s strongest short-run effects operate through material support and social inclusion rather than through immediate labor-market gains.

5.4 *Administrative employment outcomes*

We complement the survey-based evidence with administrative data from Social Security records for the households for which one adult participant could be successfully linked to those records. These data allow us to examine labor-market outcomes over the period following the intervention, including employment status, time in registered employment, and proxies for job quality.

Using these administrative records, we construct several measures of labor-market attachment and job quality: an employment indicator; contract type among workers (permanent versus non-

permanent); full-time versus part-time status among workers; labor intensity and full-time labor intensity over a short reference window;⁴ the number of days worked and days worked full-time over that same window; and longer-run annual measures of total days worked and total days unemployed. Point-in-time outcomes are measured using information recorded on December 15, 2022, for the pre-intervention measure and on December 15, 2023, for the post-intervention measure. Short-run cumulative outcomes are constructed over a two-month reference window, from November to December 2022 for the pre-intervention period and from November to December 2023 for the post-intervention period. Longer-run outcomes are measured using annual aggregates for calendar years 2023 and 2024, with 2022 used as the corresponding pre-intervention baseline.

Table C1 in Appendix C shows that the administrative labor-market outcomes are balanced across treatment and control groups at baseline. Tables C2 – C5 report the short-run estimates, while Tables C6 – C7 report the longer-run annual outcomes.

Overall, the administrative results provide little evidence that the intervention improved labor-market attachment or job quality. We do not detect statistically significant effects on employment status, contract type, full-time status, labor intensity, or the number of days worked in the short run. Likewise, the annual measures of total days worked in 2023 and 2024 show no detectable treatment effects. The only statistically significant estimate appears for the number of days unemployed in 2024, but this isolated result is not accompanied by corresponding improvements in employment status, time worked, or job quality, and should therefore be interpreted with caution.

Taken together, the administrative evidence is consistent with the survey-based results for employability. The intervention may have improved some proximal indicators of job-search activation, but these gains do not translate into robust short-run improvements in realized employment outcomes. This reinforces the broader interpretation of the paper: the program’s strongest short-run effects operate through material conditions and multidimensional social inclusion rather than through immediate labor-market gains.

⁴Labor intensity is defined as the ratio of days worked to the total number of days in the reference period. Analogously, full-time labor intensity is defined as the ratio of days in full-time employment to the total number of days in the reference period.

5.5 *Exploratory heterogeneity analyses*

We next explore whether the treatment effects differ across a set of pre-treatment household characteristics. These analyses are exploratory and should therefore be interpreted with caution, particularly given the limited statistical power to detect differences across subgroups.

Table 15 reports heterogeneity by family type. For non-single-parent households, the estimated effects on child material deprivation and social inclusion are broadly similar to those obtained in the full sample. The interaction terms for single-parent households are generally positive, especially for the social inclusion index, suggesting potentially larger gains for this group. However, these estimates are imprecisely estimated, and the evidence does not allow us to draw firm conclusions about differential effects by family structure.

Tables 16 and 17 report analogous analyses by benefit type (IMV versus RISGA) and by respondent nationality (Spanish versus non-Spanish). These dimensions are policy-relevant because they capture differences in institutional attachment and baseline vulnerability prior to treatment assignment. Across both sets of results, the estimated interaction terms are generally small and imprecisely estimated. While some point estimates suggest heterogeneity in treatment effects, the overall pattern does not provide strong or systematic evidence of differential impacts across these groups.

Taken together, the heterogeneity analysis suggests that the main results of the paper are broadly consistent across observable subgroups. At the same time, the point estimates are in some cases suggestive of larger gains among more vulnerable households, such as single-parent families, although these patterns should be interpreted as indicative rather than definitive.

6 Conclusions

This paper evaluates a randomized pilot program that offered personalized and comprehensive support to families with children receiving minimum-income assistance in Galicia. The intervention was designed to complement existing income protection and ordinary social services with individualized support packages in three domains: social support, educational support, and employment activation. Using stratified random assignment, we estimate the intention-to-treat effect of being offered this enhanced support model relative to business-as-usual.

The results point to a clear but uneven pattern of effects. On the one hand, treatment assignment significantly improves the child material deprivation index and the overall social inclusion summary measure. The strongest gains are concentrated in housing conditions, parental responsibility, community integration, and education, and these effects remain robust after adjusting for multiple hypothesis testing. On the other hand, we do not detect statistically significant short-run effects on simplified poverty indicators, the overall employability index, or labor income, although we do find some improvement in job-search activation. Taken together, these findings suggest that personalized accompaniment can improve concrete living conditions and important dimensions of family inclusion even when broader changes in household income or labor-market attachment do not materialize within the short time horizon of the intervention.

These results are substantively meaningful for two reasons. First, they show that evaluating anti-poverty interventions exclusively through income-based indicators may miss important improvements in children's day-to-day material conditions and in the family environments in which they live. Second, they indicate that layered support may matter: the treatment studied here did not replace minimum-income protection, but added a structured and more intensive model of support on top of the existing safety net. In that sense, the paper provides evidence on the incremental effect of personalized services, not on the effect of income support alone.

At the same time, the findings should be interpreted with appropriate caution. The analysis focuses mainly on outcomes measured immediately after the intervention, so the paper is primarily informative about short-run effects. Some relevant outcomes, especially those related to labor-market integration, may require a longer period to respond. In addition, although project-specific services were restricted to treated households, participants were aware of their assignment status and continued to interact with ordinary public and third-sector services, so informal spillovers and reporting effects cannot be fully ruled out. The external validity of the results is also naturally limited to families with children receiving IMV or RISGA in the urban Galician settings where the pilot was implemented.

Administrative employment records for the subset of adults linked to Social Security data do not show robust effects on subsequent employment status, time in registered employment, or our measures of job quality over the follow-up period. This reinforces the interpretation that the program's strongest short-run effects operate through children's material conditions and broader

dimensions of family social inclusion rather than through immediate labor-market gains. At the same time, the absence of administrative data on children’s later outcomes prevents us from studying whether the observed improvements in family conditions translate into longer-run gains for children.

Overall, the evidence in this paper supports a view of anti-poverty policy in which cash protection remains necessary but may be insufficient on its own for families facing multiple and overlapping disadvantages. For this population, personalized and multidimensional support appears capable of improving aspects of daily life that matter directly for children and for family inclusion, even when income and employment outcomes remain unchanged in the short run. Future research should examine whether these gains persist over time, whether they eventually translate into better labor-market trajectories or child outcomes, and which elements of the support model are most important for generating lasting effects.

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.

References

- Atkinson, A. B. and E. Marlier (Eds.) (2010). *Income and Living Conditions in Europe*. Luxembourg: Publications Office of the European Union.
- Ayala, L., J. M. Arranz, C. García-Serrano, and L. Martínez-Virto (2021). The effectiveness of minimum income benefits in poverty reduction in Spain. *International Journal of Social Welfare* 30(2), 152–169.
- Bäckman, O. and T. Ferrarini (2010). Combating child poverty? a multilevel assessment of family policy institutions and child poverty in 21 old and new welfare states. *Journal of Social Policy* 39(2), 275–296.
- Bessell, S. (2022). Rethinking child poverty. *Journal of Human Development and Capabilities* 23(4), 539–561.

- Bolhaar, J., N. Ketel, and B. van der Klaauw (2019). Job search periods for welfare applicants: Evidence from a randomized experiment. *American Economic Journal: Applied Economics* 11(1), 92–125.
- Chzhen, Y., C. de Neubourg, I. Plavgo, and M. de Milliano (2016). Child poverty in the european union: The multiple overlapping deprivation analysis approach (EU-MODA). *Child Indicators Research* 9(2), 335–356.
- Courtin, E., S. Kim, S. Song, W. Yu, and P. Muennig (2020). Can social policies improve health? a systematic review and meta-analysis of 38 randomized trials. *The Milbank Quarterly* 98(2), 297–371.
- De la Rica, S. and L. Gorjón (2019). Assessing the impact of a minimum income scheme: The basque country case. *SERIEs* 10(3–4), 251–280.
- European Anti-Poverty Network (EAPN) Spain (2022). Xii informe sobre el estado de la pobreza en españa: Seguimiento de los indicadores de la agenda UE 2030 (2015–2021). Technical report, EAPN Spain, Madrid.
- European Anti-Poverty Network (EAPN) Spain (2023). Xiii informe sobre el estado de la pobreza en españa: Seguimiento de los indicadores de la agenda UE 2030 (2015–2022). Technical report, EAPN Spain, Madrid.
- Ferrão, M. E., A. Bastos, and M. T. G. Alves (2021). A measure of child exposure to household material deprivation: Empirical evidence from the portuguese EU-SILC. *Child Indicators Research* 14(1), 217–237.
- Hernández, A., F. Picos, and S. Riscado (2020). Moving towards fairer regional minimum income schemes in spain. JRC Working Papers on Taxation and Structural Reforms 04/2020, European Commission, Joint Research Centre, Seville.
- Madden, D. (2022). The dynamics of multidimensional poverty in a cohort of irish children. *Child Indicators Research* 15(5), 1631–1671.
- Moyano, M., R. M. Lobato, P. Ventsislavova, and H. M. Trujillo (2022). Social inclusion level of spanish and foreign adolescents: Proposal for an evaluation instrument. *Current Psychology* 41(10), 6880–6893.
- Redmond, G. (2014). Poverty and social exclusion. In A. Ben-Arieh, F. Casas, I. Frønes, and J. E. Korbin (Eds.), *Handbook of Child Well-Being*, pp. 1387–1426. Dordrecht: Springer.
- Secretaría General de Inclusión del Ministerio de Inclusión, Seguridad Social y Migraciones (2025). Palancas para la inclusión: Recomendaciones del laboratorio de políticas de inclusión en base a la evidencia científica. Technical report, Ministerio de Inclusión, Seguridad Social y Migraciones, Madrid.
- Smedslund, G., K. B. Hagen, A. Steiro, T. Johme, T. K. Dalsbø, and M. G. Rud (2006). Work programmes for welfare recipients. *Campbell Systematic Reviews* 2(1), 1–122.
- Soler-Buades, L. (2025). The politics of minimum income reform in spain: Explaining unexpected and consensual path departure. *Journal of Social Policy*. Published online 10 April 2025.

Tables

Table 1: Descriptive statistics

Variable	Obs.	Mean	Standard deviations	Minimum	Maximum
Treatment	2,038	0.45	0.50	0.00	1.00
Stratification variables:					
Single-parent families	2,038	0.54	0.50	0.00	1.00
A Coruña	2,038	0.23	0.42	0.00	1.00
Ferrol	2,038	0.08	0.27	0.00	1.00
Lugo	2,038	0.15	0.36	0.00	1.00
Ourense	2,038	0.12	0.33	0.00	1.00
Pontevedra	2,038	0.07	0.26	0.00	1.00
Santiago de Compostela	2,038	0.07	0.26	0.00	1.00
Vigo	2,038	0.27	0.44	0.00	1.00
Characteristics of the families:					
IMV	2,038	0.88	0.32	0.00	1.00
RISGA	2,038	0.12	0.32	0.00	1.00
Number of household members	2,038	3.34	1.19	1.00	9.00
Number of household members under 18	2,038	1.65	0.85	0.00	6.00
Number of household members who work	2,038	0.55	0.66	0.00	3.00
Age of the respondent	2,038	40.93	8.33	20.00	75.00
Sex of the respondent: woman	2,038	0.87	0.34	0.00	1.00
Nationality of the respondent: Spanish	2,038	0.70	0.46	0.00	1.00
Final indicators:					
Reduced AROPE	2,038	0.58	0.65	0.00	2.00
- Absence of relative monetary poverty	2,038	0.11	0.31	0.00	1.00
- Material and social deprivation	2,038	2.48	1.55	0.00	7.00
Synthetic indicator of social inclusion	2,038	0.72	0.09	0.31	0.95
- Health indicator	2,038	0.78	0.14	0.20	1.00
- Housing indicator	2,038	0.66	0.13	0.19	0.99
- Digital skills indicator	2,038	0.62	0.16	0.00	1.00
- Parental responsibility indicator	2,038	0.69	0.24	0.00	1.00
- Community integration indicator	2,038	0.66	0.19	0.00	1.00
- Education indicator	2,038	0.90	0.12	0.29	1.00
Intermediate indicators:					
Health literacy level	2,038	0.90	0.20	0.00	1.00
Emotional health level	2,038	0.62	0.21	0.00	1.00
Knowledge of aids and mechanisms for energy savings	2,038	0.50	0.27	0.00	1.00
Delays in payment of expenses	2,038	0.70	0.30	0.00	1.00
Interest in the development of digital skills	2,038	0.79	0.27	0.00	1.00
Degree of family satisfaction	2,038	0.69	0.24	0.00	1.00
Trust in others	2,038	0.55	0.27	0.00	1.00

Table 2: Balancing tests among experimental groups

Variable	Control		Treatment		t-test	
	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	2,038	0.83
	14	(21.54)	14	(17.35)	14	
A Coruña	1128	0.24	910	0.22	2,038	0.49
	14	(15.72)	14	(12.17)	14	
Ferrol	1128	0.08	910	0.08	2,038	0.96
	14	(6.44)	14	(5.16)	14	
Lugo	1128	0.16	910	0.15	2,038	0.23
	14	(11.37)	14	(8.74)	14	
Ourense	1128	0.12	910	0.13	2,038	0.26
	14	(9.02)	14	(7.73)	14	
Pontevedra	1128	0.07	910	0.08	2,038	0.35
	14	(5.59)	14	(5.16)	14	
Santiago de Compostela	1128	0.07	910	0.08	2,038	0.36
	14	(5.78)	14	(4.91)	14	
Vigo	1128	0.27	910	0.27	2,038	0.95
	14	(17.01)	14	(13.70)	14	
Panel B: Characteristics of the families and indicators of the results						
IMV	1128	0.88	910	0.87	2,038	0.45
	14	(8.85)	14	(7.67)	14	
Number of household members	1128	3.35	910	3.32	2,038	0.52
	14	(128.17)	14	(94.25)	14	
Number of household members under 18	1128	1.66	910	1.63	2,038	0.47
	14	(66.41)	14	(45.93)	14	
Number of household members who work	1128	0.58	910	0.52	2,038	0.07*
	14	(39.77)	14	(28.09)	14	
Age of the respondent	1128	40.92	910	40.95	2,038	0.98
	14	(5562.47)	14	(5297.43)	14	
Sex of the respondent: woman	1128	0.87	910	0.87	2,038	0.87
	14	(9.72)	14	(7.90)	14	
Nationality of the respondent: Spanish	1128	0.71	910	0.70	2,038	0.70
	14	(18.02)	14	(14.79)	14	
Reduced AROPE	1128	0.57	910	0.59	2,038	0.56
	14	(36.16)	14	(30.06)	14	
- Absence of relative monetary poverty	1128	0.11	910	0.11	2,038	0.82
	14	(8.47)	14	(6.88)	14	
- Material and social deprivation	1128	2.49	910	2.46	2,038	0.76
	14	(209.87)	14	(167.80)	14	
Synthetic indicator of social inclusion	1128	0.72	910	0.71	2,038	0.03**
	14	(0.77)	14	(0.61)	14	
- Health indicator	1128	0.79	910	0.77	2,038	0.04**
	14	(1.74)	14	(1.50)	14	
- Housing indicator	1128	0.66	910	0.66	2,038	0.80
	14	(1.48)	14	(1.25)	14	
- Digital skills indicator	1128	0.63	910	0.61	2,038	0.04**
	14	(2.31)	14	(1.90)	14	
- Parental responsibility indicator	1128	0.69	910	0.69	2,038	0.93
	14	(4.95)	14	(4.03)	14	
- Community integration indicator	1128	0.67	910	0.64	2,038	0.00***
	14	(3.19)	14	(2.51)	14	
- Education indicator	1128	0.90	910	0.90	2,038	0.39
	14	(1.33)	14	(0.97)	14	

Notes: * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. Panel B includes the randomization strata 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-response to the endline survey

Final Interview Not Completed	(1)	(2)	(3)
Treatment	0.011 (0.013)	0.012 (0.089)	0.011 (0.089)
Treatment and Ferrol		-0.024 (0.068)	-0.025 (0.068)
Treatment and Lugo		-0.010 (0.054)	-0.006 (0.053)
Treatment and Ourense		-0.002 (0.054)	0.002 (0.053)
Treatment and Pontevedra		0.052** (0.022)	0.051** (0.020)
Treatment and Santiago de Compostela		0.024 (0.070)	0.022 (0.071)
Treatment and Vigo		0.013 (0.014)	0.018 (0.017)
Treatment and Single-parent families		0.019 (0.027)	0.025 (0.031)
Treatment and IMV		-0.011 (0.042)	-0.003 (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 (0.025)	0.000 (0.025)
Treatment and Nationality of the respondent: Spanish		0.031 (0.022)	0.032 (0.024)
Treatment and Number of household members		0.017 (0.012)	0.035 (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	2,038	2,038	2,038

Notes: Standard errors, grouped by randomization strata, 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: Effect on poverty reduction

	Reduced AROPE		(Lower) Relative monetary poverty	(Lower) Material and social deprivation	(Lower) Child material deprivation			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	-0.031 (0.045)	-0.006 (0.048)	-0.025 (0.031)	-0.005 (0.031)	-0.027 (0.047)	-0.012 (0.050)	0.131** (0.060)	0.175***†† (0.054)
RW p-value (without controls)	0.605	.	0.605	.	0.605	.	0.109	.
RW p-value (with controls)	.	0.973	.	0.973	.	0.973	.	0.028
Observations	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862
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. included	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Baseline controls included	No	Yes	No	Yes	No	Yes	No	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values. † $p < 0.1$, †† $p < 0.05$, ††† $p < 0.01$ based on Romano–Wolf (RW) stepdown adjusted p-values. RW-adjusted p-values are reported in the table and the adjustment is applied separately for each outcome family and specification, distinguishing between models with and without additional baseline controls. Imbalanced baseline controls include the number of household members who work and the synthetic indicator of social inclusion. The Relative monetary poverty index, the Material and social deprivation index, and the Child material deprivation index are coded so that higher values indicate lower poverty and/or deprivation (better outcomes).

Table 6: Effect on social inclusion

	Social inclusion summary index							
	Unweighted composite summary index				Anderson-weighted summary index			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Treatment	0.185***††† (0.043)	0.252***††† (0.040)	0.251***††† (0.040)	0.252***††† (0.040)	0.193***††† (0.041)	0.254***††† (0.038)	0.243***††† (0.039)	0.246***††† (0.039)
RW p-value (without controls)	0.002	.	0.001	.	0.002	.	0.001	.
RW p-value (with controls)	.	0.001	.	0.001	.	0.001	.	0.001
Observations	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862
R^2	0.05	0.39	0.39	0.39	0.05	0.33	0.35	0.35
Control mean dep. var.	-0.080	-0.080	-0.080	-0.080	-0.084	-0.084	-0.084	-0.084
Initial value dep. var. included	No	No	Yes	Yes	No	No	Yes	Yes
Baseline controls included	No	Yes	No	Yes	No	Yes	No	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values. † $p < 0.1$, †† $p < 0.05$, ††† $p < 0.01$ based on Romano–Wolf (RW) stepdown adjusted p-values. RW-adjusted p-values are reported in the table and the adjustment is applied separately for each outcome family and specification, distinguishing between models with and without additional baseline controls. Imbalanced baseline controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 7: Effect on the domain-specific secondary indices underlying the overall social inclusion measures

	Health	Housing	Digital skills	Parental responsibility	Community integration	Education	Employability
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Treatment	0.018 (0.048)	0.167***††† (0.040)	0.073 (0.056)	0.150***††† (0.032)	0.301***††† (0.055)	0.179***††† (0.030)	0.017 (0.047)
RW p-value (with controls)	0.852	0.005	0.356	0.004	0.003	0.003	0.852
Observations	1,862	1,862	1,862	1,862	1,862	1,862	1,862
R^2	0.15	0.22	0.12	0.23	0.26	0.14	0.03
Control mean dep. var.	0.007	-0.051	-0.013	-0.051	-0.110	-0.061	-0.009
Initial value dep. var. included	No	No	No	No	No	No	No
Baseline controls included	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values. † $p < 0.1$, †† $p < 0.05$, ††† $p < 0.01$ based on Romano–Wolf (RW) stepdown adjusted p-values. RW-adjusted p-values are reported in the table and the adjustment is applied separately for each outcome family and specification, distinguishing between models with and without additional baseline controls. Imbalanced baseline controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 8: Effect on health

	Perceived health	Frequency medical care	Frequency illness	Health quality	Emotional health	Health literacy	Dental-care spending	Drug spending
Treatment	0.020 (0.048)	-0.022 (0.056)	-0.019 (0.060)	0.035 (0.046)	0.121***†† (0.030)	-0.061 (0.061)	0.094* (0.049)	-0.045 (0.044)
RW p-value (with controls)	1.000	1.000	1.000	0.981	0.045	0.941	0.537	0.941
Observations	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862
R^2	0.11	0.06	0.07	0.19	0.24	0.06	0.07	0.03
Control mean dep. var.	0.009	0.017	0.017	0.006	-0.028	0.035	-0.045	0.020
Initial value dep. var. included	No	No	No	No	No	No	No	No
Baseline controls included	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values. † $p < 0.1$, †† $p < 0.05$, ††† $p < 0.01$ based on Romano–Wolf (RW) stepdown adjusted p-values. RW-adjusted p-values are reported in the table and the adjustment is applied separately for each outcome family and specification, distinguishing between models with and without additional baseline controls. Imbalanced baseline controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 9: Effect on housing

	Residential overcrowding	Housing deprivation	Energy saving aids	Housing payments	Housing satisfaction
Treatment	-0.020 (0.054)	0.117** (0.040)	0.087* (0.047)	0.167*** (0.054)	0.034 (0.040)
RW p-value (with controls)	1.000	0.173	0.554	0.167	0.964
Observations	1,862	1,862	1,862	1,862	1,862
R^2	0.17	0.15	0.10	0.08	0.11
Control mean dep. var.	0.011	-0.034	-0.030	-0.058	0.001
Initial value dep. var. included	No	No	No	No	No
Baseline controls included	Yes	Yes	Yes	Yes	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values. † $p < 0.1$, †† $p < 0.05$, ††† $p < 0.01$ based on Romano–Wolf (RW) stepdown adjusted p-values. RW-adjusted p-values are reported in the table and the adjustment is applied separately for each outcome family and specification, distinguishing between models with and without additional baseline controls. Imbalanced baseline controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 10: Effect on digital skills

	Internet availability	Interest digital skills	Confidence digital tools	Digital signature certificate	Online interaction with administration
Treatment	0.007 (0.032)	0.090* (0.047)	0.012 (0.056)	0.058 (0.053)	0.020 (0.045)
RW p-value (with controls)	1.000	0.537	1.000	0.916	1.000
Observations	1,862	1,862	1,862	1,862	1,862
R^2	0.06	0.06	0.16	0.08	0.11
Control mean dep. var.	0.006	-0.029	-0.004	-0.009	0.003
Initial value dep. var. included	No	No	No	No	No
Baseline controls included	Yes	Yes	Yes	Yes	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values. † $p < 0.1$, †† $p < 0.05$, ††† $p < 0.01$ based on Romano–Wolf (RW) stepdown adjusted p-values. RW-adjusted p-values are reported in the table and the adjustment is applied separately for each outcome family and specification, distinguishing between models with and without additional baseline controls. Imbalanced baseline controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 11: Effect on parental responsibility

	Parental skills	Family satisfaction
Treatment	0.103** (0.045)	0.141***† (0.038)
RW p-value (with controls)	0.392	0.061
Observations	1,862	1,862
R^2	0.14	0.21
Control mean dep. var.	-0.038	-0.046
Initial value dep. var. included	No	No
Baseline controls included	Yes	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values. † $p < 0.1$, †† $p < 0.05$, ††† $p < 0.01$ based on Romano–Wolf (RW) stepdown adjusted p-values. RW-adjusted p-values are reported in the table and the adjustment is applied separately for each outcome family and specification, distinguishing between models with and without additional baseline controls. Imbalanced baseline controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 12: Effect on community integration

	Personal relationships satisfaction	Trust in others	Social support	Citizen participation
Treatment	0.083* (0.042)	0.083** (0.035)	0.012 (0.048)	0.612***††† (0.088)
RW p-value (with controls)	0.533	0.353	1.000	0.004
Observations	1,862	1,862	1,862	1,862
R^2	0.16	0.14	0.13	0.20
Control mean dep. var.	-0.019	-0.018	0.007	-0.261
Initial value dep. var. included	No	No	No	No
Baseline controls included	Yes	Yes	Yes	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values. † $p < 0.1$, †† $p < 0.05$, ††† $p < 0.01$ based on Romano–Wolf (RW) stepdown adjusted p-values. RW-adjusted p-values are reported in the table and the adjustment is applied separately for each outcome family and specification, distinguishing between models with and without additional baseline controls. Imbalanced baseline controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 13: Effect on education

	Coverage school material needs	(Lower) Grade retention	(Lower) Failed subjects	(Lower) Absenteeism
Treatment	0.295***††† (0.046)	0.076** (0.029)	0.002 (0.040)	0.078** (0.036)
RW p-value (with controls)	0.004	0.251	1.000	0.441
Observations	1,862	1,862	1,862	1,862
R^2	0.18	0.07	0.06	0.03
Control mean dep. var.	-0.118	-0.020	0.014	-0.030
Initial value dep. var. included	No	No	No	No
Baseline controls included	Yes	Yes	Yes	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values. † $p < 0.1$, †† $p < 0.05$, ††† $p < 0.01$ based on Romano–Wolf (RW) stepdown adjusted p-values. RW-adjusted p-values are reported in the table and the adjustment is applied separately for each outcome family and specification, distinguishing between models with and without additional baseline controls. Imbalanced baseline controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 14: Effect on employability

	HH members seeking jobs	Activation activities	Job attainment indicator	Increased in earned income
Treatment	0.017 (0.051)	0.127* (0.065)	-0.085 (0.063)	-0.013 (0.045)
RW p-value (with controls)	1.000	0.536	0.806	1.000
Observations	1,862	1,862	1,862	1,862
R^2	0.08	0.06	0.05	0.03
Control mean dep. var.	-0.016	-0.062	0.039	0.014
Initial value dep. var. included	No	No	No	No
Baseline controls included	Yes	Yes	Yes	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values. † $p < 0.1$, †† $p < 0.05$, ††† $p < 0.01$ based on Romano–Wolf (RW) stepdown adjusted p-values. RW-adjusted p-values are reported in the table and the adjustment is applied separately for each outcome family and specification, distinguishing between models with and without additional baseline controls. Imbalanced baseline controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 15: Effect on poverty reduction and social inclusion, by single-parent status

	Reduced AROPE		(Lower) Child material deprivation		Social inclusion summary index	
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	-0.028 (0.059)	-0.002 (0.068)	0.101 (0.076)	0.133* (0.068)	0.155*** (0.027)	0.157*** (0.028)
Single-parent families	0.009 (0.040)	0.080 (0.045)	-0.274*** (0.052)	-0.167*** (0.049)	0.054** (0.024)	0.060** (0.027)
Treatment and single-parent	-0.006 (0.088)	-0.008 (0.094)	0.057 (0.115)	0.080 (0.098)	0.179*** (0.046)	0.177*** (0.047)
Observations	1,862	1,862	1,862	1,862	1,862	1,862
R^2	0.28	0.31	0.03	0.16	0.40	0.40
Control mean dep. var.	0.011	0.011	-0.057	-0.057	-0.080	-0.080
Initial value dep. var. included	Yes	Yes	No	No	Yes	Yes
Baseline controls included	No	Yes	No	Yes	No	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values. Imbalanced baseline controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 16: Effect on poverty reduction and social inclusion, by benefit type

	Reduced AROPE		(Lower) Child material deprivation		Social inclusion summary index	
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	0.068 (0.117)	0.066 (0.115)	0.031 (0.190)	0.048 (0.183)	0.283** (0.096)	0.282** (0.096)
IMV	0.351*** (0.082)	0.289*** (0.079)	0.363*** (0.084)	0.214* (0.100)	-0.077 (0.085)	-0.091 (0.080)
Treatment and IMV	-0.108 (0.108)	-0.079 (0.107)	0.117 (0.170)	0.145 (0.168)	-0.037 (0.098)	-0.034 (0.098)
Observations	1,862	1,862	1,862	1,862	1,862	1,862
R^2	0.29	0.32	0.05	0.16	0.40	0.40
Control mean dep. var.	0.011	0.011	-0.057	-0.057	-0.080	-0.080
Initial value dep. var. included	Yes	Yes	No	No	Yes	Yes
Baseline controls included	No	Yes	No	Yes	No	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values. Imbalanced baseline controls include the number of household members who work and the synthetic indicator of social inclusion.

Table 17: Effect on poverty reduction and social inclusion, by Spanish nationality of the respondent

	Reduced AROPE		(Lower) Child material deprivation		Social inclusion summary index	
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	0.021 (0.049)	0.046 (0.051)	0.155 (0.112)	0.207* (0.106)	0.265*** (0.067)	0.266*** (0.068)
Spanish nationality	0.296*** (0.050)	0.314*** (0.051)	0.343*** (0.084)	0.331*** (0.083)	-0.077 (0.047)	-0.077 (0.047)
Treatment and Spanish nationality	-0.068 (0.053)	-0.066 (0.051)	-0.027 (0.108)	-0.039 (0.101)	-0.022 (0.061)	-0.021 (0.062)
Observations	1,862	1,862	1,862	1,862	1,862	1,862
R^2	0.29	0.33	0.05	0.18	0.40	0.40
Control mean dep. var.	0.011	0.011	-0.057	-0.057	-0.080	-0.080
Initial value dep. var. included	Yes	Yes	No	No	Yes	Yes
Baseline controls included	No	Yes	No	Yes	No	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values. Imbalanced baseline controls include the number of household members who work and the synthetic indicator of social inclusion.

A Intervention portfolio and realized treatment composition

This appendix provides complementary information on the intervention received by households assigned to treatment.

Table A1 describes the portfolio of possible services made available under the project, organized by the three intervention packages used in the main text: social support, educational support, and employment activation.

Table A2 reports descriptive evidence on the overall realized composition of treatment, including the types of services most frequently received.

Tables A3–A6 report analogous descriptive breakdowns by single-parent status, benefit type, respondent nationality, and municipality. Because service intensity and composition are post-treatment variables jointly determined with household needs, all the evidence reported in this appendix is descriptive and should not be given a causal interpretation.

Table A1: Portfolio of possible services by intervention package

Code	Service	Package	Main target	Main modality	Maximum duration / amount
Panel A. Social support package					
1	Health and care training groups	Social support	Adults / household	Group workshop	16 hours (8 sessions of 2 hours)
2	Individualized health and care counseling	Social support	Adults / household	Individual counseling	Up to 60 hours in 12 months
3	Aid for health expenses	Social support	Adults / children / household	Financial aid	Up to 200 euros/year per person
4	Group workshop to improve housing quality	Social support	Household	Group workshop	8 hours per training action
5	Individualized housing counseling and support	Social support	Household	Individual counseling / home visits	Minimum of two interviews or home visits per year
6	Housing payment assistance	Social support	Household	Financial aid	Up to 150 euros/month as required
7	Aid for home repair	Social support	Household	Financial aid	Up to 1,500 euros/year as required
8	Aid in the payment of supplies	Social support	Household	Financial aid	Up to 300 euros/year as required
9	Basic digital skills workshop	Social support	Adults / household	Group training	12 hours per action
10	Connectivity aids	Social support	Household	Financial aid	Up to 50 euros/month per family for up to 12 months
11	Aid for the provision of computer equipment	Social support	Household	Financial aid	Up to 150 euros per family per year
12	Parental responsibility workshop	Social support	Adults / household	Group workshop	16 hours (8 sessions of 2 hours)
13	Community engagement activities	Social support	Adults / household	Community-based activities	Up to 24 hours per quarter
Panel B. Educational support package					
14	Educational reinforcement groups	Educational support	Children / adolescents	Group tutoring	During school term (37 weeks); intensity varies by school level
15	Individualized school support sessions	Educational support	Children / adolescents	Individualized support	During school term (37 weeks); intensity varies by school level
16	Non-formal education groups	Educational support	Children / adolescents	Group activities	4 hours/week during the school term (37 weeks)
17	Aid for school supplies	Educational support	Children / adolescents	Financial aid	Up to 150 euros per child / year
18	Grants for non-formal educational activities	Educational support	Children / adolescents	Financial aid	Up to 400 euros per child / year
Panel C. Employment activation package					
19	Basic skills training courses	Employment activation	Adults	Training course	12 hours/week up to 60 hours per action
20	Training courses in professional skills	Employment activation	Adults	Training course	Up to 250 hours per action
21	Individual career counseling sessions	Employment activation	Adults	Individual counseling	Up to 10 sessions of up to 2 hours each
22	Financial aid to cover expenses that favor work-life balance	Employment activation	Adults with care responsibilities	Financial aid	Up to 478 euros / year

Notes: This table reports the portfolio of services that could be assigned to households in the treatment group as part of the individualized Action Plans. Duration and amounts refer to the maximum support intensity defined by the program design.

Table A2: Realized treatment composition among treated households

Code	Service type	Package	Share of treated households receiving the service (%)
Panel A. Social support package			
1	Health and care training groups	Social support	10.5
2	Individualized health and care counseling	Social support	29.0
3	Aid for health expenses	Social support	60.5
4	Group workshop to improve housing quality	Social support	4.4
5	Individualized housing counseling and support	Social support	27.7
6	Housing payment assistance	Social support	32.8
7	Aid for home repair	Social support	13.7
8	Aid in the payment of supplies	Social support	37.4
9	Basic digital skills workshop	Social support	13.7
10	Connectivity aids	Social support	34.8
11	Aid for the provision of computer equipment	Social support	0.0
12	Parental responsibility workshop	Social support	13.3
13	Community engagement activities	Social support	25.7
Panel B. Educational support package			
14	Educational reinforcement groups	Educational support	18.2
15	Individualized school support sessions	Educational support	7.7
16	Non-formal education groups	Educational support	27.5
17	Aid for school supplies	Educational support	53.7
18	Grants for non-formal educational activities	Educational support	41.3
Panel C. Employment activation package			
19	Basic skills training courses	Employment activation	18.9
20	Training courses in professional skills	Employment activation	13.2
21	Individual career counseling sessions	Employment activation	48.3
22	Financial aid to cover expenses that favor work-life balance	Employment activation	12.5
Average number of interventions per treated household			5.45

Notes: This table reports descriptive evidence on the realized composition of treatment among households assigned to the treatment group. Among the 910 treated households, we have information on services received for 869 of them (95.5%). The share column indicates the percentage of treated households that received the intervention of the corresponding type.

Table A3: Realized treatment composition among treated households, by single-parent status

Code	Service type	Package	Non-single-parent ($N = 391$)	Single-parent ($N = 478$)
Panel A. Social support package				
1	Health and care training groups	Social support	10.0	10.9
2	Individualized health and care counseling	Social support	25.3	32.0
3	Aid for health expenses	Social support	63.9	57.7
4	Group workshop to improve housing quality	Social support	5.4	3.6
5	Individualized housing counseling and support	Social support	24.8	30.1
6	Housing payment assistance	Social support	29.2	35.8
7	Aid for home repair	Social support	12.8	15.1
8	Aid in the payment of supplies	Social support	34.8	39.5
9	Basic digital skills workshop	Social support	13.0	14.2
10	Connectivity aids	Social support	33.0	36.2
11	Aid for the provision of computer equipment	Social support	0.0	0.0
12	Parental responsibility workshop	Social support	10.5	15.7
13	Community engagement activities	Social support	23.8	27.2
Panel B. Educational support package				
14	Educational reinforcement groups	Educational support	19.7	16.9
15	Individualized school support sessions	Educational support	7.9	7.5
16	Non-formal education groups	Educational support	29.2	26.2
17	Aid for school supplies	Educational support	55.8	52.1
18	Grants for non-formal educational activities	Educational support	42.2	40.6
Panel C. Employment activation package				
19	Basic skills training courses	Employment activation	19.2	18.6
20	Training courses in professional skills	Employment activation	11.5	14.6
21	Individual career counseling sessions	Employment activation	41.4	54.0
22	Financial aid to cover expenses that favor work-life balance	Employment activation	8.4	15.9

Notes: Entries are percentages of treated households with available service-delivery information receiving at least one intervention of the corresponding type. The subgroup sample sizes sum to 869 treated households with non-missing intervention records.

Table A4: Realized treatment composition among treated households, by benefit type

Code	Service type	Package	RISGA ($N = 106$)	IMV ($N = 763$)
Panel A. Social support package				
1	Health and care training groups	Social support	7.5	10.9
2	Individualized health and care counseling	Social support	33.0	28.4
3	Aid for health expenses	Social support	52.8	61.6
4	Group workshop to improve housing quality	Social support	4.7	4.3
5	Individualized housing counseling and support	Social support	24.5	28.2
6	Housing payment assistance	Social support	58.5	29.2
7	Aid for home repair	Social support	13.2	14.2
8	Aid in the payment of supplies	Social support	52.8	35.3
9	Basic digital skills workshop	Social support	14.2	13.6
10	Connectivity aids	Social support	40.6	33.9
11	Aid for the provision of computer equipment	Social support	0.0	0.0
12	Parental responsibility workshop	Social support	16.0	13.0
13	Community engagement activities	Social support	31.1	24.9
Panel B. Educational support package				
14	Educational reinforcement groups	Educational support	23.6	17.4
15	Individualized school support sessions	Educational support	7.5	7.7
16	Non-formal education groups	Educational support	32.1	26.9
17	Aid for school supplies	Educational support	49.1	54.4
18	Grants for non-formal educational activities	Educational support	39.6	41.5
Panel C. Employment activation package				
19	Basic skills training courses	Employment activation	25.5	18.0
20	Training courses in professional skills	Employment activation	20.8	12.2
21	Individual career counseling sessions	Employment activation	50.0	48.1
22	Financial aid to cover expenses that favor work-life balance	Employment activation	11.3	12.7

Notes: Entries are percentages of treated households with available service-delivery information receiving at least one intervention of the corresponding type. The subgroup sample sizes sum to 869 treated households with non-missing intervention records.

Table A5: Realized treatment composition among treated households, by Spanish nationality of the respondent

Code	Service type	Package	Non-Spanish ($N = 261$)	Spanish ($N = 608$)
Panel A. Social support package				
1	Health and care training groups	Social support	7.7	11.7
2	Individualized health and care counseling	Social support	29.9	28.6
3	Aid for health expenses	Social support	62.5	59.7
4	Group workshop to improve housing quality	Social support	4.6	4.3
5	Individualized housing counseling and support	Social support	29.1	27.1
6	Housing payment assistance	Social support	46.4	27.0
7	Aid for home repair	Social support	12.6	14.6
8	Aid in the payment of supplies	Social support	46.0	33.7
9	Basic digital skills workshop	Social support	16.5	12.5
10	Connectivity aids	Social support	39.8	32.6
11	Aid for the provision of computer equipment	Social support	0.0	0.0
12	Parental responsibility workshop	Social support	10.3	14.6
13	Community engagement activities	Social support	33.0	22.5
Panel B. Educational support package				
14	Educational reinforcement groups	Educational support	21.8	16.6
15	Individualized school support sessions	Educational support	9.6	6.9
16	Non-formal education groups	Educational support	36.8	23.5
17	Aid for school supplies	Educational support	51.3	54.8
18	Grants for non-formal educational activities	Educational support	48.7	38.2
Panel C. Employment activation package				
19	Basic skills training courses	Employment activation	28.4	14.8
20	Training courses in professional skills	Employment activation	20.3	10.2
21	Individual career counseling sessions	Employment activation	47.9	48.5
22	Financial aid to cover expenses that favor work-life balance	Employment activation	12.3	12.7

Notes: Entries are percentages of treated households with available service-delivery information receiving at least one intervention of the corresponding type. The subgroup sample sizes sum to 869 treated households with non-missing intervention records.

Table A6: Realized treatment composition among treated households, by city

Code	Service type	Package	A Coruña (N = 194)	Ferrol (N = 71)	Lugo (N = 125)	Ourense (N = 111)	Pontevedra (N = 69)	Santiago (N = 67)	Vigo (N = 232)
Panel A. Social support package									
1	Health and care training groups	Social support	14.9	25.4	5.6	13.5	7.2	13.4	3.4
2	Individualized health and care counseling	Social support	30.9	29.6	10.4	20.7	56.5	25.4	34.1
3	Aid for health expenses	Social support	51.0	73.2	76.8	64.0	50.7	74.6	53.0
4	Group workshop to improve housing quality	Social support	0.0	23.9	0.0	11.7	11.6	0.0	0.0
5	Individualized housing counseling and support	Social support	55.2	33.8	8.8	18.9	33.3	50.7	9.1
6	Housing payment assistance	Social support	52.6	22.5	31.2	31.5	30.4	23.9	24.1
7	Aid for home repair	Social support	13.4	15.5	20.0	3.6	5.8	17.9	17.2
8	Aid in the payment of supplies	Social support	47.9	29.6	39.2	52.3	40.6	29.9	24.1
9	Basic digital skills workshop	Social support	10.8	21.1	18.4	10.8	14.5	17.9	11.2
10	Connectivity aids	Social support	35.1	59.2	27.2	33.3	49.3	1.5	37.1
11	Aid for the provision of computer equipment	Social support	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12	Parental responsibility workshop	Social support	10.3	28.2	8.8	10.8	7.2	13.4	16.8
13	Community engagement activities	Social support	38.7	36.6	17.6	20.7	39.1	31.3	12.5
Panel B. Educational support package									
14	Educational reinforcement groups	Educational support	20.1	18.3	20.0	12.6	2.9	10.4	25.0
15	Individualized school support sessions	Educational support	9.8	8.5	6.4	4.5	10.1	13.4	5.6
16	Non-formal education groups	Educational support	29.4	22.5	41.6	35.1	24.6	13.4	21.1
17	Aid for school supplies	Educational support	42.8	84.5	45.6	75.7	33.3	82.1	45.3
18	Grants for non-formal educational activities	Educational support	50.5	36.6	44.8	29.7	76.8	22.4	33.6
Panel C. Employment activation package									
19	Basic skills training courses	Employment activation	17.5	19.7	21.6	13.5	14.5	31.3	18.5
20	Training courses in professional skills	Employment activation	23.7	0.0	8.0	14.4	23.2	0.0	11.6
21	Individual career counseling sessions	Employment activation	72.7	74.6	27.2	33.3	63.8	37.3	37.1
22	Financial aid to cover expenses that favor work-life balance	Employment activation	20.1	8.5	15.2	4.5	5.8	19.4	9.9

Notes: Entries are percentages of treated households with available service-delivery information receiving at least one intervention of the corresponding type. The subgroup sample sizes sum to 869 treated households with non-missing intervention records.

B Measurement, wave comparability, and baseline–endline correlations

This appendix documents the construction, data source, wave availability, and cross-wave comparability of the survey-based outcomes used in the paper. Administrative labor-market outcomes are described separately in Appendix C.

Table B1 reports, for each main outcome and domain-specific outcome, its data source, availability at baseline and endline, whether the two waves are directly comparable, and the main empirical specification used in the paper.

We classify an outcome as directly comparable across waves when the underlying question wording, response scale, coding, and reference population are sufficiently aligned to justify the inclusion of the baseline measure as a control in ANCOVA specifications. Outcomes observed only at endline, or outcomes for which the endline questionnaire introduced substantive changes in wording, detail, or content, are treated as non-comparable and are analyzed using post-intervention specifications. In the current survey design, this issue is especially relevant for the child material deprivation index and for some components of the multidimensional social inclusion domains.

Table B2 reports the description and construction formula of the survey-based indicators used in the analysis, using the same codes and descriptions as in Table B1. The original survey variables used in these formulas are documented in the variable dictionary reported in Table B3 below. For each variable, we indicate a short description, the survey wave(s) in which it is available, the indicator in which it is used, and any comparability issue that should be checked when deciding whether the corresponding outcome can be included in ANCOVA specifications.

For summary indices reported in both waves, the formulas shown in Table B2 correspond to the endline construction. When some underlying components were not available in directly comparable form at baseline, the baseline version of the corresponding summary index was constructed using the subset of comparable components or the closest available baseline proxy measures, as documented in Tables Table B1 and Table B3.

Finally, Table B4 reports baseline–endline correlations for the outcomes available in both waves. Correlations are computed in the control group, using observations with non-missing values in both baseline and endline.

For variables with item-level missing values, missing responses are imputed using the mean of the corresponding variable within treatment status. This procedure is used only to preserve sample size in the construction of indices and does not affect treatment assignment.

Table B1: Survey-based outcome mapping, data source, wave availability, and comparability across surveys

Code	Description	Level	Data source	Baseline available?	Endline available?	Directly comparable across waves?	Main specification
$IRF11_t$	Reduced AROPE	Primary outcome	Baseline and endline survey	Yes	Yes	Yes	ANCOVA (without and with baseline controls)
$IRF111_t$	Relative monetary poverty	Component of primary outcome	Baseline and endline survey	Yes	Yes	Yes	ANCOVA (without and with baseline controls)
$IRF112_t$	Material and social deprivation	Component of primary outcome	Baseline and endline survey	Yes	Yes	Yes	ANCOVA (without and with baseline controls)
$IRF12_t$	Child material deprivation	Primary outcome	Endline survey	No	Yes	No	Post-only (without and with baseline controls)
$IRF2_t$	Social inclusion summary index	Summary index	Baseline and endline survey	Yes	Yes	Partly	ANCOVA / Post-only (without and with baseline controls)
$IRF2_t^A$	Social inclusion summary index (Anderson-weighted)	Summary index	Baseline and endline survey	Yes	Yes	Partly	ANCOVA / Post-only (without and with baseline controls)
$IRI1_t$	Health summary index	Domain index	Baseline and endline survey	Yes	Yes	Partly	Post-only (with baseline controls)
$IRI19_t$	Perceived household health	Component outcome	Endline survey	No	Yes	No	Post-only (with baseline controls)
$IRI15_t$	Frequency of medical care	Component outcome	Endline survey	No	Yes	No	Post-only (with baseline controls)
$IRI16_t$	Frequency of illness	Component outcome	Endline survey	No	Yes	No	Post-only (with baseline controls)
$IRI12_t$	Health-related quality of life	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI14_t$	Emotional health	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI21_t$	Health literacy	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI17_t$	Dental-care expenses	Component outcome	Endline survey	No	Yes	No	Post-only (with baseline controls)
$IRI18_t$	Drug spending	Component outcome	Endline survey	No	Yes	No	Post-only (with baseline controls)
$IRI2_t$	Housing summary index	Domain index	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI41_t$	Residential overcrowding deprivation	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI42_t$	Structural housing deprivation	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI54_t$	Knowledge of energy-saving aids	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI51_t$	Delays in housing-related payments	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI45_t$	Housing satisfaction	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)

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Table B1 continued

Code	Description	Level	Data source	Baseline available?	Endline available?	Directly comparable across waves?	Main specification
$IRI3_t$	Digital skills summary index	Domain index	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI111_t$	Internet availability	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI132_t$	Interest in digital skills	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI133_t$	Confidence in digital tools	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI134_t$	Digital signature certificate	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI122_t$	Online interaction with public administration	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI4_t$	Parental responsibility summary index	Domain index	Baseline and endline survey	Yes	Yes	Partly	Post-only (with baseline controls)
$IRI62_t$	Parental skills	Component outcome	Endline survey	No	Yes	No	Post-only (with baseline controls)
$IRI72_t$	Family satisfaction	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI5_t$	Community integration summary index	Domain index	Baseline and endline survey	Yes	Yes	Partly	Post-only (with baseline controls)
$IRI101_t$	Satisfaction in personal relationships	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI191_t$	Trust in others	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI181_t$	Perceived social support	Component outcome	Baseline and endline survey	Yes	Yes	No	Post-only (with baseline controls)
$IRI182_t$	Citizen participation	Component outcome	Endline survey	No	Yes	No	Post-only (with baseline controls)
$IRI6_t$	Education summary index	Domain index	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI161_t$	Coverage of school material needs	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI141_t$	Grade retention children aged 6–16	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI142_t$	Failed subjects children aged 6–16	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI151_t$	Absenteeism children aged 6–16	Component outcome	Baseline and endline survey	Yes	Yes	Yes	Post-only (with baseline controls)
$IRI7_t$	Employability summary index	Domain index	Endline survey	No	Yes	No	Post-only (with baseline controls)
$IRI187_t$	Share of household members seeking jobs	Component outcome	Endline survey	No	Yes	No	Post-only (with baseline controls)
$IRI189_t$	Employment activation activities	Component outcome	Endline survey	No	Yes	No	Post-only (with baseline controls)
$IRI202_t$	Job attainment indicator	Component outcome	Endline survey	No	Yes	No	Post-only (with baseline controls)

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Table B1 continued

Code	Description	Level	Data source	Baseline available?	Endline available?	Directly comparable across waves?	Main specification
$IRI203_t$	Increase in earned income	Component outcome	Endline survey	No	Yes	No	Post-only (with baseline controls)

Table B2: Description and construction of survey-based performance indicators

Code	Description	Original variable or formula
$IRF11_t$	Reduced AROPE	It meets both conditions: if $(IRF111_t = 1$ and $IRF112_t \geq 3)$, then $IRF11_t = 2$. It meets one condition: if $((IRF111_t = 0$ and $IRF112_t \geq 3)$ or $(IRF111_t = 1$ and $IRF112_t < 3))$, then $IRF11_t = 1$. It meets no condition: 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	$VIRF131_t + VIRF132_t + VIRF133_t + VIRF134_t + VIRF135_t + VIRF136_t + VIRF137_t + VIRF138_t + VIRF139_t + VIRF1310_t + VIRF1311_t$
$IRF2_t$	Social inclusion summary index	$(IRI1_t + IRI2_t + IRI3_t + IRI4_t + IRI5_t + IRI6_t + IRI7_t)/7$
$IRF2_t^A$	Social inclusion summary index (Anderson-weighted)	Anderson-style weighted summary index constructed from the same seven normalized domain indicators used in $IRF2_t$.
$IRI1_t$	Health summary index	$(IRI19_t + IRI15_t + IRI16_t + IRI12_t + IRI14_t + IRI21_t + IRI17_t + IRI18_t)/8$
$IRI19_t$	Perceived household health	$(VIRI191_t - 5)/(1 - 5)$
$IRI15_t$	Frequency of medical care	$(VIRI151_t - 5)/(1 - 5)$
$IRI16_t$	Frequency of illness	$(VIRI161_t - 5)/(1 - 5)$
$IRI12_t$	Health-related quality of life	$((1/5) \cdot VIRI121_t + VIRI122_t + VIRI123_t + VIRI124_t + VIRI125_t - 3)/(1 - 3)$
$IRI14_t$	Emotional health	$(1/9) \cdot [(VIRI141_t - 1)/(5 - 1) + (VIRI142_t - 1)/(5 - 1) + (VIRI143_t - 1)/(5 - 1) + (VIRI144_t - 1)/(5 - 1) + (VIRI145_t - 1)/(5 - 1) + (VIRI146_t - 1)/(5 - 1) + (VIRI147_t - 1)/(5 - 1) + (VIRI148_t - 5)/(1 - 5) + (VIRI149_t - 1)/(5 - 1)]$
$IRI21_t$	Health literacy	$(1/4) \cdot (dVIRI212_t + dVIRI213_t + dVIRI219_t + dVIRI2110_t)$, where $dVIRI212_t = 1$ if $VIRI212_t = 1$ or $VIRI212_t = 2$.
$IRI17_t$	Dental-care expenses	Indicator that dental-care expenses have not been a burden: $VIRI171_t = 3$.
$IRI18_t$	Drug spending	Indicator that medicine expenses have not been a burden: $VIRI181_t = 3$.
$IRI2_t$	Housing summary index	$(IRI41_t + IRI42_t + IRI54_t + IRI51_t + IRI45_t)/5$
$IRI41_t$	Residential overcrowding deprivation	$((NH/VIRI411_t) - 10)/(0 - 10)$
$IRI42_t$	Structural housing deprivation	$((1 - VIRI421_t) + (1 - VIRI431_t) + VIRI441_t + VIRI442_t)/4$
$IRI54_t$	Knowledge of energy-saving aids	$(VIRI541_t - 6)/(1 - 6)$
$IRI51_t$	Delays in housing-related payments	$((4 - (VIRI511_t + VIRI521_t + VIRI531_t)) - 0)/4$
$IRI45_t$	Housing satisfaction	$VIRI451_t/10$
$IRI3_t$	Digital skills summary index	$(IRI111_t + IRI132_t + IRI133_t + IRI134_t + IRI122_t)/5$
$IRI111_t$	Internet availability	$VIRI1111_t$
$IRI132_t$	Interest in digital skills	$(VIRI1321_t - 1)/(3 - 1)$
$IRI133_t$	Confidence in digital tools	$((1/3) \cdot (VIRI1331_t + VIRI1332_t + VIRI1333_t) - 3)/(1 - 3)$
$IRI134_t$	Digital signature certificate	$VIRI1341_t$
$IRI122_t$	Online interaction with public administration	$(VIRI1221_t + VIRI1222_t + VIRI1223_t + VIRI1224_t + VIRI1225_t + VIRI1226_t + VIRI1227_t)/7$
$IRI4_t$	Parental responsibility summary index	$(IRI62_t + IRI72_t)/2$
$IRI62_t$	Parental skills	$((VIRI621_t + VIRI622_t + VIRI623_t)/3 - 0)/(3 - 0)$
$IRI72_t$	Family satisfaction	$((VIRI721_t + VIRI722_t)/2 - 1)/(7 - 1)$
$IRI5_t$	Community integration summary index	$(IRI101_t + IRI191_t + IRI181_t + IRI182_t)/4$
$IRI101_t$	Satisfaction in personal relationships	$VIRI1011_t/10$
$IRI191_t$	Trust in others	$VIRI911_t/10$

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Table B2 continued

Code	Description	Original variable or formula
$IRI181_t$	Perceived social support	$((VIRI811_t + VIRI814_t + VIRI816_t + VIRI819_t)/4 - 1)/(5 - 1)$
$IRI182_t$	Citizen participation	$((VIRI821_t + VIRI822_t + VIRI823_t)/3 - 1)/(5 - 1)$
$IRI6_t$	Education summary index	$(IRI161_t + IRI141_t + IRI142_t + IRI151_t)/4$
$IRI161_t$	Coverage of school material needs	$(VIRI1611_t + VIRI1612_t + VIRI1613_t + VIRI1614_t)/4$
$IRI141_t$	Grade retention children aged 6–16	$((VIRI1411.1_t + VIRI1411.2_t + VIRI1411.3_t + VIRI1411.4_t + VIRI1411.5_t + VIRI1411.6_t)/menores6.16) - 4)/(1 - 4)$
$IRI142_t$	Failed subjects children aged 6–16	$((Interval_S.1_t + Interval_S.2_t + Interval_S.3_t + Interval_S.4_t + Interval_S.5_t + Interval_S.6_t)/menores6.16) - 4)/(1 - 4)$. Brackets (1–4) are built from $VIRI1421.n_t$, averaged across children, and normalized so that higher values imply fewer failed subjects.
$IRI151_t$	Absenteeism children aged 6–16	$((Interval_F.1_t + Interval_F.2_t + Interval_F.3_t + Interval_F.4_t + Interval_F.5_t + Interval_F.6_t)/menores6.16) - 4)/(1 - 4)$. Brackets (1–4) are built from $VIRI1511.n_t$, averaged across children, and normalized so that higher values imply less absenteeism.
$IRI7_t$	Employability summary index	$(IRI187_t + IRI189_t + IRI202_t + IRI203_t)/4$
$IRI187_t$	Share of household members seeking jobs	$VIRI1871_t/\text{Number of household members}$
$IRI189_t$	Employment activation activities	$(VIRI1891_t + VIRI1892_t + VIRI1893_t + VIRI1894_t + VIRI1895_t)/5$
$IRI202_t$	Job attainment indicator	$VIRI2021_t$
$IRI203_t$	Increase in earned income	$(VIRI2031_t - 1)/(4 - 1)$

Table B3: Variable dictionary for survey-based outcome construction

Variable code	Survey item / content	Wave(s)	Used in	Domain / indicator
Panel A. Poverty outcomes				
VIRF111.t	Absence of relative monetary poverty	Both	<i>IRF111_t</i>	Reduced AROPE / poverty
VIRF121.t	Household can afford to go on vacation for at least one week a year	Both	<i>IRF112_t</i>	Material and social deprivation
VIRF122.t	Household can afford a meal of meat, poultry, or fish at least every other day	Both	<i>IRF112_t</i>	Material and social deprivation
VIRF123.t	Household can afford to keep the dwelling at an adequate temperature	Both	<i>IRF112_t</i>	Material and social deprivation
VIRF124.t	Household can afford to have a car	Both	<i>IRF112_t</i>	Material and social deprivation
VIRF125.t	Household can afford to replace damaged or old furniture	Both	<i>IRF112_t</i>	Material and social deprivation
VIRF126.t	Household can face unforeseen expenses of 650 euros	Both	<i>IRF112_t</i>	Material and social deprivation
VIRF127.t	Household has not had delays in installment payments in the last 12 months	Both	<i>IRF112_t</i>	Material and social deprivation
VIRF131.t	Children under 16 in the household have new clothes (not second-hand)	Endline	<i>IRF12_t</i>	Child material deprivation
VIRF132.t	Children under 16 in the household have two pairs of suitable shoes (or one suitable pair for all seasons)	Endline	<i>IRF12_t</i>	Child material deprivation
VIRF133.t	Children under 16 in the household eat fresh fruit and vegetables at least once a day	Endline	<i>IRF12_t</i>	Child material deprivation
VIRF134.t	Children under 16 in the household eat at least one meal of meat, poultry, or fish (or vegetarian equivalent) a day	Endline	<i>IRF12_t</i>	Child material deprivation
VIRF135.t	Children under 16 in the household have books appropriate for their age	Endline	<i>IRF12_t</i>	Child material deprivation
VIRF136.t	Children under 16 in the household have outdoor leisure equipment (bicycles, skates, etc.)	Endline	<i>IRF12_t</i>	Child material deprivation
VIRF137.t	Children under 16 in the household have toys that can be used inside the home	Endline	<i>IRF12_t</i>	Child material deprivation
VIRF138.t	Children under 16 in the household regularly have leisure activities (sports, music, youth organizations, etc.)	Endline	<i>IRF12_t</i>	Child material deprivation
VIRF139.t	Children under 16 in the household can celebrate special occasions (birthdays, religious events, etc.)	Endline	<i>IRF12_t</i>	Child material deprivation
VIRF1310.t	Children under 16 in the household can sometimes invite friends to play and have something to drink	Endline	<i>IRF12_t</i>	Child material deprivation
VIRF1311.t	Children under 16 in the household can go on vacation away from home for at least one week a year	Endline	<i>IRF12_t</i>	Child material deprivation
Panel B. Health domain				
VIRI191.t	Self-assessed overall health status of household members	Endline	<i>IRI19_t, IRI1_t</i>	Health
VIRI151.t	Frequency with which a household member has needed medical care	Endline	<i>IRI15_t, IRI1_t</i>	Health
VIRI161.t	Frequency with which a household member has become ill	Endline	<i>IRI16_t, IRI1_t</i>	Health
VIRI121.t	Health-related quality of life: mobility	Both	<i>IRI12_t, IRI1_t</i>	Health
VIRI122.t	Health-related quality of life: self-care	Both	<i>IRI12_t, IRI1_t</i>	Health
VIRI123.t	Health-related quality of life: daily activities	Both	<i>IRI12_t, IRI1_t</i>	Health
VIRI124.t	Health-related quality of life: pain/discomfort	Both	<i>IRI12_t, IRI1_t</i>	Health
VIRI125.t	Health-related quality of life: anxiety/depression	Both	<i>IRI12_t, IRI1_t</i>	Health
VIRI141.t	Emotional well-being: feeling useful/productive for others	Both	<i>IRI14_t, IRI1_t</i>	Health
VIRI142.t	Emotional well-being: feeling relaxed	Both	<i>IRI14_t, IRI1_t</i>	Health
VIRI143.t	Emotional well-being: feeling energetic to do things	Both	<i>IRI14_t, IRI1_t</i>	Health
VIRI144.t	Emotional well-being: problem-solving capacity	Both	<i>IRI14_t, IRI1_t</i>	Health
VIRI145.t	Emotional well-being: general well-being	Both	<i>IRI14_t, IRI1_t</i>	Health
VIRI146.t	Emotional well-being: feeling secure and confident	Both	<i>IRI14_t, IRI1_t</i>	Health
VIRI147.t	Emotional well-being: mood	Both	<i>IRI14_t, IRI1_t</i>	Health
VIRI148.t	Emotional well-being: ability to fall asleep	Both	<i>IRI14_t, IRI1_t</i>	Health
VIRI149.t	Emotional well-being: ability to choose and make decisions	Both	<i>IRI14_t, IRI1_t</i>	Health

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Table B3 continued

Variable code	Survey item / content	Wave(s)	Used in	Domain / indicator
VIRI212.t	Health literacy: ease of getting professional help when sick	Both	<i>IRI21_t, IRI1_t</i>	Health
VIRI213.t	Health literacy: ease of understanding what the doctor says	Both	<i>IRI21_t, IRI1_t</i>	Health
VIRI219.t	Health literacy: ease of understanding health warnings about unhealthy habits	Both	<i>IRI21_t, IRI1_t</i>	Health
VIRI2110.t	Health literacy: ease of understanding early-detection medical check-ups	Both	<i>IRI21_t, IRI1_t</i>	Health
VIRI171.t	Burden of dental-care expenses on the household	Endline	<i>IRI17_t, IRI1_t</i>	Health
VIRI181.t	Burden of medicine costs on the household	Endline	<i>IRI18_t, IRI1_t</i>	Health
Panel C. Housing domain				
VIRI411.t	Number of rooms in the dwelling	Both	<i>IRI41_t, IRI2_t</i>	Housing
VIRI421.t	Structural problems in the dwelling (leaks, dampness, rot, etc.)	Both	<i>IRI42_t, IRI2_t</i>	Housing
VIRI431.t	Lack of natural light in the dwelling	Both	<i>IRI42_t, IRI2_t</i>	Housing
VIRI441.t	Adequate temperature in the dwelling during winter	Both	<i>IRI42_t, IRI2_t</i>	Housing
VIRI442.t	Adequate temperature in the dwelling during summer	Both	<i>IRI42_t, IRI2_t</i>	Housing
VIRI541.t	Knowledge of aid mechanisms for household energy saving	Both	<i>IRI54_t, IRI2_t</i>	Housing
VIRI511.t	Delays in mortgage-loan payments for home purchase	Both	<i>IRI51_t, IRI2_t</i>	Housing
VIRI521.t	Delays in rent payments	Both	<i>IRI51_t, IRI2_t</i>	Housing
VIRI531.t	Delays in payments for housing supplies	Both	<i>IRI51_t, IRI2_t</i>	Housing
VIRI451.t	Satisfaction with the dwelling	Both	<i>IRI45_t, IRI2_t</i>	Housing
Panel D. Digital skills domain				
VIRI1111.t	Availability of internet access at home	Both	<i>IRI111_t, IRI3_t</i>	Digital skills
VIRI1321.t	Interest in learning to use digital tools	Both	<i>IRI132_t, IRI3_t</i>	Digital skills
VIRI1331.t	Confidence of household members in using digital tools: basic level	Both	<i>IRI133_t, IRI3_t</i>	Digital skills
VIRI1332.t	Confidence of household members in using digital tools: basic for work	Both	<i>IRI133_t, IRI3_t</i>	Digital skills
VIRI1333.t	Confidence of household members in using digital tools: advanced level	Both	<i>IRI133_t, IRI3_t</i>	Digital skills
VIRI1341.t	Whether any household member has a digital signature certificate	Both	<i>IRI134_t, IRI3_t</i>	Digital skills
VIRI1221.t	Online interaction with public administration: download/print official forms	Both	<i>IRI122_t, IRI3_t</i>	Digital skills
VIRI1222.t	Online interaction with public administration: download registration certificate	Both	<i>IRI122_t, IRI3_t</i>	Digital skills
VIRI1223.t	Online interaction with public administration: file income tax return	Both	<i>IRI122_t, IRI3_t</i>	Digital skills
VIRI1224.t	Online interaction with public administration: register or renew job application	Both	<i>IRI122_t, IRI3_t</i>	Digital skills
VIRI1225.t	Online interaction with public administration: request unemployment benefit	Both	<i>IRI122_t, IRI3_t</i>	Digital skills
VIRI1226.t	Online interaction with public administration: request Minimum Vital Income	Both	<i>IRI122_t, IRI3_t</i>	Digital skills
VIRI1227.t	Online interaction with public administration: request electricity/thermal social bonus	Both	<i>IRI122_t, IRI3_t</i>	Digital skills
Panel E. Parental responsibility domain				
VIRI621.t	Parental skills: "I see myself as a good parent"	Endline	<i>IRI62_t, IRI4_t</i>	Parental responsibility
VIRI622.t	Parental skills: "I have a good relationship with my children"	Endline	<i>IRI62_t, IRI4_t</i>	Parental responsibility
VIRI623.t	Parental skills: "Family members get along well with each other"	Endline	<i>IRI62_t, IRI4_t</i>	Parental responsibility
VIRI721.t	Family satisfaction: "In most ways, my family life is close to my ideal"	Endline	<i>IRI72_t, IRI4_t</i>	Parental responsibility
VIRI722.t	Family satisfaction: "I am satisfied with my family life"	Both	<i>IRI72_t, IRI4_t</i>	Parental responsibility
Panel F. Community integration domain				

Continued on next page

Table B3 continued

Variable code	Survey item / content	Wave(s)	Used in	Domain / indicator
VIRI1011.t	Overall satisfaction with personal relationships	Both	<i>IRI101_t</i> , <i>IRI5_t</i>	Community integration
VIRI911.t	Trust in others	Both	<i>IRI191_t</i> , <i>IRI5_t</i>	Community integration
VIRI811.t	Social support: receives visits from friends and family	Both	<i>IRI181_t</i> , <i>IRI5_t</i>	Community integration
VIRI814.t	Social support: has people who care about what happens to them	Both	<i>IRI181_t</i> , <i>IRI5_t</i>	Community integration
VIRI816.t	Social support: can talk to someone about problems	Both	<i>IRI181_t</i> , <i>IRI5_t</i>	Community integration
VIRI819.t	Social support: receives invitations to go out and distract themselves	Both	<i>IRI181_t</i> , <i>IRI5_t</i>	Community integration
VIRI821.t	Frequency of participation in family cultural and recreational activities	Endline	<i>IRI182_t</i> , <i>IRI5_t</i>	Community integration
VIRI822.t	Frequency of having support professionals and/or support organizations	Endline	<i>IRI182_t</i> , <i>IRI5_t</i>	Community integration
VIRI823.t	Frequency of children's participation in out-of-school leisure activities	Endline	<i>IRI182_t</i> , <i>IRI5_t</i>	Community integration
Panel G. Education domain				
VIRI1611.t	Coverage of school material needs: textbooks and complementary study books	Both	<i>IRI161_t</i> , <i>IRI6_t</i>	Education
VIRI1612.t	Coverage of school material needs: stationery and photocopies	Both	<i>IRI161_t</i> , <i>IRI6_t</i>	Education
VIRI1613.t	Coverage of school material needs: uniforms, sports shoes/clothing, backpacks, etc.	Both	<i>IRI161_t</i> , <i>IRI6_t</i>	Education
VIRI1614.t	Coverage of school material needs: musical instruments, drawing tools, laboratory/optical materials, etc.	Both	<i>IRI161_t</i> , <i>IRI6_t</i>	Education
VIRI1411.n.t	Grade retention of each household member aged 6–16	Both	<i>IRI141_t</i> , <i>IRI6_t</i>	Education
VIRI1421.n.t	Number of subjects failed by each child aged 6–16 during the last school year	Both	<i>IRI142_t</i> , <i>IRI6_t</i>	Education
VIRI1511.n.t	Number of unjustified absences for each child aged 6–16	Both	<i>IRI151_t</i> , <i>IRI6_t</i>	Education
Panel H. Employability domain				
VIRI1871.t	Number of household members aged 16 or older who have sought employment or tried to start a business	Endline	<i>IRI187_t</i> , <i>IRI7_t</i>	Employability
VIRI1891.t	Employment activation: completed some type of study or training	Endline	<i>IRI189_t</i> , <i>IRI7_t</i>	Employability
VIRI1892.t	Employment activation: updated curriculum vitae	Endline	<i>IRI189_t</i> , <i>IRI7_t</i>	Employability
VIRI1893.t	Employment activation: used job-search resources (CV upload, job ads, etc.)	Endline	<i>IRI189_t</i> , <i>IRI7_t</i>	Employability
VIRI1894.t	Employment activation: completed a job interview	Endline	<i>IRI189_t</i> , <i>IRI7_t</i>	Employability
VIRI1895.t	Employment activation: had access to reconciliation services enabling training or job search	Endline	<i>IRI189_t</i> , <i>IRI7_t</i>	Employability
VIRI2021.t	Any household member aged 16 or older found a job	Endline	<i>IRI202_t</i> , <i>IRI7_t</i>	Employability
VIRI2031.t	Percentage increase in earned income	Endline	<i>IRI203_t</i> , <i>IRI7_t</i>	Employability

Table B4: Baseline–endline correlations for survey outcomes available in both waves

Code	Description	<i>N</i>	Correlation
Panel A. Poverty outcomes			
<i>IRF11_t</i>	Reduced AROPE	1,036	0.505
<i>IRF111_t</i>	Relative monetary poverty	1,036	0.387
<i>IRF112_t</i>	Material and social deprivation	1,036	0.676
Panel B. Social inclusion summary indices			
<i>IRF2_t</i>	Social inclusion summary index	1,036	0.613
<i>IRF2_t^A</i>	Social inclusion summary index (Anderson-weighted)	1,036	0.561
Panel C. Health domain			
<i>IRI1_t</i>	Health summary index	1,036	0.427
<i>IRI12_t</i>	Health-related quality of life	1,036	0.689
<i>IRI14_t</i>	Emotional health	1,036	0.646
<i>IRI21_t</i>	Health literacy	1,036	0.240
Panel D. Housing domain			
<i>IRI2_t</i>	Housing summary index	1,036	0.607
<i>IRI41_t</i>	Residential overcrowding deprivation	1,036	0.269
<i>IRI42_t</i>	Structural housing deprivation	1,036	0.497
<i>IRI54_t</i>	Knowledge of energy-saving aids	1,036	0.326
<i>IRI51_t</i>	Delays in housing-related payments	1,036	0.554
<i>IRI45_t</i>	Housing satisfaction	1,036	0.643
Panel E. Digital skills domain			
<i>IRI3_t</i>	Digital skills summary index	1,036	0.588
<i>IRI111_t</i>	Internet availability	1,036	0.219
<i>IRI132_t</i>	Interest in digital skills	1,036	0.399
<i>IRI133_t</i>	Confidence in digital tools	1,036	0.462
<i>IRI134_t</i>	Digital signature certificate	1,036	0.486
<i>IRI122_t</i>	Online interaction with public administration	1,036	0.357
Panel F. Parental responsibility domain			
<i>IRI4_t</i>	Parental responsibility summary index	1,036	0.457
<i>IRI72_t</i>	Family satisfaction	1,036	0.441
Panel G. Community integration domain			
<i>IRI5_t</i>	Community integration summary index	1,036	0.468
<i>IRI101_t</i>	Satisfaction in personal relationships	1,036	0.443
<i>IRI191_t</i>	Trust in others	1,036	0.487
<i>IRI181_t</i>	Perceived social support	1,036	0.337
Panel H. Education domain			
<i>IRI6_t</i>	Education summary index	1,036	0.612
<i>IRI161_t</i>	Coverage of school material needs	1,036	0.320
<i>IRI141_t</i>	Grade retention children aged 6–16	1,036	0.804
<i>IRI142_t</i>	Failed subjects children aged 6–16	1,036	0.539
<i>IRI151_t</i>	Absenteeism children aged 6–16	1,036	0.350

Notes: This table reports baseline–endline correlations only for survey outcomes that are available in both waves. Correlations are computed in the control group, using observations with non-missing values in both baseline and endline.

C Administrative employment outcomes

This appendix reports the administrative employment outcomes used in Section 5.4. The underlying data come from Social Security administrative records linked to one adult participant per household whenever successful linkage was possible.

Table C1 reports baseline balance for the administrative labor-market variables. Tables C2 – C5 report short-run outcomes based on post-intervention information observed on December 15, 2023, or on cumulative measures constructed over the November–December 2023 reference window, using the corresponding 2022 measures as baseline controls. Tables C6 and C7 report longer-run annual outcomes for 2023 and 2024, again controlling for the corresponding 2022 baseline measure where applicable.

Table C1: Baseline balance in administrative labor-market outcomes

Variable	Control		Treatment		t-test	
	Obs./Clusters	Mean/(Var)	Obs./Clusters	Mean/(Var)	Obs./Clusters	p-value
Working	1128 14	0.91 (7.26)	910 14	0.91 (5.55)	2038 14	0.70
Permanent contract	1128 14	0.23 (15.14)	910 14	0.20 (11.01)	2038 14	0.14
Full-time contract	1128 14	0.12 (9.08)	910 14	0.12 (7.26)	2038 14	0.93
Labor intensity	1128 14	0.35 (18.34)	910 14	0.33 (14.54)	2038 14	0.57
Full-time labor intensity	1128 14	0.26 (12.70)	910 14	0.25 (9.82)	2038 14	0.32
Number of days worked	1128 14	21.16 (68258.72)	910 14	20.41 (54101.45)	2038 14	0.57
Number of days worked full-time	1128 14	15.99 (47252.76)	910 14	14.97 (36556.25)	2038 14	0.32
Total number of days work in 2022	1128 14	135.59 (2.71e+06)	910 14	128.52 (2.53e+06)	2038 14	0.31
Total number of days unemployed in 2022	1128 14	9.17 (121182.30)	910 14	7.77 (86544.82)	2038 14	0.57

Notes: * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. Randomization strata included as controls.

Table C2: Effect on employment status, administrative data

	Total (1)	Final Interview Completed (2)
Treatment	0.009 (0.007)	0.009 (0.007)
Observations	2,038	1,862
R^2	0.57	0.57
Control mean dep. var.	0.889	0.891
Initial value dep. var. included	Yes	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values.

Table C3: Effect on contract type and full-time status conditional on employment, administrative data

	Total		Final Interview Completed	
	(1) Permanent contract	(2) Full-time contract	(3) Permanent contract	(4) Full-time contract
Treatment	0.004 (0.010)	0.001 (0.006)	-0.001 (0.010)	-0.002 (0.006)
Observations	1,795	1,795	1,641	1,641
R^2	0.47	0.10	0.49	0.12
Control mean dep. var.	0.160	0.044	0.166	0.048
Initial value dep. var. included	Yes	Yes	Yes	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values.

Table C4: Effect on labor intensity, administrative data

	Total		Final Interview Completed	
	(1) Labor intensity	(2) Labor intensity full-time	(3) Labor intensity	(4) Labor intensity full-time
Treatment	0.008 (0.017)	0.009 (0.012)	-0.002 (0.016)	0.004 (0.011)
Observations	2,038	2,038	1,862	1,862
R^2	0.48	0.49	0.50	0.51
Control mean dep. var.	0.386	0.298	0.392	0.301
Initial value dep. var. included	Yes	Yes	Yes	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values.

Table C5: Effect on days worked over the short-run reference window, administrative data

	Total		Final Interview Completed	
	(1) Days worked	(2) Days worked full-time	(3) Days worked	(4) Days worked full-time
Treatment	0.472 (1.047)	0.530 (0.718)	-0.105 (0.982)	0.269 (0.649)
Observations	2,038	2,038	1,862	1,862
R^2	0.48	0.49	0.50	0.51
Control mean dep. var.	23.540	18.206	23.933	18.368
Initial value dep. var. included	Yes	Yes	Yes	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values.

Table C6: Effect on annual days worked in 2023 and 2024, administrative data

	Total		Final Interview Completed	
	(1) Days worked in 2023	(2) Days worked in 2024	(3) Days worked in 2023	(4) Days worked in 2024
Treatment	3.196 (6.729)	4.555 (6.438)	3.236 (7.024)	2.613 (6.405)
Observations	2,038	2,038	1,862	1,862
R^2	0.69	0.50	0.70	0.51
Control mean dep. var.	149.661	164.915	152.161	168.832
Initial value dep. var. included	Yes	Yes	Yes	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values.

Table C7: Effect on annual days unemployed in 2023 and 2024, administrative data

	Total		Final Interview Completed	
	(1) Days unemployed in 2023	(2) Days unemployed in 2024	(3) Days unemployed in 2023	(4) Days unemployed in 2024
Treatment	-1.474 (0.909)	-3.097** (1.353)	-1.816 (1.145)	-2.258 (1.517)
Observations	2,038	2,038	1,862	1,862
R^2	0.10	0.01	0.11	0.01
Control mean dep. var.	8.702	10.658	9.202	10.311
Initial value dep. var. included	Yes	Yes	Yes	Yes

Notes: Robust standard errors, clustered at the strata level, in parentheses. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$ based on unadjusted p-values.