Come together: Fighting Social Exclusion Through Comprehensive Care^{*}

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Abstract

This paper evaluates a pilot intended for families who regularly go to parishes of the Catholic organization Cáritas in Spain seeking help and aims to improve the level of social inclusion and the development of relational spaces. The parishes were randomly assigned into two groups: treatment and control. In the treatment group, the parishes created a common, easily identifiable physical space, called *ACCEDE* (come in, in Spanish), where all planned activities were carried out and where the participants had computers at their disposal. The control group only received the usual support that this organization provides to everyone. The intervention implied an improvement in the economic situation of treated households, with a significant increase in total monthly income. In terms of employability, the program had a positive effect on the number of job interviews and participation in training and career guidance actions. Access to social services and public aid also improved and significant advances were reported in digital skills and internet access. Finally, although there were no changes in the satisfaction with the social relationships that participants usually maintain, participation in community groups increased, improving social integration, especially through the prevention of social isolation.

JEL Classification: I32, I38, E24

Keywords: social inclusion, comprehensive care, randomized controlled trial

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1 Introduction

According to data from the INE Living Conditions Survey, the AROPE rate (proportion of people at risk of poverty or social exclusion) was 26% in 2022, which means that about 12 million people suffer from this condition¹. The Ministry of Inclusion, Social Security and Migration (MISSM) has allocated funds from the Next Generation EU program to finance and evaluate the impact of a series of projects that complement the Minimum Income Scheme (MIS) with the aim of strengthening the economic and social resilience. These evaluations have focused on promoting socio-labor inclusion in the beneficiaries of the MIS, recipients of regional minimum income and other vulnerable groups. The promotion and coordination of 38 evaluations by the Government of Spain has led to the constitution of a world-class public policy innovation laboratory called the Inclusion Policy Laboratory. These pilot projects of social innovations are evaluated according to standards of scientific rigor and using the methodology of Randomized Control Trials.

The ACCEDE project is aimed at those families who were already going to the parishes with which Cáritas España collaborated when the pilot was launched and at those people who came to request help from said parishes during the recruitment period and who, in both cases, agreed to participate. The project focuses on three fundamental areas: the management of material resources, access to public services and the development of relational spaces with the aim of improving the social inclusion of people and promoting their autonomy. In contrast to traditional Cáritas itineraries (focused on addressing immediate needs), this project seeks to improve the effectiveness and efficiency of the itineraries by promoting the inclusion and autonomy of participants.

The methodology used involves the random assignment of participants to two groups: a control group (CG) and a treatment group (TG). Both groups received the usual Cáritas actions consisting of the delivery of financial and/or in-kind aid, referrals to Cáritas and/or social services, information on procedures, management and detection. In the treatment group, the parishes created a common, easily identifiable physical space, called "ACCEDE" where the participants had computers and

¹The definition of the AROPE indicator of risk of poverty or social exclusion (for its acronym in English, At Risk Of Poverty or social Exclusion) was agreed in 2010 in order to measure relative poverty in Europe by expanding the concept of the risk of poverty rate, which only considers income.

where they received 8 additional actions to the usual $ones^2$:

- 1. Preparation of an agreed personal and community itinerary
- 2. Training in procedures and complaints with administrations
- 3. Training in access to the MIS and other benefits
- 4. Training on active job search techniques
- 5. Training in skills, service management and access to resources
- 6. Creation of groups with participatory methodology
- 7. Provision of digital access points (devices and connection)
- 8. Intensive support of the different areas of action

The randomization unit is the parish or group of parishes (cluster). Within each cluster, the intervention will target all eligible families. This type of design is known as Clustered RCT (Randomized Controlled Trial). The random assignment of the 64 parish clusters to the treatment and control groups was carried out in February 2022 in a stratified manner at the diocese level, resulting in 32 clusters in the treatment group and another 32 clusters in the control group. Recruitment for the pilot project began in December 2022, following the guidelines of the randomization process carried out previously. After the recruitment process, a total of 2,625 individuals agreed to participate on behalf of their families and completed the initial questionnaire.

This pilot project establishes a series of specific objectives in the short, medium and long term. In the short term, the aim is for participants to stabilize their situation by covering their basic needs and to get involved in training and collaboration processes, in addition to interacting in the ACCEDE space. In the medium term, the objective is for participants to improve their access to social goods and services, acquire skills for digital and labor integration, as well as improve their relational situation. In the long term, the aim is for people and their families to experience a dignified life, have greater means to access social resources as subjects of law, and have stronger support networks, thus facilitating their long term socio-labor integration. These objectives reflect

²Pictures of one of these spaces are included in Annex 1 to this report.

the project's commitment to the sustainable improvement of living conditions and the promotion of the autonomy of the participants.

The implementation of the activities began in January 2023, coinciding with the initial surveys, and ended in October 2023. The final survey was completed in November 2023. The impact of the treatment offered is evaluated in relation to the economic situation of the home and the employability of the adults that make it up, access to goods and services and coexistence relationships. Figure 1 shows the schedule with the dates corresponding to the interventions analyzed in this report.

 February 2022
 December 2022
 November 2023

 Randomization
 Participant recruitment
 Oct. 2023

 Jan. 2023
 Jan. 2023
 Endline survey

 Baseline survey
 Implementation

Figure 1: Program design and implementation chronology

2 Sample description

In total, 2,625 people responded to the initial questionnaire. According to the randomization carried out by the Secretary-General of Inclusion (SGI) for the parishes, 1,205 families are part of the control group (46%) and 1,420 of the treatment group (54%).

Table 1 shows the descriptive statistics of the variables related to the intervention, according to the information collected in the initial survey. That is, the characteristics of the families and the outcome indicators available before beginning the intervention are reported³. The table has six columns: the name of the variable, the number of observations, the mean, the standard deviation, and the minimum and maximum values.

³Annex 2 to this report details the construction of all the final and intermediate results indicators, as well as the description of all the survey variables included in the calculation of each indicator. Unanswered values are imputed based on the mean of the variable in the corresponding treatment or control group.

In the sample, 73% of the informants are women, 46% have Spanish nationality and the average age is 44 years old. More than 65% of the participants are unemployed and 72% of them reside in a rented or sublet and individual home (84%).

	Obs.	Mean	Standard deviation	Minimum	Maximum
Treatment	2625	0.54	0.50	0.00	1.00
Age	2625	43.67	12.84	18.00	92.00
Male	2625	0.27	0.44	0.00	1.00
Country of birth Spain	2625	0.39	0.49	0.00	1.00
Spanish nationality	2625	0.46	0.50	0.00	1.00
No. of members	2625	3.09	1.58	1.00	11.00
Citizenship: non-EU	2625	0.46	0.50	0.00	1.00
Citizenship: Spanish	2625	0.46	0.50	0.00	1.00
Citizenship: EU non-Spanish	2625	0.04	0.20	0.00	1.00
Citizenship: EU familiy members	2625	0.02	0.12	0.00	1.00
Citizenship: non-EU family member of Spanish/EU	2625	0.02	0.13	0.00	1.00
Working	2625	0.16	0.36	0.00	1.00
Unemployed	2625	0.66	0.47	0.00	1.00
Inactive	2625	0.18	0.38	0.00	1.00
Unliterate	2625	0.14	0.34	0.00	1.00
Primary education or ESO or basic FP	2625	0.51	0.49	0.00	1.00
Baccalaureate or intermediate FP	2625	0.21	0.40	0.00	1.00
University or higher FP	2625	0.13	0.33	0.00	1.00
Individual housing	2625	0.84	0.36	0.00	1.00
Shared housing	2625	0.14	0.34	0.00	1.00
Substandard housing or no housing	2625	0.02	0.13	0.00	1.00
Property paid or paying	2625	0.16	0.36	0.00	1.00
Rented or sublet	2625	0.72	0.45	0.00	1.00
Leased, occupied, accommodation center	2625	0.12	0.33	0.00	1.00
Non-payments for household supplies in the last 6 months	2625	1.35	2.00	0.00	6.00
Job offers you have applied for in the last 6 months	2625	4.53	12.86	0.00	120.00
Interviews conducted in the last 6 months	2625	1.02	4.02	0.00	80.00
Occupational training actions in the last 6 months	2625	0.33	1.13	0.00	22.00
Job training actions in the last 6 months	2625	0.51	1.86	0.00	48.00
Degree of participation in a group in the last 6 months	2625	1.34	0.70	1.00	3.00
Sum of income in the last 6 months	2625	3823.92	3339.74	0.00	32900.00
Level of success in managing public services in the last 6 months	2625	3.47	1.28	1.00	6.00
Level of skill in using the Internet for personal, work, etc. purposes	2625	4.15	1.48	1.00	6.00
Level of social inclusion	2625	3.41	1.12	1.00	5.00
Internet access at your home	2625	0.71	0.45	0.00	1.00
Internet access by any means	2625	0.84	0.37	0.00	1.00

 Table 1: Sample descriptive statistics

3 Balance in experimental groups

Table 2 reports the balance contrasts between the control group and the treatment group. All data reflected in this table refer to the survey carried out before the intervention. The mean value of each variable for both groups is reported, as well as the number of observations in each group and the p-value resulting from a contrast of mean differences (using the Student t statistic, which is not reported for reasons of space). The lower the p-value, the more confident we can reject the hypothesis that the mean of the variable in both groups is equal. For example, if the p-value is less than 0.05, the hypothesis of equality of means can be rejected at a 5% confidence level. All statistical tests include the randomization strata as controls.

Among the demographic characteristics, the unbalanced variables are age, sex, number of members in the household, inactivity, education (unliterate and baccalaureate or intermediate FP), residing in a rented or sublet home, and non-EU citizens relatives of Spaniards or EU members. Regarding the result indicators, we find unbalanced the number of job offers that have been applied in the last 6 months, the degree of participation in some group around them in the last 6 months (statistically significant at 10%), and internet access anywhere (at 1%). These characteristics will be taken into account in the subsequent analysis.

					-	
	Ca	ontrol	Trea	tment	t-test	
ariable	Obs./Cluster	s Mean/(Var)	Obs./Clusters	Mean/(Var)	Obs./Clusters	p-val
age	1205	45.25	1420	42.34	2625	0.00*
	32	(6487.85)	32	(7282.44)	64	
fale	1205	0.26	1420	0.28	2625	0.10
	32	(7.44)	32	(9.15)	64	
Country of birth Spain	1205	0.41	1420	0.38	2625	0.10
	32	(9.42)	32	(10.76)	64	
panish nationality	1205 32	0.48	1420 32	0.45	2625	0.2
		(9.70)		(11.33)	64	
io. of member	1205 32	3.02 (107.53)	1420 32	3.15 (104.74)	2625 64	0.01
Nizenship: non-EU	1205	0.46	1420	0.47	2625	0.5
atizenship: non-EU	32	(9.64)	1420 32	0.47 (11.40)	2625	0.3
itizenship: Spanish	1205	0.48	1420	0.45	2625	0.2
internation of the second seco	32	(9.69)	32	(11.34)	64	0
itizenship: EU non-Spanish	1205	0.04	1420	0.04	2625	0.3
	32	(1.37)	32	(1.85)	64	
itizenship: EU family members	1205	0.02	1420	0.01	2625	0.
	32	(0.63)	32	(0.64)	64	
itizenship: non-EU family member of Spanish/EU	1205	0.01	1420	0.02	2625	0.0
	32	(0.48)	32	(1.04)	64	
orking	1205	0.15	1420	0.16	2625	0.
	32	(5.00)	32	(6.21)	64	
nemployed	1205	0.65	1420	0.67	2625	0.
	32	(8.80)	32	(10.10)	64	
active	1205	0.20	1420	0.17	2625	0.0
	32	(6.12)	32	(6.37)	64	
inliterate	1205	0.17	1420	0.12	2625	0.00
	32	(5.38)	32	(4.56)	64	
rimary education or ESO or basic FP	1205	0.50	1420	0.51	2625	0.
	32	(9.32)	32	(11.06)	64	
accalaureate or intermediate FP	1205	0.19	1420	0.24	2625	0.00
	32	(5.73)	32	(7.99)	64	
niversity or higher FP	1205	0.13	1420	0.13	2625	0.
	32	(4.19)	32	(4.93)	64	
ndividual housing	1205	0.83	1420	0.85	2625	0.
	32	(5.43)	32	(5.69)	64	
hared housing	1205	0.15	1420	0.13	2625	0.
	32	(4.88)	32	(5.13)	64	
ubstandard housing or no housing	1205	0.02	1420	0.01	2625	0.
	32	(0.76)	32	(0.64)	64	
roperty paid or paying	1205	0.16	1420	0.15	2625	0.
	32	(5.20)	32	(5.82)	64	
ented or sublet	1205	0.70	1420	0.73	2625	0.0
	32	(7.89)	32	(8.90)	64	
eased, occupied, accommodation center	1205	0.13	1420	0.12	2625	0.
	32	(4.32)	32	(4.69)	64	
on-payments for household supplies in the last 6 months	1205	1.36	1420	1.34	2625	0.
	32	(156.24)	32	(180.66)	64	
bb offers you have applied for in the last 6 months	1205	4.08	1420	4.91 (9299.00)	2625	0.0
	32	(4678.82)	32		64	
terviews conducted in the last 6 months	1205 32	1.07 (664.76)	1420 32	0.97 (701.83)	2625 64	0.
ccupational training actions in the last 6 months	1205 32	0.36 (67.16)	1420 32	0.30 (39.99)	2625 64	0.
bb training actions in the last 6 months	1205 32	0.53 (90.20)	1420 32	0.49 (203.40)	2625 64	0.
	32 1205	(30.20)	32 1420	(203.40)	2625	0.0
egree of participation in a group in the last 6 months	32	(19.90)	1420 32	(20.95)	2625	0.0
m of income in the last 6 months	1205	3856.87	1420	3795.96	2625	0.
m of income in the last 6 months	32	3856.87 (4.17e+08)	1420 32	3795.96 (5.27e+08)	2625	0.
evel of success in managing public services in the last 6 months	32 1205	(4.17e+08) 3.44	32 1420	(5.27e+08) 3.50	2625	0.
ever or success in managing public services in the last 0 months	32	3.44 (65.58)	1420 32	3.50 (74.05)	2625	0.
evel of skill in using the Internet for personal, work, etc. purposes	32 1205	(05.58)	32 1420	4.16	2625	0.
ever or skin in using the internet for personal, work, etc. purposes	1205	4.13 (92.88)	1420 32	4.16 (91.49)	2625 64	0.
evel of social inclusion			32 1420		2625	<u>.</u>
evel of social inclusion	1205 32	3.41 (47.23)	1420 32	3.41 (59.65)	2625 64	0.
iternet access at your home	32 1205	(47.23)	32 1420	(59.65)	2625	0.
acties access at your nome	1205	0.70 (7.93)	1420 32	0.72 (9.10)	2625	0.
nternet access by any means	1205	0.81	1420	0.86	2625	0.00
normer needs by any means	1200	0.61	1420	0.80	2023	0.00

Table 2: Balance contrasts between experimental groups

Standard errors, grouped by parish, reported in parentheses. Includes randomization strata as additional controls * p < 0.10, ** p < 0.05, *** p < 0.01

4 Degree of participation in the intervention and sample attrition

Table 3 shows the total number of participants registered in the evaluation. Of the 2,625 people who responded to the initial survey, 2,265 (86%) also responded to the final survey. The percentage is higher among those assigned to the treatment (89% of them responded to the final survey) than among those assigned to the control group (83% responded). This is relevant for the variables used to construct the final outcome indices because the sample size is reduced in the regressions presented in the following section.

Table 3. Sample attrition rate				
Group	Total	Final survey completed		
Treatment	1,420	1,261 (88.8%)		
Control	1,205	1,004~(83.3%)		
Total	2,625	2,265~(86.3%)		

To evaluate whether this difference in the sample attrition rate between the experimental groups is statistically significant, we estimate a simple regression of the final survey not completed binary variable on treatment assignment, including only the strata as regressors in the column 1 and other additional controls in column 2 (Table 4). Furthermore, to check whether the sample attrition is selective, regressions are estimated including as additional regressors the interactions of each of the family characteristics with the treatment variable. The coefficient of the treatment variable is -0.051 and is statistically significant at the 1% level, which means that participants in the treatment group are less likely to not respond to the final interview; while those in the control group tend to drop out more easily. In column 2 we can see that only the interaction of treatment with the sex variable (man) is negative and significant at the 5% level. This variable will also be incorporated as an additional regressor in the analysis of results.

Final survey not completed	(1)	(2)
Treatment	-0.051***	-0.053
	(0.013)	(0.069)
Treatment x Age from the respondent		-0.001
		(0.001)
Treatment x Sex from the respondent: man		-0.073**
		(0.034)
Treatment x Nationality from the respondent: Spanish		0.047
		(0.036)
Treatment x Number of members in the household		-0.008
		(0.011)
Treatment x Employment situation: working		-0.002
		(0.037)
Observations	2625	2625

Table 4. Regressions of the probability of not answering the final survey

Standard errors, grouped by parish, reported in parentheses. All columns include the randomization strata as controls. Column 2 also includes the non-interacted variables as additional controls. * p < 0.1, ** p < 0.05, *** p < 0.01

Hypotheses - Evaluation Scheme $\mathbf{5}$

The list of hypotheses is presented below, as well as the indicators used in each case:

1. Income

HP1a: Participation in the Cáritas ACCEDE program will mean greater income, or at least fewer difficulties in making ends meet, compared to the control group.

- HP1a1: Total monthly income per household. (ER01)
- HP1a2: Ability to make ends meet (pay the usual bills for electricity, water, gas, etc.) (ER02)
- 2. Employability

HP2a: Receiving tailored employment support from Caritas will significantly improve employability outcomes by helping people know what work suits their own skill set and interests, and how to look for a job.

- HP2a1: Number of interviews that the participant had in the last 6 months. (EE03)

- HP2a2: Number of job offers to which the participant applied in the last 6 months. (EE03)
- HP2a3: Number of training sessions on how to get a job in the last 6 months. (EE03)
- HP2a4: Number of career guidance actions that he/she has participated in the last 6 months. (EE03)

3. Guarantee of rights

HP3a: Receiving personalized treatment from Cáritas will help them know their rights and some will begin to claim social benefits, or aid related to education, health, housing, etc.

- HP3a1: Entities with which the participant has managed social services and/or public aid in the last 6 months. (SDA04)

4. Digital divide

HP4a: The treated group will use the internet more as a means to resolve everyday issues as a consequence of the specific training in digital skills that they will receive.

- HP4a1: Digital skills (SBD05)
- HP4a2: Internet access (SBD06)
- 5. Social relationships

HP5a: The treated group improves its social relationships thanks to the ACCEDE program.

- HP5a1: Satisfaction with social relationships (RAS09)
- HP5a2: Frequency of social iterations (RCS10)

6 Econometric specification

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

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

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

where $Y_{i,t=1}$ is the dependent variable of interest observed after the intervention for family i; T_i indicates whether the family has been assigned to the treatment (=1) or the control (=0), $Y_{i,t=0}$ is the initial value of the dependent variable (i.e., before the intervention), X_i is a vector of controls (the cluster indicators and the unbalanced variables in Tables 2 and 4) and ϵ_i is the error term.

The standard errors are always grouped at the parish or group of parishes level, with a total of 64.

7 Main and secondary results

This section presents the results of the evaluation on the main and secondary indicators, following the structure of the evaluation scheme. All outcome variables have been standardized so that they have a mean equal to zero and a standard deviation equal to one. This allows all regression coefficients to be interpreted in terms of standard deviations, which is useful for comparing effect sizes across domains.

7.1 Income

Table 5 shows the results of the intervention on income. For each indicator, two specifications are presented: one without controls (only controlling for the strata and the initial value of the dependent variable, that is, the value of this variable before starting the program) and another with additional controls (age, sex, educational level, etc.).

Income is measured by the sum of the total household monthly income in the last six months.

Whether adding controls or not in the regressions (columns 1 and 2), the coefficients show a positive effect of 903 and 797 euros, respectively, on total income in the last 6 months (statistically significant at 1%). There are no significant effects of the intervention on an improvement in the participants' ability to pay for household supplies.

Table 5. Effect of filcome (last 6 filofiths)						
	Total i	income	Non-payment of househo			
	per ho	usehold	supplies			
	(1) (2)		(3)	(4)		
Treatment	903.261***	797.053***	0.024	0.016		
	(197.610)	(190.550)	(0.075)	(0.077)		
Observations	2265	2265	2265	2265		
R^2	0.23	0.26	0.12	0.13		
Control mean dep. var.	4906.974	4906.974	-0.023	-0.023		
Initial value dep. var.	Yes	Yes	Yes	Yes		
Controls	No	Yes	No	Yes		

Table 5: Effect on income (last 6 months)

Standard errors, grouped by parish, reported in parentheses.

* p < 0.1, ** p < 0.05, *** p < 0.01

7.2 Employability

Table 6 reports the results of the intervention on several employability indicators during the last 6 months: the number of job offers to which the participant has applied, the number of job interviews carried out, participation in occupational training actions for access to employment, and participation in job orientation actions.

The coefficient for job offers is 0.121 standard deviations (statistically significant at 10%); for the interviews carried out and for the job training actions they are 0.074 and 0.231, respectively (significant at the 5% level) and, finally, we found another positive coefficient of 0.375 statistically significant at the 1% level for the occupational training actions.

In summary, Cáritas' personalized employment assistance aimed at people in the treatment group to find out which job best suits their skills and interests has had a positive and significant effect on all the indicators collected that measure employability.

	Job o	offers	Interv	Interviews Occupational training		Job orie	entation		
	prese	ented	condu	ucted	ac	actions		actions	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
Treatment	0.136**	0.121^{*}	0.118***	0.074**	0.397***	0.375***	0.243**	0.231**	
	(0.058)	(0.062)	(0.038)	(0.033)	(0.070)	(0.070)	(0.103)	(0.104)	
Observations	2265	2265	2265	2265	2265	2265	2265	2265	
R^2	0.10	0.11	0.05	0.07	0.12	0.13	0.13	0.14	
Control mean dep. var.	-0.076	-0.076	-0.060	-0.060	-0.211	-0.211	-0.126	-0.126	
Initial value dep. var.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Controls	No	Yes	No	Yes	No	Yes	No	Yes	

Table 6: Effect on employability (last 6 months)

7.3 Guarantee of rights

Table 7 reports the results of the intervention related to access to rights. Access to rights is understood to be the experience that the participant has had with the procedures carried out with social services, treasury, public health and education entities.

We observe that receiving personalized treatment from Cáritas has a positive effect of 0.142 standard deviations, statistically significant at 10%: the intervention helps them know their rights and some have begun to claim social benefits or aid related to the entities mentioned above.

	Degree of access to			
	social rights			
	(1) (2)			
Treatment	0.183**	0.142^{*}		
	(0.088)	(0.082)		
Observations	2265	2265		
R^2	0.20	0.23		
Control mean dep. var.	-0.109	-0.109		
Initial value dep. var.	Yes	Yes		
Controls	No	Yes		

Table 7: Effect on access to rights (last 6 months)

7.4 Digital divide

Table 8 reports the results of the intervention on digital skills.

Columns 1 and 2 report the results for the participant's ability to carry out personal, family, work or training procedures and with the Public Administration through the internet. The effect in column 2 is 0.296 standard deviations, statistically significant at the 1% level.

The results are also promising for those reported in the other four columns on internet access. On the one hand, internet access is measured (and whether it is limited or unlimited) at the person's own home; and on the other hand, its access by any other means (including one's own home) such as public places, and neighbors or friends. In both cases, there is a clear improvement in their internet access (0.193 and 0.160 standard deviations, respectively, both effects significant at 1%).

	Degree of internet use for personal,		Interne	Internet access		t access	
	work, ed	work, educational purposes		at home		by any other means	
	(1)	(2)	(3)	(4)	(5)	(6)	
Treatment	0.380***	0.296***	0.248^{***}	0.193^{***}	0.199***	0.160^{**}	
	(0.066)	(0.065)	(0.071)	(0.066)	(0.063)	(0.059)	
Observations	2265	2265	2265	2265	2265	2265	
R^2	0.36	0.42	0.22	0.25	0.17	0.18	
Control mean dep. var.	-0.217	-0.217	-0.145	-0.145	-0.144	-0.144	
Initial value dep. var.	Yes	Yes	Yes	Yes	Yes	Yes	
Controls	No	Yes	No	Yes	No	Yes	

Table 8: Effect on digital skills

7.5 Social relationships

Table 9 reports the results of the intervention on social relationships. There are no significant effects for the participant's habitual relationships with other people and satisfaction with them. However, in columns 3 and 4, positive coefficients of 0.474 and 0.476 (statistically significant at 1%) are reported for the degree of participation in a group in the last 6 months.

Therefore, the treated group improves its social relations thanks to the ACCEDE program through greater participation in a group in its environment such as the AMPA, the parish, neighborhood and/or sports organizations, NGOs, political parties, etc.

	Table 9: Effect on social relationships					
	Degree of	regular contact	Degree of pa	Degree of participation in a group		
	with c	other people	in th	e last 6 months		
	(1) (2)		(3)	(4)		
Treatment	0.082	0.056	0.474^{***}	0.476***		
	(0.066)	(0.065)	(0.107)	(0.105)		
Observations	2265	2265	2265	2265		
R^2	0.24	0.27	0.21	0.21		
Control mean dep. var.	-0.044	-0.044	-0.234	-0.234		
Inital value dep.var	Yes	Yes	Yes	Yes		
Controls	No	Yes	No	Yes		

8 Heterogeneity analysis

This section presents the analyzes of heterogeneity of the effects depending on the characteristics of the participants. To do this, regressions similar to those in the previous section are specified, but adding the variable for which the heterogeneous effects are to be estimated, and also the interaction of said variable with the treatment.

Table 10 reports the results depending on the number of parishes included in the cluster. We distinguish the following groups: clusters with less than 6 parishes vs. clusters with 6 or more parishes.

	Income	Occupational	Acces to	Acces to	Degree of
		training	social	internet by	participation
		actions	rights	any other means	in some group
	(1)	(2)	(3)	(4)	(5)
Diocesan with 6 or more parishes	233.011	0.084	0.537***	-0.283***	-0.042
	(178.038)	(0.072)	(0.077)	(0.057)	(0.085)
Treatment	1149.710***	0.390***	0.021	0.096	0.260*
	(245.144)	(0.132)	(0.130)	(0.079)	(0.130)
Treatment and Diocesans with	-511.811	-0.022	0.175	0.093	0.314
6 or more parishes	(349.873)	(0.155)	(0.166)	(0.116)	(0.187)
Observations	2265	2265	2265	2265	2265
R^2	0.26	0.13	0.24	0.23	0.22
Control mean dep. var.	4906.974	-0.211	-0.109	-0.144	-0.234

Table 10: Heterogeneity

It is worth highlighting the positive and significant effects of similar magnitudes reported for income, occupational training actions and internet access in columns 1, 2 and 4, respectively. However, for access to social rights and the degree of participation in some group around them, we see that the value of the coefficient for the dioceses where a greater number of parishes has participated is higher, although we do not have enough precision to say that this additional effect is statistically significant.

9 Conclusions

The ACCEDE project has proven to be a promising initiative to promote social inclusion and improve digital capabilities among vulnerable families. Through the creation of a common reference space and the implementation of training sessions, a positive impact has been observed in several key aspects of the lives of the treated participants relative to the controls. The specific results show:

• An improvement in the economic situation of the participants, reflected in increases in income.

- Advances in employability, with an increase in the number of interviews and job offers, evidencing the value of personalized support in career guidance.
- A positive impact on access to rights and services, which underlines the importance of personalized assistance to facilitate knowledge and request of rights.
- Significant improvements in digital skills and internet access, confirming the effectiveness of the specific digital training offered.
- Greater participation in community groups, which seems to point to a more active social integration, although there is no notable change in satisfaction with social relationships.

These results reinforce the importance of providing dedicated spaces and specific training to address social exclusion and the digital divide. In the words of one of the people in the treatment group during the discussion sessions, the program: "ACCEDE is not just aid, it is not just Caritas. They hug you."

Beyond contributing to improving the living conditions of the treated families, it also offers us valuable lessons for future interventions in similar areas.

References

 Anderson, M. L. (2008). Multiple Inference and Gender Differences in the Effects of Early Intervention: A Reevaluation of the Abecedarian, Perry Preschool, and Early Training Projects. Journal of the American Statistical Association 103 (484), 1481–1495.

Appendix 1: Pictures of the ACCEDE space



Figure A.1: Scheduling and activities

Figure A.2: ACCEDE space



Figure A.3: ACCEDE information



Appendix 2: Definition of result indicators

Table A.1 shows the description of the variables that make up each of the result indicators, using the original names of the survey variables.

Table A.2 includes the description of the survey variables included in the calculation of each indicator.

Code	Description	Original variable or formula
ER01	Total income per household in the last 6 months	Sum of income from different sources in the last 6 months: VIER011 (money from social benefits), VIER012 (money from work income), VIER013 (money from other sources)
ER02	Payment level of basic housing expenses	VIER022 VIER022
EE03 ₁	Number of job interviews carried out	VIEE032
EE03 ₂	Number of job offers that have been submitted	VIEE031
EE03 ₃	Number of training actions for employment that have been taken	VIEE033
$EE03_4$	Number of career guidance actions in which they have participated	VIEE034
SDA04	Degree of access to social rights in the last 6 months	Anderson index with: VISDA041, VISDA042, VISDA043, VISDA044
SDA05	Degree of internet use for personal, work, educational, family, and administrative purposes	Anderson index with: VISBD051, VISBD052, VISBD053, VISBD054
SBD06 ₁	Internet access at home	VISBD061
$SBD06_2$	Internet access anywhere	VISBD062
RAS09	Degree of regular contact with other people in their environment and receipt of the necessary support	Anderson index with: VIRAS091, VIRAS092, VIRAS093, VIRAS094 VIRAS095, VIRAS096, VIRAS097
RCS10	Level of participation in group activities (community involvement)	VIRCS101

 Table A.1: Description of the result indicators

Code	Description	Moment	Range
VIER011	How much money has come into the household from	PRE	Eurog
VIER011	SOCIAL BENEFITS in the last 6 months?	POST	Euros
	How much money has come into the household from	PRE	D
VIER012	WORK INCOME in the last 6 months?	POST	Euros
	How much money has come into the household from	PRE	D
VIER013	OTHER SOURCES in the last 6 months?	POST	Euros
	On how many occasions in the last 6 months have you	PRE	$0 \in (DDE)$
VIER022	not been able to pay for household supplies (electricity,		0-6 (PRE)
	water, etc.)?	POST	0-20 (POST)
	How many job offers have you applied for in the last 6	PRE	0-120 (PRE)
VIEE031	months?	POST	0-100 (POST)
	How many job interviews have you don in the last 6	PRE	0-80 (PRE)
VIEE032	months?	POST	0-72 (POST)
	In how many occupational training actions to access a	PRE	0-22 (PRE)
VIEE033	job have you participated in the last 6 months?	POST	0-16 (POST)
	How many career guidance actions have you	PRE	0-48 (PRE)
VIEE034	participated in in the last 6 months?	POST	0-24 (POST)
VISDA041	What is your experience with SOCIAL SERVICES	PRE	1-6 (PRE)
V15DA041	procedures in the last 6 months?	POST	1-6 (POST)
VISDA042	What is your experience with PUBLIC HEALTH	PRE	1-6 (PRE)
V15DA042	procedures in the last 6 months?	POST	1-6 (POST)
	What is your experience with EDUCATION	PRE	1-6 (PRE)
VISDA043	procedures in the last 6 months?	POST	1-6 (POST)
VISDA044	What is your experience with the HACIENDA	PRE	1-6 (PRE)
¥ 15DA044	procedures in the last 6 months?	POST	1-6 (POST)
	Would you know how to do the following procedures	PRE	1-6 (PRE)
VISBD051	online? Personal management (maintaining	POST	
	94	r 051	1-6 (POST)

Table A.2: Description of the survey variables included in the calculation of indicators

	relationships with family, friends, etc.)		
VISBD052	Would you know how to do the following procedures online? Family management (tutoring at your children's school)	PRE POST	1-6(PRE) 1-6 (POST)
VISBD053	Would you know how to do the following procedures online? Public Administration management	PRE POST	1-6 (PRE) 1-6 (POST)
VISBD054	Would you know how to do the following procedures online? Labor or training procedures (carry out school activities)	PRE POST	1-6 (PRE) 1-6 (POST)
VISBD061	Do you have internet access at your home?	PRE POST	0-1 (PRE) 0-1 (POST)
VISBD062	Do you have access to the internet through other means? (anywhere, including your home)	PRE POST	0-1 (PRE) 0-1 (POST)
VIRAS091	How many visits have you received or made to your friends and family in the last month?	PRE POST	0-60 (PRE) 0-100 (POST)
VIRAS092	Indicate your perception of this statement: I receive love and affection	PRE POST	1-5 (PRE) 1-5 (POST)
VIRAS093	Indicate your perception of this statement: I have the possibility to talk to someone about my problems at work	PRE POST	1-5 (PRE) 1-5 (POST)
VIRAS094	Indicate your perception of this statement: I receive invitations to distract myself and go out with other people	PRE POST	1-5 (PRE) 1-5 (POST)
VIRAS095	Indicate your perception of this statement: I receive useful advice when an important event happens to me	PRE POST	1-5 (PRE) 1-5 (POST)
VIRAS096	Indicate your perception of this statement: I get help when I'm sick in bed	PRE POST	1-5 (PRE) 1-5 (POST)
VIRAS097	Indicate your perception of this statement:	PRE	1-5 (PRE)

	I receive help with matters related to my home	POST	1-5 (POST)
VIRCS101	Do you participate regularly in any group in your environment in the last 6 months? (AMPA, parish, neighborhood organization)	PRE POST	1-3 (PRE) 1-3 (POST)