Inclusion Policy Lab: Evaluation Results

EAPN Canarias – REDLAB: Project for Digital Inclusion and Improvement of Employability – Subproject REDLAB2

May 2024

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This report has been prepared by the General Secretariat of Inclusion of the Ministry of Inclusion, Social Security, and Migration within the framework of the Inclusion Policy Lab, as part of the Recovery, Transformation, and Resilience Plan (RTRP), with funding from the Next Generation EU funds. As the agency in charge of carrying out the project, the European Network for Combating Poverty and Exclusion in the Canary Islands (EAPN Canarias) has participated in the writing of this report. This collaborating entity is the implementers of the pilot projects and has collaborated with the General Secretariat of Inclusion for the design of the RCT methodology, actively participating in the provision of the necessary information for the design, monitoring, and evaluation of the social inclusion itinerary. Likewise, their collaboration has been essential to gathering informed consents, ensuring that participants in the itinerary were adequately informed and that their participation was voluntary.

A research team coordinated by the CEMFI (Centre for Monetary and Financial Studies) has substantially collaborated in conducting this study. Specifically, Miguel Almunia, professor at CUNEF and Tom Zohar, professor at CEMFI, under the coordination of Mónica Martínez-Bravo (until January 8, 2024) and Samuel Bentolila, professors at CEMFI, have participated. The researchers have been actively involved in all phases of the project, including the adaptation of the initial proposal to the needs of the evaluation through randomized experiments, the evaluation design, the definition of measurement instruments, data processing, and the performance of econometric estimations that lead to quantitative results.

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

This evaluation report has been produced using the data available at the time of its writing and it is based on the knowledge acquired about the project up to that date. The researchers reserve the right to clarify, modify, or delve into the results presented in this report in future publications. These potential variations could be based on the availability of additional data, advances in evaluation methodologies, or the emergence of new information related to the project that may affect the interpretation of the results. The researcher is committed to continuing exploring and providing more accurate and updated results for the benefit of the scientific community and society in general.

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Executive Summary

- The **Minimum Income Scheme,** established in May 2020, is a minimum income policy that aims to guarantee a minimum income to vulnerable groups and provide ways to promote their social and labor integration.
- Within the framework of this policy, the Ministry of Inclusion, Social Security, and Migration (MISSM) fosters a strategy to promote inclusion through pilot projects of social innovation, which are conducted in the **Inclusion Policy Lab**. These projects are evaluated according to the standards of scientific rigor and using the methodology of Randomized Controlled Trials.
- This document presents the evaluation results and main findings of the subproject REDLAB2, an extension of the project "REDLAB CANARIAS. Pilot project of itineraries for digital inclusion and improvement of employability", which has been conducted in **cooperation between the MISSM and the European Network for the Fight against Poverty and Exclusion in the Canary Islands (EAPN Canarias**), an organization of the Third Sector of Social Action, dedicated to the fight against poverty and social exclusion in the Canary Islands.
- This study assesses how providing **detailed information** on key features of the intervention during the recruitment process can influence participation rates. The target population of the intervention, as in REDLAB1, are holders of the Minimum Income Scheme or the Canary Islands Insertion Benefit from 45 to 65 years of age. Additionally, it is established as a condition that the people to whom the intervention is addressed must not have been contacted during the recruitment process of the REDLAB1 project.
- All potential participants were offered the possibility of receiving a digital kit (tablet, keyboard, case, and headphones) with an internet connection for one year and of participating in a training action in digital skills. The **treatment group** received detailed information about the location and conditions of the training action, including the precise location of the center, schedules, duration of classes, as well as additional benefits. This information allows them to assess the compatibility of the training with their personal, family and work life when deciding whether to accept to participate in the training action or not. The **control group** receives generic information about the training action.
- The project was developed on the islands of Tenerife and Gran Canaria. Of a total of 2,200 potential participants who were contacted, 375 people finally agreed to participate, 194 assigned to the control group and 181 assigned to the treatment group.
- The sample is mostly made up of women, who constitute 62.7% of the total. Additionally, 92.8% of the participants report being unemployed. 10.4% of the participants have care responsibilities for people with disabilities, while 2.4% take care of children.
- The main results of the evaluation are as follows:
    - **Treatment has a negative effect on participation:** participants in the treatment group, who had more detailed information, were 6% to 8% less likely compared to those in the control group to agree to join the itinerary, pick up the digital kit, start the training and complete the training.

- The negative effect on participation is greater for those aged 45 to 54 than for those aged 55 to 64, and for women. This is consistent with the greater time constraints of these groups.

1 Introduction

General Regulatory Framework

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

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

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

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

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

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

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

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

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

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

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[4] Royal Decree 938/2021 dated October 26, which regulates the direct granting of subsidies from the Ministry of Inclusion, Social Security, and Migration in the field of social inclusion, for an amount of €109,787,404, within the framework of the Recovery, Transformation, and Resilience Plan (BOE-A-2021-17464).

[5] Milestone 350 of the RTRP: "Improve the rate of access to the Minimum Income Scheme and increase the effectiveness of the MIS through inclusion policies, which, according to its description, will translate into supporting the socio-economic inclusion of the beneficiaries of the MIS through itineraries: eight collaboration agreements signed with subnational public administrations, social partners and social action entities of the third sector to conduct the itineraries. The objectives of these partnership agreements are: (i) to improve the MIS access rate; ii) increase the effectiveness of the MIS through inclusion policies."

[6] Monitoring indicator 351.1 of the RTRP: "at least 10 additional collaboration agreements signed with subnational public administrations, social partners and social action entities of the third sector to conduct pilot projects to support the socio-economic inclusion of MIS beneficiaries through itineraries".

[7] Royal Decree 378/2022, dated May 17, regulating the direct granting of subsidies from the Ministry of Inclusion, Social Security, and Migration in the field of social inclusion, for an amount of €102,036,066, within the framework of the Recovery, Transformation and Resilience Plan (BOE-A-2022-8124).

These evaluations have focused on the promotion of social and labor inclusion among MIS beneficiaries, recipients of regional minimum incomes, and other vulnerable groups. In this way, the MISSM establishes a design and impact evaluation of results-oriented inclusion policies, which offers evidence for decision-making and its potential application in the rest of the territories. The promotion and coordination of 32 pilot projects by the Government of Spain has led to the establishment of a laboratory for innovation in public policies of global reference named the Inclusion Policy Lab.

For the implementation and development of the Inclusion Policy Lab, the General Secretariat of Inclusion has established a governance framework that has made it possible to establish a clear and potentially scalable methodology for the design of future evaluations and promoting decision-making based on empirical evidence. The General State Administration has had a triple role as promoter, evaluator, and executive of the different programs. Different regional and local administrations and the Third Sector of Social Action organizations have implemented the programs, collaborating closely in all their facets, including evaluation and monitoring. In addition, the Ministry has had the academic and scientific support of the Abdul Latif Jameel Poverty Action Lab (J-PAL) Europe and the Centre for Monetary and Financial Studies (CEMFI), as strategic partners to ensure scientific rigor in the assessments. Likewise, the Inclusion Policy Lab has an Ethics Committee[8], which has ensured the strictest compliance with the protection of the rights of the people participating in the social inclusion itineraries.

This report refers to the subproject REDLAB2, an extension of the "REDLAB CANARIAS". Pilot project of itineraries for digital inclusion and improvement of employability", executed within the framework of **Royal Decree 378/2028**[9] by the European Network for the Fight against Poverty and Exclusion in the Canary Islands (EAPN Canarias), an organization of the Third Sector of Social Action, dedicated to the fight against poverty and social exclusion in the Canary Islands. This report contributes to the fulfillment of milestone 351 of the RTRP: "After the completion of at least 18 pilot projects, publication of an evaluation on the coverage, effectiveness and success of the MIS, including recommendations to increase the level of application and improve the effectiveness of social inclusion policies".

Context of the project

The *non-take-up* situation refers to the non-use of public and private benefits or services by those individuals who meet the requirements to be eligible. This means underuse of opportunities and reduces the effectiveness of the social actions designed by the Public Administrations and Third Sector Social Action Organizations.

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

[9] On 26 August 2022, an agreement was signed between the General State Administration, through the SGI, and the European Network for the Fight against Poverty and Social Exclusion of the Canary Islands for the implementation of a project for social inclusion within the framework of the Recovery, Transformation, and Resilience Plan. which was published in the "Official State Gazette" on 15 September 2022 (BOE no. 222)

The fundamental reasons contributing to this situation can be classified into four categories. First, there may be a lack of information about the benefit, either due to ignorance of the existence of the program or lack of adequate access to it. Second, application processes can be complex and act as an additional barrier, especially for people with a lower level of education, who are more vulnerable. On the other hand, there may be a distorted perception between costs and benefits, where potential participants may perceive that the costs of this application outweigh the benefits. Finally, participation in social programs can generate a certain stigma for the recipient, by exposing the need for help to the community.

In this context, and to increase the degree of participation, the aim to analyze what specific factors explain the *non-take-up* of the pilot project "REDLAB CANARIAS". This project provides participants with a digital kit with an internet connection and implements a training itinerary with the aim of reducing the digital-skill gap and low employability that affects people receiving the Minimum Income Scheme and the Canary Islands Insertion Benefit (PCI). During the implementation of the first phase of the REDLAB project, a low participation rate in the training action was observed, with only 67% of people initially agreeing to participate by starting the training, and 43% finishing it.

For this reason, EAPN Canarias and the MISSM raised the possibility of conducting actions that would allow the full use of this valuable resource in the same population group, which is the one with the highest rate of digital-skill gap in the Canary Islands. Given the relatively low participation in REDLAB1, the project REDLAB2 was proposed, with the aim of investigating whether the amount of information received during the capture was an explanatory factor on the decision to participate.

Regulatory framework associated with the project and the governance structure

Regarding the problem of *non-take-up*, the European Council Recommendation of 26 April 2023 on the right to social protection and the need to act against the *non-take-up* of citizens' rights and benefits stands out. In Spain, the effort made by the Ministry of Inclusion, Social Security and Migration to address the problem of the *non-take up* of the MIS stands out. Among the actions conducted, changes in regulations and the development of new ways of assistance to facilitate the application stand out. Likewise, initiatives have been aimed at directly contacting potential beneficiaries, to offer them detailed information about the benefit, the application procedure and to investigate the reasons behind the *non-take-up*.

Since the people who agree to participate through this second recruitment can access the REDLAB digital training pathway, the pilot project that is the subject of this report is also aligned with regional, national, and European strategies in the field of digital inclusion.

In the field of digital inclusion, two key initiatives stand out at the European level. On the one hand, the Digital Education Action Plan 2021-2027, which seeks to improve the quality and accessibility of digital education, promoting a high-performance digital educational ecosystem and strengthening digital skills. On the other hand, Europe's Digital Decade sets specific targets in areas such as connectivity and digital public services to ensure that technology and innovation benefit everyone.

In the case of Spain, the government has implemented initiatives such as Digital Spain 2026, a roadmap to promote the country's digital transformation and achieve equitable economic growth. Additionally, the National Digital Skills Plan, which is based on the 2026 Digital Agenda and the Recovery, Transformation and Resilience Plan, seeks to promote digital training and inclusion for the population and workers, with an investment of 3,750 million euros for the period 2021-2023.

Finally, all European and national regulations are in line with the framework established in the 2030 Agenda and with the Sustainable Development Goals (SDGs).

The pilot project that is the subject of this report is aligned with European and national strategies in the field of the digital-skill gap and social exclusion, as well as with the 2030 Agenda for Sustainable Development, contributing specifically to SDGs 1, 4, 8 and 10.

Given the importance of the non-take-up phenomenon, EAPN Canarias and SGOPIPS have devised a project that uses two different recruitment strategies. The scientific purpose of this project is to analyze in detail how the amount of information provided during the initial contact influences both recruitment and participation in the training.

The governance framework established for the proper implementation and evaluation of the project includes the following actors:

- **The European Network for the Fight against Poverty and Social Exclusion of the Canary Islands (EAPN Canarias)** is the organization responsible for the implementation of the project. EAPN Canarias was established in 2003, and its mission is to prevent and combat poverty and social exclusion within the framework of the Autonomous Community of the Canary Islands. The network is currently made up of 33 social entities in the region.

  EAPN Canarias' main goal is to improve the effectiveness of actions against poverty and exclusion in the autonomous community, to actively participate in the development of policies and to establish a channel of communication among its members to share experiences and resources.

- The **Government of the Canary Islands**, which formalized an agreement with EAPN-Canarias for different aspects related to specific contents of the execution of the project: to provide the databases of people receiving the Canary Islands insertion benefit (PCI) and to provide the experience of the Basic and Advanced Digital Skills Courses that are already taught in the territory.

- **The Ministry of Inclusion, Social Security and Migration (MISSM)** is the funding source of the project and responsible for the RCT evaluation. Therefore, the General Secretariat of Inclusion assumes a series of commitments:

  - Provide support to the beneficiary entity for the design of the actions to be implemented, for the execution and monitoring of the grant's purpose, as well as for profiling potential participants in the pilot project.

  - Design the Randomized Controlled Trial (RCT) methodology of the pilot project in coordination with the beneficiary entity and scientific collaborators. Likewise, conduct the project evaluation.
  - Ensure strict compliance with ethical considerations by obtaining approval from the Ethics Committee.

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

Taking all the above into account, this report follows the following structure: s**ection 2** provides a **description of the project**, detailing the problem to be addressed, the specific intervention associated with take-up, and the target audience for the intervention. Next, **section 3** contains information related to the **evaluation design**, defining the Theory of Change linked to the project and the hypotheses, information sources, and indicators used. **Section 4** describes the **implementation of the intervention**, the analysis of the sample, randomization results, and the level of participation and attrition of the intervention. This section is followed by **Section 5**, which presents the **evaluation results**, along with a detailed analysis of the econometric analysis performed and the results for each of the indicators used. Finally, the **Conclusions** of the project evaluation are described in **section 6**. Besides, in the appendix on **Economic and Regulatory Management** additional information is provided on the management tolls and governance of the pilot project.

Ethics Committee linked to the Social Inclusion Itineraries

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

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

The Ethics Committee has conducted analysis and advice on the ethical issues that have arisen in the execution, development, and evaluation of the itineraries, formulated proposals in those cases that present conflicts of values and approved the evaluation plans of all the itineraries. In particular, the Ethics Committee issued its approval for the development of this evaluation on July 10, 2022.

2 Description of the program and its context

This section describes the program that EAPN Canarias implemented within the framework of the pilot project. The target population and territorial framework are described, and the intervention is described in detail.

2.1 Introduction

REDLAB2 is an intervention designed to understand the effectiveness of providing more comprehensive information about the program to increase the acceptance rate and completion of the digital skills course.

The main objective of the project is to address and reduce the digital-skill gaps and low employability that affect people receiving the Minimum Income Scheme and the Canary Islands Insertion Benefit through training itineraries adapted to their socio-educational characteristics and digital skills.

The available figures on the application for social benefits reveal that in many Western European countries, more than 50% of people potentially eligible for social benefits do not apply for them (Van Mechelen and Janssens, 2017). In OECD countries, *non-take-up* rates range from 40% to 80% (Hernanz et al., 2004). Additionally, this information is often not public and may vary depending on the selected data source. Analyzing the underlying reasons for this phenomenon, since a high rate of *non-take-up* can generate higher public expenditures in the long term (Dubois et al., 2014), is essential. The literature shows how administrative barriers in the application processes for social benefits, lack of accurate information, and social stigma can be decisive when defining actions regarding *non-take-up* (Moffitt & Ko, 2022). In this way, the project is supported by multiple studies that analyze this phenomenon and its possible causes (Bargain et al., 2012; Blundell et al., 1988; Currie, 2004; Van Oorschot, 1991).

To reduce non-take *up rates*, a multitude of studies have been conducted within the framework of the theory of *nudges*, that is, interventions designed to influence people's decisions and behaviors in a predictable way, without imposing restrictions or limitations. These interventions aim to use cognitive and heuristic biases in such a way that they influence people's decision-making towards options that generate both individual and social benefits (Sunstein & Thaler, 2008).

In this context, the sending of specific and personalized messages can be used to reduce *non-take-up rates*, incorporating *nudges* into the SMS design itself to the receivers, so that people perceive the service as an opportunity for potential improvement. A study conducted by Linos et al. (2022) using an RCT in the United States shows how the sending of certain messages affects adherence to minimum income programs. Likewise, research conducted by Chareyron et al. (2018) confirms that sending a specific information letter significantly improves application rates among social assistance recipients in France. At the national level, the study conducted by Costas et al. (2022) stands out, which analyzes how sending an informative SMS about social assistance to families with children aged 0 to 16 reduces the *non-take-up* caused by ignorance of the benefit.

2.2 Target population and territorial scope

The target population of the intervention, as REDLAB1, are those who are holders of the Minimum Income Scheme or the Canary Islands Insertion Benefit, aged 45 to 65, with a low level of education (understood as the absence of non-compulsory secondary education and residents of the Canary Islands).

The reason for targeting incumbent persons is because they are the only ones for whom there is collated nominal information and, therefore, making it possible to know and control their characteristics before starting the project.

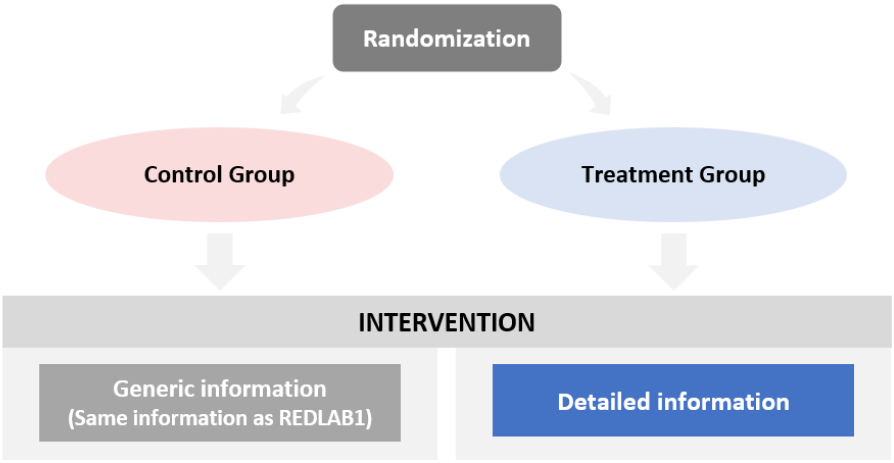
The people to whom the intervention is aimed must not have been contacted during the recruitment process of the project REDLAB1. Therefore, participation is limited to new recipients of the MIS, since the extraction in September 2022 to REDLAB1, and to PCI holders who were not contacted in the first wave of surveys. Section **3.5** provides more detail on the specific criteria to be met by participants and presents the recruitment process designed.

Although the project is initially aimed at residents of all the islands of the Autonomous Community of the Canary Islands, it is finally conducted only on the islands of Tenerife and Gran Canaria.

2.3 Description of interventions

As mentioned previously, this pilot project seeks to evaluate the influence of two different recruitment approaches. All potential participants are randomly assigned to the treatment group or the control group, and a call is made to invite them to receive the digital kit and participate in the same Training Action as in REDLAB1. The difference between the treatment group and the control group lies in the information provided during the recruitment stage.

Figure 1: Intervention scheme



Specifically, the control group receives generic information about the training action indicating that, if they are interested, they will receive a call from a person from the project with the details of the project. This is the same information received by the potential beneficiaries contacted in REDLAB1.

On the other hand, the treatment group is offered detailed information about the place and conditions of the training action, including the precise location of the center, the schedules, the duration of the classes, as well as additional benefits such as a free daily snack, transportation voucher and possible private transportation routes for those with special needs or residing in remote areas.

The control group, which receives general information, bases its decision on factors such as personal interest in acquiring digital skills, improving employability, or acquiring a tablet, as well as on previous knowledge about the project REDLAB1, and circumstances such as the reliability of the interviewer, the mood at the time of the call or the context of the call.

On the other hand, the treatment group, additionally to considering these factors, has additional information, such as the proximity of the training center to their home, class schedules and the start and end dates of the course. This information allows them to assess the compatibility of the training

with their personal, family and work life when deciding whether to accept to participate in the training action.

People who agree to participate, either in the control or treatment group, receive a complete digital kit consisting of a *tablet*, keyboard, case, and headphones. Additionally, the project provides them with free internet access for the rest of 2023.

Participants enrolled in the program also have access to the REDLAB2 itinerary, which includes:

- Training action composed of 45 face-to-face classes, with a total of 135 hours. This training follows the SAMR and Montessori Methodologies, focused on improving digital, social inclusion and employability. Weekly individual tutorials, daily self-evaluations and practical tests are conducted.
- Continuous tutoring outside class hours, provided by the second support monitor, with the aim of resolving doubts, practicing, and reinforcing the knowledge acquired in class.
- Creation of life stories to design personalized advice for employability, based on the coping and resilience skills, interests and expectations of each participant.
- Development of spaces for digital creativity with the support of the monitors and the group.
- Application of digital knowledge in the improvement of employability, with two specific practical sessions.
- Practical Training in Work Environments in social entities and companies, with the accompaniment of monitors.

The itinerary designed has introduced a series of modifications with respect to the one developed in REDLAB1. These include an intensification of the teaching period with the addition of classes on Fridays and a reduction of the total duration from 10 to 8 weeks, maintaining the same workload, and the presence of a second monitor to strengthen the incorporation of content during classes and guarantee the realization of life stories and follow-up towards improvements in employability throughout the itinerary. Additionally, a bonus has been introduced for attendance at classes and Practical Training in Work Environments.

3 Evaluation design

This section describes the design of the impact assessment of the project described in the previous section. The section describes the Theory of Change, which identifies the mechanisms and aspects to be measured, the hypotheses to test in the evaluation, the sources of information to build the indicators, and the design of the experiment.

3.1 Theory of Change

This report, with the aim for designing an evaluation that enables understanding the causal relationship between the intervention and its final objective, develops a Theory of Change. The Theory of Change makes it possible to schematize the relationship between the needs identified in the target

population, the benefits, or services that the intervention provides, and the immediate and medium-long term results sought by the intervention, to understand the relationships between them, the assumptions on which they are based, and to outline measures or outcome indicators.

Theory of Change

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

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

The problem addressed by the REDLAB2 project is the low involvement of people who, in the first instance, agree to receive digital training within the framework of REDLAB1.

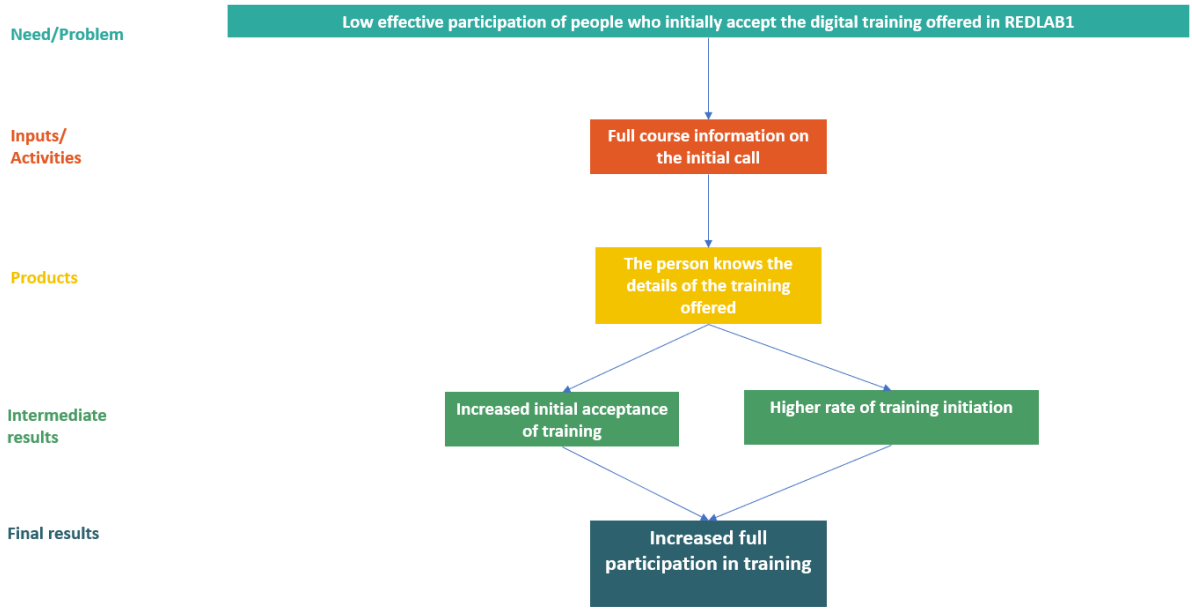
In this context, the project adopts the strategy of providing detailed information on its key aspects to potential participants as a measure to reduce the level of *non-take-up*. So, during the contact call, specific details such as location, schedules, duration of classes and additional benefits are shared, as opposed to the more general information offered in REDLAB1.

The output associated with this input is defined as the number of people with complete information about the itinerary offered. By measuring the outputs obtained, it is identified whether the beneficiaries have received the activities or inputs and with what intensity. The effective receipt of

resources and activities is essential for programs to achieve the expected intermediate and results. If beneficiaries do not receive the program adequately, improvements in participation are unlikely.

By providing more detailed information, the initial acceptance of the training will increase, and a greater number of people will join the project. These intermediate results are expected to lead to more full participation in the training.

Figure 2: Theory of Change



3.2 Hypothesis

As mentioned previously, the main objective of the intervention is to increase the acceptance rate of the digital itinerary.

As detailed in the Theory of Change, the goal of the project is to increase the number of participants who complete the training. This would be achieved through a higher acceptance and rate of initiation of training, considered as intermediate objectives. Consequently, when evaluating the intervention, various hypotheses are formulated in line with the intermediate and results defined in the Theory of Change. This methodological approach seeks to offer a detailed and informed analysis, providing a solid basis for informed and strategic decisions in the field of public policies.

The hypotheses to be tested in relation to each of the blocks of results are presented below. The following sections will describe the sources of information for the indicators used in each scenario.

1. Increased initial acceptance of training

This hypothesis considers that people who receive the message detailed in the initial call to be informed about the content of the intervention agree to participate more frequently.

2. Higher rate of training initiation

This hypothesis suggests that those who receive the detailed message initiate the training more frequently.

3. Increased full participation in training

This hypothesis posits that people who receive comprehensive information on the initial call complete the training more frequently.

3.3 Sources of information

The information necessary to contrast the hypotheses raised is collected in the recruitment, participation and attendance records prepared by EAPN Canarias.

Additionally, following REDLAB1's information collection model, surveys are used to obtain relevant information on sociodemographic aspects, occupational status, digital skills, equipment, and access to the internet at home, use of information and communication technologies (ICT), participation in e-government, online shopping practices, privacy and data protection considerations, employability, living conditions, as well as aspects related to health and well-being, among others. This information is used to analyze and understand the impact of the REDLAB2 itinerary and check the balance between treatment groups, but it is not used for the impact assessment that is the subject of this analysis.

The survey is conducted through telephone calls made by an external company on behalf of EAPN Canarias and MISSM. The survey is conducted in two moments. First, the **baseline survey** is conducted prior to the intervention, and it is in this survey that the person is verified to meet the requirements and, if so, invited to participate, giving the differentiated information to the treatment group and the control group as indicated above. Subsequently, after the completion of the itinerary, the **endline survey is conducted.**

3.4 Indicators

This section describes the indicators used for the impact assessment of the itinerary, divided by themes related to the hypotheses described above.

1. Initial acceptance of training

To analyze the effect on the initial acceptance of the training, the following indicator is used:

Acceptance of training: Binary indicator that takes the value of 1 when the person contacted agrees to participate, and 0 otherwise.

2. Training start rate

Two indicators are used to assess the impact of providing detailed information in this area:

Tablet collection: binary indicator that takes the value of 1 when the subject has collected the digital kit and 0 otherwise.

Start of training: binary indicator that is equal to 1 if the subject attended at least one session of the digital training and 0 if he or she did not.

3. Full participation in training

Training completion: binary indicator that takes the value of 1 when the participant has completed the training and 0 if he has not completed it.

3.5 Desing of the experiment

The potential target population of REDLAB includes individuals aged between 45 and 65 years, with less than a high school education, residents of the Canary Islands and holders of the Minimum Income Scheme or the Canary Islands Insertion Benefit.

To ensure homogeneity in the sample and accessibility to treatment, up to three exclusion criteria are established. Firstly, those people who require or need a main social intervention before participating in the project are excluded, such as those who need to have a standardized home and stop being homeless; that they need to learn the language to be able to do the training; or who need to complete rehabilitation. Additionally, people with very restricted mobility are excluded, such as those institutionalized in nursing homes or in a situation of dependency, as well as those with difficulties arising from a disability of more than 33%. Finally, they must not have completed digital or employment training, with a workload of more than 10 hours, in the last 6 months. Additionally, participants must not have been contacted for the REDLAB1 project[10].

Figure 3: Experiment design

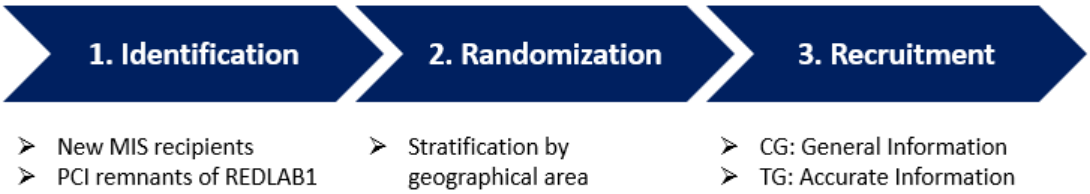


Figure 3 summarizes the main phases framed in the design of the experiment. For the development of the database of potential participants, data from new MIS recipients, since September 2022, provided by MISSM, and data from PCI recipients who had not been contacted in REDLAB1, are used.

[10] It must be considered, in any case, that there is an indeterminate number of people who could know someone who has been called, contacted, and received the digital kit, or who has done the PA of REDLAB1. An intense communication campaign was conducted from the start of the project, which reached the written press and television. Additionally, the social functioning of the islands can cause information to circulate among family and friends in a more intense way. These factors are not measurable, but they may involve certain biases.

The registers are grouped according to the geographical areas with the highest concentration of population, in which there are classrooms for the completion of the training itinerary.

Random assignment of participants

Before contacting the participants, the different records are assigned to the control group or the treatment group. The experimental design proposes a random distribution to ensure that the treatment and control groups are statistically comparable, considering both observable and unobservable variables. This uniformity is the necessary basis for accurately assessing the effects of the intervention.

The random assignment procedure is conducted in a stratified manner. Specifically, by geographical areas according to the proximity to the classrooms where the training will be given. On the islands outside the capital, where there are no classrooms, one classroom is established. Similarly, those without a classroom in Gran Canaria and Tenerife are assigned to a fictitious classroom. This has given rise to 26 geographical areas, which constitute the strata.

Within each geographic area, the selected individuals are randomly sorted, with half being assigned to the treatment group and the other half to the control group.

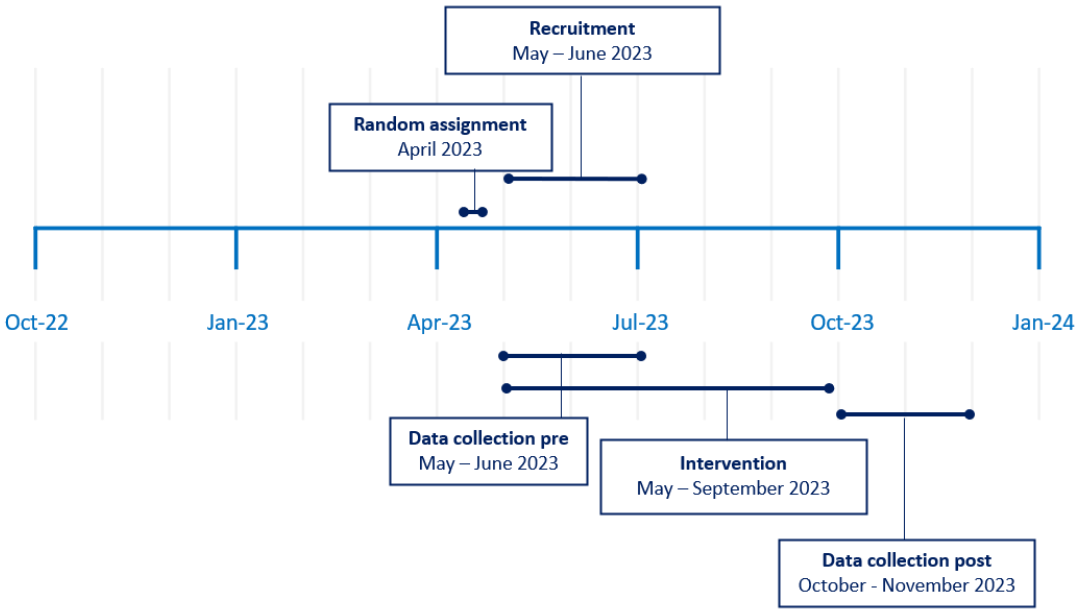
Recruitment of the beneficiaries of the intervention

After the random assignment process, the monitors contact the selected people via SMS. This message informs you that you have been chosen by the MISSM to participate in the second REDLAB training session and you are warned that you will receive a phone call soon. Monitors are instructed not to provide any information if someone contacted tries to communicate with them, to avoid contamination in the study.

Following the order resulting from the randomization process, a polling company hired by the implementing partner, EAPN Canarias, contacts the selected people by phone call, conducting the baseline survey (which determines eligibility to participate), and inviting them to participate in the training action, until the quota of people who could participate in each training classroom is completed or until the registrations to call are exhausted. As mentioned in **section 2.3**, the information shared in this call varies depending on the experimental group assigned.

This project was implemented after completing the REDLAB1 program's training sessions in April 2023. The identification and randomization phases were conducted in the same month. Subsequently, during the months of April and May 2023, the process of capturing and collecting previous data was executed. Those who agreed to participate within the subset of eligible individuals received the digital kit and participated in the itinerary between the end of May and July 2023, with a total course duration of 8 weeks. Subsequent data collection was conducted in the months of October and November 2023.

Figure 4: Implementation and evaluation timeframe



4 Description of the implementation of the intervention

This section describes the practical aspects of how the intervention was implemented, within the framework of the evaluation design. Describe the results of the participant recruitment process and other relevant logistical aspects to contextualize the results of the evaluation.

4.1 Sample Description

The target population of this intervention includes new recipients of the MIS, since the extraction in September 2022 to REDLAB1, and PCI holders who were not contacted in the first wave of surveys. Additionally, on the islands of Lanzarote and Fuerteventura, recruitment is conducted through referrals from Social Services, entities of the Third Sector of Social Action, or by direct contact of potential participants[11].

[11] Lanzarote and Fuerteventura were not included in the random assignment, due to the difference in the recruitment method.

In total, more than 2,000 people were contacted by telephone, of whom around 900 did not respond to the call. Once the ineligible people were discarded, finally 375 people completed the survey and were invited to participate in the training action.

Final Assessment Sample Features

Table 1 shows the descriptive statistics of the variables related to the intervention, based on the information collected for the 375 individuals who were eligible and responded to the initial survey. The table has six columns: the variable name, the mean, the standard deviation, the minimum value, the maximum value, and the number of observations.

All participants are recipients of the Canary Islands Insertion Benefit (PCI), the MIS and/or the Canary Islands Citizenship Income (RCC), with percentages of 55.5%, 37.9% and 13.1%, respectively. These percentages add up to more than 100% because some people receive more than one of these benefits. This aligns with the eligibility criteria of the intervention and underscores the economic vulnerability of the participants in the sample. The gender distribution of the sample leans towards female participants, who constitute 62.7% of the total. This reflects the higher rates of poverty and social exclusion experienced by women in the Canary Islands.

Geographically, the participants are only located on the islands of Gran Canaria (76.8%) and Tenerife (23.2%), the two largest islands of the archipelago. The intervention was also implemented on the islands of Fuerteventura and Lanzarote, although they were not included in the randomization because the small sample size prevented the creation of sufficiently large experimental groups on those islands.

In this sample, 92.8% of participants report being unemployed. In terms of education, the average participant had completed primary education. This is consistent with the target demographic of the intervention, which focuses on people with low educational attainment. A small fraction of participants, 13.3%, reports speaking English.

In terms of domestic responsibilities, 10.4% of participants take care of people with disabilities and 2.4% take care of children. A little more than 10% of participants have a disability of less than 33%. Less than 3% have attended some type of job training in the last 6 months. Their self-reported indicators of health and satisfaction with life have an average value close to 3, on a scale where 1 is "totally dissatisfied" and 5 is "very satisfied".

In conclusion, the statistics provide a comprehensive overview of the main socio-demographic characteristics of the target population for the intervention. They underscore the socio-economic challenges faced by this group and highlight areas where intervention could have the greatest impact.

Table 1: Descriptive statistics of the sample

Variable	N	Mean	Standard deviation	Minimum	Maximum
Sociodemographic variables (pre-intervention)					
Female	375	0.627	0.484	0	1
Aged 45-54	375	0.509	0.501	0	1
Perceives PCI	375	0.555	0.498	0	1
Perceives MIS	375	0.379	0.486	0	1
Perceives RCC	375	0.171	0.377	0	1
Spanish nationality	375	0.909	0.288	0	1
Speaks English	375	0.133	0.340	0	1
Employed	375	0.067	0.250	0	1
Unemployed	375	0.928	0.259	0	1
Care of disabled people	375	0.104	0.306	0	1
Childcare	375	0.024	0.153	0	1
Disability	375	0.101	0.302	0	1
Job training	375	0.024	0.153	0	1
Health	375	3.043	1.402	1	5
Life satisfaction	375	3.200	1.360	1	5
Island					
Gran Canaria	375	0.768	0.423	0	1
Tenerife	375	0.232	0.423	0	1
Education					
Basic literacy	375	0.032	0.176	0	1
Incomplete primary school	375	0.181	0.386	0	1
Completed primary school	375	0.421	0.494	0	1
Incomplete secondary school	375	0.064	0.245	0	1
Completed secondary school	375	0.259	0.438	0	1
Incomplete high school	375	0.043	0.202	0	1

4.2 Random Assignment Results

As explained in **section 3.5**, potential participants were randomly assigned to either the treatment group or the control group before the initial telephone survey was conducted. Randomization was performed at the individual level, stratified by geographic location using 26 predefined zones. **Table 2**

shows the results of the random assignment, detailing the number of participants assigned to each group and breaking down this information by island.

Given the low number of potential participants in the non-capital islands, as well as the geographical dispersion and the difficulty for them to receive training in the same classroom, the experiment was finally only conducted in the capital islands (Gran Canaria and Tenerife).

Table 2: Random assignment results

Island	Total	Control Group	Treatment Group
Gran Canaria	1,876	940	936
Tenerife	852	427	425
Total	2,728	1,367	1,361

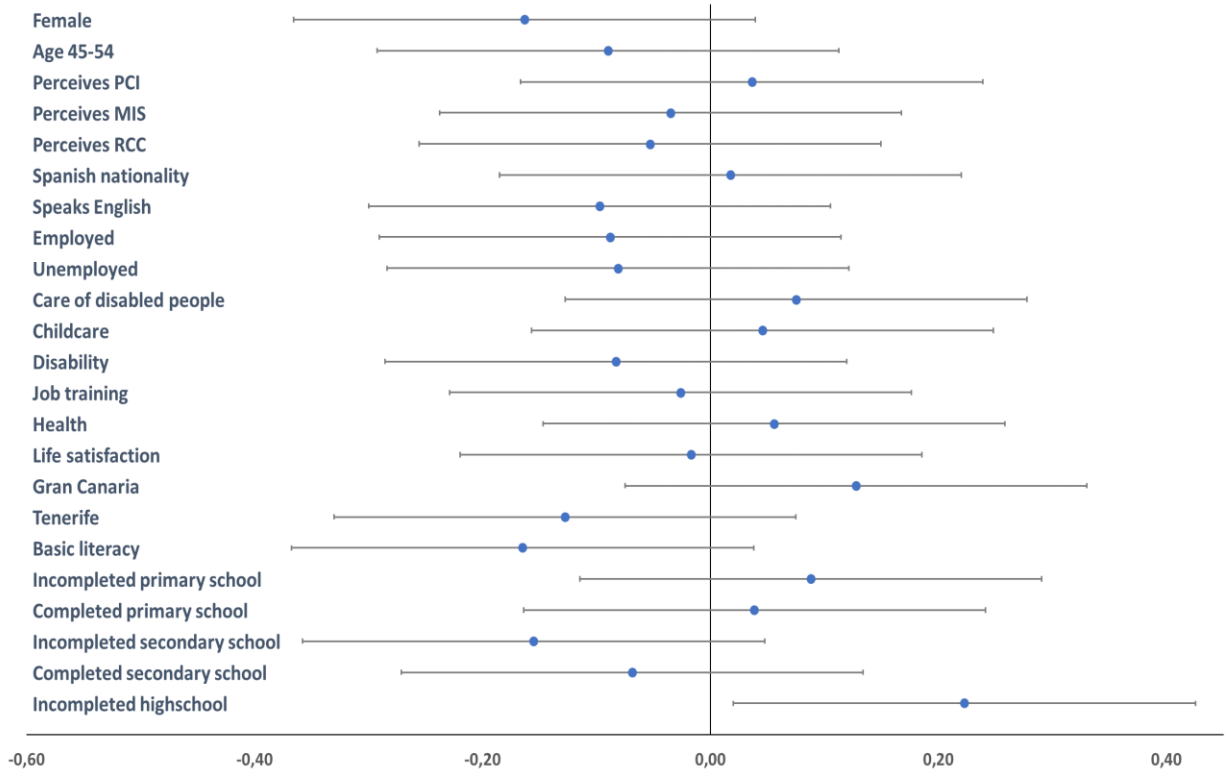
To verify that the random assignment defines a statistically comparable control group and a treatment group, an equilibrium test is conducted where it is verified that, on average, the observable characteristics of the participants in both groups are the same. The balance between the experimental groups is key to be able to infer the causal effect of the program by comparing its results.

The results of the equilibrium contrasts between the control group and the treatment group are shown below in **Figure 5**[12]. All data reflected in this figure refer to the survey conducted before the intervention (baseline). For each observable variable, the difference between the mean of that variable in the treatment and control group is represented by a point and centered on it, the 95% confidence interval of this difference. A confidence interval containing zero, i.e., the vertical axis, will indicate that the mean difference between groups is not statistically significant, or in other words, it is not statistically different from zero. It will be concluded, therefore, that the intervention groups are balanced in this characteristic. In the case where the confidence interval of the mean difference does not contain zero, it can be concluded that the difference is statistically significant and, therefore, the groups are unbalanced in this characteristic.

Overall, the figure shows that the control and treatment groups are largely balanced across most variables, suggesting that randomization was successful in creating comparable groups. This is important as it suggests that any differences in outcomes between groups can be attributed to the intervention rather than pre-existing differences between groups. However, participants in the treatment group have a somewhat higher level of education. They are 3% less likely to have only one level of basic literacy education. These variables are then controlled in the analysis to improve the accuracy of the estimates.

[12] See **Table 7** in the Appendix relating to the **Balance between experimental groups**

Figure 5: Standardized mean difference between treatment group and control group (95% confidence interval)



4.3 Degree of participation and attrition by groups

A sample attrition analysis is not performed because all final outcomes are measured during the implementation of the intervention and are available to all 375 participants. Additionally, it should be noted that imperfect non-compliance with randomization is not a problem in this context, as participants were assigned to the experimental groups before the initial survey was conducted.

5 Results of the evaluation

Random assignment of the experimental sample to the control and treatment groups ensures that, a sufficiently large sample given, the groups are statistically comparable. Therefore, any differences observed after the intervention can be causally associated with the treatment. Econometric analysis provides, in essence, this comparison. Nevertheless, this analysis has the advantages of allowing other variables to be included to increase accuracy in the estimates and provide confidence intervals for the estimates. In this section, the econometric analysis and the estimated regressions are presented, as well as the analysis of the results obtained.

5.1 Description of econometric analysis: estimated regressions

The regression model that is specified to estimate the causal effect is simply the difference in the variable of interest between the treatment group and the control group, since these groups are statistically comparable through randomization. In addition, specifications are also presented with additional controls for the education dummies that were shown to be unbalanced in **Figure 4**.

More concretely, the impacts of *intention to treat* (ITT) are measured using the following specification:

$$(1)\quad Y_i = \alpha + \beta T_i + \sum_{m=1}^{M} + \delta_m x_m + \varepsilon_i$$

Where $Y_i i$ corresponds to the acceptance measure used for individual, measured at the end of treatment, T_i is a dummy variable that is equal to 1 when person *i* is assigned to receive treatment for additional information, and 0 otherwise, X_m is the vector of control variables for education measured at the beginning of the intervention and ε_i is the error term.

The coefficient of interest is βY_i, which measures the causal impact of receiving the comprehensive information on some take-up measure Yi compared to the control group. Standard errors are clustered at the class level to account for the potential correlation of outcomes for participants that were grouped into the same class using a geographic criterion.

5.2 Analysis of the results

5.2.1 Primary and secondary outcomes

Table 3 and **Table 4** present the results of the intervention on four definitions of take-up: training accepted, tablet picked up, training started, and training finished. Importantly, these indicators are connected sequentially. This means that certain actions must occur before others can take place. For example, to pick up the digital *kit* and start the training, one must first have agreed to participate in the training. Similarly, to be able to complete the training, it is a prerequisite to have started it. Therefore, analyzes are divided between unconditional results (**Table 3**) and results conditioned by the previous result (**Table 4**).

Table 3 provides two specifications for each outcome variable: with and without controls. The controls include binary variables for the levels of education attained. All the coefficients reported in **Table 3** are negative and are in the interval (-0.08; -0.06). This suggests that those in the treatment group were 6% to 8% less likely compared to those in the control group to agree to join the itinerary, pick up the digital *kit*, start the training and complete said training. It is important to note that only the coefficients for the acceptance of training and the start of training (with controls) are statistically significant. This may be due, in part, to the small sample size. The results suggest that providing additional information about the course was successful in one important respect: it set expectations among potential participants about what they agreeing to. It is worth noting that the average values suggest a probability of 70.9% for acceptance, 46.7% for the start of the training and 43.5% for completion. It is necessary to note that the last percentages are estimated with the same denominator, that is, for all 375 individuals who responded to the initial survey and were eligible. Another way of expressing the

same figures is to say that, among those who agreed to participate in digital training, 65.9% started the training and 61.4% completed it.

Table 3: Effects on treatment adherence

	Training Accepted		Tablet Picked up		Training Started		Training Finished	
	(1)	*(2)*	*(3)*	*(4)*	*(5)*	*(6)*	*(7)*	*(8)*
Treatment	-0.079**	-0.081**	-0.073	-0.065	-0.08	-0.073*	-0.071	-0.063
	(0.039)	(0.038)	(0.049)	(0.041)	(0.049)	(0.042)	(0.049)	(0.042)
N	375	375	375	375	375	375	375	375
Dep. var. Control mean	0.709	0.709	0.485	0.485	0.467	0.467	0.435	0.435
Additional controls	No	Yes	No	Yes	No	Yes	No	Yes

Note: Standard errors, grouped by randomization strata, reported in parentheses.
Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01.

To better understand whether the information treatment helped to set expectations and thus reduce dropout in later stages, the results are redefined so that they are conditioned on previous compliance (see **Table 4).** In this way, each outcome variable is measured among the participants with the previous outcome variable equal to 1: the collection of the digital kit is conditional on the acceptance of the training, the start of the training is conditional on the collection of the digital kit and the completion of the training is conditional on the start of the training. Under this specification it is found that none of the subsequent steps of compliance were different between the control group and the treatment group, suggesting that the treatment of additional information did not have an additional effect on adherence to the itinerary: conditional on accepting the training, individuals in the treatment and control groups are essentially equally likely to pick up the digital kit, start the training and complete the training.

Table 4: Effects on treatment adherence – Conditional Outcomes

	Tablet Picked up	Training Started	Training Finished
	(1)	*(2)*	*(3)*
Treatment	-0.004	-0.022	-0.001
	(0.049)	(0.023)	(0.041)
N	266	182	175
Dep. var. Control mean	0.684	0.962	0.931
Additional controls	Yes	Yes	Yes

Note: Standard errors, grouped by randomization strata, reported in parentheses.
Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01.

5.2.2 Heterogeneity analysis

Table 5 discusses whether the impact of interventions varies by gender. A **dummy variable for female participants and an interaction of the** female dummy variable *with the* treatment dummy variable is added to the specifications in *Table* 3 *(with controls).* The relevant coefficients are those in

interactions. In this case, all the coefficients are close to 0 and are not statistically significant, so it is concluded that there are no differential impacts on any of the outcomes by gender.

Table 5: Effects of heterogeneity by gender

	Training Accepted	Tablet Picked up	Training Started	Training Finished
	(1)	*(2)*	*(3)*	*(4)*
Treatment	0.004	-0.041	-0.042	-0.033
	(0.07)	(0.105)	(0.104)	(0.092)
Female*	-0.137	-0.037	-0.048	-0.046
Treatment	(0.095)	(0.136)	(0.137)	(0.124)
Female	-0.201	-0.119	-0.11	-0.002
	(0.236)	(0.31)	(0.305)	(0.313)
N	375	375	375	375
Dep. var. Control mean	0.709	0.485	0.467	0.435
Additional controls	Yes	Yes	Yes	Yes

Note: Standard errors, grouped by randomization strata, reported in parentheses.
Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01.

Similarly, **Table 6** analyzes whether the impact of the intervention varies according to age. A dummy variable for participants aged 45 to 54 years and the interaction of the age dummy variable with the treatment dummy variable are added to the above specifications. The relevant coefficients are those in interactions. The coefficients in terms of interaction indicate that, for most outcomes, the interactions between treatment status and the 45-54 age dummy variable are small in magnitude and not statistically significant. However, it is observed that, for those aged 45 to 54, compared to those over 55, a statistically significant decrease of 26% and 21% in the acceptance and completion of training, respectively. This is consistent with the younger group's greater time constraints due to the need to care for children or people with disabilities (as suggested in the REDLAB1 assessment). Therefore, adding information about the digital course time requirements results in a more concrete understanding of their unwillingness to commit to such an intervention, and a lower completion rate.

Table 6: Effects of heterogeneity by age

	Training Accepted	Tablet Picked up	Training Started	Training Finished
	(1)	*(2)*	*(3)*	*(4)*
Treatment	0.041	0.019	0.009	0.043
	(0.04)	(0.058)	(0.059)	(0.064)
(Aged 45-54) *	-0.262***	-0.163	-0.163	-0.207*
Treatment	(0.09)	(0.123)	(0.125)	(0.124)
Aged 45-54	0.353	-0.061	-0.057	-0.131
	(0.252)	(0.242)	(0.237)	(0.215)
N	375	375	375	375
Dep. var. Control mean	0.709	0.485	0.467	0.435
Additional controls	Yes	Yes	Yes	Yes

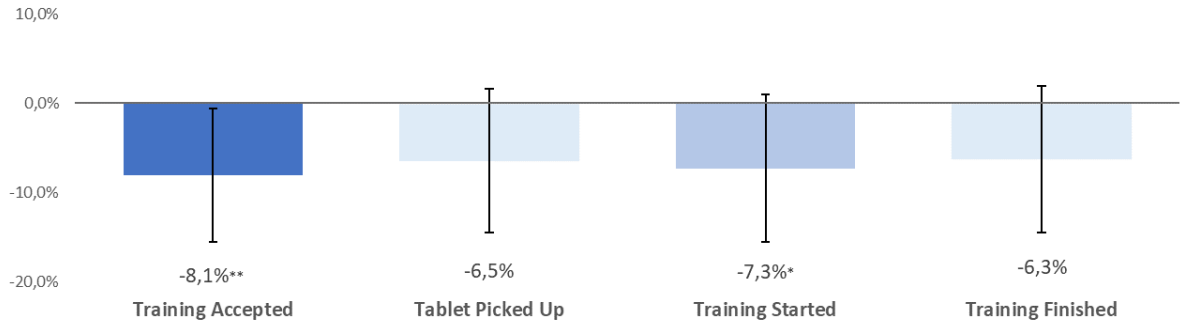
Note: Standard errors, grouped by randomization strata, reported in parentheses.
Significance levels: * p < 0.10, ** p < 0.05, *** p < 0.01.

6 Conclusions of the evaluation

In conclusion, this report has assessed the effects of providing comprehensive information on digital training (including a digital skills course and a digital kit with an internet connection) for middle-aged and low-income people in the Canary Islands. The effect of this comprehensive information has been evaluated on the likelihood that people will agree to take the digital training, pick up the digital kit, start the training and finish it.

The results show a consistently negative effect of the information treatment on all the outcomes evaluated. Although some of the coefficients are not statistically significant (possibly due to the small sample size), these results suggest that the additional information made potential participants more aware of the time commitment involved by the digital training, leading some of them to decline participating in it. Females appear to be more sensitive to the additional information (although, again, the heterogeneity by gender is not significant), and the same applies to participants in the 45-54 age group compared to those in the 55-64 group. These heterogeneous effects are consistent with the fact that females and younger participants are more likely to be the primary carers of children or persons with disabilities.

Figure 6: Effect of the intervention on the main indicators – Unconditional Results



Indicators whose treatment effect is significant at 5% are presented in dark blue, significant effects at 10% in blue, and indicators that are not significant at 10% are presented in light blue. The effects included in the graphics refer to regressions with controls.

These results suggest that providing more comprehensive information about a time-consuming activity, even if the activity is potentially beneficial for the employment prospects of eligible participants, may reduce the take-up of such activities as individuals realize that they cannot afford the time commitment. This effect is more likely to affect women and middle-aged people, who are the most likely to be caring for others (children or persons with disabilities) and thus have less flexibility for activities outside the household. The results underscore the need to refine the approach to effectively communicate and engage with target demographics and design a course tailored to their needs. Future strategies could benefit from incorporating these findings to enhance participation and completion rates in digital literacy programs.

Bibliography

Bargain, O., Immervoll, H., & Viitamäki, H. (2012). *No claim, no pain. Measuring the non-take-up of social assistance using register data*. The Journal of Economic Inequality 10: 375-395 https://www.researchgate.net/publication/225456696_No_claim_No_pain_Measuring_the_Non-take-up_of_social_assistance_using_register_data

Blundell, R., Fry, V., & Walker, I. (1988). *Modelling the take-up of means-tested benefits: the case of housing benefits in the United Kingdom*. The economic journal 98.390: 58-74. https://www.jstor.org/stable/2233304

Chareyron, S., Gray, D., & L'Horty, Y. (2018). Raising Take-Up of Social Assistance Benefits through a Simple Mailing: Evidence from a French Field Experiment. Revue D'économie Politique,128(5), 777-806. https://www.cairn.info/revue-d-economie-politique-2018-5-page-777.htm

European Commission, General Secretariat (2017). European Pillar of Social Rights. Publications Office. https://data.europa.eu/doi/10.2792/506887

Costas, E., Ferrer, C. y Ponce, J. (2022). El impacto de los trámites administrativos en el acceso a las prestaciones sociales. Una perspectiva conductual. Taula d'entitats del Tercer Sector Social de Catalunya. https://www.ksnet.eu/wp-content/uploads/2022/05/Infome_Impacto-tramites-administrativos_ESP.pdf

Currie, J. (2004). The take up of social benefits. NBER working paper #10488. https://www.nber.org/papers/w10488

Dubois, H., & Ludwinek, A. (2014). Access to benefits (Eurofound Working Paper). Dublin: Eurofound. https://www.eurofound.europa.eu/system/files/2015-04/access_to_benefits_-_working_paper_-_october_2014_-_final.pdf

Hernanz, V., Malherbet, F., & Pellizzari, M. (2004). Take-Up of Welfare Benefits in OECD Countries: A Review of the Evidence," OECD Social, Employment and Migration Working Papers 17, OECD Publishing. https://ideas.repec.org/p/oec/elsaab/17-en.html

Linos, E., Prohofsky, A., Ramesh, A., Rothstein, J., & Unrath, M. (2022). Can Nudges Increase Take-Up of the EITC? Evidence from Multiple Field Experiments. American Economic Journal. Economic Policy, 14(4), 432-452. https://www.nber.org/system/files/working_papers/w28086/w28086.pdf

Ministry of Social Rights and Agenda 2030 (2019). National Strategy for the Prevention and Fight against Poverty and Social Exclusion. Reports, studies, and research 2020. https://www.mdsocialesa2030.gob.es/derechos-sociales/inclusion/contenido-actual-web/estrategia_es.pdf

Moffitt, R., & Ko, W. (2022). Take-up of social benefits. VoxEU. org, August, 24. https://www.nber.org/system/files/working_papers/w30148/w30148.pdf

Thaler, R. H., & Sunstein, C. R. (2008). Nudge: Improving decisions about health, wealth, and happiness. Yale University Press. https://psycnet.apa.org/record/2008-03730-000

Van Mechelen, N., & Janssens, J. (2017). Who is to blame? An overview of the factors contributing to the non-take-up of social rights. https://repository.uantwerpen.be/docman/irua/cf28ca/147576.pdf

Van Oorschot, W. (1991). Non-take-up of social security benefits in Europe. Journal of European social policy 1.1: 15-30 https://pure.uvt.nl/ws/files/908093/non-take.pdf

Appendix

Economic and regulatory management

1. Introduction

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

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

Royal Decree 938/2021, dated October 26, which regulates the direct granting of subsidies from the Ministry of Inclusion, Social Security, and Migrations in the field of social inclusion, for an amount of 109,787,404 euros, within the framework of the Recovery, Transformation, and Resilience Plan [13], contributed to achieving critical milestone (as stated in the Council's Implementation Decision) number 350 for the first quarter of 2022 "Improving the access rate of the Minimum Income Scheme, and increasing the effectiveness of the MIS through inclusion policies," which, according to its description, will translate into supporting the socio-economic inclusion of MIS beneficiaries through itineraries: eight collaboration agreements signed with subnational public administrations, social partners, and Third Sector organizations of Social Action to execute the itineraries. These partnership agreements aim to i) improve the MIS access rate; ii) increase the effectiveness of the MIS through inclusion policies. Additionally, jointly with Royal Decree 378/2022, dated May 17 [14] , it contributed to meeting tracking indicator number 351.1 in the first quarter of 2023 "at least 10 additional collaboration agreements signed with subnational public administrations, social partners, and

[13] Royal Decree 938/2021, dated October 26, regulating the direct granting of subsidies from the Ministry of Inclusion, Social Security, and Migrations in the field of social inclusion, for an amount of 109,787,404 euros, within the framework of the Recovery, Transformation, and Resilience Plan (BOE-A-2021-17464). It can be consulted at the following link: https://www.boe.es/diario_boe/txt.php?id=BOE-A-2021-17464.

[14] Royal Decree 378/2022, dated May 17, regulating the direct granting of subsidies from the Ministry of Inclusion, Social Security, and Migrations in the field of social inclusion, for an amount of 102,036,066 euros, within the framework of the Recovery, Transformation, and Resilience Plan (BOE-A-2022-8124). It can be consulted at the following link: [link](https://www.boe.es/diario_boe/txt.php?id=BOE-A-2022-8124).: https://www.boe.es/diario_boe/txt.php?id=BOE-A-2021-17464.

organizations of the Third Sector of Social Action to implement pilot projects to support the socio-economic inclusion of beneficiaries of MIS through itineraries," linked to the Operational Arrangements [15] document.

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

In accordance with Article 3 of Royal Decree 938/2021, dated October 26, subsidies will be granted through a resolution accompanied by an agreement of the head of the Ministry of Inclusion, Social Security and Migration as the competent authority for granting them, without prejudice to the existing delegations of competence in the matter, upon request of the beneficiary organizations.

On **24 August 2022**, the European Network for the Fight against Poverty and Social Exclusion of the Canary Islands, "EAPN-CAN" (onwards, "EAPN-CAN"), was notified of the Resolution of the General Secretariat for Inclusion and Social Welfare Objectives and Policies granting a subsidy in the amount of 8,030,388.15 euros to "EAPN-CAN" and, on **26 August 2022**, an Agreement was signed between the General State Administration, through the General Secretariat for Inclusion and Social Welfare Objectives and Policies and the European Network for Combating Poverty and Social Exclusion of the Canary Islands, "EAPN-CAN", for the implementation of a social inclusion project within the framework of the Recovery Plan, Transformation and Resilience, which was published in the "Official State Gazette" **on 15 September 2022** (BOE no. 222).[16]

2. Timeline of the intervention

Article 17(1) of Royal Decree 378/2022 of 17 May 2022 established that the deadline for the implementation of the pilot projects of social inclusion itineraries subject to the subsidies provided for in this text shall not exceed the deadline of 30 November 2023, while the evaluation of the same, shall not extend beyond March 31, 2024, in order to comply with the milestones set by the Recovery, Transformation and Resilience Plan with regard to social inclusion policies.

Within this generic time frame, the execution begins on **January 7, 2023**, with the start of the intervention itinerary, continuing the execution tasks until **November 30, 2023**, and then developing only dissemination and evaluation tasks of the project until **March 31, 2024**.

[15] Decision of the European Commission approving the Operational Arrangements document of the Recovery, Transformation, and Resilience Plan, which can be consulted at the following link: https://www.lamoncloa.gob.es/serviciosdeprensa/notasprensa/hacienda/Documents/2021/101121-CountersignedESFirstCopy.pdf

[16] https://www.boe.es/diario_boe/txt.php?id=BOE-A-2022-15114

3. Relevant Agents

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

- **"EAPN-CAN",** as the beneficiary organization, executor, and coordinator of the project.
- The entities of EAPN Canarias, **ADEICAN and RED ANAGOS** have participated in the non-labor internships.
- The **Ministry of Inclusion, Social Security and Migration (MISSM)** as the sponsor of the project, and as the main responsible for the RCT evaluation process. The General Secretariat for Inclusion and Social Welfare Objectives and Policies (SGOPIPS) assumes the following commitments:
    a) Assist the beneficiary entity in the design of the activities to be carried out for the implementation and monitoring of the object of the grant, as well as for the profiling potential participants in the pilot project.
    b) Design the randomized controlled trial (RCT) methodology of the pilot project in coordination with the beneficiary entity.
    c) Evaluate the pilot project in coordination with the beneficiary entity.
- **CEMFI and J-PAL Europe,** as scientific and academic institutions that support MISSM in the design and RCT evaluation of the project.

Balance between experimental groups

Table 7: Balance between experimental groups at the beginning of the intervention

Variable	CG	TG1	Difference
Sociodemographic variables (pre-intervention)			
Female	0,665	0,586	-0,079
			(0,05)
Aged 45-54	0,531	0,486	-0,045
			(0,052)
Perceives PCI	0,546	0,564	0,017
			(0,051)
Perceives MIS	0,387	0,370	-0,016
			(0,05)
Perceives RCC	0,180	0,160	-0,020
			(0,039)
Spanish nationality	0,907	0,912	0,004
			(0,03)
Speaks English	0,149	0,116	-0,033
			(0,035)
Employed	0,077	0,055	-0,022
			(0,026)
Unemployed	0,938	0,917	-0,021
			(0,027)
Care of disabled people	0,093	0,116	0,023
			(0,032)
Childcare	0,021	0,028	0,007
			(0,016)
Disability	0,113	0,088	-0,025
			(0,031)
Job training	0,026	0,022	-0,004
			(0,016)
Health	3,005	3,083	0,078
			(0,145)
Life satisfaction	3,211	3,188	-0,023
			(0,14)
Island			
Gran Canaria	0,742	0,796	0,053
			(0,044)
Tenerife	0,258	0,204	-0,053
			(0,044)

Variable	CG	TG1	Difference
Education			
Basic literacy	0,046	0,017	-0,030*
			(0,018)
Incomplete primary school	0,165	0,199	0,034
			(0,04)
Completed primary school	0,412	0,431	0,019
			(0,051)
Incomplete secondary school	0,082	0,044	-0,038
			(0,025)
Completed secondary school	0,273	0,243	-0,030
			(0,045)
Incomplete highschool	0,021	0,066	0,046**
			(0,021)
N	194	181	